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Graduate admission application material and information for the College of Arts and Sciences are located on the web at http://www.suffolk.edu/admission/grad.php.

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Clinical Psychology Program Manual

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DOCTORAL DEPARTMENT FACULTY

Clinical Program Faculty

APA-Designated Core Doctoral Faculty
(At least 50% effort devoted to clinical doctoral teaching, program administration, research, scholarship, and the supervision of clinical doctoral students)

There are 12 members of the core faculty. Faculty research interests are diverse and are listed below.

David A. Gansler, Ph.D., ABPP/ABCN (SUNY at Albany, 1988), Professor. Diplomate in Clinical Neuropsychology. Neuropsychology- adult and adolescent; functions of the frontal lobe; disinhibitory psychopathology; affective neuroscience; brain imaging and behavior.

Jessica Graham-LoPresti, Ph.D. (University of Massachusetts, 2014), Assistant Professor. The effects of racism on mental health for individuals and communities of color; barriers to quality and effective mental health care for individuals and communities of color.

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

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

David Langer, PhD. (University of California, 2009), Assistant Professor. Clinical child and adolescent psychology; treatment efficacy and effectiveness; psychosocial treatment process; child and adolescent psychopathology; personalizing treatment planning; shared decision-making.

Gabrielle Liverant, Ph.D. (Boston University, 2007), Associate Professor and Director of Clinical Training. Depression; anxiety; posttraumatic stress disorder; emotional reactivity and regulation dysfunction; reward learning; punishment learning.

Amy Marks, Ph.D. (Brown University, 2007), Associate Professor and Department Chair. Developmental psychology; cultural and community contexts; ethnic identity and immigration; academic & social development; mixed methodology and data modeling.

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

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.
Mary Beth McCullough, Ph.D. (Suffolk University, 2015). Assistant Professor of Clinical Practice and Clinical Training Coordinator

Sarah Schwartz, Ph.D. (University of Massachusetts, 2013). Assistant Professor. Adolescent risk and resilience; school and community based intervention and prevention programs; youth mentoring; positive youth development; transition to adulthood.

Michael Suvak, Ph.D. (Boston University, 2010). Associate Professor. Emotion and psychopathology; emotion and affect regulation; adaptation following exposure to trauma; posttraumatic stress disorder; multivariate statistics; quantitative procedures to analyze change over time.

Associated Program Faculty
(Substantial contribution to the doctoral program, but devote less than 50% of time to doctoral program because of administrative and/or teaching related responsibilities outside of the doctoral program)

Mimi Arbeit, Ph.D. (Tufts University, 2017), Assistant Professor. Adolescent development; sexuality development; social justice.

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.

Rose DiBiase, Ph.D. (Temple University, 1990), Associate Professor. Social and emotional development in childhood and adolescence; biological-psychological-social interactions in the developmental process; the development of psychological disorders in childhood and adolescence.

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

Lacey Hilliard, Ph.D. (Pennsylvania State University, 2012), Assistant Professor. Applied developmental science; social group development; stereotyping and prejudice; educational media and technology.

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

Other Contributors
Individuals who have a role in the Clinical doctoral program but to a more limited extent. This includes practicum supervision and individuals who teach a course as adjunct faculty.

Anthony Ahmed, Ph.D. (University of Southern Mississippi, 2010), New York Presbyterian Hospital, White Plains, NY.
Christopher AhnAllen, Ph.D. (University of Massachusetts, 2006), Director of Inpatient
Psychology and Psychology Education, Brigham and Women’s Faulkner Hospital, Boston, MA.

Amanda Baker, Ph.D. (Boston University, 2013), Clinical Psychologist, Massachusetts
General Hospital Center for Anxiety & Traumatic Stress Disorder, Boston MA.

Michele Barton, Ph.D. (Yeshiva University), Director, Child and Family Institute, NY.

Teresa Blevins, Ph.D. (Auburn University, 2010), Staff Psychologist and Practicum
Coordinator, Suffolk University Counseling, Health, & Wellness Center, Boston, MA.

Jill Bloom, Ph.D. (Suffolk University, 2014), Staff Psychologist, McLean School
Consultation Service, Boston, MA.

Sigurros Davidsdottir, Ph.D. (Boston University, 2007), Clinical Neuropsychologist,
Massachusetts General Hospital Psychology Assessment Center, Boston, MA.

Allison Evans, Ph.D. (Michigan State University, 2005), Pediatric Neuropsychologist,
Comprehensive Neuropsychological Services, Concord, MA.

Susan Faja. Ph.D. (University of Washington, 2009), Research Associate, Boston
Children’s Hospital, Boston, MA.

Elizabeth Goetter, Ph.D. (Drexel University, 2012), Clinical Psychologist, Massachusetts
General Hospital Home Base, Boston, MA.

Maggie Gorraiz, Ph.D. (University of Rhode Island, 2014), Clinical Psychologist, McLean
Hospital 3East, Cambridge, MA.

Kevin Henze, Ph.D. (Boston College, 2007), Psychologist, Edith Nourse Rogers Memorial
VAMC, Bedford, MA.

Sara Hoffschmidt, PhD. (University of Virginia, 1998), Clinical Neuropsychologist, Beth
Israel Deaconess Medical Center, Boston, MA.

Daniel Johnson, Ph.D. (University of Colorado Boulder, 2015), Staff Psychologist, Boston
Child Study Center, Boston, MA.

Jason Krompinger, Ph.D. (University of Delaware, 2011), Director of Psychological
Services and Clinical Research, McLean Hospital, Belmont, MA.

Tamara Leaf, Psy.D. (Massachusetts School of Professional Psychology), Director of
Training, Massachusetts General Hospital Chelsea Health Center, Chelsea, MA.

Sharmila Mehta, Ph.D. (University of Virginia, 2011), Director of Inpatient Child
Psychology Training, Cambridge Health Alliance, Cambridge, MA.
John Otis, Ph.D. (University of Florida, 2000), Director, Behavioral Medicine Program, Boston University Center for Anxiety and Related Disorders, Boston, MA.

Grace Rosales, Ph.D. (University of Massachusetts, 2004) Clinical Psychologist, VA Sepulveda Ambulatory Care Center, North Hills, CA.

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.

Shannon Sorenson, Ph.D. (University of Massachusetts Boston, 2016) Associate Psychologist, Brigham & Women's Hospital Outpatient Psychiatry, Boston, MA.

Brian Stevenson, Ph.D. (University of California, Santa Barbara, 2016), Counseling Psychologist, Edith Nourse Rogers Memorial VAMC, Bedford, MA.

Ana-Maria Vranceanu, Ph.D. (Kent State University, 2007), Director, Integrated Brain Health Clinical and Research Program, Department of Psychiatry, Massachusetts General Hospital, Boston, MA.

Christian Webb, Ph.D. (University of Pennsylvania), Director, Center for Depression, Anxiety and Stress Disorders, McLean Hospital, Belmont, MA.
INTRODUCTION

Welcome to Suffolk University’s Clinical Psychology PhD Program! We are happy that you have selected our program to pursue your training. Becoming a clinical psychologist is an exciting and challenging journey. We are here to support you in any way we can. Our program includes a very accessible, supportive, and accommodating group of colleagues – including our faculty, staff, and your peers. This manual is designed to include program requirements specifically for Clinical Psychology. Please note that the Applied Developmental Program shares many faculty, curriculum, program milestones, and events with the Clinical Program. All doctoral faculty members should therefore become familiar with both programs’ manuals.

This manual serves as a reference guide for the clinical psychology doctoral students. It is designed to direct your progress through the clinical doctoral program. We hope that this manual will serve as a useful resource for helping you to navigate our program and the many training experiences. Students are obliged to follow the Suffolk University Policy and Procedures, the Graduate Program Procedures, and the requirements and procedures of both the Clinical Program and the Psychology Department. It is your responsibility to be 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: the Suffolk University College of Arts and Sciences Student Handbook (http://www.suffolk.edu/campuslife/17425.php), the Suffolk University Academic Catalog (https://www.suffolk.edu/academics/academic-catalogs), the American Psychological Association Ethics Code (http://www.apa.org/ethics/code/), and Massachusetts State Licensing Board Ethics Standards (http://www.mass.gov/legis/laws/mgl/gl-112-toc.htm).

The manual is our current statement of the departmental and 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 procedures are communicated to students via email, campus mail and/or public postings on the Doctoral Student Resources website https://www.suffolk.edu/cas/degrees-programs/psychology/doctoral-student-resources. Changes are also communicated at the yearly orientation meeting. Students in their first three years of the program are required to attend the orientation meeting. All other resident students (i.e., not on internship) are encouraged 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 (DCT), or the Director of Undergraduate & Graduate Studies for clarification.

The only way that a student may deviate from the procedures listed in this manual is by submitting a formal petition and receiving program approval from the Clinical Executive Committee (CEC) via the formal petition process outlined later in this manual.
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.
PROGRAM DESCRIPTION

Clinical Program Philosophy & Aims
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 the practice of clinical psychology should be grounded in science informed by the dynamic character of the discipline. Thus, our program involves systematic and cumulative training in both psychological research and practice in order to prepare students for careers in practice, research, or academic settings.

The overarching aim of our program is to prepare students for entry-level practice in clinical psychology. We draw from a scientist-practitioner model that emphasizes the reciprocal relationship between science and practice and underscores the value of holding a scientific orientation toward psychological knowledge and methods.

In pursuit of this aim, we have developed measurable goals that students in our program must meet in order to successfully complete the program. The required coursework, training, and experiential activities we offer to help students meet these learning goals as well as their relationship to the American Psychological Association’s Profession Wide Competencies are outlined in Appendix E.

Our aims/goals are that students will:

Aim (Learning Goal) 1: Acquire and demonstrate substantial understanding of, and competence in, the provision of clinical service.
Graduates from our program will be able to meet the following learning objectives:
  a) Evaluate, select, administer, interpret, and communicate psychological assessments in a manner that is informed by knowledge of the psychometric and empirical underpinnings of different methods and relevant diversity characteristics of the service recipient.
  b) Establish and maintain effective relationships with the recipients of psychological services.
  c) Develop, evaluate, and implement treatment plans that reflect both knowledge of empirically-based principles and an appreciation for individual client characteristics and contextual factors.
  d) Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
  e) Demonstrate knowledge of models and methods of clinical supervision and consultation.

Aim (Learning Goal) 2: Acquire and demonstrate substantial understanding of, and competence in, research.
Graduates from our program will be able to meet the following learning objectives:
  a) Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
  b) Conduct research or other scholarly activities.
c) Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local, regional, or national level.

Aim (Learning Goal) 3: Acquire and demonstrate substantial understanding, knowledge, awareness, sensitivity, and skill when working with diverse individuals and communities who embody a variety of cultural and personal backgrounds and characteristics across all professional roles and activities.

Graduates from our program will have developed the skills needed to meet the following learning objectives:

a) Understand how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

b) Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

c) Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities), including the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

d) Demonstrate the requisite knowledge base and ability to articulate an approach to working effectively with diverse individuals and groups and apply this approach effectively in their professional work.

Aim (Learning Goal) 4: Acquire and demonstrate substantial understanding of, and competence in, ethical and legal standards applicable to the science and practice of clinical psychology

Graduates from our program will have developed the skills needed to meet the following learning objectives:

a) Be knowledgeable of, and act in accordance with, the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.

b) Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.

c) Conduct themselves in an ethical manner in all professional activities.

Aim (Learning Goal) 5: Acquire and demonstrate substantial understanding of, and competence in, the professional values, attitudes and skills required of clinical psychologists.

Graduates from our program will have developed the skills needed to meet the following learning objectives:

a) Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
b) Engage in self-reflection regarding one’s personal and professional functioning and activities aimed at maintaining and improving performance, well-being, and professional effectiveness.

c) Actively seek and demonstrate openness and responsiveness to feedback and supervision.

d) Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

e) Demonstrate knowledge and respect for the roles and perspectives of other professions.

f) Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

g) Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Accreditation

The Clinical Psychology PhD Program at Suffolk University was initially accredited by the Commission on Accreditation of the American Psychological Association in 2000. In 2018 the CoA conferred three-year full accreditation status to the doctoral program. Our next accreditation site visit will take place in 2020. 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 training program to comply with all the regulations of the Massachusetts Board of Registration of Psychologists at the time of program admission so that students may sit for the state licensing examination in clinical psychology upon completion of sufficient clinical hours accrued during advanced practicum, clinical internship, and/or postdoctoral training. Therefore, graduates of this designated program who decide to apply for licensing as a psychologist typically will meet the educational requirements for licensing.

Our courses are consistent with Massachusetts licensing requirements (please see Appendix D for the list). However, in each state and/or international jurisdiction there may be additional requirements that must be satisfied. Furthermore, 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 for in your first year of study, and work with the DCT to tailor your coursework accordingly.

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. Students may wish to consider the issue of mobility between states. The Association of State and Provincial Psychology Boards
(ASPPB) provides a credentials bank service to help psychologists become licensed in new states (www.asppb.net).

**Student Commitment and General Expectations**

Clinical students are expected to engage in course-related, teaching-related, research-related, and/or clinical work for at least 40 hours each week, September through May. Our average student enters the clinical internship year in either their fifth or sixth year of the program. Most students devote a significant amount of time over the summer to working on their research requirements to remain within program timelines. Some advanced students also engage in practicum and/or teaching experiences over the summer. Successful completion of a number of critical program elements (e.g., the dissertation proposal and defense, research data collection, and accrual of clinical hours) is typically contingent upon continuation of studies over the summer months. Faculty members’ schedules change over the summer and thus students are encouraged to discuss summer plans with their research mentor and plan accordingly.

Students are expected to be active members of the program, department, university, and professional community. As such we encourage students to attend the Early Research Project presentations and dissertation defenses of their peers. 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. We encourage students 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, the Massachusetts Neuropsychological Society, the Council of University Directors of Clinical Psychology. Students should talk with their research mentors about other professional organizations related to their professional interests.

Students are expected to be knowledgeable about all program procedures, deadlines and events. It is critical that you regularly check your Suffolk email account, the department calendar (https://www.google.com/calendar/embed?src=of6sfg05uk20c7tbbkhrh1cu5c%40group.calendar.google.com&ctz=America/New_York) and master list of clinical meetings to ensure that you stay informed. The department webpage and blackboard are also an excellent source of information and students are expected to frequently check them. All of the doctoral program manuals, policies, procedures, and forms can be accessed on our blackboard site titled “Doctoral Program Resources” which can be accessed by logging into your student blackboard account. The program staff, Chair, Director of Undergraduate & Graduate Studies, DCT, Clinical Training Coordinator (CTC), and your research mentor 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 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 https://www.suffolk.edu/-/media/suffolk/documents/cas/degrees-programs/psychology/c26_data_for_web.pdf?la=en&hash=124E5B73FA18C6820C31A1E4C
Students not completing the program by the end of their 7th year in the program will be reviewed internally by the Psychology Department Standards and Ethics Committee (S&E), and if appropriate brought to the notice of the College Graduate Academic Standing Committee (GASC) and could be subject to dismissal.
DOCTORAL PROGRAM GOVERNANCE AND COMMITTEES

The Director of Clinical Training (DCT), in consultation with the Chair of the Psychology Department, is responsible for overseeing all policies, curricular and clinical activities, and student progress in the program. Two major committees set the policies for and direct the work of the doctoral clinical program: the Clinical Executive Committee (CEC) and the Clinical Program Doctoral Faculty.

The Clinical Executive Committee (CEC)

The CEC, together with the DCT, are responsible for coordinating the day to day functioning of the doctoral program. The CEC consists of the DCT, the Clinical Training Coordinator, and up to two additional core doctoral faculty members. On occasion the Clinical Graduate Student Association Representatives will be invited to attend meetings of the CEC. The two additional core doctoral faculty members are elected for a two-year appointment by the doctoral faculty at the last meeting of the academic year, with service beginning the following academic year. Students are elected by the Clinical Graduate Student Association. The CEC meets monthly September – May on either the fourth Tuesday or Thursday of the month. The CEC will often engage in email communication to expedite student requests between monthly meetings. Additional meetings/email communication will occur during the summer months on an as needed basis.

The primary role of the CEC is to set policies for and direct the work of the doctoral program. To accomplish this goal the CEC works closely with the Clinical Program Doctoral Faculty and with the Chair. Specific activities that fall within the scope of the CEC include, but are not limited to:

- develop policies and procedures surrounding admissions to the doctoral program,
- develop policies and procedures regarding graduate student training milestones (e.g., the early research project, Clinical Experiences Portfolio),
- develop new graduate courses or curricular changes,
- review old and propose new policies and procedures for the doctoral program,
- monitor the activities of standing doctoral committees (e.g., doctoral admissions) and work-groups formed to evaluate specific domains (e.g., time-to-completion),
- continual self-evaluation of the doctoral program.

The CEC recommendations on these matters will be shared with the Clinical Program Doctoral Faculty for further discussion. Once approval is obtained from the Clinical Program Doctoral Faculty, these recommendations will be brought to the Chair for final determinations.

The faculty members of the CEC also evaluate student issues such as student requests for course waivers, independent study proposals, and petitions for extensions on any program deadlines. Student members are excused from these discussions. CEC recommendations on these matters will be brought to the Chair for final determinations.
Graduate Student Representation

The Graduate Student Representatives will be invited to meet with the DCT monthly and, on occasion, will be invited to attend CEC meetings. Graduate Student Representatives will not be present for the discussion of issues pertaining to specific students. Also, the Graduate Student Representatives will report directly to the CEC about any student concerns, issues, and/or suggestions for programmatic improvement that students have discussed in the Clinical Graduate Student Association. Graduate Student Representatives are often asked to obtain student feedback about policies and procedures that are under consideration for enhancing the program. Graduate Student Representatives will also assist program staff with planning students’ events for orientation and interview weekend, as well as other events as needed.

The Clinical Program Doctoral Faculty

The Clinical Program Doctoral Faculty is the primary body of the doctoral program responsible for developing and approving policy recommendations. It is composed of all core doctoral faculty as well as associated program faculty who are mentoring students and/or teaching in the doctoral program in a given year. The Clinical Program Doctoral Faculty meet once a month, throughout the fall and spring semesters. Adjuncts who are currently teaching doctoral students are welcome to attend the Clinical Program Doctoral Faculty meetings but are not considered members of the Clinical Program Doctoral Faculty.

The Clinical Program Doctoral Faculty review and are authorized to approve all policy, procedural, and curricular recommendations from the CEC. Approval is defined as majority rule (i.e., more than half of the votes). Any member of the Clinical Program Doctoral Faculty can request a blind vote on any policy recommendation. Approval voting requires a quorum (i.e., participation) of more than half of the core and associated program faculty. Proxy votes will be admissible so long as the proxy vote is submitted to the DCT prior to the start of the meeting. Preference is given to voting on all policy recommendations within the context of a regularly scheduled Clinical Program Doctoral Faculty meeting. However, on occasion electronic voting (e.g., email) will occur to expedite decisions on urgent matters between regular meetings.

The DCT will submit all policy recommendations approved by the Clinical Program Doctoral Faculty to the Chair. The Chair is responsible for making the final determination on all policy recommendations from the Clinical Program Doctoral Faculty.

Clinical Graduate Student Association

The Clinical Psychology Ph.D. program at Suffolk University recognizes the importance of open communication among all members of the program, especially between faculty and students. All students in the Clinical Psychology Doctoral Program are considered members of the Clinical Graduate Student Association, which is led by several Student Representatives in their first, second, third, or fourth year of the program. Student Representatives will be elected by the students in April of each academic year, with service beginning the following academic year.

The Student Representatives for the Graduate Student Association serve as the voice for students by meeting monthly with the DCT and sharing information between faculty and students. This includes informing other students of current activities and issues within the
department, as well as bringing requests, questions, and opinions from students to the faculty. Along with this valuable responsibility, the Student Representatives plan and organize events for the department, such as an annual town-hall style meeting between students and faculty, social events and luncheons, presentations and speakers, and other occasions that arise. Finally, the Student Representatives coordinate the welcoming and transition of the incoming first year students, including interview weekend events, orientation events, the peer mentoring program, and other opportunities for integration into the program.

**Standing Doctoral Committees**

There are a number of standing committees that focus on specific aspects of our doctoral students’ training. These include Doctoral Admissions and the Internship Preparation Committee. Each committee is populated by self-nominated members of the Clinical Program Doctoral Faculty. The Clinical Program Doctoral Faculty will elect eligible faculty members to these committees at the last meeting of the academic year, for a one-year appointment beginning the following academic year. There are no term limits to serving on these committees.

**Doctoral Admissions**

The Doctoral Admissions committee includes faculty members who are eligible to admit a doctoral student within the program’s mentorship model, who are approved to be research mentors by the Clinical Psychology Doctoral Program Faculty, and who will be accepting a new student into the program. The DCT chairs the admissions committee. Members of this committee are responsible for reviewing Ph.D. applications, make review and interview schedules, and make final admissions decisions. These decisions will be made in consultation with the Clinical Psychology Doctoral Program Faculty.

The rotation for a specific faculty member admitting a student will be determined by several factors articulated by the CEC by the end of the spring semester prior to the following year’s admission cycle. Factors may include articulated rotation schedule, when the faculty member last admitted a student, lab size, and program need.

**Internship Preparation Committee**

The DCT, the CTC, and up to two additional faculty members will meet regularly to provide support and guidance for doctoral students through each phase of the internship process including researching internship programs, understanding what makes an internship a good fit, completing the application form, writing essays, preparing vitae, and the interview process.
STUDENT SUPPORT AND MENTORSHIP

Research Mentor

Students are admitted into the clinical psychology program to work with an identified research mentor; this program approach is known as the mentor model. Although the primary role of the research mentor is to supervise engagement in program-required research (the 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 throughout each semester. We strongly encourage students and their mentors to develop and maintain mutually agreed upon regular meetings. The obligations of the mentor include availability to provide guidance, direction, and support around:

1. professional development and career trajectory
2. the selection of a research topic and adjusting to the psychology laboratory
3. supervision over research design and methodology
4. scientific writing efforts
5. selection of practicum training opportunities, and
6. the clinical internship application.

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/scopes of research project
- Extended faculty leave
- Termination or retirement of faculty member

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 the DCT, 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 the plan for presenting and publishing shared research. Research conducted in a lab is collaborative in the present and in the future. Students and mentors need 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 academic year, there may be a limited number of faculty members who are willing or able to take on a new mentee from within the program. Thus students are required to consult with the Department Chair regarding the availability of a new mentor as part of this process. 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 need to be flexible and consider the impact of mentor switching upon their timeline trajectory. Students who change mentors must complete the “Change of Research Mentor Form” found under the Research Documents & Forms section of the Doctoral Program Resources blackboard page.

**Program & Course Advising**

Consistent with the program’s mentor-match model, the student’s research mentor will provide the student with career and course enrollment advising throughout their residency. Students are required to meet with their research mentor prior to registration period each semester while students are actively engaged in content coursework (typically years 1-3 in the program) to review their academic program needs and their course schedule plan for the upcoming semester.

In addition to the research mentor, students will be assigned a program advisor by the Director of Clinical Training upon enrollment in the program. The role of the program advisor is to serve as an additional consultant to the student throughout the first year of the program. If the program advisor and the student wish, they can continue meeting across the course of the student’s graduate studies. Students are also welcome to request a new program advisor after their first year of the program if they feel that having a new program advisor would be beneficial. While the research mentor serves as a critical and central guide during the course of graduate study, the program advisor can play an important supplementary role, and be a sounding board for the student. Students are required to meet with their program advisor at least once in the fall and spring semesters of their first year. Beyond the first year of residency, meetings with the program advisor can occur on an as needed basis (there will be no requirement to meet, but students are encouraged to meet with their program advisors whenever they would like).

**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 DCT, the CTC, 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 CTC 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 Student Handbook at [http://www.suffolk.edu/campuslife/17425.php](http://www.suffolk.edu/campuslife/17425.php) and under the Links tab on the Department’s Doctoral Student Resources page at [https://www.suffolk.edu/cas/degrees-programs/psychology/doctoral-student-resources](https://www.suffolk.edu/cas/degrees-programs/psychology/doctoral-student-resources). The Center for Learning and Academic Success can be an important resource to graduate students, particularly if ESOL issues have been noted by the student or faculty.
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 at (617) 994-6820 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 and the DCT 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.
PROGRAM DEGREE REQUIREMENTS

Ph.D. in Clinical Psychology Requirements

Non-terminal Masters

Although the Psychology Department does not have a terminal Master’s degree program formally associated with the program, students in the doctoral program are eligible for the Master’s of Science in Psychology 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 the Early Research Project.
2. Completion of 48 credits, including PSYCH 718, 722, and 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/explore/58768.php.

Doctoral

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

1. Completion of all Master’s requirements.
2. Completion of the Clinical Experiences Portfolio.
3. Completion of internship and submission of documentation confirming the satisfactory completion of pre-doctoral internship training from their training director. See the Clinical Training Manual found on the Doctoral Program Resources blackboard site (under the “Doctoral Program Manuals” section).
5. Completion of 72 credits. See the Clinical Psychology Ph.D. Program Student Check Sheet found on the Doctoral Program Resources blackboard site (under “General Program/Curriculum Documents & Forms”).
6. It is recommended that students complete the departmental exit survey. See the “Graduation Forms & Massachusetts Licensure” section located on the Doctoral Program Resources blackboard site.
7. Completion of National Survey of Earned Doctorates. See the “Graduation Forms & Massachusetts Licensure” section located on the Doctoral Program Resources blackboard site.

Course Work

The list of required courses and the block schedule can be found on the Doctoral Program Resources blackboard page, under “General Program/Curriculum Documents & Forms”. 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 (found here: https://www.suffolk.edu/academics/academic-catalogs).

The Clinical curriculum is designed to provide students with a foundation in the broad bases of psychology; to expose students to theories of assessment, models of psychopathology and its treatment, research methods and design, and statistical methods; 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 Clinical Training 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 not be responsible for the additional tuition incurred by the addition of the course.

A limited number of electives are available for students to take on a rotating basis. There are also five elective independent study courses that students may consider taking. Three of these courses (PSYCH 780, 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 or to complement their efforts in a given semester to work on their Early Research Project or Dissertation. Students who take these courses will receive an “IP” until the appropriate milestone event (e.g., 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.

Students who have completed all required course and practicum work and are working on their dissertations full-time must enroll in PSYCH 000 each semester. Most students also choose to enroll in one year of advanced practicum, usually during their fourth year in the program. Students doing their first year of advanced practicum must enroll in PSYCH 777, in addition to PSYCH 000, during the fall and spring semester. When students are on internship, they must register for PSYCH 801. Students enrolled in these courses will have full access to privileges, services, and facilities and will retain full-time status.

As mentioned above, some clinical 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 for the first year in which they take advanced practicum. Enrollment is not required for subsequent years of advanced practicum, although students must continue to adhere to departmental standards and procedures for tracking hours.

Clinical students on internship register for PSYCH 801 for both the fall and spring semesters that they are in internship. If students complete a part-time, 2-year internship, they
register for PSYCH 801 for all 4 semesters. Students will receive a grade of “IP” for PSYCH 801 each semester that will be converted to a “Pass” once internship is successfully completed.

**Grades and Grade Point Average**

All doctoral students are expected to complete 72 academic credits within the first three years of the program and must maintain an overall GPA of 3.0 (B). To successfully complete required classes a minimum grade of B- or a pass for pass/fail is also required. If a student fails to achieve this threshold in a required course yet maintains an overall cumulative GPA of 3.0 or above, they must re-take the course. If the cumulative GPA falls below 3.0, the student will no longer be in good academic standing, will be referred to GASC and/or S&E, and may be dismissed from the program. Please see the sections below on Review of Student Progress and Standards & Ethics for information on the consequences of not making satisfactory academic progress.

Suffolk University CAS has developed overall graduate program policies for academic standing. See [https://www.suffolk.edu/academics/academic-catalogs/graduate-academic-policies/academic-standing](https://www.suffolk.edu/academics/academic-catalogs/graduate-academic-policies/academic-standing) for criteria that will trigger a review by the GASC. GASC has overall authority over student probation and dismissal.

**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 shall not exceed one year from the time the incomplete is approved. The student and instructor are expected to fill out the Incomplete Contract form (on the Doctoral Program Resources blackboard site under “General Program /Curriculum Documents & Forms”). A copy of this contract should be filed in the student’s folder.

**Transfer Credits**

Our academic programs are 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. We generally discourage students from attempting to transfer in coursework they may have completed in a master’s or different doctoral program in lieu of taking a required core course at Suffolk. However, we are willing to review up to 6 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 May 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 Doctoral Program Resources blackboard site (under “General Program /Curriculum Documents & Forms”) and should be submitted, along with required paperwork, to the Program Administrator. The DCT will then review the course syllabus (in close collaboration with faculty who teach the comparable course in the department as needed) and make an initial determination regarding the transfer of credit. The Departmental Chair makes the final determination. 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 in another program or department at Suffolk are advised to seek permission from the DCT before registering.

**Teaching Apprenticeships**

The Clinical program requires all students to participate as Teaching Apprentices (TAPs) for the first 2 semesters of their graduate study. TAPs 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 TAPs; the responsibilities associated with the position are designed to prepare students for potential careers as instructors/professors and other forms of scholarship. Students are asked to conduct at least one lecture (or part of a lecture) each semester as a TAP, which will be directly observed and evaluated by the faculty mentor. Students then receive feedback on their lecture which they may incorporate in future presentations. Students may lecture more than once in a given semester if they wish and if the faculty mentor is in agreement. Formally written teaching evaluations prepared by the faculty mentor can be requested by the student to be added to the student’s file and future teaching portfolio. In addition, there is one orientation and three teaching training seminars offered during the first 2 semesters of graduate studies which all TAPs must attend. The seminars are designed to provide instrumental and interpersonal support for students as they build teaching and presentation skills, and prepare themselves to serve in professional public-speaking roles.

After students have completed their lecturing, TAP experiences, workshops, and orientation, they are eligible to register for Psych 772: The Teaching of Psychology. This elective course is typically offered every other spring semester. Students who have completed the TAP program and all TAP related experiences, who have completed Psych 772, and who have taught at least one undergraduate course (either within the department or at another institution) are eligible for a Teaching Certificate which may be used as part of the student’s professional development materials (e.g., CV, teaching portfolio). Also, students are invited to request the Director of Teaching and Inclusivity to provide formal feedback of the student’s teaching portfolio and mentorship while applying for teaching positions. Please see the department’s online resources for more information about the teaching certificates offered [http://www.suffolk.edu/college/graduate/69324.php](http://www.suffolk.edu/college/graduate/69324.php).

Full-time students in the first year 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. To reap the full training benefits of the program, TAPs are encouraged to participate fully in the course, engaging in activities, class discussions, and work with students outside of class. Importantly, TAPs are expected to meet regularly with their faculty mentors to discuss their teaching approaches, any student issues which may arise, students’ individual learning needs, and course design elements. 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 Teaching and Inclusivity.
and summary (de-identified) data are shared with the CEC. Student evaluations of instructors are kept confidential and student responses are not directly shared with the instructor. Instead, responses are used to improve the process of teaching training. Students are invited to address any concerns about the TAP instructor evaluation process to the Director of Teaching and Inclusivity or the DCT.

**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 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, development of hypotheses to be tested, development of study design, 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. Completion of CITI certification by mid-September of the first semester of program participation, and registration at Suffolk University, as opposed to registration at the prior institution. CITI certification indicates the student has attained the requisite knowledge to protect human research participants and is eligible to join the research team. Faculty (the principal investigators) cannot include a student on an existing research protocol until CITI certification is documented. The Suffolk University IRB (http://www.suffolk.edu/explore/16524.php) contains the appropriate links to complete the courses. Upon completion, students must submit an electronic copy of their certificate to the IRB.

2. A 2-3 page proposal, approved by the research mentor, is submitted for departmental approval no later than February 1st of the first year.

3. An oral presentation of some component of the student’s research activities, representing a finished coherent project, is completed during April of the student’s second year. Faculty feedback forms are due back to the student within one week of the presentation.
(4) A written manuscript of some component of the student’s research is completed and submitted to the department for approval prior to the beginning of the fall semester of year 3 (by the third Friday in April if the student wants to receive the master’s degree at May graduation; by the third Friday in August if the student wants to receive the master’s degree in September).

*Project Proposal*

ERP proposals should be submitted to the Program Administrator no later than February 1st. 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 indicating mentor’s approval.
- Name of the Second Reader.

The student, in conjunction with the research mentor, is responsible for identifying a second reader who will also evaluate the project proposal and the final document. The second reader may be more involved in the project depending upon the agreement between the student, mentor, and second reader. The second reader must be a member of the Clinical Program Doctoral Faculty.

The second reader is responsible for reviewing the project proposal within two weeks of submission (i.e., by February 15th for a February 1st submission) to ensure that the required elements presented above 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. The student will then have two weeks to work on any required revisions requested by the second reader. 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.

Proposal approval is contingent upon these criteria being fully addressed. The approval check sheet is on the Doctoral Program Resources blackboard site under the “Research Documents & Forms” tab.

*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 10-15 minutes for a prepared presentation (typically PowerPoint) which is immediately followed by a 5-10 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). The top section of the Early Research Project Manuscript Evaluation form must be turned in and signed off on by the research mentor alongside the final electronic version of the ERP manuscript to the Program Administrator. This form can be obtained on the Doctoral Program Resources blackboard site (under the “Research Documents & Forms” section).

The project’s second reader will review the final manuscript to ensure that it contains the required elements and is formatted exactly in accordance with APA guidelines before submission to the Program Administrator. 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. The student will then have two weeks to work on any required revisions requested by the second reader. Additionally, the second reader 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 May of their second year, and participate in the commencement ceremony, the ERP research mentor and second-reader approved manuscript must be submitted to the Program Administrator 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 and to their second reader well in advance of the departmental deadline (ideally at least two weeks prior to the departmental deadline, to allow sufficient time for the second reader’s review and for the student to address any required revisions/clarifications). For a September degree award, the research mentor and second-reader approved manuscript must be submitted no later than the third Friday in August.

Failure to complete the Early Research Project prior to the first day of the fall semester of the student’s 3rd year may result in that student being required to register for the PSYCH 780: Early Research Project Preparation elective in lieu of a fourth content-based course. If the student has not completed the ERP by the grades deadline of the fall semester, the student will be required to drop all coursework for the spring and register for the one-credit full-time course PSYCH 001: Early Research Project Continuation. A student may still participate in practicum with faculty permission. A student who has still not completed his or her Early Research Project by the end of the spring semester of the third year will not be making satisfactory progress through the program and will be required to petition the Committee on Standards & Ethics for continuance in the program and may be subject to dismissal.
**ERP Resources**

Students can be reimbursed for up to $300 for research expenses related to the ERP. Additional financial support may be provided depending on availability of funds and budgetary approval. Students requesting additional funding beyond the allotted amount must do so via a petition to the Department Chair. Appropriate research expenses for which reimbursement can be requested include equipment, tests, postage, and recognizing the value of participant time. Researcher travel, food, parking, etc. are not considered research resources and will not be reimbursed. Detailed guidelines can be found in the “Financial Assistance” section of this manual and submission forms can be found on the Doctoral Program Resources blackboard page (under the “Travel & Research Reimbursement Documents” tab).

**Practicum Training**

Students are required to complete two years of practicum training. In practice, most students obtain advanced practica (i.e., a third practicum) during the fourth year of the program, which often coincides with dissertation activities. There are also opportunities for students to become involved in 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 (on the Doctoral Program Resources blackboard site under “Doctoral Program Manuals”).

**Clinical Experiences Portfolio**

Doctoral students gain valuable clinical knowledge and experience through a variety of training activities including course assignments, practicum placements, and other program activities. Throughout training, we provide a number of opportunities for students to engage in activities such as written and oral case conceptualizations, assessment report writing, and treatment planning, delivery, and reflection (see Appendix A for a timeline of these clinical training and education experiences). Once students complete coursework and required practica, but before they begin internship, they are required to submit evidence of four specific ways in which they have demonstrated their clinical knowledge and training to the Clinical Experiences Portfolio.

**Elements of the Clinical Experiences Portfolio**

1. De-identified assessment report from intake, semi-structured interview, structured diagnostic interview, or psych/neuropsych testing
   a. Students should submit one assessment report successfully completed (as evidenced by a passing grade on the assignment) during Prac IB, IIA, or IIB. A copy of this report should be submitted to the Program Administrator by the end of the spring semester of the 3rd year to be placed in the student’s departmental file.

2. De-identified therapy write-up that integrates presenting problem list, psychosocial history, case conceptualization, treatment goals, treatment plan, and treatment course (max 4-6 single-spaced pages; specific formatting instructions will be provided in the relevant course syllabus)
   a. Students should submit the therapy write-up completed during Prac IIB (as evidenced by a passing grade on the assignment). A copy of this report should be
submitted to the Program Administrator at the end of the spring semester of the 3rd year to be placed in the student’s departmental file.

3. Research advisor approved draft of Theoretical Essay
   a. Students should submit a first draft of their theoretical essay, approved by their research advisor, by May 1st of the spring before they intend to apply for internship (i.e., at the same time that they submit the Intent to Apply for Internship Form). The final essay may be maximum of 500 words. Students and faculty are encouraged to draw on the internship resources posted on the doctoral resources Blackboard page when working on this activity.

4. Evidence of successful completion of a mock internship interview
   a. The DCT will create a list of research advisors who have students applying for internship each year. Students will be assigned a faculty member from this pool, who is not their research advisor, with whom they will conduct a mock internship interview. The meeting should be scheduled for an hour which allows for a 30-minute interview and post-interview feedback. Students and faculty are both encouraged to draw from the list of commonly asked questions (e.g., “what is your theoretical orientation”, “describe a challenging case” “describe an ethical dilemma you encountered and learned from) and other interview tips posted on the doctoral resources page on Blackboard. The faculty member should highlight strengths, acknowledge areas for improvement, and provide recommendations for how the student might continue to prepare for interviews. Following this interview, the student and mentor should submit a copy of the Mock Internship Sign-Off form to the Program Administrator to be placed in the student’s departmental file (see the Doctoral Program Resources blackboard page for a copy of this form).

Submission of these four elements of the Clinical Experiences Portfolio to the department signifies completion of this program milestone. Students will receive an email confirming portfolio completion once all elements have been submitted.

Dissertation

The dissertation is the capstone research-training milestone and represents a student’s original contribution to scholarship prior to earning the PhD. In addition, the dissertation is a document that demonstrates the student’s proficiency in psychology. 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 5, 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 Doctoral Program Resources blackboard site (under the “Research Documents & Forms” tab). Students who have not successfully proposed their dissertation by November of year 5 are no longer making satisfactory progress and may be referred to the Departmental S&E committee.

Students are expected to fill out a dissertation progress report twice a year (May and December) beginning May 1st of their third year in the program until the dissertation has been completed. Progress forms must be signed by the dissertation research mentor and submitted to
the Program Administrator. These progress forms are an essential part of our record keeping for the American Psychological Association and for internal monitoring of student progress. All dissertation progress reports must be completed and submitted when the dissertation has been finished; missing progress reports will count against program completion requirements for graduation. All successful final dissertations documents are considered public documents to be kept on file, if you do not wish to have yours as part of the Suffolk library database, contact the DCT.

**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 Research Mentor” form available on the department’s blackboard site (under the “Research Documents & Forms” section) and submit it to the Program Administrator.

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 as well as program policies and procedures related to the dissertation process
(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 (i.e., the last day of final exams), 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 C 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 submitted to the Program Administrator and filed with the department.

**Dissertation Committee**

Committees must include three members. Two committee members must be tenured or tenure-track members of the Doctoral Program faculty, with one of these serving as the chair and primary mentor of the student. The third member of the dissertation committee will be either a member of the Doctoral Program faculty, a tenured or tenure-track member of the Psychology
Department Faculty who is not affiliated with the Doctoral Program, or someone external to the Psychology Department with demonstrated expertise in domains relevant to the proposed research. External refers to both Suffolk University faculty affiliated with a department other than Psychology as well as doctoral-level professionals whose primary appointment is at a facility other than Suffolk University.

Students must petition the CEC for approval to include someone who is not a member of the Psychology Department Faculty to serve as a third member of the dissertation committee. CEC approval must be obtained prior to the external committee member participating in any aspects of doctoral dissertation committee work, including but not limited to the proposal meeting and review of the dissertation document. To petition, the student should submit a letter from the dissertation chair outlining the external person’s expertise, along with a recent CV, to the CEC. To be approved as an external committee member, the individual is expected to have demonstrated expertise in the student’s dissertation research area (e.g., external funding, recent peer reviewed publications that directly relate to the student’s dissertation topic, or similar evidence of recognized expertise to be evaluated on a case-by-case basis). It is mandatory that any external committee member hold a doctoral level degree. The CEC’s determination will be sent to the Chair of the Psychology Department for final determination.

Students may also elect to add a fourth, external committee member to the dissertation committee. Students wishing to add a fourth, external committee member should follow the same procedure described above.

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 methods 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 student 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.

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 the department’s Technical Guide for the Clinical Psychology Ph.D. Dissertation on the departmental blackboard site (under the “Research Documents & Forms” tab) for very specific instructions regarding format.

**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 of the application year. Please keep in mind that the process of defending and revising the proposal can take several months. 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 meeting date. Students must hold the dissertation proposal meeting 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**

Once a student has advisor permission to distribute the proposal to committee members and schedule a proposal meeting date, he or she should contact the Program Administrator with the date so a room can be booked. Generally, two hours is blocked out for a proposal meeting. Students should prepare a very brief (e.g., 10-15 minute) overview of their proposed study. After the presentation is completed, the committee may ask questions and discuss issues. At the end of the meeting, the student will be asked to leave for closed door faculty deliberation, also known as executive session. The committee, chaired by the student’s dissertation advisor, will discuss whether to approve the proposal, whether revisions are needed before the proposal is approved and who will review the revisions (the committee or just the chair). The dissertation advisor must be present for the dissertation proposal.

At the time of the proposal meeting, the Certification of Dissertation Proposal Completion form (found on the Doctoral Program Resources blackboard site under the “Research Documents & Forms” section), 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 Administrator 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. Students who have a grade of “IP” in PSYCH 782 Dissertation Proposal Prep should contact the Program Administrator upon successful completion of the proposal. Change of grade paperwork will then be completed and submitted to the registrar.

Typically the dissertation proposal meeting is held on campus within one of the larger meeting-room spaces available to the Psychology Department. Under unusual circumstances a student may desire to hold the dissertation proposal meeting at an off-campus location. Before scheduling an off-campus proposal meeting the student must submit a petition to the CEC requesting program and departmental approval.

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. Students are strongly encouraged to consult the IRB website when developing a time line for their dissertation at https://www.suffolk.edu/about/directory/office-of-research-sponsored-programs/institutional-review-board-irb.

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 under the guidance of the committee chair. 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. The student is required to provide the committee the final document three weeks before the defense. At least one week prior to the scheduled defense date, the student will provide the Program Administrator with an electronic copy of the committee-approved final dissertation draft for all faculty members to review at that time. Doctoral defenses are public events and will be announced via email to all members of the department as well as posted on both the department and the University calendar.

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 to allow time for post defense revisions. No exceptions will be made. The Certification of Dissertation Completion form must be signed by the chair and committee members the day of the defense, along with inclusion of
required revisions. The final (second) signature of the chair is required with his/her review and approval of revisions. 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 should defend no later than the second Friday in April; in January, no later than the final Friday in November; 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 Doctoral Program Resources blackboard under “Research Documents & Forms”), be submitted to the Program Administrator a minimum of two weeks prior to the anticipated graduation date (approximately the last Friday of April, August, or December). Please note the final copy must be submitted as one Word or PDF document. If tables, graphics, or appendices prevent this, one paper copy must be submitted to the Program Administrator.

**Format of the dissertation defense**

The format of the oral defense will include a 30-45 minute student presentation of the dissertation, up to 60 minutes of audience questions, and 15 minutes of closed faculty deliberation. Dissertation defenses are open to student and faculty members of the Doctoral Program, the Psychology Department, and the larger Suffolk community. As such, all dissertation defenses must be held on Suffolk University’s campus.

It is expected that all members of the dissertation committee will be present for the oral defense. However, it is permissible for one member of the committee to be absent from the defense so long as another member of the Clinical Program Doctoral Faculty is able to attend. In this circumstance, DCT approval must be obtained prior to the defense. The dissertation advisor must be present for the dissertation defense.

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. A vote to pass the student at the defense is typically made contingent upon the candidate completing revisions to the dissertation. 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 and can take several weeks to complete. Any corrections or additions deemed necessary by the committee will be documented on the Certification of Dissertation Acceptance form (found on the Doctoral Program Resources blackboard site, under the “Research Documents & Forms” section). 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.

Dissertation binding occurs twice yearly (typically in December and June). Dissertations are now archived electronically with the Sawyer Library and the Psychology Department.
Students will be provided with one bound copy free of charge. Additional copies can be purchased by the student at a cost.

**Dissertation expenses**

Students will be reimbursed for research costs for up to $1,000 for expenses related to the dissertation. Additional financial support may be provided depending on availability of funds and budgetary approval. Students requesting additional funding beyond the allotted amount must do so via a petition to the Department Chair. 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 can be found in the “Financial Assistance” section of this manual and submission forms can be found on the Doctoral Program Resources blackboard page (under the “Travel & Research Reimbursement Documents” section).

**Pre-doctoral Clinical Internship**

Clinical doctoral students are required to complete an APA or CPA accredited internship, which can be one year of full time internship or two years of half time internship (a total of at least 1600 hours). The process of obtaining a pre-doctoral internship is competitive. Students must apply through a national matching service (affiliated with the Association of Psychology Postdoctoral and Internship Centers (APPIC; www.appic.org) and compete with others across the country. Currently, there is a mismatch with more students applying for an internship than available slots. Although faculty will do their best to advise students and support them in the match process, we do not have control over internship placements.

In order to apply for a pre-doctoral internship, students must fill out the *Intention to Apply for Internship* form by May 1st of the year they are planning to apply (found on the Doctoral Program Resources blackboard site under the “Internship Resources & Forms” section) and meet the following requirements:

- Completed the Early Research Project
- Satisfactorily complete required coursework and accrue a minimum of 72 credits
- Submit the mentor-approved *Theoretical Orientation Essay* along with the *Intention to Apply for Internship* form (by May 1)
- All practicum evaluations and hours verification forms must be on file with the department
- Dissertation proposal meeting must occur by October 1st of the year of application
- All dissertation proposal 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 of application
- Presented at least one first-author poster presentation at a national or international scientific conference or publish at least one first-authored peer-reviewed manuscript by November 1st of the year of application
The Application Process

Students begin the internship application process the spring before they intend to apply for internship, typically at the end of their third or fourth year in the program. Students are required to submit the Intention to Apply for Internship form in the spring before they intend to apply. This form (found on the Doctoral Program Resources blackboard site under the “Internship Resources & Forms” section) provides a concise summary of program requirements a student must meet before applying and therefore serves as a helpful tool for students to use in assessing their readiness. The DCT and a committee of faculty members meet with applicants in the spring to discuss the application, picking sites, and obtaining letters of recommendation, in the fall to discuss essays and in the winter to discuss the interview process (after interview locations are known). Dates for these meetings can be found on the Master List of Clinical Meetings sheet on the department’s blackboard site. A timeline delineating the major program-related steps associated with applying for internship can be found under the “Internship Resources & Forms” section located in the Doctoral Program Resources blackboard site. This page also hosts a number of tip sheets we have developed with information about picking sites, getting strong letters of recommendation, writing compelling essays and interviewing successfully. There are also links to additional resources on the web that discuss the internship application process. As with all program elements, the internship application involves individual mentoring. Students are encouraged to meet frequently with their mentors to review internship sites and essays.

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 APPIC application, 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., inaccurate hours, missing program requirements) 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 oversees the internship MATCH which is run by National Matching Services, Inc.) 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) at [http://www.appic.org/](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 and other faculty 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 to review their site lists, list of letter writers, essays, and CV. Students should contact the DCT and the CTC if additional support is needed. Many of our students have also found their practicum supervisors to be excellent sources of support and know-how.

*Internship Site Requirements*

The program requires that the pre-doctoral internship takes place at an APA or CPA-accredited site. Sites that have been accredited by APA meet several standards designed to ensure that students are receiving an adequate training experience.

Please note that not all programs in the MATCH are APA accredited. Students may NOT apply to non-APA sites.
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 pre-doctoral internship (whichever is completed last), unless the student has applied for a leave of absence (see below).

Students receiving specific training or scientific grants may need to adjust the timeline of their doctoral trajectory to accommodate the additional appropriate activity. Under these conditions students may petition the department chair to go to part-time status for a specific period of time. Students must include the anticipated length of leave in the petition. The department reserves the right to place constraints on the length (in years) of part-time status to ensure that proper overall engagement with program goals is maintained. Students should expect that part-time status plans extending their doctoral program trajectory by more than two years will receive close scrutiny for appropriateness.

Part-time status (i.e., registering for less than 12 credit hours in a given semester) during the first-three years of study may come with consequences outside of the doctoral program. For example, part-time status can affect eligibility for student health insurance (Suffolk University Student Healthcare), eligibility for student loans and the disbursement of funds (Suffolk University Student Enrollment Status), and, for international students, F-1 Visa Regulations (https://www.suffolk.edu/admission/international-students/immigration/f-1-students-visa). Federal student loans and private student loans may follow different rules, and it is your responsibility to discuss how part time status may affect your various loans with Student Financial Services. Additional effects or consequences (e.g., eligibility for the Discount MBTA Program) may exist as well.

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 you are not registered for a course that conveys full time status (e.g., Psych 001 - Early Research Project Continuation or PSYCH 000 – Advanced Dissertation Residency), it is your responsibility to inform the Office of Student Financial Services office so that student loans are properly distributed. It is also your responsibility to inform the Office of Student Affairs to discuss anticipated and unanticipated consequences.
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 DCT, who will consult with the Clinical Executive Committee (CEC). Depending upon the nature of the petition, the CEC may consult with the full Clinical Program Doctoral Faculty. 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 CEC’s response may be petition granted, petition denied or request for more information. Before sharing this response to the student, The DCT will submit the CEC’s response to the Chair. The Chair is responsible for making the final determination on all student petitions.

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/1298.php).
PROFESSIONAL CONDUCT

Suffolk University has specific community standards of professional conduct that apply to all students engaged in graduate study. For a description of these standards and students’ rights and responsibilities, please see the Student Handbook (http://www.suffolk.edu/campuslife/17425.php).

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 (APA Ethical Principles of Psychologists and Code of Conduct http://www.apa.org/ethics/code/index.aspx 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, and teaching) in an effective and appropriate manner. The APA outlines these competencies 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). These professional competencies and standards extend to the student’s use of social/electronic media.

It is important to clarify that faculty and clinical supervisors 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 [Suffolk University Student Handbook](https://www.suffolk.edu/student-handbook/).
SATISFACTORY PROGRESS THROUGH THE PROGRAM

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

**Professionalism and Interpersonal Skills**
- 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
- Is 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
- Overall 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**
- Successful completion of two semesters as a 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 overall ratings for each competency assessed on the final evaluation 3 or higher
- Successful completion of practicum II by the end of year 3 with all overall ratings for each competency assessed on the final evaluation 3 or higher
- For students who opt to engage in Advanced Practicum, successful completion of the practicum with all overall ratings for each competency assessed on the final evaluation 3 or higher
- All hours accounted for in the electronic tracking program and submission of the Verification of Hours form at the end of each placement. All evaluations submitted in a timely manner
- Completion of the Clinical Experiences Portfolio
- Successful completion of the internship by the end of year 7

**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 7

* The CPL meets for 90 minutes per week. Its purpose is to support students in their transition from undergraduate to graduate studies and prepare them for their professional role in first year practicum. Towards that purpose the skill training topics will include professional communication, therapeutic communication, interviewing, and development of the therapeutic relationship.
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 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 under the “Doctoral Program Manuals” section found on the Doctoral Program Resources blackboard site. To view the evaluation see “Clinical Training Performance Evaluation of Student” on the same blackboard site). In the spring of Years 1, 2, and 3 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 (Association for Directors of Psychology Training Clinics) 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 and faculty research mentor will be asked to fill out an online survey documenting each student’s research progress during the year as well as research plans for the year ahead. For students in the first through third year, self-rated and mentor-rated pre-clinical readiness skills may also be assessed at this time. Departmental staff and administrative faculty also gather teaching evaluations, clinical supervisor feedback, academic transcripts and program evaluations for every student prior to the faculty review meeting.

The department faculty will convene in May to review all students’ progress. The faculty reviews the materials noted above, 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 (professionalism and interpersonal skills, 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. Students not meeting academic standards for the semester are also likely to be reviewed at the CAS GASC meeting (see https://www.suffolk.edu/academics/academic-catalogs/graduate-academic-policies/academic-standing for details).

Within six weeks after the May faculty review meeting, students will receive a letter specifying the results of their academic progress for the year. Students must acknowledge receipt of the letter and verify that they have read the letter and are aware of any conditions that must be met for continued progress in the program.

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). The purpose of this review is to monitor, facilitate, and support students’ early adjustment to the doctoral program. All first year students will receive feedback (in the form of a letter) from this mid-year review. Advanced students who had identified areas as “Needs Improvement” or “Unsatisfactory” from their May annual review are also reviewed mid-year, and may receive a letter detailing that further growth is necessary if adequate progress in the growth area is not yet observed.
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 Student Handbook at Suffolk University Student Handbook.

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 request 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 Suffolk University Student Affairs and the CAS Dean’s office at https://www.suffolk.edu/cas/about/administration.
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, or otherwise communicate with the DCT via survey results.

Any changes in curriculum or procedure 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.
Doctoral Program Policies and Procedures

FINANCIAL ASSISTANCE

Effective Fall 2019, all students who are enrolled full-time in the Clinical Ph.D. program and are in good standing will be eligible for 100% tuition remission until the end of their 6th year in the program. Students who wish to continue their studies past a 6th year will need to petition the program for continued tuition remission (not guaranteed after year 6).

In addition, students who begin the Clinical Ph.D. program in Fall 2019 or later will be eligible to receive an annual stipend for their first three years of full-time study in the Clinical Ph.D. program. The amount of the stipend is subject to final budgetary approval by University administration, and will be set each year at the time admissions offers are made. Responsibilities for the stipend include research activities in mentor labs and may include teaching assistant work in later years. The Clinical Program faculty reserve the right to change the responsibilities associated with this stipend annually for the coming year. Any changes to stipend responsibilities from year-to-year will be communicated to students via email.

The Student Financial Services Office 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 Student Financial Services Office, the Student Financial Services ruling stands.

Tuition and Program Costs – Academic Year 2019-2020

Tuition

Tuition rates change yearly. As stated above, all students enrolled full-time in the Clinical Ph.D. program who are in good standing are eligible to receive 100% tuition remission until the end of their 6th year in the program.

Registering for less than a full-time course load may affect tuition remission and have consequences outside of the doctoral program (please see the previous section Residency Requirements for further details).

As mentioned previously, advanced students must enroll in PSYCH 000 while engaged in dissertation research and PSYCH 801 while on internship. These courses carry zero credit, but denote full-time status which prevents student loans from going into repayment. 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. However, students should be aware if they exceed the 7 year threshold for program completion, that they will be referred to the S&E Committee for unsatisfactory progress.

Advanced students may enroll in elective courses beyond the required 72 credits. As long as students are full-time and stay under the 17 credit limit per semester, students who opt to take elective courses beyond the required 72 credits will not be charged tuition in years 1 through 6.
Students may not receive tuition remission when enrolled in electives after the 6th year of the program.

For more detailed information on tuition, aid and expenses by aid package students should refer to the financial aid webpage (Suffolk University Financial Services).

**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 $2,781 for the 2019-2020 academic year SU Student Healthcare Insurance). These costs are paid for directly by students, and are not part of current financial aid packages.

**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 is available on the web (October 1st) whether it is a renewal or first time application. The Psychology Department due date for FAFSA filing is April 1st.

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 SU Student Financial Services.

Students must be enrolled at least half-time (6 or more credits) to maintain in-school deferment status for federal student loans (http://studentaid.ed.gov/repay-loans/deferment-forbearance). 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. Students must be in good academic standing to receive financial aid. Students who are not in good standing or who are not on time for completing programmatic milestones or required coursework may not be eligible for financial aid.

**OUTREACH Fellowships**

The Outreach Fellowship in the Clinical Doctoral Program at Suffolk University aims to enhance the field of clinical psychology by supporting students who are members of traditionally underrepresented minority groups in the mental health field. The Fellowship will support up to 1-2 students in each cohort during their first 3 years of in-residence study.
Basic Eligibility & Criteria
Applicants must be from a traditionally underrepresented minority group in the Psychological Sciences. Fellows must be admitted (and enrolled) as full-time Clinical Ph.D. students. They must meet the minimum requirements for satisfactory academic standing and make timely progress for all training milestones, as outlined by the Doctoral Program Manual. Fellows must be U.S. citizens.

Procedure
Up to two fellowships are available for incoming Ph.D. students. Candidates can indicate their interest in the Outreach fellowship on their applications or at Interview Weekend. Candidates will be interviewed by members of the Psychology Department. If you have questions about applying for an Outreach fellowship, please contact the Program Administrator.

For more information please visit the OUTREACH Fellowship tab at http://www.suffolk.edu/phdpsych.

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. Students may apply for Administrative Fellowships and 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, Office of Diversity Services, Student Financial Services, the Registrar, and Career Planning/Placement among others. Students who are not on stipends are eligible to apply to Administrative Fellowships.

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, but it is available here: SU Graduate Student Employment Funding. Students interested in pursuing these positions are urged to begin applying as soon as the list is available.
Research Assistantships

The College of Arts and Sciences has a Research Assistantship program that is aimed at supporting faculty research and integrating students into faculty research activities. 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.

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 within the department. A list of approved RA positions is posted to the financial aid section of the university website in late July.

Students with a Research Assistantship may work up to 10 hours a week during the academic year. The current graduate student hourly rate is $16.00. Students who are currently on a graduate stipend are not eligible to apply for RA positions through the Faculty Research Assistant Program (FRAP).

Lab Instructor and Lecturer

Graduate students with the appropriate training (including a Master’s degree) are eligible to apply for positions as Lab Instructors, Graduate Lecturers, and Course Assistants in the Psychology Department. The Lab Instructor positions support undergraduate courses in research methods and statistics and graduate courses in univariate and multivariate statistics. Students who have completed the Teaching Apprentice sequence and demonstrate a particular skill in these areas should let the Director of Teaching and Inclusivity know of their interest in being a lab instructor. 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 doctoral Assessment I and II courses. Current awards are $2,300. Interested students should contact the Department Chair or Director of Teaching and Inclusivity.

Travel Funding

Faculty members and doctoral students invited to deliver a paper, present a poster, or chair a symposium at a conference for research conducted with Suffolk faculty or through Suffolk University may be eligible to receive reimbursement of travel expenses from the University. Plans for travel should be indicated via the Departmental Funding Survey sent every August. Doctoral students in the 1st, 2nd, 3rd and 4th years may be reimbursed one time per fiscal year (July 1 – June 30). Doctoral students beyond year 4 should submit a petition to the chair and will be considered on a case-by-case basis pending availability of funds. For student travel, only the first author on a presentation will be funded. Others can be considered on a case-by-case basis by petition to the Chair. Travel forms can be obtained in the Psychology Department (see the hanging document organizer near the front desk); they are carbon copied forms and therefore not accessible in an electronic format. At least 4 weeks before travel departure and prior to making any overnight travel arrangements, all pre-trip paperwork must be submitted to the Administrative Services Manager to be considered for departmental funding, regardless of
whether an advance is requested. Only travelers who adhere to this guideline may be approved for travel funds.

Faculty and students are expected to use good judgment and to request reimbursement only for necessary business-related expenses. Each traveler should be conscious of an obligation to spend Suffolk funds prudently. All approval of travel expenses must be made by the Department Chair. Expenses will be paid by the University if they are deemed to be reasonable, appropriately documented, properly authorized and within the guidelines of University Policy. The full University Travel & General Expense Reimbursement Policy as well as a helpful FAQ can be found on the website here: SU Travel and General Expense Reimbursement.

Pre-Trip Responsibilities

- At least 4 weeks prior to departure date and prior to making overnight travel arrangements, all travelers must complete the following sections of the Travel Authorization and Expense Report form (for overnight trips).
  - Name of Traveler, Department, Phone #, Home Address, Destination (City & State), Home City, State, & Zip; Departure & Return Dates, Purpose of the Trip (indicate type of presentation and conference name), coverage during your absences (faculty & lecturers)
- Estimated costs
  - Reimbursable travel expenses include: airfare (coach), hotel accommodations, meals, conference registration fees, taxis, public transportation, and mileage. **Please note: poster printing is in addition to travel funding and must be requested separately.**
  - Meals: The University reimburses for reasonable expenses for meals eaten while on University travel. Travelers have two options:
    - Option 1: For overnight trips, expenses for (3) meals, including beverage and tip will be reimbursed up to $115 per day, per meal reimbursement guidelines. The full detailed meal receipts are required for this option; charge receipts noting only totals or charge card statements will not be accepted. At conferences where meals are included, that portion of the $115 must be deducted from that day’s total allowed expense. Individual day trip meal expenses are not reimbursable unless the total day exceeds six hours and the travel happens during a meal time. In those instances, up to $40 will be reimbursed for meals.
      - Breakfast $25
      - Lunch $40
      - Dinner $50
    - Option 2: For overnight trips, expenses for (3) meals, including beverage and tip, will be reimbursed using the government posted Per Diem Meal and Incidental (M&IE) rates for all the personal meals for the entire trip. These rates are set by location and may be found on the GSA website (http://www.gsa.gov/portal/category/104711). The rate for the days of travel (first & last) are at 75% of the daily rate (this is also detailed on the GSA website). If a traveler chooses this option, this method must be used for entire trip. A printout of the GSA rate showing the city and rate will need to be
included with post trip travel form. *No meal receipts are required for this option.*

- **Air Travel:** Coach/economy accommodations on commercial airlines must be used for all travel. Suffolk does not reimburse travelers for tickets purchased with frequent flyer miles.

- **Personal Vehicle:** When an employee drives from home to a location other than their work, only *excess* mileage incurred by the employee will be reimbursed (the mileage above what the employee’s normal commute would have been). Travelers should use the standard mileage reimbursement rate set by the University each year (see here: [SU Mileage Reimbursement Rate](#)). Gas is included in the mileage rate, therefore separate gas receipts will not be reimbursed.

- **Lodging:** When traveling to a conference, every effort should be made to secure economical as well as comfortable accommodations. A traveler may stay at a hotel hosting the conference even if the rate is not the most economical available when it is the most convenient and/or offers a “discount” rate. If you are exceeding the hotel cap in order to stay at the hotel where the conference is being held, please note this directly on your hotel bill.
  - Hotel (domestic) Spending Average Maximum per Day (including taxes):
    - $225.00 Most US Cities
    - $275.00 Boston, Chicago, Philadelphia, San Francisco, Washington, DC, Orlando, Phoenix, Baltimore, Los Angeles
    - $325.00 New York City
    - Lodging costs beyond these levels require the prior authorization of a Vice President or Dean and required detailed justification.

- **Poster printing** is available directly through the department. This expense does *not* need to be recorded on the travel form. Anyone seeking direct poster printing from the department agrees to deliver poster to staff following the conference to display in the department for up to a semester.
  - The standard size for posters is 36 X 48 or 42 X 56 inches but travelers should check conference guidelines.
  - Travelers can print a poster via the following method:
    - Email the PowerPoint or PDF file, the poster size needed, and the date by which the poster is needed to the Administrative Services Manager at least 5 business days prior to the conference.

- Travelers should make every effort to avoid unnecessary expenditures.

- **Form of Payment** – indicate how the item was paid for (e.g., personal credit card, cash)

- **Estimated total trip cost** – use the following guidelines for total reimbursement amounts. *Please note that these travel caps are dependent upon the availability of funds and are subject to change.*
  - For conferences within New England, the following amounts may be awarded:
    - Faculty members: $500; Doctoral students: $200
  - For conferences within the continental US, excluding New England states, the following amounts may be awarded:
    - Faculty members: $1500; Doctoral students: $800
For conferences outside the continental US, the following amounts may be awarded:

- Faculty members: $1500; Doctoral students: $800

Advance Requested

- Faculty and students are eligible for a pre-trip advance for trips that are two (2) days or more as follows:
  - 100% of lodging and 50% of all other approved expenses (up to travel cap). Air and rail may be submitted for reimbursement after purchase rather than waiting for conclusion of the trip. In order to request 100% of air or rail, the original, paid receipt must be submitted for reimbursement after purchase. Please keep in mind the travel cap when requesting an advance.
    - Any cash advance should be noted when completing the post trip portion of the travel authorization form.
    - If requesting an advance, the minimum request amount is $100.
    - Advances will be mailed to travelers approximately 2 weeks prior to departure date.
    - In order to be eligible to request an advance, you must submit your pre-trip paperwork at least 4 weeks in advance of your travel.
      - Sign and date the form on the Traveler line
      - Check off the appropriate box for check distribution: mail or hold for pickup
  - Doctoral students should complete the Release of Claims form (found on the Doctoral Program Resources blackboard page)
  - All travelers must include a copy of the poster/presentation acceptance letter
  - Photocopy the form for your records prior to submitting
  - Submit the following to the Administrative Services Manager:
    - Completed travel form (signed by traveler)
    - Copy of letter of acceptance from conference organizers
    - Release of Claims Form (students only)
    - Copy of paid airfare receipt (only if requesting advance)
  - The submitted pre-trip form will be reviewed by department staff and if approved, signed by the Chair and then forwarded to the appropriate Dean or Vice President for final approval (only if travel exceeds $1,000). The form is then forwarded to Accounts Payable who will retain one copy and return the other copies directly to the traveler.
  - Information for travelers planning to split expenses (hotel rooms, restaurant bills, etc):
    - If one person covers an expense and others reimburse them, reimbursement should be made in the form of a check. The cancelled check or the bank statement with the transaction will serve as a receipt. These are the only documents the business office accepts as proof of payment when travelers pay one another, when seeking University reimbursement. It is often easier and faster for travelers to pay for their expenses with their own credit/debit cards. Hotels and restaurants often accept more than one credit card to cover bills and/or split bills.
**Post Trip Responsibilities**

- The green layer of the travel form is generally delivered to the traveler’s departmental mailbox within a couple of days of the departure date. If this does not occur, the traveler can contact the Administrative Services Manager for instructions.

- The completed post trip form and all original, final receipts need to be submitted to the Administrative Services Manager within 3 days of the return date written on the travel form as final paperwork is due to the business office within 5 days of return. Paperwork submitted after the deadline should include a memo to the budget office detailing the reason for not adhering to University guidelines.

- Completed post trip travel paperwork is reviewed by staff and the chair and forwarded to the Business Office. When travel forms do not reach the Business Office within 5 days of the traveler’s return date, the request for reimbursement may be denied.

- Complete the following fields on the post-trip travel form:
  - Actual Costs
  - All original receipts
  - Form of Payment: Indicate how each item was paid for (cash, credit card, check, etc). Take into account the food and lodging amounts outlined to ensure the request for reimbursement does not exceed limits.

- All receipts must indicate the form of payment (cash, credit card, check, etc). If the payment type indicated is credit card, a portion of the credit card number must appear on the receipt (for example: xxxx xxxx xxxx 1234). Taxi cab receipts are the exception to this rule. Detailed meal receipts must be provided. Charge receipts noting only totals are not acceptable substitutes.

- If the receipt does not meet the above specifications, travelers should print out a copy of the bank or credit card statement from which the expense was paid, highlight the expenses, and submit it with the travel form. Expenses not pertaining to the trip can be blacked out.

- Receipts submitted without acceptable payment info will not be reimbursed.

- If an original receipt in excess of $25 is lost, a Lost Receipt form is required to be completed. This form, if needed, should be separately signed by both the traveler AND Department Head. The use of the Lost Receipt forms should be an exception and the University reserves the right to restrict the repeated use of Lost Receipt Forms (found here: SU Business Office- Lost Receipt Form).
  - Actual Total Trip Cost
  - Sign and date in the Traveler field.
  - Check off the appropriate box for check distribution: mail or hold for pickup.

**Non-Overnight Travel**

- Travel that does not require an overnight stay must follow all of the requirements set forth in the above sections, however, the form to use is different. Faculty day travel should be submitted via the “Expense Reimbursement Request Form” which can be found on the Business Office website here: SU Business Office Expense Reimbursement. Students who are traveling to day conferences should contact the Administrative Services Manager for instructions.
Travelers with questions can contact the Administrative Services Manager via email or via phone at 617-573-8367.

**These guidelines have been created using the University Travel & Expense Reimbursement provided by the Suffolk University Business Office. For a full outline of all university travel and reimbursement policies & procedures, please see the document found on the Business Office’s website here: SU Business Office Reimbursement **

**Research Funding**

The department offers financial support for doctoral student research for both ERP and dissertation expenses. Students can be reimbursed for up to $300 for ERP expenses and $1000 for dissertation expenses. In order to be eligible for funding, students must have completed the appropriate proposal milestone (i.e., ERP proposal or dissertation proposal). Students may request additional funding for research, beyond the allotted cap. These requests should be submitted via email petition to the Chair and will be reviewed on a case by case basis. All requests are dependent on the availability of funds. Appropriate research expenses for which reimbursement can be requested include equipment, assessment materials, postage, participant payments (see below for more details regarding participant payments), and software. Student research monies cannot be used for conference travel or membership fees. *All requested items must be pre-approved by the department prior to purchase.* Please note that software requests may require additional approval by Suffolk University ITS. All approved software purchases (whether reimbursed or purchased directly from the department) should be purchased through the Suffolk University Webstore ([https://webstore.suffolk.edu/](https://webstore.suffolk.edu/)).

For full details on the University reimbursement policy and acceptable/non-acceptable items for reimbursements, please see the University Expense Reimbursement policy found on the website here: SU Business Office Reimbursement.

Research items funded by the department that are unique to your project or not usable by other departmental researchers or are non-consumable (consumable items include certain software, non-consumable includes certain equipment) will not need to be returned upon project completion. Items that are not unique to your project and may be of use to other department faculty or students conducting similar research will need to be returned to the department upon project completion or graduation. Students will be notified of these types of items upon pre-approval of purchase.

Students who have already indicated research needs via the yearly funding survey may submit a pre-approval request by completing the “Psychology Department Student Research Reimbursement Request Form” (found on the Doctoral Program Resources blackboard page). For purchases made within a current fiscal year (7/1 – 6/30) this form must be submitted no later than 6/1. Receipts from outside of the current fiscal year will not be reimbursed. *The form must be submitted prior to making any purchases.*

At the time of submission, the department will review the requested items and if pre-approved, will notify the student of pre-approval. Once pre-approval is granted, students may move forward with the purchase and re-submit the original form with the final costs and all
original receipts. All receipts must indicate the form of payment (cash, credit card, check). If the payment type indicated is credit card, a portion of the credit card number must appear on the receipt (ex: xxxx xxxx x1234). Suffolk University is a tax exempt institution therefore, Suffolk does not reimburse for tax.

Students may request that the department purchase approved research items directly. This can be requested using the same form. If the department is able to purchase directly, the student will be notified upon pre-approval. There may be some purchases that cannot be directly purchased. If this is the case, the student will be notified that they should purchase on their own and submit the receipt for reimbursement.

Students should contact the Chair or Administrative Services Manager with any questions regarding appropriate research expenses or the reimbursement policy.

**Participant Payments**

Students requesting reimbursement for participant payments must be sure to adhere to University guidelines as outlined below. Requests for participant reimbursement will need to include an addendum to the “Psychology Department Student Research Reimbursement Request Form” outlining the project. See the form for more details.

**Suffolk University Research Gift Card Policy**

For research involving human subjects, gift certificates may be given to subjects, not to those conducting the research. However, the following steps must be followed:

- The maximum value of the gift cards given to a single participant shall not exceed $50 without prior approval from the Department Chair, Dean and Institutional Research Board.
- Due to private and sensitive information of the participants, records are to be kept by the principal investigator (in the case of a student, the faculty member supervising the student). The record must include the name of the recipient and dollar amount.
- If any one participant receives a total of $100 or more in gift cards in a calendar year, a completed W-9 must be obtained from that participant and provided to the Accounts Payable Office along with the total value of all gift cards given to the participant.
- An end date must be provided (the expected day the last gift card will be given to a participant). The end date should not be more than 3 months from the request date. If more gift cards are needed after 3 months, an additional request may be submitted.

Once all gift cards have been distributed, an email should be sent to the Administrative Services Coordinator notifying the department.
GRADUATE STANDARDS AND ETHICS COMMITTEE

Purpose and Structure

The psychology department Standards and Ethics Committee (S&E) functions in compliance with the Suffolk University Student Handbook and follows the procedures outlined in the Handbook for academic grievances, non-academic grievances, and academic misconduct (SU Student Handbook and Policies).

The committee is comprised of five psychology department faculty members including the Department Chair, the Director of Clinical Training for the clinical doctoral program, the Director of the Mental Health Counseling Program, the Director of Graduate and Undergraduate Studies and Curriculum, and one rotating faculty member. When the matter to be addressed involves practicum or internship, then the Clinical Training Coordinator joins the committee as a sixth voting member. The rotating faculty member is elected by a vote by the psychology department faculty to serve for two-year terms. If a member resigns prior to the end of their appointment, a replacement will be assigned to complete the term by the department Chair.

The S&E committee is typically engaged for four distinct conditions. First, the committee may review and facilitate resolution at the department level of any grievances that a student has with a psychology faculty member. 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 a program as defined by each graduate program’s manual. Third, the committee will review reports and evidence of possible unethical and unprofessional behavior as defined by the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association 2010) and American Mental Health Counselors Code of Ethics (AMHCA 2010). The review of such behavior will determine if a report to the College of Arts and Sciences (CAS) is required and/or remedial action would be of benefit at the program level. Fourth, when a determination of academic misconduct is made for a student, and the graduate student’s suspected academic misconduct involves actions that a faculty member and the department chair determine must be forwarded directly to the Suffolk University Graduate Academic Standing Committee (GASC), the S&E committee may meet to provide recommendations to GASC for their consideration. GASC is under no obligation to follow S&E recommendations.

It should be noted that the when grievances or academic concerns arise, if possible, the first step should be discussion between the student and faculty member. When this is not possible, or the matter cannot be resolved, then the next step is for the concerned party to discuss the matter with the graduate program director. When this is not possible or the matter cannot resolved, then the next step is for the concerned party to discuss the matter with the department chair. If the matter is not resolved, then the concerned party or the chair can bring the matter to S&E. It should be noted that for the doctoral programs, the severity or frequency of some student concerns may not be evident until the annual student review meeting during which there is a more formal review with all relevant members of the doctoral faculty providing feedback. In these situations, the matter can be referred directly to S&E from the student review meeting. If a concerned party believes that a matter (either with a student or
faculty) cannot be addressed or resolved at the department level for any type of grievance, then the guidelines outlined in the Student or University Faculty Handbooks should be followed and the concerned party can contact the appropriate academic or administrative unit.

The work-flow for academic misconduct does not involve S&E until after the faculty member and the department chair determine that the suspected academic misconduct must be forwarded to the GASC.

**Review Process and Timeline**

A graduate student who wishes to initiate an S&E review must submit a request in writing to the Department Chair, who is also the chair of S&E. Students are encouraged to also review the Student Handbook to ensure knowledge of their rights and privileges. Situations sometimes arise in which students feel that they have not been dealt with fairly and the University has a set of procedures to address these kind of problems ([SU Student Handbook and Policies](https://www.suffolk.edu/academics/academic-catalogs/graduate-academic-policies/academic-standing)). Matter for S&E review and action can also be brought by unmet or unsatisfactory program requirements, the Faculty or in response to a GASC sanction or request from the Dean of Students (for a complete list of GASC criteria, please see the CAS Graduate Academic Standing Policy found here: [https://www.suffolk.edu/academics/academic-catalogs/graduate-academic-policies/academic-standing](https://www.suffolk.edu/academics/academic-catalogs/graduate-academic-policies/academic-standing)). Once the S&E has been informed of a matter to be addressed, a meeting will be convened within 30 days to review the matter. All relevant parties will be informed of the date for the scheduled S&E meeting no less than 14 days prior to the meeting. The individual who is the subject of the review (i.e., the faculty member who is the subject of the grievance, the student who has been identified as making unsatisfactory progress) can submit any written materials for the committee to review. The subject of the review can request to present information in person at the committee meeting. After review and deliberation, a response from the committee will be provided to the subject in writing with the written communication provided to the relevant party no later than 15 days after the meeting (the committee may determine more information is needed before providing a response and will inform the party as soon as possible if such is the case). This communication may be that no action is needed, a remediation plan with specific steps is provided, or a report is provided to the appropriate institutional academic or administrative unit.

**Petitioning an S&E Decision**

Students may appeal an S&E decision to the appropriate administrative unit depending on the concern. Please see the Student Handbook for a description of student resources and procedures.

**Ongoing Review**

Once an action is initiated by the S&E Committee, the S&E Committee will have follow-up meetings in accordance with specified time lines as articulated in the written plan or materials provided to the relevant party.

**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 and/or the College of Arts and Sciences Graduate Academic Standing Committee if they:
• demonstrate serious difficulties in professional development and conduct
• receive two or more grades below B-
• receive an F
• have an overall GPA below 3.0
• have more than one incomplete in any semester
• do not successfully complete the ERP by the start of the fall semester of the third year
• do not complete a dissertation proposal by the end of the spring semester of the 5th year
• receive a 2 on 2 or more skills on a final practicum evaluation or demonstrate significant problems with clinical practice
• receive a second less than satisfactory practicum evaluation
• do not satisfactorily complete the requirements of a remediation plan
• fail to complete the program by the end of the 7th year

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 they:

• demonstrate serious and pervasive difficulties in professional development
• fall below a 3.0 for a second semester
• receive 2 Cs (grades below B-) and has an overall GPA below a 3.0
• receive an F in one course and has an overall GPA below 3.0
• receive 2 Fs
• fail to complete required coursework
• engage in academic dishonesty
• do not complete the ERP by spring semester of the third year
• receive a rating of 1 on any item on the final practicum evaluation form or demonstrates significant problems with clinical practice
• do not satisfactorily complete the requirements of a remediation plan
• fail to complete the program by the end of the 8th year

Student probation and dismissal is administered through the College of Arts and Sciences Graduate Academic Standing Committee.
STUDENT RECORDS


Each student’s file contains:

- Course Information including change of grade forms and independent study approvals and transfer requests
- The ERP proposal approval form, ERP proposal (kept electronically), presentation evaluations (kept electronically), manuscript approval forms and manuscript (kept electronically)
- The literature review (kept electronically), dissertation proposal approval form, dissertation proposal (kept electronically), dissertation progress reports, dissertation completion form, and dissertation (kept electronically)
- Copies of the Clinical Experiences Portfolio
- Teaching Apprenticeship evaluations (kept electronically) and teacher certification
- Records of clinical practicum placements, evaluations, and hours
- Pre-doctoral internship application, evaluations, and completion
- Copies of all correspondence concerning academic progress, compliance with program requirements, and communications about remediation efforts.
- Survey of Earned Doctorates, licensure information, and any 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, and no information from a students’ file will be communicated to persons outside the faculty and administration of Suffolk University without the student’s express written consent beyond the following exceptions. Information about a student required for the internship applications and/or to facilitate successful progress on internship will be shared with the site Training Director and supervisors as appropriate and required by APPIC for the application process itself. Accrediting bodies, such as the American Psychological Association, have access to student files as part of their confidential site visit and review.
LEAVES OF ABSENCE

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 Administrative Services Manager, who will begin the proper paperwork sequence and ensure these are directed to the Dean’s office. Students on official leave remain subject to the degree requirements under which they were admitted. Students away from the University and not meeting program requirements 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.
Eligibility to Reserve Space

Reservations may be requested by the following members of the department community: adjuncts, faculty, graduate students, and teaching apprentices. Research supervisors, Psi Chi advisors and Psych Club advisors can request rooms on behalf of undergraduate research assistants, Psi Chi members, or Psych Club members.

Length of Reservation

Reservations for research, study groups, or meetings should be reserved for the specific day and time needed. If the room is needed more than one day, please indicate this in your room request.

Research lab spaces can be reserved for up to two week blocks at a time. If you have a space reserved and do not end up needing it, you must notify staff as soon as you are aware, so that the room can be released and used by others if needed. If you have a room booked and need to extend the reservation, you will be able to do so based on availability. If you would like to extend an already existing lab reservation, please contact the Administrative Coordinator directly.

Priority access for reservations will be given to students who require the use of equipment in the specific space (e.g., Physio Lab or Video Lab). All other requests will be reviewed in the order in which they are received.

How to Submit a Request

All requests will be submitted through the online reservation found on our department website here: https://www.suffolk.edu/cas/degrees-programs/psychology/department-resources-forms/room-request-form.

Prior to submitting a reservation, please check the table of Reservable Spaces, located at the end of this document, to determine which room will best fit your needs. All members of the department community also have access to view the room availability of each of the reservable spaces through Google Calendars. Links to the public room calendars are located within the table of Reservable Spaces. Please check this prior to submitting a request.

Types of Events

- **Research**: To run participants, collaborate with research team, and collect or analyze data.
- **Study Group**: To meet with students for a review or study session
- **Meeting**: committee meeting, dissertation proposal meeting, dissertation defense, research meeting and any general use that does not require the use of equipment.

Timeline for Submitting Reservation Requests

Please note that submitting a request for a space through the online reservation system, does not guarantee you that space. You must receive an e-mail confirmation from the Administrative Coordinator before your reservation is confirmed. If the department is unable to
grant your request, please see the following links for alternate room reservations in 73 Tremont St not requiring specific equipment or software (e.g., E-Prime or Physio Equipment): SU Room Request Form and Policy

All reservations should be submitted at least 2 business days prior to the date needed. We understand that this is not always possible as unexpected rooming needs may come up. If an immediate need for a room comes up, please submit the room request form and then contact the Administrative Coordinator directly to notify him/her of your request. Room availability may be limited with late requests. Please be advised that for weekend or evening use special building access may be required to access the elevators to the 8th floor. For those conducting research with participants after business hours please be advised that you must contact security to arrange for participant access to the 8th floor. The Administrative Coordinator will work with the requester to ensure access to the reserved room.

**Requesting Event Set Up and Media Services**

To ensure availability of services, specific setup and media needs should be indicated in the room reservation form. If there are any changes to the requested set up or equipment, please notify the Administrative Coordinator as soon as possible via email. The Administrative Coordinator may not be able to accommodate requests for special equipment and setups if such requests are received less than 3-5 business days prior to an event.

**Requester Responsibilities**

The requester of each room is responsible for the actions of all persons using the reservable spaces. For example, the requester will be responsible for the actions of their undergraduate research assistants.

Requestors should not leave personal belonging in the lab rooms. (i.e. if you leave the space during your reservation for an extended time, please take all of your belongings with you). The Psychology Department is not liable for any lost/stolen items.

Each of the reservable lab spaces has an “Occupied/Vacant” sign on the door. These signs should be used to ensure that no one disturbs you when working in the lab rooms. Please be courteous and mindful of your noise level when you walk by an occupied room. When you are done using your room, please move the sign back to “vacant”, and return seats and tables to original placement. Please keep spaces clean and professional looking.

**Cancellations**

All cancellations must be made as soon as the requester is aware they will no longer need the space. Department expectation is that faculty and students reserving a space are actually utilizing it during the times they have it reserved.

Please email the Administrative Coordinator immediately or call the main office if you no longer need the space so that the room can be used by others if needed.

**Physio Lab Reservations**

The Physio Tech Lab and Physio Lab can only be reserved for psychophysio studies. It will be the responsibility of the room requester to indicate that their study requires the physio
equipment. Only individuals who have been properly trained on the equipment will be able to use it. If you require equipment training or have questions about the use of equipment, please contact Dr. Gabrielle Liverant (gliverant@suffolk.edu) or Dr. Michael Suvak (msuvak@suffolk.edu).
# RESERVABLE SPACES

## Conference Room

<table>
<thead>
<tr>
<th>Room</th>
<th>Capacity</th>
<th>Description</th>
<th>Notes</th>
<th>Public Calendar Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>8028: Psychology Conference Room</td>
<td>10 Seats</td>
<td>This conference room is solely for the use of the Psychology Department. There is a white board, table and seats available. This space is media enabled.</td>
<td></td>
<td><a href="https://calendar.google.com/calendar/Tremont8028_PsychologyConferenceRoom">https://calendar.google.com/calendar/Tremont8028_PsychologyConferenceRoom</a></td>
</tr>
</tbody>
</table>

## Lab Spaces

<table>
<thead>
<tr>
<th>Room</th>
<th>Capacity</th>
<th>Description</th>
<th>Notes</th>
<th>Public Calendar Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>8013: Flex Lab Space</td>
<td>5 seats</td>
<td>This space has 1 computer and moveable tables and chairs.</td>
<td>EPrime &amp; MPLUS software installed</td>
<td><a href="https://calendar.google.com/calendar/Tremont8013_FlexLab">https://calendar.google.com/calendar/Tremont8013_FlexLab</a></td>
</tr>
<tr>
<td>8015: Flex Lab Space</td>
<td>3 seats</td>
<td>This space has 1 computer and moveable tables and chairs.</td>
<td>EPrime &amp; MPLUS installed</td>
<td><a href="https://calendar.google.com/calendar/Tremont">https://calendar.google.com/calendar/Tremont</a> 8015_FlexLab</td>
</tr>
<tr>
<td>8021: Flex Lab Space</td>
<td>4 seats</td>
<td>This space has 1 computer and moveable tables and chairs.</td>
<td>EPrime &amp; MPLUS enabled</td>
<td><a href="https://calendar.google.com/Tremont8021_FlexLab">https://calendar.google.com/Tremont8021_FlexLab</a></td>
</tr>
<tr>
<td>8025: Big Data Lab</td>
<td>3 seats</td>
<td>This space has 3 computers for analysis with unique specifications (e.g. security and huge data sets).</td>
<td></td>
<td><a href="https://calendar.google.com/Tremont8025_BigDataLab">https://calendar.google.com/Tremont8025_BigDataLab</a></td>
</tr>
<tr>
<td>8017: Video Tech Lab Space</td>
<td>4 seats</td>
<td>This room has moveable tables and chairs. Large screen monitor for live viewing of activity in 8027A. Activity can also be recorded and playback to monitor. Microphone to communicate with subjects in video lab.</td>
<td></td>
<td><a href="https://calendar.google.com/Tremont8017_VideoTechLab">https://calendar.google.com/Tremont8017_VideoTechLab</a></td>
</tr>
<tr>
<td>8027A: Video Lab</td>
<td>8 seats</td>
<td>This space has a moveable tables and chairs. There is a camera and speakers in the ceiling that can record activity to be viewed in video tech room.</td>
<td></td>
<td><a href="https://calendar.google.com/Tremont8027_A_VideoLab">https://calendar.google.com/Tremont8027_A_VideoLab</a></td>
</tr>
<tr>
<td>8033/8035: PhysioLab Spaces</td>
<td>2 seats</td>
<td>These two rooms house specialty Mindware Technology equipment and software for running physio psych studies. There is a subject room (8035) and a tech room (8033). To be reserved for physio studies only. Knowledge of equipment is required.</td>
<td></td>
<td><a href="https://calendar.google.com/calendar/Tremont8033/8035_PhysioLabSpaces">https://calendar.google.com/calendar/Tremont8033/8035_PhysioLabSpaces</a></td>
</tr>
</tbody>
</table>
APPENDIX A: TIMELINE OF ACTIVITIES INVOLVED IN THE CLINICAL EXPERIENCES CURRICULUM AND PORTFOLIO
<table>
<thead>
<tr>
<th>Year 1</th>
<th>Courses</th>
<th>Experiences Completed in Fall with Instructor Feedback</th>
<th>Clinical Experiences Completed in Spring with Instructor Feedback</th>
<th>Items Submitted to the Portfolio</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical Lab</td>
<td>• Mock case conceptualization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evidence-Based Practice</td>
<td>• Mock case conceptualization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2</td>
<td>Prac I Seminar</td>
<td>• Oral case presentation</td>
<td>• Oral case presentation • Assessment report • Therapy write-up • Peer Consultation Experience as consultee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2 or 3</td>
<td>Treatment Course</td>
<td>• Mock case conceptualization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 3</td>
<td>Prac II Seminar</td>
<td>• Oral case presentation</td>
<td>• Oral case presentation • Assessment report • Therapy write-up</td>
<td>• Assessment report from Prac IB, IIA, or IIB • Therapy write-up from Prac IIB</td>
<td>Passing Grade</td>
</tr>
<tr>
<td></td>
<td>Supervision Course</td>
<td>• Peer Consultation Experience as consultant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 3 to 5</td>
<td>By May 1\textsuperscript{st} of the spring before applying for internship</td>
<td>• Theoretical orientation essay</td>
<td></td>
<td>• Theoretical orientation essay</td>
<td>Approved by Research Mentor</td>
</tr>
</tbody>
</table>

72
<table>
<thead>
<tr>
<th>Courses</th>
<th>Experiences Completed in Fall with Instructor Feedback</th>
<th>Clinical Experiences Completed in Spring with Instructor Feedback</th>
<th>Items Submitted to the Portfolio</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Nov 1 and Dec 1st of the year applying for internship</td>
<td>• Mock internship interview</td>
<td></td>
<td>• Mock internship interview</td>
<td>Approved by Assigned Interviewer</td>
</tr>
</tbody>
</table>
Students who intend to apply for internship are required to submit an approved version of the theoretical orientation essay and the Intent to Apply for Internship Form by May 1st if they plan to apply to internship the following Fall.

Research advisors will sign this form to confirm that they have read, provided feedback on, and approved this version of the theoretical orientation essay that can be submitted to the student’s portfolio.

Students and faculty are encouraged to draw on the internship resources posted on the departmental Blackboard page.

The final essay may be maximum of 500 words.

Students applying for internship are also required to complete a mock interview with a faculty examiner.

The DCT will create a list of students who have submitted their internship applications by Nov. 1 of each year, and assign each student to interview with the mentor of another student applying for internship such that the interviews are conducted by the mentors of the students in the current application pool.

Students and faculty are encouraged to draw on the internship resources posted on the departmental Blackboard page which include a list of common questions. Topics to discuss in the interview include, but are not limited to, the student’s theoretical orientation, a challenging and a successful case, and an ethical dilemma they encountered and learned from.

The mock interviews must be scheduled between November 1 and December 1.

The student and faculty member will schedule an hour in which to conduct a 30-minute interview with time to debrief afterwards.

The faculty member will provide feedback after the mock interview, highlight strengths and weaknesses, and give recommendations for how the student may prepare for and conduct him or herself during the actual internship interviews.

The faculty member will sign off to certify that the student has completed the mock interview.
APPENDIX C: LITERATURE REVIEW, THE INITIAL OUTLINE
FORMAT (AN EXAMPLE)

Sample 1
Sarah M. Bankoff, M.A.
Dissertation Proposal Literature Review Outline

Patterns of Disordered Eating Behavior across Sexual Orientations:
The Influence of Implicit Attitudes

Statement of Purpose:
Recent literature reviews suggest that sexual minority men (those who identify as non-heterosexual) are at increased risk of disordered eating behavior when compared to heterosexually-identified men. However, findings regarding rates and severity of disordered eating behavior among sexual minority women have been mixed. Some results suggest that lesbian orientation may serve as a protective factor; however, other studies reveal more similarities than differences across sexual orientation in women. Still other studies suggest that lesbians in the United States have increased rates of binge eating behavior and overweight or obesity. Many studies do not differentiate between lesbian and bisexual women, while some results show high rates of disordered eating behavior among women identifying as bisexual or heterosexual with same-sex sexual experience.

Historically, disordered eating behaviors have been underestimated and overlooked among sexual minority women. Given that disordered eating behaviors are associated with high morbidity and even mortality rates, it is imperative to understand differences in disordered eating behaviors across sexual orientations. Identifying factors contributing to these health-related disparities may be useful in preventing, identifying, and treating disordered eating in all women.

Although some authors have proposed factors that may mediate differences in disordered eating behavior by sexual orientation among women (e.g., affect, self-esteem, social support, stress), these factors have been understudied in the literature and remain largely speculative. In this paper, I will systematically review the literature on the relations between disordered eating behavior and female sexual orientation, with a focus on potential mechanisms (implicit and explicit) of these associations.

Outline (total proposed length of paper = 30 pages inclusive):

I. Introduction and Statement of Purpose
   A. Importance of studying and understanding eating disorders
      1. Introduce topic of eating disorders and briefly discuss diagnostic criteria (APA, 2000)
      2. Eating disorders frequently coexist with other psychiatric disorders (e.g., depression, anxiety, substance abuse) and mental health problems
      3. Eating disorders are associated with numerous physical health complications (e.g., malnutrition, heart conditions, kidney failure)
         a. Briefly discuss physical health complications associated with anorexia nervosa
         b. Briefly discuss physical health complications associated with bulimia nervosa (Lasater & Mehler, 2001)
c. Briefly discuss physical health complications associated with binge eating disorder

4. High morbidity and mortality rates
   a. Anorexia is associated with a clinically important increase in mortality with a standardized mortality rate of 10.5 (Birmingham et al., 2005)

B. Importance of studying and understanding eating disorders among women
   1. Women are much more likely than men to report an eating disorder
      a. In epidemiologic samples
         (1) Discussion of Keel (2010) chapter
         (2) During a lifetime, women are three times as likely to experience anorexia (0.9% of women vs. 0.3% of men) and bulimia (1.5% of women vs. 0.5% of men) compared to men and are also 75% more likely to experience a binge eating disorder (3.5% of women vs. 2.0% of men) (Hudson et al., 2007)
      b. In treatment seeking samples
         (1) Women account for an estimated 85 to 95 percent of patients with anorexia or bulimia (NIMH, 2007)
         (2) Women account for an estimated 65 percent of patients with binge-eating disorder (NIHM, 2007)

C. Importance of studying and understanding eating disorders among sexual minorities
   1. Review of literature demonstrating disparities in health behaviors, health status, and access to health care among sexual minority women
      a. Poor/risky health behaviors (Austin & Irwin, 2010; Diamant et al., 2000; Koh, 2000)
      b. Poor physical health (Diamant & Wold, 2003)
      c. Poor mental health (Austin & Irwin, 2010; Diamant & Wold, 2003; Koh & Ross, 2006)
      d. Poor access to health care (Diamant et al., 2000)
   2. Brief mention of literature demonstrating high rates of eating disorders among sexual minority men

D. Preview of the current paper
   1. Goal of examining the literature on the relations between disordered eating behavior and sexual orientation among women
   2. Review will incorporate previous literature examining relations between disordered eating behavior and sexual orientation in women, literature proposing and examining factors potentially influencing these relations, literature examining implicit attitudes toward weight/obesity, and literature examining implicit attitudes toward sexuality

II. Review of studies examining disordered eating behavior across sexual orientations among women
   A. Brief discussion of the typical predictor variables used in the field (e.g., attitudes, behaviors, objective indicators)
   B. Some studies have found more similarities than differences in disordered eating behavior across sexual orientations among women
      1. Compared with heterosexual women, lesbian women exhibit higher levels of body esteem concerning sexual attractiveness and lower levels of internalization of cultural standards, but no differences on awareness of cultural
standards, disordered eating, or body esteem concerning weight or physical condition (Share & Mintz, 2002)

2. Compared with heterosexual women, lesbian women report significantly lower drive for thinness and use of exercise to control weight, but no differences were observed on bulimia, body dissatisfaction, or weight concern (Moore & Keel, 2003)

3. No differences in eating disorder prevalence observed between lesbian, bisexual, and heterosexual women (Feldman & Meyer, 2007)

C. Other studies suggest that sexual minority women may be at increased risk of disordered eating behaviors

1. Higher prevalence of overweight and obesity among lesbian women specifically (Boehmer et al., 2007) and sexual minority women generally (Boehmer & Bowen, 2009)

2. Mostly heterosexual, bisexual, and lesbian girls more likely than heterosexual girls to report binge eating (Austin et al., 2009)

3. Bisexual and mainly heterosexual women at higher risk of disordered eating behaviors compared to heterosexual women (Polimeni et al., 2009)

D. Lesbian women may be at decreased risk of restricting and purging behaviors

1. Lesbian women less likely to be dissatisfied with their body image compared to heterosexual women (Beren et al., 1996; French et al., 1996; Polimeni et al., 2009)

III. Discussion of factors identified in the literature as potentially influencing the relationship between disordered eating behavior and sexual orientation

A. Aiming to sexually attract men

1. Heterosexual women and gay men may be more vulnerable to body dissatisfaction and eating disorders due to emphasis on physical attractiveness and thinness that is based on a desire to attract men (Siever, 1994)

B. Gender-related traits such as masculinity and femininity

1. Higher scores on negative femininity predicted higher levels of disordered eating for men and women irrespective of sexual orientation (Lakkis et al., 1999)

2. Associations demonstrated between femininity and high levels of eating psychopathology and masculinity and relatively healthy eating-related attitudes and behaviors (Meyer et al., 2001)

3. Feminism may serve as a protective factor against eating disorders among lesbians (Guille & Chrisler, 1999)

C. Intrasexual competition

1. Intrasexual competition cues lead to worse body image and eating attitudes for heterosexual women and gay men (Li et al., 2010)

D. Higher awareness and internalization of sociocultural norms

1. Looking at risk factors for eating disturbance among gay men, the most powerful predictor of maladaptive eating-related attitudes was the internalization of sociocultural norms regarding the importance of slimness and attractiveness (Williamson & Spence, 2001)

2. Attending a gay recreational group related to increased eating disorder prevalence among sexual minority men (Feldman & Meyer, 2007)
3. Higher awareness of sociocultural values about appearance led to less perceived appearance satisfaction and eating disordered behavior among undergraduate women (Kiang & Harter, 2006)

E. Internalized homonegativity and dissatisfaction with sexual orientation
   1. In a sample of gay men, internalized homonegativity and dissatisfaction both were shown to be predictors of maladaptive eating-related attitudes (Williamson & Spence, 2001)

IV. Review of studies examining implicit and explicit attitudes toward weight and obesity
   A. Implicit attitudes are related but not identical to explicit attitudes toward overweight men and women (Brochu & Morrison, 2007)
   B. Discussion of studies examining attitudes toward obesity among individuals of different weights
      1. Compared with average-weight men and women, overweight men and women are recipients of weight-based prejudice, with men showing greater negativity than women toward overweight targets (Brochu & Morrison, 2007)
      2. Overweight and obese treatment-seeking adults have internalized the negative weight-based social stigma that exists in American society (Carels et al., 2009)
      3. All weight groups (from underweight to extremely obese) exhibit significant anti-fat bias, but there is an inverse relationship between one’s own weight and the level of observed bias (Schwartz et al., 2006)
   C. Discussion of differences in attitudes toward obesity by gender (Grover et al., 2003)
      1. Both men and women expressed explicit and implicit anti-fat attitudes
      2. Men implicitly identified as light regardless of their actual weight status
      3. Women’s implicit weight identity was associated with their actual weight status, explicit weight appraisal, and implicit self-esteem, suggesting why women may be at higher risk of eating disorders than men,
   D. Discussion of studies examining attitudes toward obesity among individuals with eating disorders
      1. Obesity is the most feared condition in eating disorders (Jáuregui Lobera et al., 2008)
      2. Among undergraduate women, restrained and unrestrained eaters have strong implicit negative attitudes toward fatness, but restrained eaters have stronger negative explicit attitudes and beliefs about fatness (Vartanian et al., 2005)
      3. Patients with restrictive AN show strong negative evaluation of overweight on the automatic and controlled level (Cserjési et al., 2010)
   E. Discussion of the use of IATs to predict attitudes related to eating disorders
      1. Among young women (sexual orientation not reported), a thin-ideal IAT (developed by the authors) was insufficiently sensitive to predict body dissatisfaction, as fat was held generally as a negative attribute (Ahern & Hetherington, 2006)
      2. In a sample of undergraduate women (sexual orientation not reported), an IAT was sensitive enough to discriminate between participants on drive for thinness, with this relationship moderated by attitude importance (Ahern et al., 2008)

V. Review of studies examining implicit and explicit attitudes toward sexuality
   A. Discussion of psychometric properties (reliability, validity, and controllability) of the Homosexuality-IAT (Banse et al., 2001)
   B. Low correspondence between explicit and implicit measures of homonegativity (Rohner & Björklund, 2006)
C. Discussion of findings examining implicit and explicit attitudes toward sexuality among women
   1. Women’s implicit attitudes toward lesbians are repeatedly as positive as their attitudes toward heterosexuals (Steffens, 2005)

VI. Summary and Conclusions
   A. Summary of main points
   B. Discussion of potential limitations
      1. Mixed results from literature on relations between sexual orientation and disordered eating among women
         a. Challenges of conceptualizing eating disorder symptomatology (e.g., attitudes, behaviors, threshold-level diagnoses)
         b. Lack of consistency operationalizing sexual orientation
            (1) Stated identity vs. attraction/desires vs. same-sex sexual experiences
            (2) Small sample sizes forcing exclusion of bisexual participants in statistical analyses
            (3) Exclusion/inclusion of “unsure” or “questioning” participants
         c. Variety of predictor variables used in the field (e.g., attitudes, behaviors, objective indicators)
            (1) Pros and cons of most popular predictor variables
            (2) Difficulties comparing across studies
      2. Gap in literature examining factors influencing the relationship between sexual orientation and disordered eating among women

C. Implications for clinical practice
D. Directions for future research

References


**Advisor Signature:**

____________________________________________________________
Statement of Purpose:
Childhood and adolescent obesity is a major public health concern, such that it is associated with myriad adverse health sequelae such as Cardiovascular Disease, bone and joint problems, sleep apnea, and Type 2 Diabetes. This is particularly concerning given that the rate of obesity in children and adolescents has nearly tripled over the last 30 years. Recent research has detailed that certain groups, such as 2nd and 3rd generation immigrant children, are at-risk for developing obesity. Notably, studies have documented a pattern of results indicating that as generation increases in immigrant families, adolescent obesity seems to increase as well. This “immigrant paradox” in obesity, however, is not observed across and within all immigrant groups. Although some studies have identified mechanisms (e.g., acculturation) to explain the association between generation status and increased obesity rate, they do not sufficiently address these conflicting findings. Additionally, limitations exist in the measurement of these proposed mechanisms in extant studies. Therefore, a new theory, the operant theory of acculturation, will be proposed as a framework for understanding the conflicting findings within and across cultural groups.

Outline (total proposed length of paper: 65 pages):
I. Introduction and Statement of Purpose
   a. Childhood and Adolescent Obesity is a major public health problem
      i. Defining Obesity
         • Childhood/adolescent obesity is typically defined by measuring Body Mass Index: Height/Weight stratified by adolescent’s sex and age
         • 85th percentile and higher = overweight; 95th percentile and over = obese
         • Important to consider early Sexual Maturation when defining and measuring obesity in adolescents
      ii. Prevalence
         • The prevalence of obesity among adolescents has more than tripled over the last 30 years. In adolescents aged 12 to 19 years, obesity rates increased from 5.0% in 1980 to 18.1% in 2008. Some studies have indicated obesity rates as high as 25 – 26.5%.
      iii. Why are we so concerned? Childhood and Adolescent Obesity has both acute and long-term health sequelae:
         • Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. In a population-based sample of 5- to 17-year-olds, 70% of obese youth had at least one risk factor for cardiovascular disease.
         • Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.
         • Obese youth are more likely than youth of normal weight to become overweight or obese adults, and therefore more at risk for associated adult health
problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.6

b. Risk Factors for Adolescent Obesity
   i. Research has shown that certain ethnic groups are affected more than others (obesity prevalence highest for black non-Hispanics, followed by Hispanics, white non-Hispanics, and Asian-Americans.7,8), thus suggesting that identifying with a certain minority group is a risk factor for obesity. The problem here is that we don’t know the variables accounting for these differences. RACE should not be used as an explanatory variable.11 Some variables that could account for the differences:
   - Lifestyle Factors (e.g., diet, physical activity)
   - Family Influences, including parent modeling16
   - Community Factors (e.g., access to healthy foods, opportunities for physical activities)17
   ii. Increased generation status among immigrant families has been identified as a risk factor in some minority groups. As generation status increases, rates of overweight and obesity seem to increase as well.7,8,9,10
      - There has been a marked increase in the immigrant child population, with the proportion of US children living with at least one foreign born parent increasing from 12% in 1990 to 21% in 2006.9 Given such a rapid increase in the immigrant child population, it is important to know how they are faring in terms of their health, and how this compares to native children.

II. Explaining the Immigrant Paradox and Health Behavior:
   a. Immigrant Paradox Defined
      i. Defining generation status: 1st generation (foreign-born children with both immigrant parents); 2nd generation (U.S. born children with one or both immigrant parents); 3rd generation (US born children with both US born parents).7,8,9,10
      ii. More recent immigrants who have many risk factors for poor outcomes (lower SES, less income, less education, less acculturation) have outcomes better than what we would predict. Thus, it is inconsistent or a paradox for what we would predict for these individuals. Where this paradox is shown, the relative advantage declines with length of residence in the U.S.8
      iii. Immigrant Paradox has been documented in several areas: health, psychosocial, academic areas.18,19

b. What could be accounting for these differences among groups?
   i. Operant Theory of Acculturation:
      - The operant model of metacontingencies argues that population-level behaviors that are prevalent are maintained by their cultural metacontingencies and so
decrease in prevalence when those are removed by changing cultures. Population-level behaviors that have a low prevalence are being inhibited by their culturally-specific consequences and so increase in prevalence when those are removed by changing cultures.\textsuperscript{17}

III. Immigrant Paradox and Adolescent Obesity

\textit{a. Literature review documenting adolescent obesity increasing as generation increases for many immigrant groups}\textsuperscript{8,9,10,11}

\textit{i. Limitations:}

- Studies don’t explain the discrepancies between and within minority groups. For example, Gordon-Larson et al. (2003) found a relationship between generation status and Hispanic immigrant adolescents’ obesity rate; however, no relationship between generation status and Mexican-origin adolescents. No explanation was given as to why this discrepancy emerged.
- Most studies don’t use direct measures of acculturation (e.g., they use proxies such as language use)\textsuperscript{9} or examine the role of acculturation at all\textsuperscript{7}
- Many studies do not measure other important factors such as physical activity or nutrition\textsuperscript{10}
- Most importantly, these studies have not examined the role that metacontingencies play in explaining increasing obesity rates in immigrant groups\textsuperscript{17}

IV. Conclusions: Where Do We Go From Here?

\textit{a. Summaries of findings}

\textit{b. Addressing gaps in the literature}

- Extant literature does not examine the operant theory of acculturation
- Direct measures of acculturation and other proposed mechanisms accounting for increased obesity rates in immigrant groups are often not used.

\textit{c. Current research proposed}

- Direct measures of acculturation and other proposed mechanisms will be examined in depth in a group of immigrant and native adolescents. Results will be presented within the operant theory of acculturation framework.

References


**Advisor Signature:**
**APPENDIX D: 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 various 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 8/15/17 and examples of classes that might meet those requirements. The link for the Massachusetts Board of Registration of Psychologists is [http://www.mass.gov/ocabr/licensee/dpl-boards/py/](http://www.mass.gov/ocabr/licensee/dpl-boards/py/).

<table>
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<tr>
<th>Ethics:</th>
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<tbody>
<tr>
<td>738     Clinical Practicum &amp; Ethics IA</td>
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<tr>
<td>739     Clinical Practicum &amp; Ethics IB</td>
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<tr>
<td>718     Research Methods and Ethics</td>
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<th>History of Psychology:</th>
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<tr>
<td>719     History and Systems of Psychology</td>
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<th>Research Design and Methods:</th>
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<tr>
<td>718     Research Methods and Ethics</td>
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<th>Statistics and Psychometrics:</th>
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<tbody>
<tr>
<td>705     Assessment I</td>
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<td>706     Assessment II</td>
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<tr>
<td>722     Graduate Statistics in Psychology I</td>
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<tr>
<td>723     Graduate Statistics in Psychology II</td>
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<tr>
<th>Biological Bases of Behavior</th>
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<tbody>
<tr>
<td>792     Introduction to Neuropsychology and the Clinical Neurosciences</td>
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<tr>
<td>751     Psychopharmacology</td>
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<tr>
<th>Cognitive-Affective Bases of Behavior</th>
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<tr>
<td>764     Cognitive and Experimental Approaches to Emotion</td>
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<th>Social Bases of Behavior</th>
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<tbody>
<tr>
<td>732     Social Bases of Behavior and Experience</td>
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</tbody>
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Individual Differences

716  Adult Psychopathology

748  Developmental Psychopathology
749  Lifespan Development

Racial Bases of behavior with a focus on people of color

712  Multicultural Psychology
729  Social Justice in Psychology

Evidence-Based Practice in Psychology

703  Etiology and Treatment of Anxiety and Related Disorders
714  Dialectical Behavior Therapy
721  Evidence-Based Practice in Psychology
779  Acceptance-Based Behavioral Therapy Psychology
APPENDIX E: PROGRAM AIMS TABLE
<table>
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<tr>
<th>APA Profession Wide Competency (PWC) Domain:</th>
<th>Program Aim (Learning Goal)</th>
<th>Learning Objectives by PWC Domain</th>
<th>Program Requirements to Promote Competency Development</th>
</tr>
</thead>
</table>
| Research                                   | Aim 2                      | 2a) Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.  
2b) Conduct research or other scholarly activities.  
2c) Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local, regional, or national level. | Courses: Psych 718: Research Methods and Ethics, Psych 722: Graduate Statistics in Psychology I, Psych 723: Graduate Statistics in Psychology II, Psych 711: Scientific Writing for Psychological Sciences  
Completion of an Early Research Project  
Completion of a doctoral dissertation  
Active engagement in research lab  
First author presentation at national conference or peer-reviewed paper |
| Ethical & Legal Standards                  | Aim 4                      | 4a) Be knowledgeable of, and act in accordance with, the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.  
4b) Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.  
4c) Conduct themselves in an ethical manner in all professional activities. | Courses: Psych L718: Clinical Psychology Lab I, Psych L720: Clinical Psychology Lab II, Psych 738: Clinical Practicum & Ethics IA, Psych 739: Clinical Practicum & Ethics IB, Psych 718: Research Methods and Ethics, Psych 705: Assessment I  
First- and second-year practicum placements |
| Individual & Cultural Diversity | Aim 3 | 3a) Understand how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.  
3b) Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.  
3c) Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities), including the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.  
3d) Demonstrate the requisite knowledge base and ability to articulate an approach to working effectively with diverse individuals and groups and apply this approach effectively in their professional work. | • Courses: Either Psych 712 Multicultural Psychology or Psych 729 Social Justice in Psychology  
• First- and second-year practicum placements  
• Teaching Apprenticeship |
| Professional Values and Attitudes | Aim 5 | 5a) Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.  
5b) Engage in self-reflection regarding one’s personal and professional functioning and activities aimed at maintaining and improving performance, well-being, and professional effectiveness. | • Courses: Psych L718: Clinical Psychology Lab I, Psych L720: Clinical Psychology Lab II, Psych 738: Clinical Practicum & Ethics IA, Psych 739: Clinical Practicum & Ethics IB, Psych 740: Clinical Practicum IIA, and Psych 740: Clinical Practicum IIB  
• First- and second-year practicum placements |
| Communication and Interpersonal Skills | Aim 5 | 5c) Actively seek and demonstrate openness and responsiveness to feedback and supervision. | - Courses: Psych L718: Clinical Psychology Lab I, Psych L720: Clinical Psychology Lab II, Psych 738: Clinical Practicum & Ethics IA, Psych 739: Clinical Practicum & Ethics IB
- Oral presentation of the Early Research Project at the end of year 2
- First- and second-year practicum placements
- Successful team-based participation as part of a research lab |
| --- | --- | --- | --- |
| | | 5d) Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. | - Courses: Psych L718: Clinical Psychology Lab I, Psych L720: Clinical Psychology Lab II, Psych 738: Clinical Practicum & Ethics IA, Psych 739: Clinical Practicum & Ethics IB
- Oral presentation of the Early Research Project at the end of year 2
- First- and second-year practicum placements
- Successful team-based participation as part of a research lab |
| | | 5f) Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. | - Courses: Psych L718: Clinical Psychology Lab I, Psych L720: Clinical Psychology Lab II, Psych 738: Clinical Practicum & Ethics IA, Psych 739: Clinical Practicum & Ethics IB
- Oral presentation of the Early Research Project at the end of year 2
- First- and second-year practicum placements
- Successful team-based participation as part of a research lab |
| | | 5g) Demonstrate effective interpersonal skills and the ability to manage difficult communication well. | - Courses: Psych L718: Clinical Psychology Lab I, Psych L720: Clinical Psychology Lab II, Psych 738: Clinical Practicum & Ethics IA, Psych 739: Clinical Practicum & Ethics IB
- Oral presentation of the Early Research Project at the end of year 2
- First- and second-year practicum placements
- Successful team-based participation as part of a research lab |
| Assessment | Aim 1 | 1a) Evaluate, select, administer, interpret, and communicate psychological assessments in a manner that is informed by knowledge of the psychometric and empirical underpinnings of different methods and relevant diversity characteristics of the service recipient. | - Courses: Psych 705: Assessment I, Psych 706: Assessment II
- First- and second-year practicum placements |
| | | 1b) Establish and maintain effective relationships with the recipients of psychological services. | - Courses: Psych 705: Assessment I, Psych 706: Assessment II
- First- and second-year practicum placements |
| Intervention | Aim 1 | 1b) Establish and maintain effective relationships with the recipients of psychological services. | - Courses: Psych 721: Evidenced-Based Practice in Psychology and one of the following: Psych 703: Etiology and Treatment of Anxiety and Related Disorders, Psych 714: Dialectical Behavior Therapy, or Psych 779: Acceptance-Based Behavioral Therapy
- First and second-year practicum placements |
| | | 1c) Develop, evaluate, and implement treatment plans that reflect both knowledge of empirically-based principles and an appreciation for individual client characteristics and contextual factors | - Courses: Psych 721: Evidenced-Based Practice in Psychology and one of the following: Psych 703: Etiology and Treatment of Anxiety and Related Disorders, Psych 714: Dialectical Behavior Therapy, or Psych 779: Acceptance-Based Behavioral Therapy
- First and second-year practicum placements |
| | | 1d) Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation | - Courses: Psych 721: Evidenced-Based Practice in Psychology and one of the following: Psych 703: Etiology and Treatment of Anxiety and Related Disorders, Psych 714: Dialectical Behavior Therapy, or Psych 779: Acceptance-Based Behavioral Therapy
- First and second-year practicum placements |
| Supervision | Aim 1 | 1e) Demonstrate knowledge of models and methods of clinical supervision and consultation | - Courses: Psych 738: Clinical Practicum & Ethics IA, Psych 739: |
| Consultation and Interprofessional/Interdisciplinary Skills | Aims 1 and 5 | 1e) Demonstrate knowledge of models and methods of clinical supervision and consultation  
5e) Demonstrate knowledge and respect for the roles and perspectives of other professions | • Courses: Psych 738: Clinical Practicum & Ethics IA, Psych 739: Clinical Practicum & Ethics IB, Psych 740: Clinical Practicum IIA, and Psych 740: Clinical Practicum IIB, Psych 743: Clinical Supervision and Consultation in Psychology  
• First- and second-year practicum placements |