

**SUFFOLK UNIVERSITY
DEPARTMENT OF PSYCHOLOGY**

**DOCTORAL PROGRAM
MANUAL
September, 2010**

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SUFFOLK UNIVERSITY

DEPARTMENT OF PSYCHOLOGY

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DEPARTMENT FACULTY

Core Doctoral Faculty (At least 50% devoted to graduate teaching, research, scholarship and the supervision of doctoral students)

There are 14 members of the core faculty. Faculty research interests are diverse and are listed below.

Michael Basseches, Ph.D. (Harvard University, 1978), Professor. Psychotherapy; psychotherapy integration; late adolescent and adult development; dialectical constructivism.

Lisa Coyne, Ph.D. (University of Mississippi, 2004), Assistant Professor. Parenting, childhood aggression; anxiety; socioemotional development.

Gary Fireman, Ph.D. (Long Island University, 1987), Professor and Chair. Developmental psychopathology; socioemotional development; social competence; sleep.

David A. Gansler, Ph.D., ABPP/ABCN (SUNY at Albany, 1988), Associate Professor. Neuropsychology- adult and adolescent; functions of the frontal lobe; attention deficit/hyperactivity disorder; aggression and impulsivity.

Debra A.L. Harkins, Ph.D. (Clark University, 1992), Associate Professor. Systems learning; consultation; action research; diversity; conflict resolution; storytelling.

Matthew W. Jerram, Ph.D., (Suffolk University, 2003), Assistant Professor. Neuroimaging; affective neuroscience; cognitive behavioral therapy/dialectical behavior therapy; neuropsychological assessment; statistics and research design.

Amy Marks, Ph.D. (Brown University, 2007), Assistant Professor and Director of Undergraduate & Graduate Studies. Developmental psychology; cultural and community contexts; ethnic identity and acculturation; academic & social development; mixed methodology and data modeling.

Elisabeth Moes, Ph.D., ABPP/ABCN (The Pennsylvania State University, 1983), Associate Professor. Neuropsychology; cognitive-behavioral therapy; substance abuse.

Susan M. Orsillo, Ph.D. (SUNY at Albany, 1993), Professor and Director of Clinical Training. Acceptance and mindfulness; acceptance-based behavior therapy; trauma and PTSD; anxiety disorders; emotional responding.

David W. Pantalone, Ph.D. (University of Washington, 2007), Assistant Professor. Health psychology/behavioral medicine; HIV/AIDS; substance abuse; stress and coping; interpersonal violence; health and mental health of sexual minorities.

Sukanya Ray, Ph.D. (Indian Institute of Technology, 1990), Associate Professor. Multicultural psychology; health risks/disparity issues among immigrants/ethnic minority families; eating disorders and eating problems; trauma and resiliency; cyberpsychology.

Tracey Rogers, Ph.D. (Boston University, 1991), Assistant Professor and Clinical Training Coordinator. Substance abuse issues; stages of change; motivational interviewing; HIV risk reduction; organizational competence; situational leadership.

Elisabeth H. Sandberg, Ph.D. (University of Chicago, 1995), Associate Professor and Director of Graduate Curriculum. Communication in health care settings; cognitive development in childhood.

Lance Swenson, Ph.D. (University of Missouri, 2006), Assistant Professor. Friendships and peer relationships, parenting, socioemotional development, suicidality and self-harming behaviors, developmental psychopathology.

Yvonne V. Wells, Ph.D. (Clark University, 1991), Associate Professor. Social and developmental psychology with a special emphasis on issues in ethnic identity development; health-related behavior; body image; religious-based conflict resolution.

Contributing Faculty (Substantial contribution to the doctoral program, but devote less than 50% of time to graduate program because of part-time status and/or administrative and/or teaching related responsibilities outside of the program)

Krisanne Bursik, Ph.D. (Boston University, 1986), Professor and Associate Dean of the College of Arts and Sciences. Personality and individual differences; ego development; gender and gender role variation.

Harvey A. Katz, Ph.D. (University of Connecticut, 1970), Professor and Human Rights Officer. Psychology of sports; history of psychology; psychology of the family; psychology of science fiction.

Robert C. Webb, Ph.D. (Tufts University, 1969), Professor. Visitor studies; consumer psychology; the nature of affect.

AFFILIATE FACULTY

Lynda Field, Ph.D. (University of Denver, 1992), Staff Psychologist, University Counseling Center, Associate Professor, Psychological Services, Suffolk University, Boston, MA.

Marlene Oscar-Berman, Ph.D. (University of Connecticut, 1968), Research Scientist, Neuropsychology Laboratory, Boston University School of Medicine, Boston, MA.

Francesca LaVecchia, Ph.D. (Tufts University, 1979), Adjunct Assistant Professor of Psychiatry, Boston University School of Medicine, Boston, MA.

Mitchell Raymond Abblet, Ph.D. (Florida State University, 2001), Manville School at Judge Baker Children's Center, Boston, MA.

C. Sloan Alday, Ph.D. (Auburn University, 1997), Psychologist, Bradley Hospital, Adolescent Assessment Unit, East Providence, RI.

Richard R. Amodio, Ph.D. (University of Cincinnati, 1993), Director, Psychology Training, Edith Nourse Rogers Memorial VAMC, Bedford, MA.

Shawn Healy, Ph.D. (Suffolk University, 2006), Clinical Director, May Institute, West Roxbury, MA.

Lynn Heroux-Chachkes, Ph.D. (Northeastern University, 2002), Psychology Consultant, Newton Public Schools, Newton, MA.

Sigmund Hough, Ph.D., ABPP (Boston University, 1987), Clinical Rehabilitation Neuropsychologist, Spinal Cord Injury Service, VA Boston Healthcare System, West Roxbury, MA.

Kathryn Jackson, Ph.D. (Temple University, 1992), Senior Staff Psychologist; Associate Professor, Suffolk University, Boston, MA.

Maureen O'Connor, Psy.D. (Indiana University of Pennsylvania, 2002), Director of Neuropsychology, Edith Nourse Rogers Memorial VAMC, Bedford, MA.

Margaret O'Connor, Ph.D. (Boston University, 1987), Beth Israel Deaconess Hospital, Behavioral Neurology Unit, Boston, MA.

John D. Otis, Ph.D. (University of Florida, Gainesville, 2000), Director, Pain Research Program, VA Boston Healthcare System, Boston, MA.

Lisa Smith, Ph.D. (St. John's University, 1998), Clinical Director, Center for Anxiety and Related Disorders at Boston University, & Director, Boston University Psychological Services Center, Boston, MA.

Luis F. Tamayo, Ph.D. (University of Massachusetts, Amherst, 1992), School Psychologist, Boston Public Schools Counseling and Intervention Center, Boston, MA.

Gordon K. Weiner, Ph.D. (California School of Professional Psychology, 1984), Clinical Training Director, Walker School and Home, Needham, MA.

Pamela S. Wiegartz, Ph.D. (University of Illinois at Chicago, 2000), Director of CBT Services and Training, Department of Psychiatry, Brigham and Women's Hospital, Boston, MA.

June Grant Wolf, Ph.D. (Boston University, 1974), Director of Psychology and Director of Clinical Psychology Internship Program, Massachusetts Mental Health Center, Jamaica Plain, MA.

INTRODUCTION

This manual has been prepared as a reference guide for clinical psychology graduate students and is designed to facilitate your progress through the Suffolk University Doctoral Program in Clinical Psychology. Students are obliged to follow the Suffolk University Policy and Procedures, the Graduate Program Procedures, and the requirements and procedures of the Psychology Department and the Clinical Program of which they are a part. It is your responsibility to be personally informed of all program requirements and policies and to follow the procedures outlined herein. The manual supplements other important published material with which you should be familiar and are obliged to follow that appears in the Suffolk University College of Arts and Sciences Graduate Handbook (http://www.suffolk.edu/files/Student_Services_PDF/Grad_Student_Handbook_2010_092910.pdf), the Suffolk University Academic Catalog, the American Psychological Association Ethics Code, and Massachusetts State Licensing Board Ethics Standards (<http://www.mass.gov/legis/laws/mgl/gl-112-toc.htm>).

Every attempt has been made to ensure that requirements are consistently presented in the manual; the manual is our current statement and interpretation of the department and the clinical program requirements. From time to time, however, requirements may be modified to reflect changes and growth of the Clinical Program and the field of Clinical Psychology. Changes to program requirements or policies are communicated to students via email, campus mail and/or public postings. Changes are also communicated at the yearly orientation meeting that all resident students (i.e., not on internship) are required to attend.

Although we try our best to keep the manual (and web material) up to date, we may occasionally make an error in the revision process. If an error is found, we will inform students and correct the error as soon as possible. However, in no case will the clinical program be bound to follow an erroneous statement or procedure, and students will be expected to bring their program of studies in line with correct requirements as quickly as possible. Should any questions arise, students may contact the Chair, the Director of Clinical Training, or the Director of Undergraduate & Graduate Studies for clarification.

The only way that a student may deviate from the policies listed in this manual is if he or she submits a formal petition and receives program approval via the formal petition process outlined on pages 25-26 of this manual. Should any exceptions, decisions, or clarifications about your particular requirements be made, make sure that you have a written, signed and dated memorandum on the matter, with copies placed in your department student file.

GENERAL DESCRIPTION

Philosophy, Training Goals and Objectives

Suffolk University's doctoral program in clinical psychology was established in accordance with the scientist-practitioner model proposed at the national conference in Boulder, Colorado in 1949 (Boulder Model). Our philosophy is that clinical practice should be grounded in scientific knowledge and that scientific research should be informed by and be relevant to clinical practice. Thus, our program involves the systematic and cumulative training in both psychological research and practice in order to prepare students for careers in practice, research, or academic settings.

Our overarching goal is to prepare students to be competent professionals in clinical psychology who may function in a variety of professional settings including academic, research, clinical and community. The program's orientation is that of understanding of the processes underlying adaptation and maladaptation within a cultural frame, thus throughout all aspects of training the program encourages an awareness of and respect for diversity. Our faculty approach clinical work from a variety of perspectives including developmental, psychodynamic, systemic,

behavioral, cognitive-behavioral, humanistic and integrative/eclectic. Our intent is to enable students to take a creative, empirical, and ethical approach to clinical problems among diverse populations; to critically evaluate and contribute to the evolving body of scholarly literature in the science and practice of psychology; and to integrate the clinical, theoretical, and scientific foundations of psychology. Our specific objectives are to:

- (1) Provide students with didactic instruction and supervised training in the practice of clinical psychology. Students will develop the skills needed to:
 - a) Evaluate, administer and interpret psychological assessments with an understanding of the psychometric and empirical underpinnings of assessment
 - b) Formulate and apply psychological diagnoses with an appreciation of the conceptual strengths and limitations of current diagnostic approaches and an understanding of the role of etiological and risk processes.
 - c) Develop, evaluate, and implement treatment plans that reflect both knowledge of empirically-based principles and an appreciation of individual client characteristics and contextual factors
- (2) Provide students with didactic instruction and mentored supervision in the evaluation and conduct of research. Students will develop the skills needed to:
 - a) Understand the strengths and limitations of different research methods
 - b) Understand, utilize and interpret basic descriptive and inferential statistics
 - c) Develop and conduct conceptually-driven and empirically sound research
- (3) Cultivate an understanding of and appreciation for individual and cultural diversity across content areas of science and practice. Students will develop the skills needed to:
 - a) Consider the nature and impact of diversity on the administration and interpretation of assessments, the validity of diagnostic formulations, and the appropriateness of a particular treatment plan
 - b) Conduct and evaluate research with an understanding of the influence of cultural diversity on all aspects of the research process
- (4) Prepare students to make ethically and legally informed decision about clinical, research, and other professional issues. Students will develop the skills needed to:
 - a) Comprehensive knowledge of the ethical/professional codes, standards and guidelines related to clinical work
 - b) Comprehensive knowledge of the ethical/professional codes, standards and guidelines related to research

In addition to the overarching goals, the program also offers elective concentrations in neuropsychology (<http://www.suffolk.edu/college/7198.html>) or clinical child psychology (<http://www.suffolk.edu/college/12542.html>). Further, students may opt to pursue additional learning and mentoring in a variety of areas such as, cultural diversity, community psychology, life span development, health psychology, acceptance and mindfulness, and teaching through research mentoring, elective coursework, and clinical placements (when available).

Student Commitment and General Expectations

Students are expected to engage in course-related, teaching-related, research-related, or clinical work for at least 40 hours each week, September to June. Most students also devote a significant amount of time over the summer working on their research requirements. Faculty vary in their availability over the summer and thus students are encouraged to discuss summer plans with their research mentor and plan accordingly. Students may have the opportunity to

pursue additional coursework or clinical training over the summer, although these opportunities vary by year (and financial aid for summer course work is significantly limited).

Students are expected to be active members of the program, department, university and professional community. Students are expected to attend all colloquia and encouraged to attend the ERP presentations and dissertation defenses of their peers. A list of departmental committees and faculty members on each committee is listed on the web at www.suffolk.edu/psychology. Several of these committees have student members. Students are elected to serve on committees through their student governance organization, are appointed based upon Fellowship Awards (e.g., Outreach Fellowship) or may express interest in departmental service and be appointed by the Chair. Students are also encouraged to become active as members and/or student representatives in professional organizations such as the American Psychological Association, the American Psychological Society, the Association for Behavioral and Cognitive Therapies, the Massachusetts Psychological Association and Council of University Directors of Clinical Psychology. Students are advised to talk with their research mentors about other professional organizations related to their professional interests.

Students are expected to knowledgeable about all program policies, deadlines and events. It is critical that you regularly check your Suffolk email account and the department calendar to ensure that you stay informed. The department webpage is also an excellent source of information and students are expected to frequently check it. All our program manuals, policies and forms can be accessed through the web: <http://www.suffolk.edu/college/12121.html>. While the program staff, Chair, DCT, Director of Undergraduate & Graduate Studies, Clinical Training Coordinator, your research mentor and program advisor are all available to answer your questions and provide support, in order for us to best serve all students, we ask that you review the resources that we have made available when appropriate before seeking individual assistance.

The program has been constructed so that it can be completed by the dedicated full time student in 5 to 6 years. However, each student's personal and professional needs impact their time to degree completion. Current data about length of time to completion can be accessed in the Student Admissions, Outcomes, and Other Data section of the program website at <http://www.suffolk.edu/college/10531.html>.

Accreditation

The Program in Clinical Psychology was initially accredited by the Commission on Accreditation of the American Psychological Association in 2000. Our next accreditation site visit is scheduled for 2017. 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/E-mail: apaaccred@apa.org Web: www.apa.org/ed/accreditation.

This program meets the Association of State and Provincial Psychology Boards/National Register of Health Service Providers in Psychology "Guidelines for Defining 'Doctoral Degree in Psychology.'" Further, we have made every attempt to design the program to comply with all the regulations of the Massachusetts Board of Registration of Psychologists at the time of program admission so that, with completion of an additional one year, full-time post-doctoral fellowship (or its equivalent) students may sit for the state licensing examination in clinical psychology. Therefore, graduates of this designated program who decide to apply for licensing as a psychologist typically will meet the educational requirements for licensing. Please see Appendix F (p. 48) for a listing of courses that have been designed to meet specific Mass licensing requirements. However, in each jurisdiction there are/may be additional requirements that must be satisfied. Further, requirements for licensing do change over time. For exact information about current requirements, please contact the state or provincial licensing board in the jurisdiction in which you plan to apply.

With licensure, graduates are eligible to apply for credentialing as a Health Service Provider in Psychology. Graduation from a designated program ensures that the program completed meets the educational requirements for listing in the National Register. However, there are additional requirements that must be satisfied prior to being listed in the National Register of Health Services Providers in Psychology. For further information, consult the National Register's website at <http://www.nationalregister.org> .

STUDENT SUPPORT AND MENTORSHIP

Research Mentor

Students are admitted into the clinical psychology program to work with an identified research mentor. Although the primary role of the research mentor is to supervise engagement in program-required research (Early Research Project and Dissertation) and additional optional research activities, this relationship is also aimed more broadly at cultivating and promoting the professional development of the student. The most productive and constructive student-mentor collaborations occur when students meet regularly with their mentors each semester. Students are encouraged to discuss this issue with their mentor to develop a mutually agreed upon meeting schedule.

The expectation is that students will remain with a research mentor throughout their graduate training. However, there may be occasions when the student feels the need to terminate a relationship with his or her current mentor. Reasons for this termination may include:

- Changes in research interests
- Personality conflicts
- Differences in goals/scope of research project
- Extended faculty leave

Students feeling the need to implement such a change are strongly encouraged to first speak directly to their current research mentor. However, students may also seek guidance from their Program Advisor, the Director of Clinical Training, the Chair, or any other faculty member if they have concerns or questions about how to initiate this discussion. Mentors and students are encouraged to try to find a way to continue their advising relationships if appropriate. If, during this meeting, the mentor and the student agree to terminate their research partnership, they must address:

- Intellectual property: When a student leaves a lab behind, often they also leave behind that particular line of research. Students should be aware that leaving a research mentor due to personal issues will likely require changing research topics.
- Collaborative research: Research conducted in a lab is collaborative in the present and in the future. Students need to have a conversation with mentors to determine appropriate co-authorship for future publications or presentations. Students may not publish or present data originating from a faculty member's lab without that faculty member's permission.

Although the decision to change research mentors may be well informed and appropriate, it is important for students to understand that in any given semester, there may be a limited number of faculty members who are willing or able to take on a new mentee from within the program. Faculty members are limited in the number of students for whom they can serve as research mentors in any given year and cohorts are admitted with these limits in mind. Thus, students seeking a new mentor may need to be flexible. Students who change mentors must complete the "Change of Advisor Form" found at <http://www.suffolk.edu/college/12138.html>.

Program Advising

Students will be assigned a primary program advisor upon enrollment in the program. This advisor will serve as an additional consultant to the student through the course of his or her graduate program. Any student wishing to change their program advisor must submit a petition, in writing, to the Chair.

At minimum, students are required to meet with their program advisors three times a year during their first 3 years of full-time study (or its equivalence). Specifically, students should schedule an appointment with their program advisor each semester to discuss their planned course work and to obtain clearance to register for courses. Additionally, students need to meet with their program advisor at the end of the academic year to discuss academic progress and ensure all requirements are being met and properly documented. Starting in the 4th year of the program, students are expected to meet with their research mentor to prepare and review annual end-of-year progress.

Student Support Services

Professional growth and development requires ongoing attention to personal health and well-being. We encourage students to engage in good self-care to ensure effective professional functioning. Students are expected to continuously self-monitor issues related to self-care and to be open to feedback from others, so that support and intervention can be utilized when disruptions in self-care that impact functioning occur. Students are welcome to discuss issues of concern with, and to seek support from, their research mentor, program advisor, the Director of Clinical Training, the Clinical Training Coordinator, the Chair or any other faculty member.

Many trainees in the mental health field find it beneficial to seek counseling or psychotherapy during their graduate training and we encourage interested students to do so. Students may contact the Clinical Training Coordinator to receive a list of therapists who are interested in working with students dealing with transitional issues. There are also a number of support programs available throughout the university. Information about student services such as the Counseling Center, Diversity Services, and the Writing Center can be found in the Suffolk University College of Arts and Sciences Graduate Handbook http://www.suffolk.edu/files/Student_Services_PDF/Grad_Student_Handbook_2010_092910.pdf and on the Department's Graduate Student Resources Link page at <http://www.suffolk.edu/college/29459.html>.

Any student who, because of a disabling condition, requires special arrangements to meet course requirements or to participate in any other activities required by the program should contact the Office of Disability Services (617) 994-6812 or disabilityservices@suffolk.edu. Once the student receives an accommodation letter from the Office of Disability Services they should provide this documentation to the course instructor, the Director of Clinical Training and the Director of Undergraduate & Graduate Studies so that accommodations can be made. If a student becomes concerned about a possible disability while a student at Suffolk University, that student should contact the Office of Disability Services to begin the referral and evaluation process.

DEGREE REQUIREMENTS

Course Work

The list of required courses and the block schedule can be found on the departmental website (<http://www.suffolk.edu/college/12137.html>). The purpose of the block schedule is to let students know which year and semester they should take each required course and to provide a sense of the days and times at which courses are typically offered. Students should be aware that the actual courses offered each semester (and the day and time they are offered) may vary from semester to semester as necessary to accommodate faculty availability, student needs and programmatic changes. The courses are further described in the Suffolk University Academic Catalog. The curriculum is designed to provide students with a foundation in the broad bases of psychology, to expose students to theories of assessment, psychopathology and treatment, to provide practical training in clinical skills and to expose students to some specialty areas within the field of clinical psychology. The courses required for program completion evolve over time. If a change is made to the curriculum, students in each cohort will be informed as to whether they need to abide by the change.

Students are expected to enroll in four courses per semester (fall & spring only) during their first three years of the program. Permission to register for a fifth course must be obtained from the Director of Undergraduate & Graduate Studies and is typically only granted under special circumstances to students with a demonstrated record of academic excellence and good research and clinical progress. Students who are approved to take a fifth course will be responsible for the additional tuition incurred by the addition of the course.

Electives in general psychology, clinical, child clinical and neuropsychology are available for students to take on a rotating basis. There are also five elective independent study courses that students can consider taking. Four of these courses (Psych 780, 781, 782, 783) are considered to be non-content courses (and are graded on a pass/fail basis) as they are designed for students who need extra time in a given semester to work on their Early Research Project or Dissertation or to study for the Clinical Comprehensive Exam. Students who take these courses will receive an "I" until the appropriate milestone event (e.g., comps, dissertation proposal) is successfully completed. Psych 910 is considered to be a "content" independent study course the topic of which is negotiated between an individual student and faculty member. Faculty supervising Psych 910, the content-based Independent Study course, may elect to give letter grades or adopt a pass/fail system.

Once students have completed all required course and practicum work and they are working on their dissertations full-time, they should enroll in PSYCH 000 each semester. When students are on internship, they should register for PSYCH 801. Tuition for these courses is set at the cost of one credit hour per semester. Students at this level do not receive a 50% reduction in tuition. However, students enrolled in these courses will have full access to privileges, services, and facilities and will retain full-time status. Some students opt to take an elective advanced practicum while also working on their dissertations. Students choosing this option must enroll in both PSYCH 777 and PSYCH 000 and pay two tuition credits per semester. Cost per credit can be found at the registrar's office, or on the student financial services website (<http://www.suffolk.edu/admission/27864.html>).

Grades and Grade Point Average

Students are expected to complete 72 academic credits (all required classes must be completed with a minimum grade of B- or a pass for pass/fail) within the first three years of the

program. If a student fails to achieve this threshold, they must re-take the course. In addition, students expected to maintain a 3.0 (“B”) grade point average (GPA) throughout their time in the program. Thus, a grade of B- must be offset by a higher grade in another course. Please see the sections below on Review of Student Progress and Standards & Ethics for information on the consequences of not making satisfactory academic progress.

Incompletes

A student may request an incomplete for a course in which he or she has satisfactorily completed (i.e., with a grade of “B” or better) a minimum of half of the required work for the course. The timeline for completion of a course is to be jointly determined by the student and the instructor, but normally shall not exceed one year from the time the incomplete is approved. The student is expected to fill out the Contract for Course Completion (on the departmental website under “Curriculum Documents” at <http://www.suffolk.edu/college/12137.html>). A copy of this contract should be filed in the student’s folder.

Transfer Credits

Our academic program is designed to be systematic, cumulative and comprehensive. We do not require or expect students to have completed graduate work in clinical psychology elsewhere before starting the doctoral program. Thus, we generally discourage students from attempting to transfer in coursework they may have completed at a masters or different doctoral program in lieu of taking a required core course at Suffolk. However, we are willing to review up to 9 credits of previous coursework to determine if a transfer is appropriate. Courses in research methods, statistics, practicum or thesis will not be considered for transfer credit.

Incoming students must submit transfer requests by July 1st before their first semester of study at Suffolk so that their academic plan can be adjusted accordingly. Transfer credit request forms can be obtained on the departmental website (<http://www.suffolk.edu/college/12138.html>) and should be submitted to the Program Coordinator. The Director of Undergraduate & Graduate Studies will then review the course syllabus (in close collaboration with the Director of Clinical Training and faculty who teach the comparable course in the department as needed) and makes a determination regarding the transfer of credit. A minimum of a “B” grade is required for a course to be considered for transfer.

Students currently enrolled in the doctoral program who are interested in taking and receiving program credit for a course at another university or in another department at Suffolk are advised to seek permission from the Director of Undergraduate & Graduate Studies before registering.

Teaching Apprenticeships

Our curriculum requires all students to participate as Teaching Apprentices (TA) for the first 4 semesters of their graduate study. TAs are paired with advanced graduate student lecturers and professors to receive mentorship and experience in a broad-range of teaching-related skills. Students are not paid to serve as TAs; the responsibilities associated with the position are designed to prepare students for potential careers as teachers and presenters. In addition, there are orientation and teaching training seminars offered during the first 4 semesters of graduate studies which all TAs must attend. The seminars are designed to provide instrumental and interpersonal support for students as they build teaching and presentation skills.

Full-time students in the first two years of study are expected to devote up to seven hours per week to their teaching apprenticeship responsibilities. Teaching apprentices are expected to attend every session of their assigned course unless it conflicts with a graduate class or practicum assignment. At the close of each semester, the instructor and the students in the course assess the student’s teaching performance. These evaluation forms are shared with the TA and become part of the student’s file. In addition, students will be invited to evaluate their experiences working

with the instructor and reflect on their own teaching training progress throughout the year. These evaluations are shared with the Director of Undergraduate & Graduate Studies and Department Chair. Student evaluations of instructors are kept confidential and student responses are not directly shared with the instructor. Instead, responses are used by to improve the process of TA training. Students are invited to address any concerns about the TA instructor evaluation process to the Director of Undergraduate & Graduate Studies.

Clinical Training

Students are required to complete two years of practicum training and a pre-doctoral internship. There are also opportunities for students to become involved in pre-practicum training and/or additional advanced practicum training. A full description of the clinical training requirements, the processes involved in placing students, current practicum sites and information about pre-doctoral internship requirements can be found in the Clinical Training Manual (<http://www.suffolk.edu/college/12140.html>).

Early Research Project (ERP)

Goals

The primary objective of the ERP experience is to help students develop the skills to critically analyze, synthesize, conduct, and present psychological research. Students are not necessarily expected to independently develop and conduct a project from beginning to end. Instead, in collaboration with their mentor, they will immerse themselves in a number of research-related activities during their first two years in the program to begin developing the research competencies required to function independently as a clinical psychologist. Although students may be involved in multiple projects that are ongoing in their research lab, they must identify one particular study that they will ultimately present to the faculty in an oral and written form. This research may be qualitative, correlational, quasi-experimental, or experimental in design, and can involve the collection of new data or secondary analysis of an existing data set.

Timeline

One important component of the ERP is the ability to develop and adhere to a feasible and well developed research timeline. Ideally, a timeline presents research goals to be achieved starting no later than February 1 of the first year through May of the second year; it should present relevant activities for each semester (including the summer). The timeline will be part of the project proposal (see below), should be developed in close collaboration with the research mentor, and may cover such activities as reviewing a literature, developing requisite data collection or coding skills, obtaining IRB approval for a project, data collection, data analysis, presentation at a conference, submission of a manuscript, etc). However, the following three elements of the timeline are required (more detail on each of these elements is provided below):

- (1) A 2-3 page proposal, approved by the research mentor, is submitted for departmental approval no later than February 1st of the first year.
- (2) An oral presentation of some component of the student's research activities is completed during April of the student's second year
- (3) A written presentation of some component of the student's research is completed and submitted to the department for approval prior to the beginning of the semester of year 3 (or by the third Friday in April if the student wants to receive the masters degree at May graduation).

Project Proposal

ERP proposals should be submitted to the Program Coordinator no later than February 1st. At least two members of the Early Research Project Committee review each proposal within two weeks of submission to ensure that the required elements presented below are included. A letter either indicating approval of the proposal or requesting revision and/or clarification is sent to the student and the research mentor. All successful proposals and final approved ERP documents are considered public documents to be kept on file and shared with other students as a guide.

The following elements must be present in the Early Research Project proposal:

- Presence of a clearly defined statement of the research question/problem.
- Presence of a clearly articulated research strategy and methodology.
- Description of data to be utilized (if archival data) or data collection methods.
- Description of measures/measurement strategy and/or data analysis strategy to be employed.
- Presence of a timeline
- Inclusion of an IRB/Request for Approval of Research RAR plan if necessary.
- Presence of research mentor signature.

Proposal approval is contingent upon these criteria being fully addressed. The approval form is on the web at <http://www.suffolk.edu/college/12138.html>.

Oral Presentation

Students are assigned a date in April of their second year on which they are required to conduct an oral presentation of their ERP research. These presentations are open to all students and faculty in the department. Each presentation should provide an overview of the relevant literature, identify a research problem or question and hypotheses (if appropriate), describe the methods used to conduct the research, present the major results and discuss limitations and implications of the project. Each presenter is allocated exactly 10 minutes for a prepared presentation (typically Power point) which is immediately followed by a 10 minute question and answer period. Written feedback is provided to both student and research mentor within one week of the presentation.

APA-style Manuscript

Students are required to submit a written manuscript as a final requirement of the Early Research Project. This manuscript should be carefully formatted to comply with APA guidelines. Specifically, the paper should include an abstract, introduction, method section, results, discussion and reference list. The APA publication manual should be consulted for all matters of current style and format (the sample manuscript is particularly useful). Students should expect that their advisor will need to read multiple drafts of the ERP manuscript and provide written feedback before the document can be submitted to the ERP committee. The Early Research Project Manuscript Advisor Signoff form must be turned in alongside the final electronic version of the ERP manuscript to the Program Coordinator. This form can be obtained on the website at <http://www.suffolk.edu/college/12138.html>.

At least two members of the Early Research Project committee will review the final manuscript to ensure that it contains the required elements and is formatted exactly in accordance with APA guidelines. A letter either indicating approval of the proposal (based on the inclusion of the required elements) or requesting revision and/or clarification is sent to the student and the research mentor. Additionally, the reviewers may provide some comments and feedback reflecting their personal impressions of, and reactions to, the paper. This optional feedback does not require any response by the student.

If it is the student's intention to apply to receive a Master's degree in the May of their second year, the ERP manuscript must be submitted to the Program Coordinator no later than the third Friday in April. Students with this goal are strongly advised to ensure that their ERP manuscript includes the required elements, is formatted in APA style, and is submitted to their research mentor well in advance of the departmental deadline. For a September degree award, the manuscript must be submitted no later than the third Friday in August.

Please see the sections below on Review of Student Progress and Standards & Ethics for information on the consequences of missing the ERP deadlines.

ERP Resources

Students can be reimbursed for up to \$150 for research expenses related to the ERP. Appropriate research expenses for which reimbursement can be requested include equipment, tests, postage, and participant payments. Researcher travel, food, parking, etc. are not considered research resources and will not be reimbursed. Detailed guidelines and forms can be found at <http://www.suffolk.edu/college/12138.html>.

Clinical Comprehensive Examination

The clinical comprehensive examination evaluates the student's ethical knowledge and judgment, understanding of, and skills in diagnostics, therapy, and assessment. The exam requires that students be able to organize and integrate materials from their practicum placement experience, as well as from the core courses in psychopathology, assessment, and therapy. Successfully passing clinical comps is not a necessary prerequisite for the dissertation proposal. However, it remains necessary for the internship application.

The comprehensive exam is one of several indicators (in addition to successful completion of clinical course work and practica as defined elsewhere in this document) of whether a student is clinically competent and ready to benefit from clinical internship. The timing and structure of the comprehensive examination is also intended to help students prepare for the internship application process.

Students may choose one of three areas--psychotherapy, psychological assessment, or neuropsychological assessment--on which they will be examined. Students are expected to be sensitive to the idea that assessment informs intervention and that intervention is informed by assessment. Thus, students who choose the area of psychotherapy must be able to identify what types of assessments may be indicated, integrate assessments when in the file, and report on assessment of treatment outcome. Students who choose one of the two assessment areas must make informed recommendations for evidence based treatment and/or rehabilitation. Specific criteria regarding the type of case that can be used in the comps exam and what is required in the written and oral components are provided for each of the three types of exams in Appendix D. It is the student's responsibility to review the case and ensure that those criteria are indeed met. Students must also adhere to HIPAA guidelines in their presentation of the case. Should an examiner require a signed release of confidential information form, students should present documentation supporting the sites' de-identification policy.

The **goals** of the comprehensive exam are to evaluate:

- relevant knowledge and understanding of the psychological presentations of major clinical disorders (e.g., affective and anxiety disorders, substance abuse) based primarily on DSM-IV criteria but not limited to these criteria
- differential diagnosis and assessment of clinical disorders, including the ability to explain why particular diagnostic decisions were made
- understanding and sensitivity to multi-cultural and diversity issues and how this understanding is applied to assessment and therapy

- the ability to formulate a presenting problem(s) and/or assessment question within the broader context of the client's life and the ability to utilize such information to structure therapeutic activities or make recommendations in response to a referral question
- knowledge of and ability to apply the literature regarding evidence based assessment and/or treatments appropriate to a particular case (i.e., as it relates to assessment, treatment, client diagnosis, and measurement of client progress)
- the ability to integrate clinical data into a coherent case formulation that includes discussion of presenting problems, relevant history, diagnosis, and goals, measurement of progress toward these goals, and recommended approaches to therapy
- knowledge and application of appropriate ethical guidelines and procedures
- intellectual flexibility in conceptualizing a case
- development of professional identity as a clinical psychologist (e.g., understanding your role in consultation and collaboration with other professionals, awareness of systems issues)
- self-reflective capacity to evaluate professional work and the outcome

Timing

Students are expected to complete the clinical component of the examination following the successful completion of Prac II and prior to the end of the fourth academic year.

Scheduling and Examiner Selection

Oral examinations are scheduled in blocks in May, June and September with a comprehensive exam committee consisting of two clinical faculty members. Students will receive date and time and faculty availability information about the block schedule by February 15th. Students should email the following information to Pamela Petras at ppetras@suffolk.edu:

- Type of case to be presented (adult or child therapy, psychological assessment, or neuropsychological assessment,)
- The site from which the case is taken
- Rank ordered preference of dates from the block schedule

In order to equitably distribute the workload, the number of comprehensive examination committees on which the faculty members serve will be limited. The limit will be adjusted each year according to the number of students requesting examinations and the number of eligible faculty members available to serve. A Faculty member who served as a clinical supervisor to the case chosen for the exam cannot serve as a comps examiner.

Please note that the role of faculty in these exams is to serve only as examiners, not as advisors to the project or clinical supervisors. Students should not consult with examiners about the content or structure of the examination other than to seek clarification on details of format and timing of the examination as described in this document (i.e., do not submit a preliminary/draft version of your comps write up for pre-exam feedback).

Structure

The exam consists of an oral and a written component. An electronic version of the written portion of the exam must be submitted no later than two weeks prior to the examination date to each of the Examiners. Students should confirm that the exams are received. A description of what should be included in the written document is provided in Appendix A. Please note that we do not provide model exams as the details of each case are extremely unique.

The oral component of the exam will take approximately 1.5 hours. The student will have ten to fifteen minutes for direct oral presentation, followed by 60 minutes of a question -and - answer session directed by the faculty examiners. As the examiners will have read the written material prior to the examination, the oral presentation should build upon, but not repeat, the basic information conveyed in writing. For the remaining time, the examiners will ask questions related to aspects of the case, the pertinent literature, the challenges the student faced, reflections and thoughts about future directions. The student must also be able to engage in a thoughtful and critical evaluation of the case. The specific components evaluated in the discussion are identified in Appendix A on the Exam Scoring Checklist.

Both the student presentation and the question and answer period will be audio taped and this tape becomes part of the student file/record.

Grading

It is the responsibility of the examiners to review the written materials prior to the examination date, to query the student in a manner relevant to the case, to evaluate the student's written and oral presentation, and to provide recommendations for pass, pass with remediation (i.e., addressing editorial and substantive comments on the document), or fail. After the oral exam is complete, the student is asked to leave the room while the examiners reach a consensus as to whether the student passed, passed with remediation (needs to produce revisions of the written document), or failed (criteria for how the exam is graded is provided in Appendix A). To pass the exam, students must successfully complete both the oral and written components. Failure of either is considered to be failure of the exam as a whole. Split decisions by the faculty members that cannot be resolved by consensus are considered a fail for the examination. This information is then conveyed to the student. Deliberation by the examiners and subsequent feedback to the student shall not be recorded.

Students who pass with remediation will receive written feedback about the changes that need to be made within 3 weeks after the oral portion of the exam. Students will make the required revisions within 3 weeks of receiving the written feedback. Students cannot apply for internship until final passage of the clinical comprehensive exam. Final passage occurs when all agreed upon changes are completed and approved by the examiners. Once a student is informed that he or she has passed the comprehensive exam, an electronic copy of the final written document which has been approved by the committee must be submitted by the student to the office staff within 1 week to be kept in the student's academic folder.

Students who do not pass the exam have the choice of maintaining the same committee or organizing a new committee for a subsequent administration of the exam. Within 3 weeks of the oral portion of the exam students will receive extensive written feedback outlining both the strengths and weaknesses and specifying areas that contributed to failure.

Dissertation

Starting at six months following completion of their Early Research Project, students are expected to fill out a dissertation progress report form on a quarterly basis (December, March, June, and September) until the dissertation has been completed. Progress forms must be signed by the dissertation research mentor (or department Chair if a mentor has not yet been declared) and submitted to the Program Coordinator. These progress forms are an essential part of our record keeping for the American Psychological Association and for internal monitoring of student progress. If a student does not submit these forms, the assumption will be that they are not making satisfactory progress on their dissertation. As such, completion of these forms is mandatory.

Although successful progress in the program typically includes a completed dissertation proposal by November of year 4 with the student applying to internship in the fall of year 4, some students opt to stay an extra year with the goal of completing much of their dissertation

research before they leave for internship. Students who pursue this option should indicate that this is their plan when they file the dissertation progress report, found on the web at <http://www.suffolk.edu/college/12138.html>.

Dissertation Advisor

Students are expected to work with their research mentors on dissertation research. If a student changes research mentors, he or she should complete a “Change of Advisor” form available on the department’s website (<http://www.suffolk.edu/college/12138.html>).

The dissertation advisor’s responsibilities include:

- (a) Assisting the student in conceptualizing the dissertation topic
- (b) Determining when a student’s dissertation proposal is ready to be distributed to the committee
- (c) Clarifying to the student the department’s shared expectations regarding the nature and quality of dissertations
- (d) Assessing the student’s need for statistical consulting (this must occur before proposal acceptance)
- (e) Overseeing the IRB process
- (f) Supervising data collection and analysis
- (g) Reviewing and suggesting appropriate changes to the dissertation proposal
- (h) Consulting with the student as needed during the dissertation process
- (i) Approving the proposal and final dissertation before it is circulated to the committee
- (j) Chairing both the proposal meeting and the oral defense
- (k) Overseeing feedback and/or revisions to the proposal and dissertation
- (l) Ensuring all post-defense revisions have been addressed in the final document

Literature Review

By the end of the fall semester of the third year, students must develop an outline of the literature review they plan to conduct in preparation for proposing their dissertation. This document (estimated 2-3 pages plus references; see Appendix B for an example) must include a brief statement of purpose/scope, an outline of the major topics to be covered, and a partial bibliography with key studies identified. The student’s research mentor must approve and sign the document before it is filed with the department.

Dissertation Committee

Committees must include three members of the Psychology Department faculty; one member serving as the chair and primary mentor to the student. A fourth, external committee member may be added if outside expertise is deemed necessary, but cannot replace any of the three core faculty. It is mandatory that any external committee member hold a doctoral level degree in their field. Committee members outside of the Psychology Department but not outside of Suffolk University are classified as external members. Students wishing to add an external member to their dissertation committee must submit a letter to the Department Chair for departmental approval with the external member’s name, affiliation, highest degree earned and area of expertise that should be signed by both the student and the dissertation advisor.

Committee members’ responsibilities include:

- a) Reviewing and suggesting appropriate changes to the dissertation proposal
- b) Consulting with the student as needed during the dissertation process
- c) Providing feedback and/or revisions to the dissertation proposal and final dissertation draft
- d) Actively participating in the dissertation proposal meeting
- e) Actively participating at the oral defense of the dissertation

Development of a dissertation proposal

The dissertation is conceptualized as an original empirical project that makes a substantive contribution to the knowledge bases of psychology.

Initial development of the dissertation proposal begins with a comprehensive, critical review of the literature relevant to the student's chosen dissertation topic. Students work directly with their selected dissertation research mentor to write a critical review appropriate to the intended dissertation topic.

Regardless of the content area or methodology being used, the final dissertation proposal should include the following information:

1. A critical review that a) identifies a current knowledge gap in the research literature that will be addressed in the proposed study, and/or b) supports the proposed study as an important extension of the previous work in the field.
 - a. Often there will be contradictory findings, inferences, or theoretical claims in the literature, and the review should offer a methodological or theoretical explanation for these contradictions.
 - b. The relevant research that supports the proposed study should be the focus of the review; a full, comprehensive discussion of the background literature may be presented in an Appendix.
2. Proposed questions that will be addressed systematically by the study along with the methodological paradigm that will be employed in systematically addressing them.
3. A very detailed and complete method section including the following:
 - a. Information about how recruitment will be conducted, with attention to ethical concerns such as coercion, use of minors and/or underrepresented groups, and case selection (actual recruitment materials should be provided in an Appendix).
 - b. An Appendix with the informed consent form that will be used.
 - c. A description of all procedures to be followed in the process of data collection, including discussion of the content and psychometric properties of any measures to be administered.
 - d. A copy of any measures to be administered in the Appendix. (Occasionally students add measures that are not part of the dissertation to their study. These measures should be a part of the IRB proposal; however they should not be included in the dissertation proposal. In other words, do not include measures in the proposal that are not fully discussed and integrated into the study.)
 - e. A complete procedures section clearly delineating all steps of the procedure (including informed consent and debriefing).
4. A thorough description of all procedures to be followed in the analysis of the data, including proposed statistical analyses to be conducted for any stated hypotheses (and a power analysis if appropriate).

The student and mentor should feel free to consult with committee members about specific issues/questions about the project at any time; however, committee members should not expect to read a final proposal until the student and primary mentor agree that it is complete. The document should be in APA style, thoroughly edited, checked for spelling and grammar, and with complete references before it goes to committee members. In general, it takes 4-6 months to write a dissertation proposal, and the average proposal is likely to go through numerous drafts and revisions with the mentor before it is ready to be read by committee members. It is critically important to work out all of the potential problems with the study before data collection begins. The proposal should be viewed as a contract between the student and the committee. If everyone

agrees that a proposal is approved, the committee is in a position to help the study achieve the goal of completion of the study and presentation of the findings.

Format

The department recognizes two alternative approaches, described below, to presenting dissertation research. Both formats may not be appropriate for all dissertations. Committee approval of the student's choice of format is required.

1. Traditional dissertation format: this format includes an extensive literature review, a comprehensive data analysis, and an in-depth discussion, all of which is presented in one document. Traditional dissertations often have multiple chapters and typically exceed 80 pages in length.
2. Journal submission format & appendices: this format involves preparing the research report for submission to a psychological journal. Because the detail presented in a journal article is substantially less than that presented in a dissertation (submitted manuscripts are usually 20-30 pages in length), students who elect to present their research in journal article format will also be required to append a more extensive literature review and a comprehensive data analysis section. Please note that authorship issues should be discussed in the early stages of the dissertation process, ideally during the proposal phase. (See the Technical Guide for the Clinical Psychology Ph.D. Dissertation on the web here: <http://www.suffolk.edu/college/12137.html>, for information on Authorship.)

There are benefits associated with both of the described formats, and, in some cases, one format may clearly be preferable. It is important to discuss format choice thoroughly with the student's advisor well in advance of completing the dissertation. See the APA Publication Manual and Technical Guide for the Clinical Psychology Ph.D. Dissertation on the web (<http://www.suffolk.edu/college/12137.html>) for very specific instructions regarding format. The University of Pennsylvania psychology department has issued the following statement about dissertations that our department endorses:

“The Ph.D. thesis is the single most important component of the graduate program. It is in most respects like a high quality publishable paper reporting the results of the student's research. The thesis should not differ at all from a published report except insofar as the high cost of space in journals forces them to sacrifice clear exposition to economic considerations. A thesis, being unaffected by the cost of printing, may be redundant when redundancy is an aid to clarity. It may indulge in speculations that are interesting but that would be deleted by an editor who is unable to find room even for all the truths that are submitted to the journal. But the writer of a thesis should remember that it is only its pages that are unlimited, not the reader's time. To put things into a thesis for no better reason than that some pedant might want them is to distract all the readers from the real point of a thesis. The purpose of the Ph.D. thesis is to communicate the results of the student's doctoral research. Research uncommunicated is for all practical purposes indistinguishable from research undone. The thesis is the place where the student demonstrates his or her competence in the conduct and communication of scientific research. It is not the place where the student proves that he or she has worked long and diligently on research by recounting all those activities that he or she thought at the time might be relevant. It is, in short, not a special literary form, unique in that it is written expressly not to be read.”

Timing of proposals

Dissertation proposals must be fully completed (defended, revised, and approved) in order to apply for pre-doctoral internship, no later than November 1. Since the process of

defending and revising the proposal can take several months, it is recommended that the student submit a completed draft of the dissertation proposal to the dissertation research mentor by June 30 if the intent is to apply for internship the following fall. A student intending to meet the November deadline should also have a full committee in place by June 30, approximately 3 months in advance of the planned proposal defense. Committee members should receive the completed dissertation proposal at least 3 weeks prior to the defense date. Students must defend the dissertation proposal prior to October 1 in order to allow adequate time for revisions prior to the November 1 deadline. The dissertation proposal cannot be approved without a formalized group meeting between the student and all committee members.

Dissertation proposal meeting

For the dissertation proposal defense, the student should have a good working knowledge of the studies that are reviewed in the proposal. It can often be helpful to take notes on studies and/or keep a table of important methodological features of each study. The student should be prepared to answer questions about relevant studies during the proposal defense and to provide a brief overview of the overall goals and contributions of the proposed research.

At the time of the proposal defense, the Dissertation Proposal Completion form (<http://www.suffolk.edu/college/12138.html>), signed by all committee members, should document all required revisions to the document; upon completion of these revisions, the dissertation advisor signs off on this document to confirm revisions were made. If the completion of dissertation proposal revisions exceeds 60 days the student must provide the department with a written summary of progress and expected completion date. Following approval of the proposal by the dissertation committee, the student must submit an electronic copy of the full proposal along with an abstract of not more than 350 words in electronic form to the Program Coordinator for e-mail circulation to the entire faculty. The dissertation proposal is not formally complete until the student's abstract has been circulated to the entire core faculty.

IRB approval

Once the dissertation proposal is approved, the student must secure approval from the Suffolk University Institutional Review Board (IRB) prior to collecting data. Students also need to ensure that they are up to date with all federally mandated training requirements for conducting research with human participants. Because full board meetings only occur when classes are in session and proposals need to be submitted well in advance of scheduled full board meeting dates, students are strongly encouraged to consult the IRB website when developing a time line for their dissertation at <http://www.suffolk.edu/research/17776.html>.

The timing of the dissertation defense

All members of the dissertation committee must approve the formal dissertation and a departmental oral defense must be completed. Students anticipating imminent completion of the dissertation manuscript must discuss specific plans for timing of feedback and revisions with all members of their dissertation committee. Some committee members may wish to provide extensive feedback prior to the tabling of the document; others prefer to engage in an intensive review of the document coincident with the defense. It is the responsibility of the student, with guidance and support from the primary mentor, to formally establish a shared understanding of the timing of committee contributions relative to the defense. At least one week prior to the scheduled defense date, the student will provide the Program Coordinator with an electronic copy of the committee approved final dissertation draft for all faculty members to review at that time.

Doctoral defenses may be scheduled for any two hour block between 10:00 am and 5:00 pm on weekdays during the extended academic year (Fall through Summer I; last week of August through the 3rd week in June). No defenses will be scheduled during Summer II or the

summer intersession. The student must ensure that their proposed date/time is mutually approved by all committee members. Doctoral defenses are public events; their timing will be posted on the departmental weekly events page and on Blackboard.

In order to allow adequate time for post-defense revisions, the oral defense of the dissertation must occur a minimum of 3 weeks prior to the deadline for administrative approval (minimum of 5 weeks prior to graduation date) of degree conferral at allow time for post defense revisions. No exceptions will be made. However, students should be aware that the extent of post-defense revisions required varies considerably and while 3 weeks is a reasonable estimate, it may take longer. In general, students hoping to receive their degrees in May would defend no later than the second Friday in April; in January, no later than the second Friday in December; and in September, no later than the 3rd week in June.

Administrative approval for degree conferral requires that an electronic copy of the approved final version of the dissertation (all revisions accepted), prepared according to the regulations (see the APA Publication Manual and Technical Guide for the Clinical Psychology Ph.D. Dissertation on the web at <http://www.suffolk.edu/college/12137.html>), be submitted to the Program Coordinator a minimum of two weeks prior to the anticipated graduation date (approximately the last Friday of April, August, and December). Please note the final copy must be submitted as one Word document. If tables, graphics, or appendices prevent this, one paper copy must be submitted to the Program Coordinator.

Format of the dissertation defense

The format of the oral defense will include a 30-45 minute student presentation of the dissertation, 60 minutes of audience questions, and 15 minutes of closed faculty deliberation. The committee, chaired by the student's dissertation advisor, will vote whether to accept or reject the dissertation. A vote of acceptance by the dissertation committee must be unanimous. If the committee determines that a student has failed the oral component of the defense, a new defense must be scheduled with all of the same faculty audience members present. Students should keep in mind that the defense is the penultimate step in completing the dissertation and that significant post-defense revisions to the document may be required. Any corrections or additions deemed necessary by the committee will be documented on the Certification of Dissertation Completion form (<http://www.suffolk.edu/college/12138.html>). If completion of dissertation revisions exceeds 60 days the student must provide the department with a written summary of progress and expected completion date. No degree will be granted until the required revisions have been completed and approved by the dissertation committee.

Three copies of the final dissertation will be bound. Dissertation binding occurs bi-yearly (December and June). One bound copy will go to the student, one will be in reference at the Sawyer Library, and one copy will be stored within the Psychology Department. Additional copies can be purchased by the student at a cost of \$25 each. Please make all checks payable to Suffolk University.

Dissertation expenses

Students can be reimbursed for research expenses for up to \$350 for expenses related to the dissertation. Appropriate research expenses for which reimbursement can be requested include equipment, tests, postage, and participant payments. Researcher travel, food, parking, etc. are not considered research resources and will not be reimbursed. If a student requires more funds they should submit a request to the Department Chair and when possible, based on budget availability, additional support will be provided. Detailed guidelines and forms can be found at <http://www.suffolk.edu/college/12138.html>.

Clinical Experience: Pre-doctoral Internship

Doctoral students are required to complete one year of full time internship or two years of half time internship (at least 1600 hours). In order to apply for a pre-doctoral internship, students

must fill out the Intention to Apply for Internship form (found here: <http://www.suffolk.edu/college/12140.html>) and meet the following requirements:

- Completed the Early Research Project
- Submitted Dissertation Literature Review
- Pass the Clinical Comprehensive Examination
- Completed a minimum of 72 credits, including required courses with satisfactory grades
- All practicum evaluations must be on file and all hours input
- Dissertation proposal meeting must occur by October 1st of the year one is applying
- All revisions must be complete, an abstract on file with the department and the approval form signed and submitted no later than November 1st, of the year one is applying.

The Application Process

Students begin the internship application process the spring before they intend to apply for internship. The DCT and a committee of faculty members meet with applicants in the spring to discuss picking sites and getting letters of recommendation, in the fall to discuss essays and in the winter to discuss the interview process. Dates for these meetings can be found on the Clinical Meetings for Students sheet on the department's website at <http://www.suffolk.edu/college/12140.html>. A timeline delineating the major program-related steps associated with applying for internship can be found at <http://www.suffolk.edu/college/43764.html>. Also on the department web sites are a number of tip sheets we have developed with information about picking sites, getting strong letters of recommendation, writing compelling essays and interviewing successfully (<http://www.suffolk.edu/college/43764.html>). On this same page there are also links to additional resources on the web that discuss the internship application process. Before you can submit your application, the DCT must verify your readiness for internship (ensure that you have completed all program requirements) and confirm the practicum hours that you enter on your application. As you fill out the APPI, you will encounter a form that is electronically submitted to the DCT. We endeavor to verify the information that you provide the DCT within 10 days of submission. However, if there is a problem with your application (e.g., the hours are not accurate, a program requirement is missing) the process can take longer. Please keep this in mind when planning your application submissions.

APPIC

The Association of Psychology Postdoctoral and Internship Centers (APPIC) is an educational, non-profit organization with the mission of enhancing internship and postdoctoral training programs in professional psychology. It is an organization made up of doctoral, internship and post-doctoral programs. APPIC developed and maintains the internship selection policies and procedures (and manages the internship MATCH) in order to facilitate a fair and orderly process of matching applicants with internship programs. APPIC maintains an online searchable directory of internship sites (with and without APA accreditation, but meeting APPIC guidelines) <http://www.appic.org/>. On this site students can also find a wealth of useful information including surveys from previous internship applicants that provide data on the number of sites applicants apply to, the cost, average number of direct contact hours, etc. ***The APPIC website will be your best source of information about the internship process so students are advised to familiarize themselves with this website as soon as possible.*** Students

are also advised to join, on this website, the free email list MATCH –NEWS, that communicates news about the match.

Program Support

Students are strongly encouraged to use all available program resources to ensure they prepare a strong internship application. Although the tip sheets on the website and the meetings held by the DCT offer important information, individualized mentorship through the internship application process is vitally important. It is recommended that students have regular meetings with their research mentor (and program advisor as necessary) throughout the process. Students should contact the DCT, CCT and/or Chair if additional support is needed.

Internship Site Requirements

The program strongly recommends that the pre-doctoral internship takes place at an **APA-accredited site**. Sites that have been accredited by APA meet several standards designed to ensure that students are receiving an adequate training experience. Attending a non-accredited internship can impact a student's ability to get licensed and limit employment opportunities. Thus, this decision should be discussed with the student's research mentor and the DCT. The APPIC also provides some information on applying to non-APA sites http://www.appic.org/match/5_2_1_2_17.html and students are encouraged to read the licensing requirements of the state in which they hope to practice.

If a student wishes to apply to and attend an internship that is not accredited by the APA, he or she must first get DCT approval. Sites must meet all of the Suffolk University requirements for a non-APA accredited internship, which can be found at <http://www.suffolk.edu/college/43764.html>. The student must also provide, in collaboration with the director of the internship, all the information listed the Internship Site Information Sheet – Non-Accredited Sites found at the same site. ***Students cannot apply to a non-accredited internship with receiving written approval of the Director of Clinical Training.***

Additional Requirements for Completion of Degree

Non-terminal Masters

Although the psychology department does not have a terminal Master's degree program, students in the doctoral program are eligible for the Master's degree when they meet the following requirements at the time that degrees are conferred (September, May, January):

1. Completion of both the oral and written portions of Early Research Project.
2. Completion of 48 credits, including Psych 718, 722, 723.
3. Submission of an Application for Degree with the Registrar's Office. See the Registrar's website for detailed information at <http://www.suffolk.edu/offices/2260.html>.

Doctoral

In order for students to be considered for the Ph.D. degree at the time that degrees are conferred (September, May, and January), students must have met the following requirements:

1. Completion of all Masters requirements
2. Completion of the Clinical Comprehensive Examination.
3. Completion of internship and submission of documentation confirming the satisfactory completion of pre-doctoral internship training from site supervisor. See the Clinical Training Manual at <http://www.suffolk.edu/college/12140.html>.
4. Completion and defense of doctoral dissertation.

5. Completion of 72 credits. Students are advised to participate in a credit audit meeting with the Director of Undergraduate & Graduate Studies. See the Clinical Psychology Ph.D. Program Student Check Sheet at <http://www.suffolk.edu/college/12137.html>.
6. Completion of an exit survey and exit evaluation. See Forms for Program Graduates at <http://www.suffolk.edu/college/12138.html>.
7. Completion of National Survey of Earned Doctorates. See Forms for Program Graduates at <http://www.suffolk.edu/college/12138.html>.
8. Submission of an Application for Degree with the Registrar's Office. See Graduation Audits at <http://www.suffolk.edu/offices/6463.html>.
9. All open IRB protocols (e.g. dissertation, ERP, etc.) must be closed or renewed. If renewing, the PI must provide a non-Suffolk email address for future contact.

RESIDENCY REQUIREMENTS

Although Suffolk University offers some part-time graduate programs, the doctoral program in clinical psychology only admits students for full-time study. The program has been designed with full-time study in mind and, therefore, students are strongly encouraged to register for a full-time course load for all three years of course work. Students must complete three years of full-time study or its equivalent at Suffolk University during which students must be in full-time residence. Students are expected to be continuously enrolled (i.e., registered for Fall and Spring semesters) from the date of matriculation in the program until the successful completion of the doctoral dissertation or predoctoral internship (whichever is completed last), unless the student has applied for a leave of absence (see below).

FINANCIAL ASSISTANCE

The Office of Student Financial Services is your best resource for getting information about your financial aid award. The material below is provided as a helpful guide specifically for students in the doctoral program in clinical psychology. However, if there are inconsistencies between this information and that provided to you by the Office of Student Financial Services, the Financial Services ruling stands.

Tuition and Program Costs

Tuition

Tuition rates change yearly. Current rates can be found at <http://www.suffolk.edu/admission/41230.html>. Tuition has been set at \$31,087 for the 2010 – 2011 academic year. All financial aid awards include an automatic grant for Fall and Spring semesters equal to 50% of tuition charges of your matriculating tuition rate for the first three years of full time study (or 72 credits of required course work). Students enrolled for 1-5 credits are considered “less than part-time”, students enrolled for 6 credits are considered “part-time”, students enrolled for 9 to 11 credits are considered “quarter time” and students in 12 or more credits are considered “full-time”. You must be enrolled at least half-time to receive the 50% tuition reduction while taking the required 72 credits of course work.. If the number of credits you register for is fewer than 12 in any given semester during the first three years in the program and are not registered for a course that convey full time status (Psych 001 - Early Research

Project Continuation), it is your responsibility to inform the Office of Student Financial Services office so that student loans are properly distributed.

Advanced students must enroll in PSYCH 000 while engaged in dissertation research and PSYCH 801 while on internship. These courses carry zero credit, cost one tuition credit per semester but denote full-time status so any student loans do not go into repayment. Students do not receive a 50% tuition grant when enrolled in these courses. One credit of tuition has been set at \$1,294 per semester for the 2010-2011 year. The number of semesters that a student is required to register for PSYCH 000 is variable and depends on the rate at which degree requirements are finished.

Frequently advanced students also enroll in elective courses. Courses vary in credit and tuition with advanced prac (PSYCH 777) costing one tuition credit per semester and content course electives typically costing three tuition credits. Students do not receive a 50% tuition grant when enrolled in electives after they have accrued 72 credits.

Overall tuition will vary considerably for each individual student based on course load, pace and time to completion. Tuition costs also increase annually. However, using 2010-2011 tuition costs, a student completing the PhD program in 6.5 years would pay a minimum of approximately = **\$58,263** in tuition

72 credits at the current tuition rate with the 50% grant award =	\$46,617
An additional 3.5 years of dissertation work and internship	\$ 9,058
An additional year of advanced practicum	\$ 2,588
Estimated total tuition	\$58,263

Additional Expenses

Other university and program related costs include books, professional liability insurance (required for students on practicum and internship) and health insurance (required by the State of Massachusetts; students without private insurance can purchase insurance through Suffolk University at a cost of \$1,300 for the 2010-2011 academic year.

<http://www.suffolk.edu/admission/5204.html>).

Financial Aid

New students normally receive notification from the Office of Student Financial Services regarding their financial aid package by April of the preceding academic year. Award offers are extended on a “rolling basis” as students are admitted to the program and aid applications become complete. All students are strongly encouraged to submit their FAFSA

(<http://www.fafsa.ed.gov>) as soon as it’s available on the web (January 1st) whether it is a renewal or first time application. The Psychology Department due date for FAFSA filing is April 1st. Graduate aid application forms are available at

(<http://www.suffolk.edu/admission/3855.html>).

Students can expect their yearly aid levels to remain stable pending continued availability of funds, maintenance of enrollment status (i.e., full time, part time), satisfactory academic progress, and demonstration of the same level of need if the student is receiving need based funds. For more information on financial aid deadlines, requirements, types of aid, and how to apply, please see the Office of Student Financial Services web page at

<http://www.suffolk.edu/admission/29.html>.

Students must be enrolled at least half-time (6 or more credits) to maintain in-school deferment status for federal student loans (<http://www.fafsa.com/deferments.htm>). Advanced students who are registered for PSYCH 801 or 000 will be considered full-time and thus may continue to defer repayment. Students who receive repayment notices from loan lenders in error should immediately contact the Registrar for resolution on deferment.

Outreach Fellowships

The Outreach Fellowships are directed toward serving economically disadvantaged students, as well as economically and socially disadvantaged client populations. The purpose of the fellowships is to enhance the diversity of our program, thereby enhancing its richness and vitality. Up to two fellowship positions are available each year to newly admitted graduate students in the clinical psychology doctoral program.

The fellowship provides full tuition remission as well as a stipend for \$7,500 for the first three years of graduate training. Annual renewal of each award requires the recipient to update and confirm their continuing before each succeeding year of participation.

Basic Eligibility:

- Applicants must demonstrate a strong commitment to a career in ethnic minority mental health or working in communities that are socially and/or economically disadvantaged. This commitment must be demonstrated in the application essay.
- Consideration will be given to candidates who demonstrate awareness and understanding of the unique issues faced by members of these populations (or members of communities that are socially and/or economically disadvantaged).
- Applicants must demonstrate need as determined by the Office of Student Financial Services. Hence all applicants are required to apply for financial aid by January 5, 2011.

For more information, see our link <http://www.suffolk.edu/college/12095.html>. Please click here to download the [2011 OUTREACH Fellowship Application](#).

Employment Opportunities

Some students may be eligible for work-study on the basis of financial need. Eligibility for work-study is determined by the Student Financial Services Office after students complete a financial aid application process. Regardless of the source of funding, no student employed by the university may work more than 20 hours per week during the academic year.

Students may also pursue other university employment opportunities without applying for federal aid. Specifically, students may apply for Administrative Fellowships, Research Assistantship positions within the department and across the university, and Lab Instructor, Lecturer and Course Assistant positions within the Psychology Department.

Administrative Fellowships

Administrative fellowships are highly competitive positions within different departments and university offices across campus. Fellowship responsibilities vary from department to department but might include research, office tasks, data input, customer service initiatives, etc. In the past fellowships have been available in Student Activities, Admissions, Athletics, Enrollment Research, Ballotti Learning Center, Student Financial Services, and Career Planning/Placement among others.

Applicants must be proactive and apply directly to each department/office that has a fellowship for which the student would like to be considered and hiring decisions are made by the department/office holding the fellowship. As a service to students, each April, the Student Financial Services Office compiles a listing of fellowship positions available for the following academic year. Unfortunately, this list is not updated as the positions are filled http://www.suffolk.edu/files/Financial_Aid_PDF/fellowship.pdf. Students interested in pursuing these positions are urged to begin applying as soon as the list is available.

Administrative fellowships offer recipients a \$14,000 award in exchange for 16 hours of employment a week during the academic year (30 weeks). \$7,200 of the administrative fellowship is credited directly to the recipient's tuition account (\$3,600 per semester): the remainder is paid to the student bi-weekly as hours are worked.

Administrative fellowships are limited to 1st, 2nd and 3rd year students.

Research Assistantships

The College of Arts and Sciences has a research assistantship program that is aimed at supporting faculty research. Interested faculty members submit a competitively reviewed proposal to obtain an RA to work on a specific research project or projects. Students who are hired through the RA program cannot work on their own masters or dissertation research as part of their RA duties.

1st, 2nd and 3rd year students are responsible for independently pursuing RA positions. The department maintains a list of faculty members within the Psychology Department who have funding to hire an RA. Students can apply to be RAs for their faculty mentor, for another faculty member in the department, or for someone outside of the psychology department. A list of approved RA positions is posted to the financial aid section of the university website in late July.

Unlike fellowships, RA positions do not include grant funds. Students may work up to 10 hours a week during the academic year. The current graduate student hourly rate is \$16.00.

Lab Instructor and Lecturer

Advanced graduate students with the appropriate training are also eligible to apply for positions as Lab Instructors, Lecturers and Course Assistants in the Psychology Department. The Lab Instructor positions are for the undergraduate courses in research methods and statistics. Students who have completed the Teaching Assistant sequence and demonstrate a particular skill in these areas should let the Director of Undergraduate and Graduate Curriculum Studies know of their interest in being a lab instructor. Responsibilities include teaching the one hour lab and providing office hours. The current award is \$1,200. Students interested in becoming a lecturer must first take the graduate Teaching of Psychology course (PSYCH 772). After successful completion of the course students will be eligible to teach General Psychology and depending on course availability, any 100 or 200 level course. The current award is \$4,600.

Course Assistants

Advanced graduate students are also eligible to be considered for course assistant positions for the graduate Adult and Child Assessment courses. Current awards are \$2,300. Interested students should contact the Department Chair.

PETITIONS

A student may petition for an exception to any of the previously stated departmental requirements or deadlines. The petition must clearly state the details of the exception and a clear rationale for the request. Petitions must be submitted in writing to the Department Chair, who will consult with the Director of Undergraduate & Graduate Studies, Director of Clinical Training, Clinical Training Committee or the full faculty as needed (depending on the nature of the petition). Students are encouraged to discuss potential petitions with their research mentor, program advisor or appropriate administrator before submitting. A response to the petition will be provided to the student in a timely manner. The response may be petition granted, petition denied or request for more information.

A student who disagrees with the outcome of the petition and believes that the petition was unfairly judged by the faculty may file a grievance with the University Office of Student Affairs (<http://www.suffolk.edu/campuslife/40951.html>).

PROFESSIONAL CONDUCT

Suffolk University has specific community standards that apply to all students engaged in graduate study. For a description of these standards and students rights and responsibilities,

please see the Graduate Student Handbook

(http://www.suffolk.edu/files/Student_Services_PDF/Grad_Student_Handbook_2010_092910.pdf).

Ethical and legal standards of psychology

In addition to following university policies, graduate students enrolled in the clinical psychology program are expected to conform to ethical and legal standards of the professional practice of psychology (Ethical Principles of Psychologists and Code of Conduct <http://www.apa.org/ethics/code2002.html>; and General Laws of Massachusetts with regard to the Registration and Licensing of Psychologists <http://www.mass.gov/legis/laws/mgl/gl-112-toc.htm>).

Additionally, there are a number of professional competencies that have been established within the field as being important for psychologists who need to manage relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. (See here: <http://www.apa.org/ed/graduate/competency.aspx>). Thus we expect students to demonstrate sufficient: (a) interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

It is important to clarify that we expect to see evidence of these competencies in professional settings and contexts (e.g., coursework, practica, supervision), as they relate to one's ability to effectively work as a psychologist, rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). Further, these expectations in no way are meant to discourage students from disclosing struggles in these areas to faculty or from seeking assistance (from within the department or from outside sources) to improve in these areas. In fact, we believe essential components of professionalism are the abilities to self reflect on areas of needed growth and to access the needed resources to prevent their interference with professional activities and growth.

Suffolk University statement on academic honesty

Academic honesty and integrity are fundamental to the University, the department and are consistent with the APA ethics code. All students are responsible for knowing and adhering to the Suffolk University policy for academic honesty and the consequences of being dishonest. Continued participation in the program constitutes an acceptance of the conditions described in the publication and, thus, a commitment to honest academic conduct. All students are expected to know the Suffolk University policy on academic honesty which can be found at: http://www.suffolk.edu/files/Psychology_PDF/acadhonestypolicy.doc.

Departmental policy on academic honesty

Membership in the department commits all faculty and students to comply with the standards of academic honesty and integrity outlined by Suffolk University and the APA ethics code. Faculty and students who suspect an occurrence of academic dishonesty may initially try to

pursue a resolution directly with the offending party. If this does not resolve the concern or direct discussion is deemed not an option, then the faculty or student is encouraged to report the instance of academic dishonesty to the Standards & Ethics Committee. The S & E Committee will meet to review and discuss the reported incident of academic dishonesty and render a determination (please see section on Standards and Ethics Committee for a description of the procedure). Faculty or students who are concerned about a violation of academic honesty may also chose to report the case directly to the Department Chairperson and Dean of Students. The chair will make the appropriate referral to either S&E or the Dean of Students based on the specifics of the situation.

SATISFACTORY PROGRESS THROUGH THE PROGRAM

Students are expected to make satisfactory progress through the program across five specific domains:

Professionalism:

- Follows all program, departmental and university policies and procedures
- Adheres to the ethical and legal standards of psychology
- Demonstrates honesty, personal responsibility and accountability
- Engages in reflective practice and good self-care
- Demonstrates effective interpersonal and communication skills
- Open to supervision and feedback
- Resolves issues or problems interfering with professional development or functioning in a satisfactory manner

Academic:

- B- or higher (and Pass in Pass/Fail courses) in all courses
- GPA of 3.0 or higher
- No more than 1 incomplete per semester
- All incomplete contracts met on time
- Successful completion of 48 credits by the end of year 2
- Successful completion of 72 credits by end of year 3

Teaching Apprenticeship:

- Successful completion of four semesters of TA
- Attendance at TA trainings
- Satisfactory ratings on TA evaluations

Clinical:

- Attendance and successful completion of Clinical Psychology Lab
- Successful completion of practicum I by the end of year 2 with all evaluation ratings on the final evaluation 3 or higher
- Successful completion of practicum II by the end of year 3 with all evaluation ratings on the final evaluation 3 or higher
- For students who opt to engage in Advanced Practicum, successful completion of with all evaluation ratings on the final evaluation 3 or higher
- All hours accounted for in Time2Track
- All evaluations submitted in a timely manner

- Successful completion of the Clinical Comprehensive Examination by the Fall of year 4
- Successful completion of the internship by the end of year 6

Research:

- Approval of an Early Research Project plan by February 1st of year 1
- Oral presentation of the ERP in the spring of year 2
- Final ERP manuscript approved prior to the start of fall semester of year 3
- Literature review submitted by the start of the spring semester of year 3
- A completed dissertation proposal by November of year 5
- Successful completion of the dissertation by the end of year 6

REVIEW OF STUDENT PROGRESS

An ongoing goal of the program is to provide students with continuous feedback regarding their training across all domains (e.g., academic, research, teaching, clinical and professionalism). As such, students are frequently provided with direct and timely feedback by instructors, mentors and supervisors during their regularly scheduled departmental activities (i.e., classes, research meetings, supervision). Several formal evaluations are also completed on an ongoing basis. Students are formally evaluated both by students in the course and by the instructor of each course for which they serve as a TA. Clinical supervisors complete a formal evaluation of each student’s clinical competence at the end of each semester of practicum (for a description of the clinical evaluation see the Clinical Training Manual at <http://www.suffolk.edu/college/12140.html>. To view the evaluation see “Practicum Performance Evaluation of Student” at <http://www.suffolk.edu/college/12140.html>. In the spring of Years 1 and 2 both students (through a self-assessment) and their research mentors complete a form designed to assess the students’ strengths and challenges in the area of professionalism. The assessment is based on those competencies outlined by ADPTC as essential for clinical psychologists (<http://www.apa.org/ed/graduate/competency.aspx>).

In addition to these informal feedback opportunities, students are given a formal and in-depth evaluation across all training domains each year: the annual review. The central goal of the student’s annual review is to provide comprehensive feedback to students on the quality of their academic, research, teaching, clinical, and professional skill development. At the review, the full faculty convenes to document and acknowledge positive student growth, as well as identify any difficulties that a student may be experiencing so that a remediation plan can be developed and implemented. It is common that a student might excel in one domain (e.g., research) in the first year of their training, for instance, but require guidance in that same area later in the program. Students might also exhibit excellent growth in some domains, but show delayed growth in others. The purpose of the annual review is to facilitate continued growth in all areas of the training to maximize student potential. The review letter generated by the Director of Undergraduate and Graduate Studies becomes part of the student’s file and should be used as a tool by both the student and research advisor to tailor students’ training activities for subsequent year(s).

Annual faculty reviews of overall student progress

In preparation for the annual review, at the conclusion of the academic year, each student will receive a Progress Audit from the department. A copy of the Progress Audit form can be found at <http://www.suffolk.edu/college/12138.html>. This report shall include a detailed description of the progress the student has made in the past year toward fulfilling the program requirements. A copy of the report is given to the student, who must then schedule an individual

end-of-year review meeting with their program advisor. Topics to be discussed in this meeting include progress in the domains of professional development, as well as academic, teaching, clinical, and research training progress. This meeting must occur prior to the assembly of the department faculty to evaluate academic progress (usually in mid-May). The student, in collaboration with his/her program advisor (with support from the DCT, CCT, Director of Undergraduate & Graduate Studies and/or Chair as needed), must develop a written plan for remediating any areas flagged as being in need of attention. The Progress Audit report must be signed by both the student and his or her Program Advisor.

The department faculty will convene in May to review all students' progress. The faculty reviews the progress audit, examines grades and teaching evaluation forms, and discusses student progress in research, clinical training and professional skill development. Using the guidelines provided in this manual, students are rated on all five domains (professional development, academic, teaching, clinical and research training) as exceeding expectations, meeting expectations (i.e. making satisfactory progress), needing improvement or demonstrating unsatisfactory progress. Students who are making unsatisfactory progress may also be reviewed by the Committee on Standards & Ethics (see below) for the purpose of developing a remediation plan or when a disciplinary action is to be considered. These students are then reviewed at least semiannually until satisfactory progress is restored.

Within six weeks after May faculty review meeting, students will receive a letter specifying the results of their academic progress for the year. Students must sign and return a copy of the letter to the department. In order to more closely monitor their adjustment to the program, all first year students are also reviewed after grades are officially recorded for the fall semester of the first year (in addition to an end of year review). No program audit is required for this mid-year review. The purpose of this review is to monitor, facilitate, and support students' early adjustment to the doctoral program. Students will only receive feedback from this review if areas of concern are identified.

STANDARDS AND ETHICS COMMITTEE

Purpose and Structure

The purpose of the Standards and Ethics (S&E) Committee is twofold. First, the committee is responsible for reviewing any formal grievances that a student has with a faculty member in the psychology department (See Student Problems, Complaints, and Grievances below). Second, the committee is charged with reviewing student progress in the program when a student is identified as having serious, multiple and/or repeated instances of unsatisfactory progress in the program as well as academic dishonesty and/or unethical behavior. The committee is comprised of 5 faculty members including the Department Chair, the Director of Clinical Training, the Director of Undergraduate and Graduate Studies, and 2 rotating faculty members.

The Review Process and Timeline

A student who wishes to initiate an S&E review needs to formally submit a request in writing to the Department Chair. Once a matter has been brought to the attention of the S & E Committee, a meeting will be convened within 30 days to review the matter. All relevant parties (e.g., involved Faculty members, Student, Research Mentor, Program Advisor) will be informed of the date for the scheduled S & E meeting no less than 7 days prior to the meeting. The

individual who is the subject of the review (i.e., the faculty member who is the target of a grievance, the student who has been identified as making unsatisfactory progress) can submit any written materials he or she would like the committee to consider in their review. Further, the subject of the review can request to present information in person at the committee meeting. Once the committee has gathered, reviewed, discussed and deliberated on all relevant materials a decision will be rendered. The decision may be that no action is needed, a remediation plan may be developed with specific steps to be followed, the matter may be referred to an appropriate College Committee, or in the case of a student review, the committee may dismiss the student from the program. The committee may also decide that more information is needed to render the appropriate decision. The S & E Committee will render a decision and formally communicate the decision to the relevant party no later than 15 days after the meeting. The party may then accept the decision and attendant plan or may petition the decision.

Petitioning an S & E Decision

Petitions of an S & E decision must be filed within the 30 days of formal notification of the Committee's decision. If a petition is submitted, the S & E will convene a meeting to consider the petition no later than 30 days after receiving the petition. All relevant parties will be informed of the date for the scheduled S & E meeting to hear the petition no later than 7 days prior to the meeting. Again, the party will be informed of the decision rendered within 15 days of the meeting. The Committee reserves the right, in all cases of student conduct or progress problems, to develop a plan of remediation for the involved student(s), regardless of whether need for disciplinary action has been determined. Remediation is a non-punitive educational process for promoting student development, understanding and functioning.

Ongoing Review

In addition to the meetings scheduled specifically to review a particular student or faculty member, the S & E Committee will meet at least semiannually to review on-going remedial plans.

Events that may warrant S&E Review

Every student is different and all student progress is evaluated in the context of individual factors. However, students are typically referred to and reviewed by the Standards and Ethics committee if he or she:

- demonstrates serious difficulties in professional development
- receives two or more grades below B-
- receives an F
- has a GPA below a 3.0
- has more than one incomplete in any semester
- does not complete the ERP by the end of the spring semester of third year
- does not complete a dissertation proposal by the end of the spring semester of the 5th year
- fails the comprehensive exam on the second attempt
- receives a 2 on 2 or more skills on a final practicum evaluation or demonstrates significant problems with clinical practice
- receives a second less than satisfactory practicum evaluation
- demonstrates serious and/or pervasive difficulties with professional development and conduct
- does not satisfactorily complete the requirements of a remediation plan
- engages in academic dishonesty¹

- fails to conform to ethical and legal standards of the professional practice of psychology (Ethical Principles of Psychologists and Code of Conduct <http://www.apa.org/ethics/code2002.html>).
- fails to complete the program in 8 years
-

Events that may Warrant Dismissal

Every student is different and all student progress is evaluated in the context of individual factors. However, a student may be dismissed from the program if he or she:

- demonstrates serious and pervasive difficulties in professional development
- falls below a 3.0 for a second semester
- receives 2 Cs and has a GPA below a 3.0
- receives an F in one course and has a GPA below 3.0
- receives 2 Fs
- fails to complete required coursework
- engages in academic dishonesty¹
- fails to conform to ethical and legal standards of the professional practice of psychology (Ethical Principles of Psychologists and Code of Conduct <http://www.apa.org/ethics/code2002.html>).
- receives a rating of 1 on any item on the final practicum evaluation form or demonstrates significant problems with clinical practice
- does not satisfactorily complete the requirements of a remediation plan
- fails the clinical comprehensive exam for the third time
- fails to complete the program in 8 years

STUDENTS PROBLEMS, COMPLAINTS AND GRIEVANCES

Discrimination or Harassment

Suffolk University has informal and formal grievance procedures for students who believe they have been the victim of discrimination or harassment. For a description of these procedures, please see the Graduate Student Handbook

http://www.suffolk.edu/files/Student_Services_PDF/Grad_Student_Handbook_2010_092910.pdf.

Other Issues

For other instances in which a student believes that he or she has been treated inappropriately or unfairly by another student, faculty or staff member or a clinical supervisor in the psychology department, on an academic or interpersonal matter, student are encouraged to follow these procedures.

(1) The first action, in most cases, would be to address the problem with the other person(s) involved and attempt to reach an informal resolution of the area of concern.

(2) If the student is not satisfied with the resolution of the problem, or feels that it would be inappropriate to address the matter directly, then he or she should next contact his or her research mentor or program advisor for assistance.

(3) If the issue is not satisfactorily resolved at this stage, the next step would be discussion with any of the following persons (depending on the nature of the problem): the Director of Clinical Training, the Coordinator of Clinical Training, the Director of Graduate Curriculum, or the Chair of the Psychology Department.

(4) If the student feels that the problem was not satisfactorily resolved, the student may submit a letter to the Committee on Standards & Ethics describing the complaint or grievance and requesting a hearing. If this hearing is granted, the student may come before the Committee to state his or her position, and he or she may bring another graduate student or a faculty member for support, if desired. The Committee on Standards & Ethics will work to resolve the issue fairly.

A student who needs to pursue a grievance beyond this level, or a student who has a grievance that he or she feels cannot or should not be handled through Department channels should contact the Student Affairs Office at <http://www.suffolk.edu/campuslife/2317.html> and the CAS Dean's office at (<http://www.suffolk.edu/college/26146.html>).

STUDENT RECORDS

The department maintains a confidential file for every matriculated student. Files for graduated students remain permanently archived within the department

Each student's file contains:

- The student's application for admission to the program, registration records and grade transcripts
- The ERP proposal form, presentation evaluations, manuscript and manuscript approval forms
- The dissertation proposal form, dissertation proposal abstract, and dissertation completion form
- Copies of written components of comprehensive exams
- Teaching Assistant and Fellowship evaluations
- Records of clinical practicum placements and evaluations

- Pre-doctoral internship application and evaluations
- Copies of all correspondence concerning progress, compliance with program requirements, and communications about remediation efforts.
- Program exit evaluation, Survey of Earned Documents, licensure information, additional post-graduation information.

Students may request to review their files at any time. A member of the department staff will supervise the student's review so as to maintain the integrity of the file. Students may request copies of materials in their files at any time, provided reasonable lead time is given for copying.

All student records are protected by FERPA

(<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>), and no information from a student's file will be communicated to persons outside the faculty and administration of Suffolk University without the student's express written consent. Accrediting bodies, such as the American Psychological Association, do have access to student files as part of their confidential site visit and review

LEAVES OF ABSENCE

Effective as of September 2009, a leave of absence may be granted for up to one year to a student in good academic standing (not on academic probation or subject to dismissal). Requests for leaves of absence should be made directly to the Director of Graduate Curriculum. Students on official leave remain subject to the degree requirements under which they were admitted. Students away from the University for longer than one year will be required to withdraw formally from the program. They may then re-apply through the normal admissions process. Only one leave of absence will be granted during the course of completion of the doctoral program.

PERIODIC PROGRAM SELF-REFLECTION AND REVIEW

Self-study and reflection is critical to the success of our doctoral program and we have several mechanisms in place to facilitate this process. The goals, curriculum, and procedures of the program are subject to yearly review by faculty and program administrators.

Regular student feedback is one very important way that we evaluate our performance and identify areas in need of improvement. Thus, students are asked to provide regular written feedback and evaluation of their course instructors, clinical supervisors, teaching apprenticeship mentors and supervisors. We also ask students to respond to a yearly survey on their experiences in the program and we conduct an exit survey on students graduating from the program. Finally, it is a requirement of our APA accreditation that we continue to survey students on their licensure status and professional activities after graduation.

Faculty and committee meetings also promote ongoing evaluation of program goals and objectives. Students actively participate in this review process through attendance at program and departmental meetings and through student governance. Student representatives also meet with the DCT to review and provide feedback regarding the curriculum and procedures of the program.

Any changes in curriculum or policy will be communicated to all enrolled students and to all departmental faculty members in writing. Typically, changes are communicated via email and then the updates are made to the program manual.

Appendix A: Clinical Comprehensive Examination Preparation Guide

Clinical Comps - Therapy Case

Minimal Experience

Students must have successfully completed practicum 1A & B and 2A & 2B in order to sit for the clinical comprehensive exam.

Scope of the work

The student should choose a case that was seen in therapy for a minimum of six sessions. The case can be with a child, adolescent, adult, couple, or family. Although the CTC acknowledges that the student's clinical work is performed under the guidance of a clinical supervisor, the student must have conducted the majority of the therapy, case conceptualization and treatment planning.

Written Document

The student must be able to provide a comprehensive history, a complete DSM-IV TR diagnostic formulation (for the identified client and incorporating assessment instruments where appropriate) including all five axes and applicable rule/-outs (with reasons), a therapy treatment plan developed from an identified theoretical perspective and case formulation, adjunctive treatments / and recommendations, perceived barriers to treatment, and outcome assessment. Students must also be able to identify what types of assessments may be indicated, integrate assessments when in the file, and report on assessment of treatment outcome. The specific components are identified in the "Clinical Comprehensive Exam Scoring Check Sheet" located on the web at <http://www.suffolk.edu/college/12138.html>.

Oral Presentation

As the examiners will have read the written material prior to the examination, the oral presentation should build upon, but not repeat, the basic information conveyed in writing. The student should be prepared to present and discuss an overview of the case demonstrating a conceptual formulation and integration. The student should use the case material to explain and support his or her conceptualization, address how conclusions were drawn within a distinct approach (the one chosen plus an alternative or a set of procedures) and their impact on the therapy approach chosen. Changes in the diagnostic and conceptual formulation over time should be noted. Since a discussion of the therapeutic approaches is central to the presentation, reflections on progress in treatment and distinct challenges experienced in the treatment should be discussed. Questions will relate to aspects of the case (both as presented in the written document and orally), the literature pertinent to the disorder(s), different theoretical approaches to therapy as they relate to the case and other relevant assessment and therapy factors. The student must also be able to engage in a thoughtful and critical evaluation of the case.

The specific components are identified in the "Clinical Comprehensive Exam Scoring Check Sheet" found on the web at <http://www.suffolk.edu/college/12138.html>.

Therapy Scoring Information

The exam requires that the written document be clearly and concisely written, and comprehensive in covering the relevant dimensions identified below. The oral presentation must demonstrate a complete knowledge of and facility with the written document provided and an ability to think flexibly and critically about the case material and the therapy approach presented. The student should be able to engage in an in-depth discussion and exploration of the therapeutic

work and support the decisions made throughout the work with the client. Although the student is likely to be asked to consider alternate conceptualizations and modalities, the student will not be examined or evaluated on any one specific conceptual models or evidence-based procedure unless there is compelling evidence in the literature that this perspective is one that the student should be aware of. Note that the case presentation requires an identification of the model used and at least one other model to be considered. If you do not have specific information listed below, then merely report that the information is unknown to the therapist and the rationale for why the info is missing (e.g., if you do not know the client's religion report 'religion unknown to the therapist') and the reason for this (e.g., client refused to share religious identification or orientation).

Case History

- Reason for Referral
- Presenting Problem
- History of Presenting Problem
- Developmental History
- Educational History
- Vocational History
- Family History
- Psychiatric/Medical History – Medications and Prior Interventions
- Substance Use History
- Family Psychiatric/Medical History
- Military History
- Legal History/Issues
- Religious/Spiritual Issues
- Cultural/Diversity Issues
- Individual Barriers and Strengths are Noted
- Mental Status
- Multiaxial DSM-IV Diagnosis
- Alternative Diagnoses and Basis for R/O (and ruling out) Diagnoses, if applicable
- Psychological Testing, if on file/available

Conceptualization and Treatment Formulation

The theoretical model being used should include a critically evaluated, systematic, theoretical, and evidenced-based approach. By evidence-based approach we mean the integration of the best available research with clinical expertise in the context of client characteristics, culture, and preferences. In other words, the student should present the theoretical assumptions and the evidence on which his or her approach to the case was based. The approach is relevant to the client's and therapist's goals and a thorough assessment of the most clinically relevant issues are presented (e.g., suicidal behavior, substance abuse should be reported.).

Conceptualization integrates the client's unique history, current problems, and environmental and personal demands. The conceptualization is flexible and identifies and articulates changes in approach as specific goals are achieved or not achieved throughout the work with the client.

Goals, both short-term and long-term, are conceptually connected to the therapy approach and are both articulated and monitored. Clear process and outcome assessment are performed and progress in treatment is identified.

Legal and Ethical Issues are considered and understood with respect to the individual client.

Diversity and Cultural issues that impact the client are recognized and an understanding of how they may influence assessment and therapy are addressed.

Limitations of the therapy model chosen are understood, along with an ability to recognize and utilize an alternative model. The student is able to identify and explain the success and/or failure of the therapy overall and for specific identified problem areas. The student demonstrates a self-reflective capacity in evaluating the work and the outcome.

Psychological Assessment - Clinical Case Acceptability Criteria

Minimal Experience

Students must have successfully completed practicum 1A & B and 2A & 2B in order to sit for the clinical comprehensive exam. Additionally, students must have a minimum of three assessment cases supervised and completed in order to consider themselves prepared for Psychological Assessment Comprehensives. Students who submit an adult assessment case must have earned a passing grade in Psych 717 - Adult Assessment. Students who submit a child assessment case must have earned a passing grade in Psych 746 - Child Assessment. Although the CTC acknowledges that the student's clinical work is performed under the guidance of a clinical supervisor, the student must have conducted the majority of the assessment his or herself for the purposes of the comprehensive exam. Further, the student must have at least participated in the clinical interview as well as personally administered three quarters or more of the assessment procedures.

Scope of Work

In order to present an assessment comprehensive examination, the student must have used a multimethod approach. Thus, the student must have provided an integrated assessment report, including (at minimum) one formal, norm-referenced assessment measure (such as the WAIS, WISC, WPPSI), one self-report (or other report) measure (such as the BDI-II, or for children, self, teacher, or parent report version of the BASC or the CBCL), and an interview (unstructured, semi-structured, or structured – this may include direct behavioral observations). Students must also make informed recommendations for evidence based treatment and/or rehabilitation. Additionally, the student must have given specific structured feedback to the client, unless the nature of the referral or circumstances prohibited such. Neuropsychological tests will not be excluded from the psychological assessment case presentation.

The specific components are identified in the “Clinical Comprehensive Exam Scoring Check Sheet”.

Written document

Students can refer to the Adult Assessment and Child Assessment course syllabi for guidance on report formatting (syllabi available on Blackboard to enrolled students or by request from office staff). Specifically, for guidance on how to present data for particular procedures students should refer to the Wiley Press ‘Essentials’ series. For example, regarding WAIS-III data the student should refer to *Essentials of WAIS-III Assessment* by Kaufman and Lichtenberger, and so on. For adult cases, the overall report format presented in *Writing Psychological Reports* (Wolber and Carne, 2nd edition, 2002) should be used. For child cases, refer to the course syllabus for a report format. The specific components are identified in the “Clinical Comprehensive Exam Assessment Scoring Check Sheet” located on the web at <http://www.suffolk.edu/college/12138.html>.

Oral Presentation

As the examiners will have read the written material prior to the examination, the oral presentation should build upon the basic information conveyed in writing. The student should be prepared to present and discuss an overview of the case demonstrating a conceptual formulation

and integration of the assessment. The student should use the case material to explain and support his or her assessment, address how conclusions were drawn from the data and their impact on the recommendations. Support for the diagnostic and conceptual formulation should be articulated. The student is expected to be able to discuss the psychometrics of the materials used and the rationale for the selection of the materials. Questions will relate to aspects of the case (both as presented in the written document and orally), the literature pertinent to the disorder(s) and the assessment procedure and materials utilized, and the recommendations. The student must also be able to engage in a thoughtful and critical evaluation of the case and the assessment process. The specific components for discussion are identified in the “Clinical Comprehensive Exam Scoring Check Sheet” Located on the web at <http://www.suffolk.edu/college/12138.html>.

For a guide, students should review all relevant materials from their Adult and/or Child Assessment course(s).

Assessment Scoring Information

The exam requires that the written document be clearly and concisely written, and comprehensive in covering the relevant dimensions identified below. The oral presentation must demonstrate a complete knowledge and facility with the written document provided, and an ability to think flexibly and critically about the case material, the assessment measures used, their integration, and recommendations given. The student should be able to engage in an in depth discussion and exploration of the assessment and support the decisions made (e.g., selection of measures, diagnostic, recommendations) throughout the work with the client/family. Although the student is likely to be asked to consider alternate conceptualizations and measures or assessment procedures, the student will not be examined or evaluated on any conceptual models or evidence based procedures other than the ones prepared in advance for the specific case presented. Assessment can be atheoretical; however, if a particular therapeutic orientation is used, assessment measures/procedures chosen should reflect this; additionally, diagnostic decisions and treatment recommendations must clearly follow from that orientation. If you do not have specific information listed below, then merely report that the information is unknown to the examiner e.g., if you do not know the clients religion report “religion unknown to the examiner.” Students should also be able to fully discuss all elements of the assessment process, from receipt of referral to plans for follow-up. They must be able to demonstrate a clear understanding of the psychometric properties of any norm-referenced tests used, their utility and their limitations for the individual assessed. Students must be able to discuss factors influencing test scores, contextual issues that may influence interpretation of those scores, and how to address this through tailoring diagnostic decisions and treatment recommendations.

Case History

- Reason for Referral
- Presenting Problem and History Thereof
- Measures Used (These may range from unstructured clinical interviews to more formal assessment measures.)
- Developmental History
- Educational History
- Vocational History
- Family History
- Psychiatric/Medical History – Medications and Prior Interventions
- Family Psychiatric/Medical History
- Military History

- Legal History/Issues
- Religious/Spiritual Issues
- Cultural/Diversity Issues
- Individual Barriers and Strengths are Noted
- Mental Status
- Behavioral Observations
- Psychological Testing (including technical protocol for norm-referenced measures [i.e., standard scores, percentiles, error bands])
- Data Summary
- Case Formulation- including-
- Multiaxial DSM-IV Diagnosis
- Alternative Diagnoses and basis for Rule out if applicable
- Recommendations
- Plans for follow-up assessment

Conceptualization and Treatment Formulation

If the student draws upon a particular theoretical model, this should reflect a professionally accepted theoretical and evidence based approach. The approach is relevant to the client and examiner goals and a thorough assessment of the most clinically relevant issues are presented, e.g., suicidal behavior, substance abuse.

Conceptualization integrates the client's unique history, current problems, and environmental and personal demands. The conceptualization is flexible and identifies and articulates changes in approach as specific goals are achieved or not achieved throughout the work with the client.

Plans for process and outcome assessment and progress in treatment should be clearly delineated if ongoing therapy or a referral for therapy is part of the assessment process.

Legal and Ethical Issues are considered and understood with respect to the individual client.

Diversity and Cultural issues that influence the client are recognized and an understanding of how they may influence assessment, diagnosis and treatment recommendations is addressed.

Limitations of the assessment model chosen are understood along with an ability to recognize and utilize an alternative model. In some fairly circumscribed assessment scenarios, a complete alternative model may not be available to the student, however, under those circumstances the student should be able to discuss the pros and cons of alternative instruments or assessment strategies, as these are almost always available. The student is able to identify and explain the validity of the assessment overall and for specific identified problem areas. The student demonstrates a self-reflective capacity in evaluating the work and the outcome.

Neuropsychological Assessment- Clinical Case Acceptability Criteria and Work Formatting

Minimum Experience

Students must have completed a minimum of three full neuropsychological assessments (not just a screening such as with the KBNA and adjunct instruments) prior to being eligible for Clinical Neuropsychology Comprehensives. Students who have not earned a passing grade in either Psych 747 – Advanced Psychological Testing – Adult Neuropsychological Assessment or Psych 753 - Child Neuropsychological Assessment should not sit for these comprehensives. Although the CTC acknowledges that the student’s clinical work is performed under the guidance of a clinical supervisor, the student must have conducted the majority of the assessment his or herself for the purposes of the comprehensive exam. For an assessment case, the student must have at least participated in the clinical interview as well as personally administered three quarters or more of the assessment procedures.

Scope of Work

The student will present a comprehensive evaluation that covers all of the major functional areas as well as providing an extensive history, differential diagnoses, the reasoning behind the diagnoses, the literature pertinent to the diagnosis, and a treatment plan integrating both neuro-rehabilitation and therapy where appropriate. An example of the contents of a complete neuropsychological evaluation are the following: clinical interview, WAIS-III, significant elements of the WMS-III or comparable memory evaluation, two or more hours of a neuropsychological battery, and an objective personality evaluation (MMPI-II, PAI) and should cover all major functional areas (e.g., see chapter 6 of *The Consumer-Oriented Neuropsychological Report*, Armengol, Kaplan & Moes, (Eds.), 2001, Psychological Assessment Resources) . Screening evaluations, such as the results of the KBNA or RBANS will be deemed insufficient for Neuropsychological Assessment Comprehensives. Students will be expected to be cognizant of the test instruments they use, their limitations and advantages, and the normative populations upon which they have been standardized. Overall, students are expected to have a full understanding of neuropsychological assessment materials as presented in Adult Neuropsychological Assessment, Child Neuropsychological Assessment or other relevant assessment courses at Suffolk. Finally, students must make informed recommendations for evidence based treatment and/or rehabilitation.

Written Document

Examinees should refer to their current Adult and Child Neuropsychological Assessment syllabi for report formatting examples. In addition to the case-based report the examinee should submit a supporting paper of five to ten pages in length. The purpose of this document is for the student to demonstrate his or her knowledge of the literature reviewed pertinent to the case presented.

Oral Presentation

Students are expected to have up-to-date knowledge of research relevant to the syndrome(s) in question and a broad, basic understanding of syndromes in general, based on recommended course-work in the concentration. Further, the examinee should study the last two years worth of issues from *Journal of Clinical and Experimental Neuropsychology* and *Archives of Clinical Neuropsychology*.

Neuropsychological Assessment Scoring Information

The exam requires that the written document be clearly and concisely written, and comprehensive in covering the relevant dimensions identified below. The oral presentation must demonstrate a complete knowledge and facility with the written document provided and an ability to think flexibly and critically about the case material, the assessment measures used, their integration, and recommendations given. The student should be able to engage in an in-depth discussion and exploration of the assessment and support the decisions made (e.g., diagnostic, recommendations) throughout the work with the client/family.

A particular hypothesis regarding the nature of neuropsychological deficit and/or possible brain damage based on the referral question, history, and observations should be used and the assessment measures/procedures chosen should reflect this; additionally, diagnostic decisions and treatment recommendations must clearly follow from that hypothesis.

If you do not have specific information listed below, then a good rationale must be provided for why that information is unknown to the assessor (e.g., “The client was too confused to be able to provide information regarding his/her religion and no further information was available in the medical record; family were unreachable by telephone.”).

In order to present a neuropsychological assessment for the neuropsychological comprehensive examination, the student must have used a structured approach that is consistent with current standards of neuropsychological assessment. Thus, the student must provide an integrated assessment report, including results based on well-standardized, psychometrically sound measures. After a listing of procedures, test results organized by area of functioning should be provided in terms of both quantitative and qualitative/process aspects (scores, together with normative means and SDs, need to be available, either in the report itself or in an appendix. The source of the normative data must also be provided.). Additionally, the student must have given specific structured feedback to the client in a way that is comprehensible to that person. Assessment goals can vary, and may include deriving a diagnosis, prognosis, as an aide in decision-making, planning an intervention, or evaluating an outcome. Students should also be able to fully discuss all elements of the assessment process, from receipt of referral to plans for follow-up. They must also be able to demonstrate a clear understanding of the psychometric properties of any norm-referenced tests used, their utility and their limitations for the individual assessed. Students must be able to discuss factors influencing test scores, contextual issues that may influence interpretation of those scores, and how to address this through tailoring diagnostic decisions and treatment recommendations. Ethical aspects of assessment should also be understood and addressed where relevant.

Case History

- Reason for Referral (a concise referral question, and/or purpose for doing an assessment at this time, and the source of the referral. There should be a brief paragraph on the presenting problem and history thereof.)
- List of procedures (may be in paragraph format – include records reviewed, significant others contacted, etc.)
- Background history and information (can be provided in chronological format) this should be prefaced by information on the source(s) of information and its/their presumed reliability and accuracy.
 - Developmental History (incl. handedness)
 - Educational History
 - Vocational History
 - Family History
 - Psychiatric/Neurological /Medical History – Medications and Prior Interventions
 - Family Psychiatric/Neurological /Medical History
 - Military History

- Legal History
- Religious/Spiritual background
- Cultural/Diversity Issues
- Individual Barriers and Strengths are noted (e.g., interpersonal relationships)
- Behavioral Observations (there should be a reference to the validity of results based on effort, level of arousal, ability to understand task demands, response consistency, validity indices, etc.)
- Mental Status Examination (include here specific questions appropriate to diagnosis [e.g., presence/absence and frequency of déjà vu, etc. in someone with a question of seizure disorder]).
- Neuropsychological Testing (including technical protocol for norm-referenced measures [i.e., standard scores, percentiles, error bands]) Functions to be covered should generally include (but are not limited to):
 - level of arousal
 - capacity for sustained, divided, and shifting of attention, visuospatial awareness;
 - auditory and spatial working memory (span and manipulation of material); orientation (can also be embedded in mental status)
 - general intellectual ability (IQ)
 - ability to sequence
 - sensory and motor functioning (including praxis)
 - executive functions
 - learning and memory for material presented in different modalities (typically visual /auditory) including:
 - procedural learning (including incidental learning)
 - declarative memory (encoding, immediate and delayed recall and recognition)
 - symbolic (language-based) functions (verbal and non-verbal, including reading and writing, calculations, and other achievement test results as indicated)
 - personality assessment (usually a non-projective personality assessment done simultaneous to the rest of the assessment)
- Data Summary
 - Case Formulation- including recommendations for treatment and follow-up
 - Multiaxial DSM-IV Diagnosis (alternative diagnoses and basis for rule outs if applicable)
 - Signatures

Conceptualization and Treatment Formulation

Conceptualization integrates the client's unique history, current problems, and environmental and personal demands. The conceptualization is flexible and identifies and articulates specific recommendations for the client that incorporate the client's history, referral question, assessed strengths and weaknesses and personal goals, and access to resources.

Legal and ethical issues are considered and understood with respect to the individual client.

Diversity and cultural issues that influence the client are recognized, and an understanding of how they may influence assessment, diagnosis and treatment recommendations is addressed.

Limitations of the assessment model chosen are understood along with an ability to recognize and utilize an alternative model. In some fairly circumscribed assessment scenarios, a complete alternative model may not be available to the student. However, under those circumstances the student should be able to discuss the pros and cons of alternative instruments or assessment strategies, as these are almost always available. The student is able to identify and

explain the validity of the assessment overall and for specific identified problem areas. The student demonstrates a self-reflective capacity in evaluating the work and the outcome.

Appendix B: Literature Review

Literature Review (Example)
Lance P. Swenson, M.A.
Homosexuality as a Risk Factor for Suicidal Behavior:
Narrative Review and Integration of an Ecological Model

Statement of Purpose:

Recent literature reviews suggest that persons with a minority sexual orientation (i.e., gay, lesbian, or bisexual) are at heightened risk for suicide. However, limitations of these reviews (e.g., restricted scope of the reviews, inconsistent use of constructs and terminology) inhibit definitive conclusions regarding the association between suicidality and sexual orientation. In addition, although a number of risk factors (e.g., discrimination, homophobia) have been postulated as contributing to heightened risk among gays, lesbians, and bisexuals, current theoretical conceptualizations and empirical reviews have not attended to potential developmental differences on associations between sexual orientation and suicidality and also have failed to provide an overarching theoretical framework or conceptual understanding of potential interactions among risk factors contributing to heightened risk of suicide among persons of minority sexual orientation. In this paper, the literature on the relation between sexual orientation and suicidality will be systematically reviewed within Bronfenbrenner's ecological model of nested environmental influences.

Outline (total proposed length of paper: 35 pages):

- I. Introduction and Statement of Purpose
 - A. Surgeon General's Call to Action to Prevent Suicide (U.S. Public Health Service, 1999a; 1999b): highlights need for further research examining possible relation between homosexuality and suicide
 - B. Several recent narrative reviews suggest that persons with a minority sexual orientation (i.e., gay, lesbian, or bisexual) are at heightened risk for suicide (i.e., Erwin, 1993; Gibson, 1989; McDaniel, Purcell, & D'Augelli, 2001; Muehrer, 1995)
 1. Limitations of the reviews inhibit definitive conclusions regarding the association between suicidality and sexual orientation (e.g., restricted scope of reviews)
 2. Reviews fail to provide a theoretical framework/conceptual understanding of interactions among risk factors contributing to heightened risk of suicide among persons with a homosexual orientation
 - C. Preview of the Current Paper
 1. Goal of examining the literature on homosexuality as a risk factor for suicidality
 - a. Review of prior narrative reviews
 - b. Addressing problems with the reviews and the empirical literature as a whole
 - c. Systematic review of empirical work on relations between homosexuality and suicidality
 2. Review will incorporate:
 - a. Issues re: measurement of Sexual Orientation & impact on findings
 - b. Issues re: measurement of Suicidality & impact on findings
 - c. Bronfenbrenner's ecological model of development
- II. Prior literature reviews
 - A. Briefly discuss reviews of Gibson (1989), Erwin (1993), Muehrer (1995), & McDaniel et al. (2001)
 1. Summarization of findings
 2. Summarize limitations of the prior reviews
- III. Proposed resolutions for limitations negatively impacting the construction of definitive conclusions regarding the association between suicidality and sexual orientation

- A. Limited scope of the empirical work covered by the reviews
 - 1. Present review will include a more thorough and inclusive review of all available empirical work
 - 2. Relevant empirical works will be identified via review of the references of prior reviews and computerized databases searches
- B. Addressing inconsistent use of constructs & terminology
 - 1. Definition of Homosexuality (clarification for the current paper):
 - i. Will refer to cognitive, emotional, & sexual attraction to same-sex persons (i.e., gay, lesbian, & bisexual persons) (Gonsiorek, Sell, & Weinrich, 1995)
 - ii. Examples of prior operationalizations (e.g., history of same-sex sexual relation(s) [Faulkner & Cranston, 1998], self-identified sexual orientation [Ferguson, Horwood, & Beautrais, 1999; Garofalo, Wolk, Wissow, Woods, & Goodman, 1998])
 - iii. Recommendations for future research based upon Gonsiorek's proposed measurement model (Gonsiorek et al., 1995)
 - 2. Definitions for Suicidality
 - a. Terminology – will discuss the operationalizations of suicidality, suicidal ideation, suicide-related behavior, suicide attempt, & suicide (Maris, Berman, & Silverman, 2000; O'Carroll et al., 1996)
 - b. Rudd's Proposed model for understanding suicidal behavior (Rudd & Joiner, 1998)
 - 3. Addressing the lack of an overarching theoretical framework for understanding interactions among potential risk factors and the moderating influence of these risk factors on relations between homosexuality and suicidality
 - 1. Most of the work assessing association between homosexuality & suicidality has focused solely on orientation, with little attention paid to other risks at either the individual or systemic level (cf., McBee-Strayer & Rogers, 2002)
 - 2. Need to understand the manner in which multiple risk factors (e.g., gender, discrimination) may contribute to an increased risk for suicide amongst gay/lesbian/bisexual youth
 - 3. Proposed Solution: Bronfenbrenner's Ecological Model of Development (Bronfenbrenner, 1979; 1985)
- IV. Literature review of the relations between homosexuality & suicidality
 - A. Summarization of findings will be presented within Bronfenbrenner's Model
 - B. Review will incorporate (to the degree possible) the proposed resolutions of problems with prior work and reviews of this area (e.g., findings will be grouped based upon conceptualizations of homosexual orientation)
 - C. At each level, will briefly review risks associated with suicidality in general (e.g., among the general population, white males at greatest risk for suicide), followed by a focused discussion of risks and association with homosexual orientation
- V. Summary & Conclusions
 - A. Summarization of the main points
 - B. Potential Limitations of Proposed Theoretical Model
 - C. Directions for Future Research and Practice

References

Relevant references in APA format would appear here

Advisor Signature: _____

Appendix C: Licensing Information

The courses offered within the Suffolk University Clinical Psychology doctoral program are designed to meet APA accreditation requirements. Many of the courses also meet the criteria for licensure in different states. However, requirements differ from state to state and change over time. We recommend that you explore the requirements of states where you think you may ultimately wish to be licensed.

As a guide for you to consider when completing the licensing application, below we list the licensing requirements of Massachusetts as of 4/30/07 and examples of classes that might meet those requirements. The link for the Massachusetts Licensing Board for Psychologists is <http://www.mass.gov/?pageID=ocasubtopic&L=4&L0=Home&L1=Licensee&L2=Division+of+Professional+Licensure+Boards&L3=Board+of+Registration+of+Psychologists&sid=Eoca>.

Ethics

- 738 Clinical Practicum & Ethics IA
- 739 Clinical Practicum & Ethics IB
- 718 Research Methods and Ethics

History of Psychology

- 719 History and Systems of Psychology

Research Design and Methods

- 718 Research Methods and Ethics

Statistics and Psychometrics

- 722 Univariate Statistics
- 739 Multivariate Statistics

Biological Bases of Behavior

- 792 Introduction to Neuropsychology
- 751 Psychopharmacology

Cognitive-Affective Bases of Behavior

- 731 Cognitive-Affective Bases of Behavior and Experience
- 764 Cognitive and Experimental Approaches to Emotion

- 765 Cognitive Development

Social Bases of Behavior

- 732 Social Bases of Behavior and Experience

- 768 Social Psychology and the Family

Individual Differences-

716 Adult Psychopathology
720 Developmental Theory
748 Developmental Psychopathology

Racial Bases of behavior with a focus on people of color

729 Social Justice, Race & Ethnicity
733 Racial and Ethnic Bases of Behavior
734 Multicultural Perspectives on
 Development
756 Counseling Across Cultures