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 Graduate Program Policies and the Graduate School Bulletin.
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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 science 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 psychological and mental health issues. Our program has been continuously accredited by the Commission on Accreditation of the American Psychological Association* since 1957. Our graduates work around the world in a wide variety of settings including universities and colleges, hospitals and medical centers, agencies, and community mental health centers.

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 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!

Becky E. Ready, Ph.D.
Director of Clinical Training

*Questions related to the program’s accredited status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation American Psychological Association 750 1st Street, NE, Washington, DC 20002 Phone: (202) 336-5979 Email: apaaccred@apa.org
Section I  

Basic Information
Mission Statement

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.
Clinical Psychology Diversity Mission Statement

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. In research, students consider diversity issues during study design, implementation, analysis, and interpretation. As a program and a community, we integrate diversity themes and topics into our clinical colloquium series and an annual retreat that encourages 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, Objectives, and Competencies

The overarching goal of the clinical program is to produce the next generation of scientists in clinical psychology. Two objectives are subsumed under this goal that, in turn, involve demonstration of several competencies:

Objective A. To produce students who have the ability to conduct original and impactful research.

Objective A Competencies:
1. Students will demonstrate the ability to formulate testable research questions based on a critical review of the relevant literature, design an appropriate empirical study to test their research questions, conduct appropriate statistical analyses, discuss the findings in light of the relevant literature, and have the skills to prepare and submit their research findings for publication and presentation.
2. Students will demonstrate the ability to conduct critical reviews of the empirical literatures in the breadth of knowledge that comprises the field of clinical psychology, as well as depth of knowledge in a chosen specialty within clinical psychology.
3. Students will demonstrate the skills and knowledge to conduct research according to state, federal, and APA regulations and guidelines for the ethical conduct of research.
4. Students will demonstrate the skills and knowledge to consider appropriately issues of culture and diversity when designing, conducting, and reviewing research.

Objective B. To produce students who have the ability to engage in evidence-based practice and to produce practice-based evidence.

Objective B Competencies:
1. Students will demonstrate knowledge in classic and current theories of psychopathology, psychotherapy, and assessment; these theories form the foundations of evidence-based practices, either in the form of treatment packages or the provision of a treatment rationale.
2. Students will demonstrate knowledge, skills, and appropriate attitudes to engage in empirically grounded practice and assessment with persons from diverse backgrounds.
3. Students will demonstrate knowledge, skills, and attitudes to engage in empirically grounded practice and assessment that adheres to the APA Ethics code, as well as to state and federal laws and regulations.
4. Students will demonstrate skills to assess and assign reliable multiaxial diagnoses using the DSM-IV-TR and subsequent editions.
5. Students will demonstrate the ability to monitor clinical outcomes with their psychotherapy clients by using a psychometrically sound core outcomes battery, and to use such practice-based evidence to inform treatment planning, guide therapist responsiveness, predict treatment success or deterioration, help determine termination decisions, and to consult and coordinate care with other health professionals.
Clinical Psychology Faculty
Who we are and our research interests

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.

Katherine Dixon-Gordon, Assistant Professor (Ph.D., 2012, Simon Fraser University):
Translational research on borderline personality disorder; emotion regulation; dialectical
behavior therapy; nonsuicidal self-injury; suicidal behaviors; psychophysiological assessment;
mechanisms of treatment change.

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, 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, Director Center for Research on Families, Associate Dean in the College of Natural Sciences (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 E. Ready, Associate Professor, Division Head, and Director of Clinical Training (Ph.D., 2001, University of Iowa): Age-related changes in cognition and emotion and subsequent effects on life quality; populations of interest are healthy older adults, persons with mild cognitive impairment, dementia, and adults with learning disorders and attention deficit hyperactivity disorder; clinical expertise in 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 (Ph.D., 1989, University of Virginia): 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 and assessment supervision for advanced 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)

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

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

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

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

Tim Hope, Adjunct Visiting Lecturer (Ph.D., 2001, The Pennsylvania State University at University Park)

Emeritus faculty:
Morton G. Harmatz, 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 for the Clinical Psychology Training Program

The following courses constitute the clinical curriculum.

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 891J *Introduction to Hierarchical Linear Modeling* (elective)
   e) Psych 891W *Introduction to Structural Equation Modeling* (elective)

2) **Foundations of Psychology**
   a) **Social Aspects of Behavior (select one)**
      i) Psych 660 *Advanced Social Psychology*
      ii) Psych 762 *Social Cognition*
   b) **Cognitive Aspects of Behavior (select one)**
      i) Psych 751 *Cognitive Development: Foundations of Mind*
      ii) Psych 750 *Learning & Memory Processes in Children*
      iii) Psych 617 *Cognitive Psychology*
      iv) Psych 765 *Affect and Cognition*
   c) **Affective Aspects of Behavior (select one)**
      i) Psych 660 *Advanced Social Psychology*
      ii) Psych 762 *Social Cognition*
      iii) Psych 765 *Affect and Cognition*
   d) **Biological Aspects of Behavior (select one)**
      i) Psych 618 *Cognitive Neuroscience*
      ii) Psych 630 *Research Topics in Behavioral Neuroscience*
      iii) Psych 530 *Human Neuropsychology*
      iv) NSB 891L *Neurobiology of Disease*
   e) **Individual Differences (see below)**
      i) Psych 791 *Human Development* (req)
      ii) Psych 670 *Personality* (Elective)
      iii) Psych 680 *Psychopathology* (req)
   f) **History, Ethics and Professional Behavior (see below)**
      i) Psych 891SP *History and Systems* OR
      ii) Educ 775 *Historical Foundations of Psychology and Education*
      iii) Psych 687 *Ethics and Professional Development* (req)
   g) **Multicultural Issues (select one)**
      i) Psych 891MP *Multicultural Psychology*
      ii) Psych 891A *Prejudice, Stereotyping and Social Identity*

3) **Assessment and Diagnosis**
   a) Psych 681 *Assessment, Psychopathology, and Treatment of Children, Adolescents, and Families* (semester one) *(Child Assessment)* (req)
   b) Psych 683 *Adult Assessment* (req)
c) Psych 891KK *Diagnostic Assessment* (req)

4) **Intervention**
   a) Psych 682 *Theories and Practice of Psychotherapy with Adults* (req)
   b) Psych 688 *Assessment, Psychopathology, and Treatment of Children, Adolescents, and Families* (semester two) (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 (1 credit per year for first 3 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 each of their first three years, which serves as a forum for the entire community of clinical students and faculty to address current clinical-science 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 (15-21 credits)**
   a) First year: Clinical teams’ observation (optional). Register for Psych 789 in summer of your first year to start seeing clients.
   b) Second year: Psych 789 *Clinical Practicum* (PSC psychotherapy team assignment and ADHD assessment team assignment) (6 credits per semester)
   c) Third year: Psych 789 *Clinical Practicum* (PSC psychotherapy team assignment and neuropsychological assessment team assignment) (6 credits per semester).
   d) Fourth year
      i) Psych 789 *Clinical Practicum* (PSC psychotherapy team assignment)
      ii) Psych 789 *External Practicum* (for students in good standing)
      iii) Summer of fourth year: Supervision experience with 1st years
   e) Fifth year: Variable credits possible through optional PSC and/or outside practicum placements that are demonstrated to be consistent with you clinical science research interests and career goals.

8) **Comprehensive Exam (1-3 credits)**
   a) Psych 796A (fall) & 796B (spring) *Comprehensive Exam*
   b) The comprehensive exam is taken after the master’s thesis is completed and before your dissertation proposal.

9) **Research Requirement (19-44 credits)**
   a) Psych 696 *Independent Study* (Research Team) (credits should reflect effort)
   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 October 15th 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.
Program Curriculum Plan

(1) The University of Massachusetts Amherst Clinical Psychology program has a 5-year curriculum. This applies to all students, even if they enter the program with a Master’s degree.

(2) The program provides intensive training in clinical science and uses a mentor model. We admit approximately four students per year to ensure that sufficient resources are devoted to the intensive, one-on-one training that is required to excel as a clinical scientist.

(3) Core clinical courses need to be completed prior to depth and breadth comps: Adult Assessment, Psychopathology, Assessment I (Part 1 of Assessment, Psychopathology, and Treatment of Children, Adolescents, and Families) (Child Assessment), Nature and Methods of Inquiry/Psychometrics, Multicultural Psychology, Adult Theories and Techniques of Psychotherapy, Theory and Practice of Psychotherapy with Children, Adolescents, and Families (Part 2 of Assessment, Psychopathology, and Treatment of Children, Adolescents, and Families), and Ethics and Professional Development.

(4) The first three years of the program are spent in primary residence on the University of Massachusetts Amherst campus. The following benchmarks should be achieved during your first three years; see recommended ‘Typical Schedule’ below.
   a. All coursework should be completed. In consultation with your adviser, you may leave one elective course for year 4 or 5 but be aware that scheduling courses around external practicum can be extremely difficult. Course offering times cannot be changed to accommodate practicum schedules, so it is your responsibility to ensure there are no conflicts between external practicum schedules and course requirements.
   b. Your Master’s orals should be successfully defended.
   c. Your breadth and depth comprehensive exams should be passed.
   d. By the end of your third year, you should co-author at least two presentations and have at least two manuscripts under review for publication.

(5) You will start seeing therapy and/or assessment clients in the PSC during the summer of your first year. You will continue to carry a caseload in the PSC until the end of your fourth year in the program. There may be some flexibility in the balance of assessment versus psychotherapy cases that you see during the course of your training in the PSC.

(6) In the fourth year and/or fifth year, all students who are in good standing may engage in an external practicum. To be in good standing, benchmarks for the first three years should be achieved and you should have satisfactory evaluations from your clinical supervisors. Faculty approval for the external training experience will be required. You must select a site that is consistent with your clinical science career goals and research interests.

(7) In addition, in the fifth year, good standing will be judged by completion of all benchmarks for the first three years, satisfactory progress on your dissertation (you should be on track to defend your proposal by October 15 of the fifth year at the very latest), and satisfactory supervisor evaluations from external and internal practicum sites.
Aspirational Benchmarks
Prior to internship, we hope all students will have achieved the following benchmarks:

(1) 600-800 Direct Contact Clinical Hours
(2) 6-10 Integrated Assessment Reports (a subset of which should be neuropsychological)
(3) 5 Publications, 3 of which are peer-reviewed (including empirical papers, chapters, and conceptual papers)
(4) 5 Presentations at local, regional, national, or international conferences (poster or paper presentations)
(5) One grant submission (to an agency outside of UMass)
## Typical Schedule

<table>
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<tr>
<th>Year</th>
<th>Fall Semester</th>
<th>Spring Semester</th>
<th>Summer</th>
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| One  | Coursework:  
• 640  
• 681 or 683  
• 680  
• Select 1 course from list below  
Research:  
• Get oriented to lab | Coursework:  
• 641  
• Methods  
• 891G or 891Z  
• 891KK  
Research:  
• Prepare master’s proposal  
• Find secondary “extra” projects in mentor’s lab or another lab | Research:  
• Master’s research  
Clinical:  
• Start seeing PSC psychotherapy clients (789) |
| Two  | Coursework:  
• 681 or 683  
• Select 2 additional courses from list below  
Research:  
• Master’s research  
Clinical:  
• ADHD Assessment Team and Psychotherapy Team | Coursework:  
• 891G or 891Z  
• Select 2 additional courses from list below  
Research:  
• Master’s orals  
• Other projects  
Clinical:  
• ADHD Assessment Team and Psychotherapy Team | Research:  
• Master’s research (if not finished yet); engage in other research  
• Submit Master’s for publication  
• Submit presentation at major conference  
Clinical:  
• Continue psychotherapy and assessment training in PSC  
Depth Comps – Option One |
| Three | Coursework:  
• Select 2 courses from list below | Coursework:  
• Select 2 courses from list below | Research:  
• “Extra” research and begin to prepare dissertation  
• Work on publications and presentations | Clinical:  
• PSC – Neuropsychology Assessment Team and Psychotherapy Team  
Depth Comps – Option Two | Research:  
• “Extra” research and begin to prepare dissertation  
• Work on publications and presentations | Clinical:  
• PSC - Assessment Team and Clinic Team  
Breadth Comps – Option One (in January)  
Depth Comps – Option Three | Clinical:  
PSC and/or external practicum, per faculty approval |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Four | Research: Dissertation and other projects  
Clinical: PSC and/or external practicum, per faculty approval | Research: Dissertation and other projects  
Clinical: PSC and/or external practicum, per faculty approval | Start internship application process | Research:  
Start internship application process  
Clinical:  
PSC and/or external practicum | Clinical: PSC and/or external practicum, per faculty approval |
| Five | Research: Dissertation and at least one other project;  
Defend Dissertation proposal by October 15th  
Clinical: PSC and/or external practicum, per faculty approval  
Apply for Internship | Research: Defend Dissertation  
Clinical: PSC and/or external practicum, per faculty approval | Clinical: PSC and/or external practicum, per faculty approval | Clinical: PSC and/or external practicum |

**Additional Courses**
Courses to be taken in one of first two years: Multicultural Psychology (891MP), Ethics and Professional Development (891PD)
Other courses: Human Development (791), Biological Aspects of Behavior, Social Aspects of Behavior, Cognitive Aspects of Behavior, Affective Aspects of Behavior, History and Systems, Two Electives*

*Most students take Hierarchical Linear Modeling and Structural Equation Modeling

**To Substitute or Waive One Course for Another**
The Clinical Psychology Program curriculum is designed to assist students in completing comprehensive exams, qualifying for licensure, and for compliance with the American Psychological Association Commission 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 substitutes for the required course. To assure that a course waiver of a “foundations/methods” course (e.g., statistics, research methods, social, cognitive, affective or biological aspects 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. 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

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.

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 1 credit of 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.

**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 may elect to sign up for 1 credit each semester. Students in years two through five 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
If a student is in a paid practicum and is 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 year 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 May 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 more 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 (Hal Grotevant, Room 439). You will find the chair’s administrative assistant (Laura Wildman, Room 438), the receptionist (Aggies Mitchkoski, Room 441), and the building coordinator (Jonathan Tominar Lopari, Room 401). The mailroom is in 402 and houses a copy machine. The department copy room also is on the 4th floor. Kyle Cave is the associate chair of the department who is responsible for space and department finances and approves requests for research and travel funds for students (office Tobin 432).

The fifth floor contains one large (Room 521B) and one small conference room (Room 521A), classrooms, the undergraduate secretary (Room 538), the bookkeeping offices (Rooms 506 and 508), the undergraduate advising office (Room 501), the graduate secretary (Room 537, 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. Michael Constantino (Room 612). 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. Becky Ready (Room 609), 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.
## WHOM TO SEE ABOUT WHAT

**2015-2016**

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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 FedEx 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 a 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 outpatient facilities operate Walk-in care from 8:00 am to 8:00 pm on M-F and noon-4pm on Saturday and Sunday. For Clinic-by-appointment (including same day appointments) call 413/577-5011. 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 441. 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 Graduate Program Policies and at https://cesd3.oit.umass.edu/gradbulletin/2012-2013/Page6362.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 (Kyle Cave, Tobin 432, 5-2787).

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.

8. **Length of Theses.** The program aspires to have Master’s theses that are publication-ready/manuscript-length. Please work with your advisor to find the optimal scope and length for your thesis.
Comprehensive Examination Portfolio Policy

The comprehensive examination in the Clinical Program serves two functions. The first is evaluative: successful completion of this comprehensive exam portfolio indicates that a student has mastered and integrated a sufficient amount of the field’s current knowledge base to warrant being advanced to candidacy for the doctoral degree. The second, and equally important, function is to further students’ educational and professional development: preparation for the examination and the examination process itself gives students the opportunity to consolidate the extensive knowledge they have acquired, produce scholarship, build their academic profile, and provide practice for future evaluative and credentialing processes such as licensure or ABPP exams. The comprehensive examination process culminates in the compilation of a Candidacy Portfolio that has been designed to prepare students for successful careers in clinical science following the completion of the Clinical Program. Successful completion of the Comps Portfolio is necessary for students to progress to doctoral candidacy.

This comprehensive examination process has been designed to scaffold students in meeting professional developmental milestones. Whereas other comprehensive examinations (e.g., a series of essays or a test) may assess knowledge-based competency, they do not provide explicit support for students in their development as independent researchers and evidence-informed clinicians. In contrast, we have envisioned the Comps Portfolio components to not only serve as a gateway to doctoral training, but to serve as benchmarks in students own professional development, thereby functioning as a springboard to future careers in clinical science. This process, however, necessitates a great deal of forethought and planning in the comprehensive examination process. Therefore, we encourage students to begin strategically planning their own comprehensive examinations in collaboration with their Advisors beginning in Year 1.

Each student will convene a Comps Committee, which will consist of three PBS faculty (at least 2 of which are Division 4 faculty members, and including the student’s Advisor). The procedures and timeline for Committee review are described below.

The comprehensive exam is designed to assess and promote 6 domains of competency: psychological/neuropsychological assessment, psychotherapy, psychopathology, research methods and statistical analyses, multicultural issues, and professional ethics, as indicated in Appendix 1. The Comps Portfolio comprises the following components:

Candidacy Portfolio

1. One Professional Presentation
   a. This empirical presentation (oral or poster) must be first-authored, and presented at a regional, national, or international conference.
   b. This element serves to demonstrate competencies in research methods and statistical analyses, ethical conduct of research, and, depending on content, multicultural issues, psychopathology, assessment, and/or psychotherapy.
   c. The abstract and either the poster reprint or slides must be included in the portfolio.

2. Two Publications
a. One first-author, report of an original empirical study that has been accepted (fully or provisionally) to a peer-reviewed journal or submitted to a journal and approved on a pass/fail basis by your Committee. It is acceptable for this publication to be a product of the master’s thesis work.

b. One any-author paper (empirical, conceptual, or review) or chapter that has been accepted (fully or provisionally) or submitted and approved on a pass/fail basis by your Committee.

c. This element serves to demonstrate competencies in research methods and statistical analyses, ethical conduct of research, and, depending on content, multicultural issues, psychopathology, assessment, and/or psychotherapy.

d. The papers and evidence of submission/acceptance must be included in the portfolio.

3. One Grant Proposal

a. One grant proposal (≥ 3 pages, with student as the PI) submitted and approved on a pass/fail basis by your Comps Committee to any external (federal, state, community, foundation, or professional) organization to support the conduct of research.

b. This component would provide the student with essential grant-writing experience. Ideally, it would also provide support for the student’s dissertation, both in terms of funding for research and by providing a writing opportunity that parallels that of the dissertation.

c. This element serves to demonstrate competencies in research methods and statistical analyses, ethical conduct of research, and, depending on content, multicultural issues, psychopathology, assessment, and/or psychotherapy.

d. In addition to working closely with your Advisor, additional support for the completion of this research grant can be obtained, as noted in Appendix 5.

e. The grant, as well as evidence of its submission, must be included in the portfolio.

4. One Case Conceptualization Presentation

a. A 30-50 min oral presentation of an assessment or psychotherapy case delivered to the Clinical Program during a colloquia (or, if not possible, another scheduled presentation time).

b. The presentation should present a completed assessment/therapy case or an ongoing therapy case that has been seen for a minimum of 4 sessions.

c. This element serves to demonstrate competencies in psychopathology, assessment, multicultural issues, and/or psychotherapy.
d. Please see the Case Presentation Evaluation Form (see Appendix 4) for evaluation details.

5. Optional Oral Defense
   a. Upon convening their Committee, students will propose how their Comps Portfolio maps onto the required 6 domains of competency.
   b. If there are domains of competency not adequately addressed by elements 1-4 of the Portfolio, students may propose to complete additional elements in an oral defense scheduled with their committee.
   c. Unless special permission is obtained from the Clinical Program faculty, no more than 2 competency domains should be met with an oral defense.
   d. These oral defenses will be evaluated at the Committee’s discretion, resulting in a pass/fail determination.

Timelines and Grading
The elements of the Candidacy Portfolio can be completed at any time after enrollment in the Clinical Program. Students should aim to have completed elements 1-3 by the end of their 3rd year in the program.

Steps:
1. Complete elements 1-3 of the Comps Portfolio (ideally by the end of the 3rd year in the program, must be before the end of the 4th year unless a special waiver is obtained from the Clinical Program Director of Clinical Training after consultation with the Clinical Faculty)
2. Once elements 1-3 of the Comps Portfolio are completed, students must request the appointment of a Comps Committee (with the consultation of their Advisor), by emailing the Director of Clinical Training. Please note that students may request a Comps Committee before completing any elements of the Comps Portfolio, and review a preliminary Comprehensive Examination Proposal prior to completing any Comps elements.
3. Complete and submit their Comprehensive Examination Proposal Form (see Appendix 2) to the Comps Committee. Initial Comps Proposals are evaluated yearly/on a rolling basis. Please provide 8 weeks for your proposal to be reviewed (not including winter or summer breaks).
4. After receiving provisional approval from the Comps Committee, email the Colloquium Committee to schedule your Case Presentation. A case presentation date must be requested prior to the end of the preceding semester.

<table>
<thead>
<tr>
<th>Ideal Comps Timeline</th>
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<tbody>
<tr>
<td>Time</td>
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</table>
| Years 1-3 | -In consultation with your Advisor, request Comps Committee from DCT  
-Work diligently in consultation with your Advisor to complete Comps Portfolio elements 1-3, and have each element approved by your Committee |
|---|---|
| End of Year 3 | -Submit Comps Proposal Form to Committee  
-Committee meets to determine if you can proceed with element 4 and if element 5 is necessary |
| Fall Year 4 | -Receive final approval or revisions from Comps Committee  
-Revise as needed until advanced to candidacy or other programmatic action is taken |

The full Comps Committee reviews each element of the Comps Portfolio (see Appendix 3 for form). Students who have elements of the portfolio deemed “unacceptable” or any domain of competency considered inadequately addressed are required to revise and resubmit those elements within one year of the time the feedback was received. After the initial submission, students may resubmit their Comps Portfolio twice more for review (i.e., 2 total resubmissions allowed). If any element of the portfolio is deemed “unacceptable” or any domain of competency is considered inadequately addressed after two such resubmissions, his or her suitability for doctoral study in clinical psychology will be reviewed, and be regarded as probable cause for dismissal from the program. Written feedback from the Comps Committee will be given to the student, using the form appended. The Comps Committee is encouraged to provide as much detailed feedback as possible. Students are encouraged to discuss the reviewers’ feedback with them.
Appendix 1

Domains of Competency Addressed by Comprehensive Examination

Psychopathology
Competency in this domain was assessed via (a) \([1, 2, \text{ or } 3]\) peer-reviewed publications and presentations demonstrating expertise in this domain, (b) sophisticated understanding of psychopathology as evidence by its assessment and treatment in a clinical case, and/or (c) sophisticated consideration of these issues in a grant proposal.

Psychological/Neuropsychological Assessment
Competency in this domain was assessed via (a) \([1, 2, \text{ or } 3]\) peer-reviewed publications and presentations demonstrating expertise in this domain, (b) administration and accurate interpretation of clinical assessment tools, and/or (c) sophisticated research-informed selection of assessment tools for a grant proposal.

Research Methods and Statistical Analyses
Competency in this domain was assessed via (a) \([1, 2, \text{ or } 3]\) peer-reviewed publications and presentations demonstrating expertise in this domain, (b) sophisticated use of these issues in the assessment and/or treatment of a clinical case, and/or (c) sophisticated consideration of these issues in a grant proposal.

Psychotherapy
Competency in this domain was assessed via (a) \([1, 2, \text{ or } 3]\) peer-reviewed publications and presentations demonstrating expertise in this domain, (b) effective selection and implementation of clinical intervention, and/or (c) sophisticated research-informed selection of interventions in a grant proposal.

Professional Ethics
Competency in this domain was assessed via (a) \([1, 2, \text{ or } 3]\) peer-reviewed publications and presentations demonstrating expertise in this domain, (b) careful consideration and management of these issues in a clinical case, and/or (c) sophisticated consideration of these issues in a grant proposal.

Multicultural Issues
Competency in this domain was assessed via (a) \([1, 2, \text{ or } 3]\) peer-reviewed publications and presentations demonstrating expertise and/or sensitivity in this domain, (b) careful consideration and management of these issues in a clinical case, and/or (c) sophisticated consideration of these issues in a grant proposal.

New Overarching Domain of Competency Assessed Via Portfolio

Clinical Science
Competency in this domain was assessed via (a) the establishment of a clinically-relevant research portfolio, (b) the execution of a research-informed clinical assessment/treatment, and (c) demonstration of ability to communicate clinical research via a grant proposal and scientific presentations.
Appendix 2

Comprehensive Examination Proposal (online form)

Date: __/__/____  Candidate: _____________________  Advisor: __________________

Comps Committee: ___________________

☐ Initial Proposal
☐ Revision 1
☐ Revision 2

1. One Professional Presentation

APA Reference: _________________________________________________________

Was this presented at a conference?  ☐ Yes  ☐ No
Which one? _____________________________________________________________

Please place an “X” next to the Domains of Competency addressed by this element, and indicate in a brief (1-3 sentences) statement how this domain is addressed within this element.

<table>
<thead>
<tr>
<th>Domain of Competency</th>
<th>How Domain is Addressed</th>
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<tbody>
<tr>
<td>☐ Psychological and/or neuropsychological assessment</td>
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<td>☐ Psychotherapy</td>
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<tr>
<td>☐ Psychopathology</td>
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<td>☐ Professional ethics</td>
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<tr>
<td>☐ Research methods and statistical analyses</td>
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<tr>
<td>☐ Multicultural issues</td>
<td></td>
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</table>

Please attach the abstract, poster/slides.

2. Publications

2(a) Empirical Publication APA Reference:
Was manuscript submitted?  □ Yes  □ No
What is the status of this manuscript?  □ Under Review
  □ Revise and Resubmit
  □ Accepted with Revisions
  □ Accepted/In Press
  □ Published
Are you requesting a pass/fail evaluation of this manuscript by your Committee?  □ Yes  □ No

Please place an “X” next to the Domains of Competency addressed by this element, and indicate in a brief (1-3 sentences) statement how this domain is addressed within this element.

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<thead>
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<td>Psychopathology</td>
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<td>Professional ethics</td>
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<td>Research methods and statistical analyses</td>
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<tr>
<td>Multicultural issues</td>
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</table>

Please attach the manuscript, proof of submission, and acceptance (if applicable).

2(b) Secondary Publication APA Reference:

Was manuscript submitted?  □ Yes  □ No
What is the status of this manuscript?  □ Under Review
  □ Revise and Resubmit
  □ Accepted with Revisions
  □ Accepted/In Press
  □ Published
Are you requesting a pass/fail evaluation of this manuscript by your Committee?  □ Yes  □ No
Please place an “X” next to the Domains of Competency addressed by this element, and indicate in a brief (1-3 sentences) statement how this domain is addressed within this element.

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<td>Professional ethics</td>
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<td>Research methods and statistical analyses</td>
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<td>Multicultural issues</td>
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Please attach the manuscript, proof of submission, and acceptance (if applicable).

3. Grant
Grant Title: _________________________________________________________
Student Role: _________________________________________________________
Was grant submitted? □ Yes □ No
To what agency? _________________________________________________________

Please place an “X” next to the Domains of Competency addressed by this element, and indicate in a brief (1-3 sentences) statement how this domain is addressed within this element.

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<td>Psychotherapy</td>
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<tr>
<td>Psychopathology</td>
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<tr>
<td>Professional ethics</td>
<td></td>
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<tr>
<td>Research methods</td>
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</tbody>
</table>
Please attach the grant proposal and proof of submission.

4. Case Presentation
Proposed Title: _________________________________________________________
Supervisor: ___________________________________________________________
Type of case: □ Psychotherapy □ Assessment
This case is: □ Completed □ Ongoing, with ___(#) sessions.
Requested Presentation Date: □ Fall □ Spring

Please place an “X” next to the Domains of Competency addressed by this element, and indicate in a brief (1-3 sentences) statement how this domain is addressed within this element.

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<td>☐ Psychopathology</td>
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<td>☐ Professional ethics</td>
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<td>☐ Research methods and statistical analyses</td>
<td></td>
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<td>☐ Multicultural issues</td>
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5. Optional Oral Defense
Please place an “X” next to the Domains of Competency addressed by this element, and indicate in a brief (1-3 sentences) statement how this domain is addressed within this element.

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<th>How Domain is Addressed</th>
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</thead>
<tbody>
<tr>
<td>☐ Psychological and/or neuropsychological</td>
<td></td>
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</tbody>
</table>

□  Multicultural issues
assessment
☐ Psychotherapy
☐ Psychopathology
☐ Professional ethics
☐ Research methods and statistical analyses
☐ Multicultural issues
Appendix 3

COMPS PORTFOLIO FEEDBACK FORM

Date: __/__/____  Candidate: _____________________  Advisor: _________________

Comps Committee:  __________________________

☐ Initial Proposal

☐ Revision 1

☐ Revision 2

<table>
<thead>
<tr>
<th>Portfolio Element</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation</td>
<td>□ Acceptable □ Unacceptable</td>
</tr>
<tr>
<td>Empirical Publication</td>
<td>□ Acceptable □ Unacceptable</td>
</tr>
<tr>
<td>Secondary Publication</td>
<td>□ Acceptable □ Unacceptable</td>
</tr>
<tr>
<td>Grant</td>
<td>□ Acceptable □ Unacceptable</td>
</tr>
<tr>
<td>Case Presentation</td>
<td>□ Acceptable □ Unacceptable</td>
</tr>
<tr>
<td>Oral Defense (Optional)</td>
<td>□ Acceptable □ Unacceptable</td>
</tr>
<tr>
<td>Domains of Competency</td>
<td>□ Assessment □ Psychotherapy □ Psychopathology □ Ethics □ Research Methods and Statistical Analyses □ Multicultural Issues</td>
</tr>
</tbody>
</table>

Comments:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Appendix 4
Instructions for Case Presentation

Case presentations are intended to demonstrate adequate understanding of clinical science and competency in clinical practice. Case presentations can be most useful when complex cases are selected; as such it is important for students to be aware that they will not be evaluated based on the outcome of the case. Rather, students will be evaluated on the use of evidence-based, thoughtful assessment and intervention, as well as demonstration of flexibility and thoughtfulness in addressing any barriers that arose over the course of the assessment or treatment.

1. Case presentations are intended to last for 30-50 minutes. Please provide 10 minutes for questions.

2. Cases should be selected that are completed or that have sufficient (i.e., 4 sessions or more) duration to permit a complete case presentation.

3. Case presentations should include the following elements:

   1) identifying information (de-identified),
   2) presenting problem,
   3) relevant history,
   4) assessment findings and diagnoses,
   5) case formulation and treatment plan
   6) treatment outcome and progress measures (required if a psychotherapy case)
   7) case disposition
   8) incorporation of evidence throughout to support case formulation, selection of appropriate assessment tools, interventions, and progress measures

4. A case presentation will be deemed “acceptable” if all scores from all Comps Committee members are 3 or above.
Case Presentation Evaluation Form  
Clinical Proficiency Progress Review Evaluation Tool

Rating Key:  
1 = Significantly Below Expectations  
2 = Below Expectations  
3 = Marginally Meets Expectations  
4 = Clearly Meets Expectations  
5 = Exceeds Expectations  
6 = Greatly Exceeds Expectations

<table>
<thead>
<tr>
<th>Domain</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Assessment</td>
<td></td>
</tr>
<tr>
<td>1) Appropriate assessment methods and/or tools are selected taking into account existing research evidence, client’s presentation or presenting problem.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2) Student appropriately uses, interprets, and integrates assessment data skillfully.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Assessment findings are used appropriately in the generation of a treatment plan for the client.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4) Selection of assessment methods and/or tools takes into account ethnic, cultural and class variables.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>II. Formulation</td>
<td></td>
</tr>
<tr>
<td>1) Formulation is appropriately grounded in research and clinical data.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2) Formulation represents a coherently stated theory of personality, psychopathology, and psychotherapeutic change</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Student is aware of alternative formulations and limits of own formulations.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4) Formulation of the problem takes into account the influences of ethnic, cultural, and class variables.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>5) Formulation of the problem demonstrates an understanding of the client’s level of acculturation or stage of adaptation to the dominant culture.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>III. Intervention Strategy</td>
<td></td>
</tr>
<tr>
<td>1) Integration of relevant research and clinical data in intervention selection.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2) Ability to integrate patient expectations into interventions when appropriate.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Appropriate consideration of time limitations, resource</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>
constraints, and community resources in the choice of interventions.
4) Shows evidence of ability to modify therapeutic approach when necessary.
5) Intervention strategies are consistent with the rationale for the treatment provided and the case formulation.
6) Intervention strategies are consistent with the client’s level of acculturation, language, cultural values, and interpersonal styles.
7) Clarity and thoroughness of treatment program.

IV. Relationship
1) Ability to establish atmosphere that facilitates effective communication.
2) Demonstrates concern and respect in an empathic manner.
3) Able to establish and maintain professional objectivity.
4) Assesses and when appropriate discusses the influence of the client’s ethnicity, culture, and class on the development of the therapeutic relationship.

V. Self Examination
1) Understands own personality and biases.
2) Able to question and reflect on own feelings, attitudes, and behavior during treatment process.
3) Able to recognize limits of competence.
4) Examines the impact on treatment of own attitudes about ethnicity, culture, and class.

VI. Professional Communication Skills
1) Able to communicate orally.
2) Responsive to questions and feedback.
3) Manages stress appropriately.
4) Quality of written work.
Appendix 5
Resources for Grant Development

Resources for Grant-Related Questions

- Center for Research on Families [http://www.umass.edu/family/home](http://www.umass.edu/family/home)

Grant Funding Options
*Please note that grant opportunities that fall within the scope of eligibility for the Comps Portfolio include (1) applications to an external agency, (2) provide support for a specific research project, (3) have the student as the identified P.I., (4) an application should be equal to or greater than 3 single-spaced pages.

- NIH National Research Service Award [http://grants.nih.gov/training/nrsa.htm](http://grants.nih.gov/training/nrsa.htm)
- NSF Graduate Student Research Fellowship
- Check other websites for eligible funding options:
Appendix 6
Rationale for Revisions to Comps Procedures

Strengths and Weaknesses of the Current System

Comprehensive Examinations constitute an important element of clinical training. This process provides a means for ensuring that students are well-suited to continued doctoral training. In addition, the process involved in completing this process is intended to guide students to acquire essential skills and competencies.

The current Comps procedures are useful in providing students with a mechanism for demonstrating competencies in six domains: Assessment, Psychotherapy, Psychopathology, Ethics, Research Methods, and Multicultural Issues. Furthermore, the depth component provides students with a mechanism for developing as professionals, and encourages students to complete a scientific paper or grant proposal.

These current procedures, however, have several limitations.

1. The completion of the breadth component of the Comps procedures does not contribute to the professional development and CV of students.
2. The completion of the breadth component involves a great deal of time investment for students that could otherwise be dedicated to their professional development.
3. The evaluation process is time-intensive and, at times, unreliable.
4. The content area involved may not map on to the educational and training needs of each student, and may not adequately assess their competency as clinical scientists in training.
5. The Comps procedures do not directly map on to the values and aims of the Clinical Program.

As such, we believe that the current system only assesses circumscribed competencies in clinical science, and in a time-intensive, and at times, arbitrary and unreliable, manner.

The Proposed System

In an effort to build upon the strengths of the existing system and mitigate its weaknesses, we propose a shift to a new structure for Comprehensive Examinations in the Clinical Program at UMass. This structure is modeled after several other cutting edge Clinical Science programs.

This proposed system entails replacing the depth and breadth structure with a Candidacy Portfolio, consisting of 5 components. Briefly, these components are:

1. Presentations: A first-author regional/national conference presentation
2. Publications:
   a. A first-author empirical manuscript that has been submitted for peer-review
   b. A any-level author chapter of manuscript submitted for publication
3. Grant
4. Case Presentation

These components were selected to represent the milestones we expect students to reach in our rigorous Clinical Program, and reflect the crucial skills that will enable them to perform successfully on the job market. Whereas the current system serves primarily as an evaluative mechanism, the proposed system aims to provide students with concrete markers of successful professional development. Moreover, students will indicate how each of these domains reflects competencies in 6 areas: Assessment, Psychotherapy, Psychopathology, Research Methods and Statistical Analyses, Ethics, and Multicultural Issues. Please see Appendix 1 (Domains of Competency) to see how these areas might map onto the elements of the portfolio.

**Strengths and Weaknesses of the Proposed System**

Although the proposed system may appear to pose a greater burden to students, we believe that in fact this system is likely to streamline student efforts. This is because each of these elements is essential to the successful professional development of clinical scientists, and as such, our students are likely to need each of these components whether or not they are components of an evaluative process. Indeed, the professional presentation requirement is already an expectation of the Clinical Program. Further, the publication requirement largely maps on to the current *depth* comprehensive examination. We believe that the grant requirement is increasingly necessary to support students in their research while they are in the program, as well as to demonstrate grant writing experience to potential employers. Furthermore, requiring students to submit a grant is consistent with our graduate program strategic planning document going forward to the Provost. Finally, the case presentation provides a vital link between clinical science and evidence-based research that is consistent with the Clinical Program’s values, and provides students with a mechanism to obtain feedback on evidence-based case presentations prior to attending internship interviews.

Consequently, we believe that the proposed comprehensive examination process merely formalizes the expectations and requirements of the Clinical Program in an explicit manner. Every component of the proposed process will concretely contribute to students’ professional development and end up on their curricula vitae. At the end of comprehensive examinations in the proposed process, students will be more capable of conducting clinical science and have more impressive job application packages.

Conversely, this process eliminates components of the existing comprehensive examination processes that currently require a great deal of time investment without contributing concretely to students’ professional development, and leave them no better prepared for careers in clinical science.

In addition, the elements of the portfolio have been designed so that most are indicated as present or absence, therefore reducing any unreliability in evaluations.
Internship Application Process

Applying for internship can be an intense and arduous process, so it requires considerable forethought and planning. Students will apply for their internship during the beginning of their fifth year in the program. Before you can apply, you must have successfully passed your dissertation proposal by October 15th 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/). 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 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, 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 essential to keep track of information about your clinical work in practicum and the administration of psychological assessments as you go through the program. 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. You will write four essays as part of the APPI online, one of which is an autobiographical statement about your professional development. In these essays, it is critical to demonstrate how your interested, experiences, and training needs are a strong match with the programs to which are you applying. 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 in the Spring and Fall 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 Graduate Program Policies and at the UMass Amherst Graduate School Bulletin: Doctoral Degree Requirements at https://cesd3.oit.umass.edu/gradbulletin/2012-2013/Page6361.html.

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. Your proposal must be successfully defended by October 15th of your fifth year if you wish to apply for internship in the fall of your fifth year.

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 Jonathan Tompari, 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.

8. **Length of Dissertations.** The program aspires to have Dissertations that are publication-ready/manuscript-length. Please work with your advisor to find the optimal scope and length for your thesis.
Minimal Levels of Acceptable Achievement

Admissions to the UMass Amherst Clinical Psychology program are competitive and students in this program are talented, bright, and motivated. They achieve strong grades in classes, perform well on practicum, and publish and present their research. As a faculty, we have high expectations for students (see aspirational benchmarks under the Program Curriculum Plan). However, it is important that the minimum levels of achievement in the program are clearly documented, even if the vast majority of our students surpass these minimum requirements:

- Obtain grades of B or better in courses; one grade of B- is allowed.
- Achieve overall evaluation from clinical supervisors that clinical work is at least ‘on par with level of training.’
- Pass the Master’s thesis oral defense.
- Pass the Dissertation oral defense.
- Pass the depth and breadth comprehensive examinations.
- Achieve at least 450 direct contact clinical hours (psychotherapy and assessment) prior to applying for internship.

Please also see the UMass Amherst Graduate School Bulletin information on Academic Standing: https://cesd3.oit.umass.edu/gradbulletin/2012-2013/Page6341.html.
Section III

Policies and Procedures

For the Clinical Program
Admissions Policy

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 if their original interest shifts to another research area.

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. Using the old scoring system, applicants should have a combined score of 1200 on the Verbal and Quantitative sections of the GRE (approximately 600 on each section). Under the new scoring guidelines, comparable scores are approximately a 120 for Verbal Reasoning and 148 for Quantitative Reasoning.

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 must have had 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
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 as early as possible 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

In Spring 2012, the faculty agreed to limit incoming classes to four students each.

1. 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.

2. 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.

3. Faculty who admitting a student will be listed on the Clinical Division website in the early Fall of each year.

4. Faculty who are not admitting any students should participate in interviewing some students during the admissions weekend.

5. After interviews, each faculty member admitting a student will rank order his/her top candidates.
6. 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.

7. 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.
Class Representative Selection Policy

The clinical program has a history of inviting student representatives, by class, to the program faculty meetings that typically occur once per month. 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.

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 each year 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.
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" (including 2010 amendments).

The faculty's primary vehicle for fulfilling their ethical 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 on the basis of official transcripts and 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 labs during their course of study (this does not necessarily mean the same lab for the entire period of time).

Research skills and knowledge will be evaluated on the basis of thesis and dissertation activities, presentations and publications, and on the basis of interactions with research supervisors, participation during research lab meetings, and interactions during relevant classes. To remain in good standing, students must complete program 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) 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.
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, social economic status, and other individual differences. 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.


For the purposes of this procedure: A grievance 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.

The Graduate School Grievance Procedure is available from the University Ombuds Office and the Office of the Dean of the Graduate School.

Department Procedures. Department procedures for advising and evaluation, including termination from the graduate program and the associated appeal process, are described in the Psychology Department’s Graduate Program Policies on pages 5 and 6. That information was copied and pasted below for easy reference:

ADVISING AND EVALUATIONS
Relationship with Advisor

Every Graduate student in the Psychology Department works with an academic advisor whose primary (not adjunct) appointment is in the Psychology Department. The student and faculty research interests and the current load on faculty will be taken into consideration when making determinations.

At the beginning of each year, the student and his/her advisor should agree on what they expect to be accomplished that year. This agreement includes:

• The specification of course work appropriate to the student’s interests and the Divisional and Graduate program requirements
• Setting of realistic goals with respect to research, teaching, and/or clinical experience.
• Discussion of priorities, time management and the desired quality of performance.

Formal Student Evaluations

At the end of each year, the faculty of a Division or area must provide written feedback to students. Although the advisor’s input into this evaluation is very important, the responsibility for accurate, informative, and thorough feedback is shared by all relevant faculty in a Division. Faculty within each division decide on the exact structure through which the evaluation is carried out, but the written statement must be, at a minimum, the product of
evaluation conducted by more than one faculty member. The written evaluations become part of the student’s Graduate Office file.

It is important that faculty expectations and evaluations be expressed as clearly as possible and be responsive both to the faculty’s sense of what is desirable in a UMass Ph.D. and the individual student’s level of training, interests, and abilities.

Termination from the Graduate Program

Students who fail to meet Departmental Standards may be terminated from the Graduate Program. A student may appeal their Division’s decision to terminate by speaking with Graduate Program Director who will assemble an evaluation committee composed of the Graduate Program Director and the Division Heads, and chaired by the Department Chair. This Committee has the power of final decision regarding the Department’s recommendation to the Dean of the Graduate School.

A student who is recommended for termination and wishes to appeal should present to the Evaluation Committee any information regarding his/her 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. Termination may be recommended based on numerous criteria including, but not limited to, failure to meet deadlines, poor course performance, poor research performance and/or failure to make adequate progress in the Graduate Program.

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 that 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 in 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. 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, Amherst has a strong commitment to the Clinical Science (Association for Psychological Science) Model of clinical training. The Clinical Science Model calls for rigorous training in the application of scientific principles to both the empirical and applied aspects of clinical psychology.

The majority of applied clinical training will occur in the Psychological Services Center (PSC) across students’ first three years in residence. In their third year, students who are meeting program benchmarks and in good standing may submit a proposal to faculty to engage in an outside clinical practicum during their fourth year. We anticipate that most students in good standing will participate in an outside practicum in their fourth year. This external training experience should be consistent with a student’s research interests and career goals. Decisions about external practica should be made with one’s advisor and also in consultation with the PSC Director and/or the Director of Clinical Training (DCT). In some circumstances, fifth year students who are meeting program benchmarks and in good standing may petition the faculty to do another external practicum. The student would once again be required to justify the placement based on the goodness-of-fit between a student’s career goals and research interests. Students will also be required to demonstrate how this work would not interfere with other activities that are required by the program, such as continuous engagement in research.

Outside practicum involvement will only be approved 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 faculty advisor, in consultation with the clinical faculty at the twice-annual student evaluation meetings, to assure compliance with these goals. In the spirit of this preamble, the clinical faculty has adopted the following specific practicum policies.

Policy 1. Payment. When positions pay a stipend, and that stipend is equivalent to a University Teaching Assistantship for each semester, students may receive a tuition waiver and the opportunity to purchase health insurance at the student rate. This stipend amount increases periodically based on rates negotiated between the University and the Graduate Student Organization (GEO). To qualify for this waiver, students must be guaranteed the minimum stipend level, even if they are paid on an hourly basis. As full-time students, benefits and social security deductions are not required.

Policy 2. 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 practicum unless they have successfully completed the expected academic, clinical, and research requirements at the time of application or acceptance and for their year in the Program.

Policy 3. Timing. Practicum placement hours range from 10 to 20 hours per week for 38 weeks,
with vacations and/or sick leave negotiated according to the policies of the external practicum. Practicum may also extend into (or occur exclusively in) the summer months when this is mutually satisfactory and approved by the clinical program. Work week hours will be confined to one or two days, leaving three full days free for academic and research work.

**Policy 4. 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 clinical psychologist. Supervision by other licensed mental health professionals may be allowed, but must be approved by the clinical program. Supervisors agree to complete a thorough clinical evaluation once per semester on a form provided by the program. This evaluation is in addition to any other evaluations that normally occur at a practicum site. Supervisors are also asked to certify the hours students have accrued at a particular site.

**Policy 5. 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 professional development activities (seminars, conventions, workshops) that occur within an agency.

**Policy 6. Evaluation.** The practicum supervisor's evaluation of a student's clinical competence plays a major role in the student's fourth (and possibly fifth) year evaluations in January and May. To facilitate this evaluation process, the faculty have developed a standard evaluation form that they require 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 7. 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 PSC Director, and/or the Director of Clinical Training).

**Policy 8. Liability and Clinical Responsibility.** Students engaged in outside practicum are provided with full liability insurance by UMass Amherst, a certificate of which can be obtained upon request. Students are also required to register for course credit for the practicum, and in cases where it might be advisable or required, to purchase an individual, student professional liability policy. It is understood, however, that the clinical responsibility for the cases assigned to practicum students in an outside practicum belongs to the supervisor working with that student at that site.
Criteria and Procedures for Outside Practica

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 student’s advisor, DCT, Practicum Coordinator, and/or PSC Director, 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 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).

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

Clinical students are considered trainees up to the point at which the Ph.D. is granted. 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. The Practicum Coordinator must ensure that adequate and appropriate supervision is being provided to the trainee. Private practice is prohibited for trainees.

(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. Please see
the Paperwork Deadlines policy on the PSC Wiki for the most up-to-date information:
https://sites.google.com/site/umasspsc/home.

(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 Advisory Committee (this committee is composed of the DCT, Director of the PSC, Department Chair, two other faculty member from the Clinical Division, and the Office Manager for the PSC), in addition to the usual review by the University Human Subjects Committee. This review begins formally by describing the project to the PSC Director. 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. The consent form and procedures for making this differentiation will be carefully reviewed by the PSC Advisory 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 PSC Advisory Committee will determine the extent to which the anticipated demands are reasonable and consistent with the PSC’s mission. The PSC Advisory 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 PSC Advisory 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 1- to 2-hour group supervision meeting.
   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.

(Approved: Fall, 1985)
Clinicians are expected to be available to their clients when the PSC is open. The PSC is open whenever the University is open unless otherwise announced. Any vacations you wish to take when the PSC is open that require you to be unavailable to your clients for two or more consecutive weeks must be approved in advance by the PSC Director, the DCT and your clinical supervisor. Requests for approval of vacation should be submitted to Judie at least four weeks in advance of their start date; they will be reviewed and approved or disapproved within 10 days of their receipt. In the case of sudden or emergency vacation needs, we will work with you to find a solution. Students are permitted to take up to four weeks of vacation each year in addition to University or PSC scheduled holidays or closures. Vacations that result in your being unavailable to your clients for less than two weeks do not require prior approval but DO require prior notification of your clinical supervisor(s) and the PSC Office (e.g. Judie). Your written vacation request (or notification) must include the exact dates of your vacation, notice of any clinical issues that may arise in your absence, a specified person who is covering for your cases (usually a supervisor), and information about how to contact you in case of an emergency. Academic commitments such as conferences, comprehensive exams or internship interviews are NOT counted as vacation days but they ARE subject to the same per-approval and/or notification requirements to insure that your client's clinical needs are accommodated in your absence. Approval of vacation is contingent on being completely up-to-date on your clinical documentation and in good standing in the Clinical Program.

(Approved 5/2012)
Assistantship Policy

Clinical program students are funded with Teaching and Research Assistantships, as well as competitive University or external Fellowship awards. RAs are provided by faculty with grant funding. Information about University Fellowships can be found at https://cesd3.oit.umass.edu/gradbulletin/2012-2013/Page6335.html. Ten hours of assistantship per semester qualifies the student for full tuition remission for that semester. Twenty hours of assistantship per semester is considered full funding. The majority of clinical students are funded with TAs. Below is priority list for awarding TAs. Please note that the program has always been able to provide at least a 10-hour assistantship for all current students who wanted financial support:

1. All first and second year students are guaranteed 20-hour TAs.
2. Third year students who do not have any RA or Fellowship funding are next priority for 20-hour TAs.
3. Fourth year students who do not have any RA or Fellowship funding are next priority for 20-hour TAs.
4. Fifth year students who do not have any RA or Fellowship funding are next priority for 20-hour TAs.

Special considerations:
Some RAs or Fellowships are partial (e.g., 10-hour per week RA position); in this case, the student has priority for a 10-hour TA based on their year in the program (with higher priority given to students earlier in the program).
If there are limited TA funds in a given year, it is our priority to fund more students with 10-hour positions over funding fewer students with 20-hour positions. In years in which TA funding appears to be limited, the faculty discusses allocation of TAs to maximize student tuition remission. As noted above, the program has always been able to provide at least a 10-hour assistantship for students that needed the support for tuition remission.
Public Professionalism Policy

Introduction
In an increasingly technologically connected and public world, students are encouraged to remain mindful of their behavior and its consequences online, including the use of social networking, blogs, listservs, and email. It is likely that students, clients, supervisors, potential internship sites, research participants, and future employers may be interested in searching or accessing online information about you. While all information about you may not be within your control, students are urged to exercise caution and restraint and to utilize safeguards when possible. Activities online, including those that you may consider purely personal in nature, may reflect upon your professional life. Keep in mind the ideals of the preamble to the APA Ethics Code in which we aspire to do no harm to our clients, our research participants, or the profession with our actions. Adherence to this policy also will ensure your own confidentiality and safety.

Adherence to the APA Ethics Code
Students are expected to adhere to the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (APA Ethics Code). In their first or second year of the program, students will take a course on ethical practices in clinical psychology, which will include an in-depth review of the APA Ethics Code. However, students are responsible for familiarizing themselves with and adhering to the Code even prior to taking this course. The APA Ethics Code can be found here: http://www.apa.org/ethics/code/

Public Professionalism Behaviors
Public professionalism behaviors are those exhibited via the following mechanisms, although this is not an exhaustive list:

- Voicemail/answering machines
- Email signature lines
- Websites
- Blogs (personal and professional)
- Social media sites (inclusive, but not exhaustive: Facebook, LinkedIn, Twitter)
- Research networking sites
- Postings to listservs/forums

Information about you might be deliberately searched or discovered incidentally and used to evaluate you for the following:

- Employment
- Academic reviews
- Applications for clinical externships, pre-doctoral clinical internship, and post-doctoral fellowships
- Graduate program admissions
- Professional networking and professional development opportunities

Students should also note that if they identify themselves as a graduate student of the program or reveal information relevant to the graduate program in their email signatures, voicemail files, or
website/blog information, then this information becomes part of their program-related behavior and may be used in student evaluations. For example, if a student reports doing something unethical or illegal on a web blog, or uses the website to engage in unethical or unprofessional behavior (e.g., disclosing confidential client or research information), then the program may use this information in the student’s evaluation, including decisions regarding probation or termination.

Thus, students are encouraged to consider the use of personal web pages and blogs, email, and other electronic media carefully. They should attend to what content to reveal about themselves in these forums, and whether there is any personal information that they would not want program faculty, employers, or clients to read or view. Anything on the internet is potentially available to all who seek. Students who use these media should also consider how to protect the security of private information.

Suggested Precautions and Modes of Professional Conduct

● With social networking sites such as Facebook, utilize privacy settings to limit access to your pages and personal information. Use thoughtful discretion when considering “friend” requests and consider the boundary implications. For example, it is not advisable to become virtual “friends” with clients or former clients or undergraduates for whom you have supervisory or evaluative responsibilities.
● With email, keep in mind that everything you write may exist perpetually or be retrievable, so be thoughtful about what you write. Emails sent via the UMass email system are considered public records and the property of UMass. Participation in listservs include the peril of inadvertently writing things to a much more public audience than intended, so be cautious with posts to such forums. Email is not an appropriate venue to discuss confidential information.
● Email “signatures” should be professional and appropriately represent one’s status and credentials. Students are encouraged to consider adding a confidentiality disclaimer to email signature files.
● Be mindful of voicemail greetings if you utilize a private phone for any professional purposes (clinical work, teaching, or research). Make sure that such messages reflect a maturity and professionalism that you would want to portray to the public.
● Online photo and video sharing, including within social networking sites, should be considered public venues; use discretion when posting such information.
● Write in the first person. Where your connection to UMass is apparent, make it clear that you are speaking for yourself and not on behalf of UMass. In those circumstances, you may want to include this disclaimer: “The views expressed on this [blog; website] are my own and do not reflect the views of my employer.” Consider adding this language in an “About me” section of your blog or social networking profile.
● Do not use your UMass email address for non-professional purposes.
● Be sure to review PSC Online Identity guidelines.
Section IV

Professional Opportunities
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/

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

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
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Society for the Exploration of Psychotherapy Integration (SEPI)
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3100 N. Leisure World Blvd. Apt. 1021
Silver Springs, MD 20906
http://www.sepiweb.org

Society for Research in Child Development (SRCD)
Executive Office
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