Ph.D. Program Handbook

Ph.D. Program in
Clinical Psychology @ CCNY:

The CCNY of the City University of New York

Updated August 2017

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Introduction

Welcome! This handbook is designed to help students navigate the Ph.D. Program in Clinical Psychology at CCNY (aka Clinical @ City). In this handbook we will refer to it as "the Program."

We hope this handbook will facilitate your life in the Program and let you focus on coursework, clinical work, research, and growing professional relationships with peers and faculty members.

CCNY, CUNY and the Graduate Center

Most people, upon arrival to the Program have questions about the relationship between CCNY, CUNY and the Graduate Center. Below is some information to clarify:

The City University of New York (CUNY) is the system of higher education in New York City. It comprises 23 institutions of various higher education. The City College of New York (CCNY) is one of the eleven senior undergraduate colleges in the CUNY system; some of these undergraduate college (CCNY among them) house graduate programs. The Graduate and University Center (the GC) is one of the six Honors and Professional Schools in the CUNY system.

As of September 2016, there is a change in the structure of the Program vis-a-vis the GC. The Program is now an autonomous program apart from the GC, and no longer one of the 14 subprograms within the GC Psychology Department. Much like a number of other doctoral degrees granted by CUNY, we are now part of the CUNY Health Sciences model. We use our tuition revenue to pay for our own courses. It is very likely that over the next 2-3 years, the Program will shift formally so that the doctoral degree will be granted by City College. As of now, though, things are as they always were in terms of where your degree will come from. So the doctoral degree comes from CUNY. The program is *housed* at CCNY and the faculty is employed by CCNY. More specifically, the core faculty are members of the department of Psychology at CCNY.

So to recap, you are a student of CUNY, attending a CUNY program that is housed at CCNY.

Clinical Psychology Training Area @City: Relationship with the GC

This Handbook focuses more in depth on policies and procedures specific to the Program. Many of the policies and procedures important to students' education are still governed by the GC, despite our emerging autonomous standing. All paperwork related to students' progress is processed through the Executive Office[1] of Psychology, although many forms (e.g., passing doctoral examinations) originate in the respective program's offices. Furthermore, the

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[1] The current Executive Officer (EO) is Richard Bodner, Ph.D.

Executive Officer certifies that all degree requirements have been met and will schedule the oral dissertation defense.

Faculty Governance & Leadership

Core Faculty:

The core faculty are those faculty who primarily teach in the Clinical Program. [2]

Director of Clinical Training (DCT):

The Director of Clinical Training (DCT)[3] administers the Program with the advice and consent of the Core Faculty of the Program. The DCT is assisted in their administrative responsibilities by the Leadership Team.

The Leadership Team:

The responsibilities of the Leadership Team[4] are determined by the DCT in consultation with the core faculty of the Program. The Program has other committees charged with overseeing specific functions of the Program[5].

Responsibility for the administration and organization of the Program resides with the DCT and the Leadership Team. The DCT, in consultation with the Chair of the CCNY Department of Psychology[6] and the core faculty, determines Program teaching assignments, schedules Ph.D. Program courses, and hires adjunct faculty for teaching assignments. Core faculty members serve on various Program committees (Admissions, Clinical Training, Curriculum, Diversity, Research & Scholarship).[7] The responsibility for integrating the work of the many committees and conveying information about these activities to the Ph.D. Program community rests with the DCT and the Leadership Team.

Decisions about the governance of the Program are made by the core faculty and implemented by the DCT. It is the responsibility of the DCT and the core faculty to ensure that decisions are made in accordance with APA guidelines. The Department Chair also provides opportunities for doctoral students to develop teaching skills and appoints doctoral students to positions as Teaching Fellows for the undergraduate and masters program. The Dean of The Powell School[8] has input into The Program governance in areas related to new hires, tenure and budget allocations.

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[2] Currently, the Program has 12 full-time core faculty members: Deidre Anglin, Diana Diamond, Eric Fertuck, Ben Harris, Elliot Jurist, Sarah O'Neill, Diana Punales, Margie Rosario, Steve Tuber, Sasha Rudenstine, Paul Wachtel & Lissa Weinstein.

[3] The DCT is Steve Tuber.

[4] The current Leadership Team is: Deidre Anglin, Ben Harris, Diana Punales & the DCT, Steve Tuber.

[5] Currently, these committees are: Admissions, Clinical Training, Curriculum, Diversity and Research & Scholarship.

[6] The Chair of the Psychology Department is: Robert Melara, Ph.D.

[7] Students also serve on many of these committees.

[8] The current Dean of the Powell School is Vincent Boudreau, Ph.D.

Program Basics

Degree Requirements:

Students are required to undertake the following successful completion of the doctoral degree in Clinical Psychology:

Academic:

- A minimum of four full-time academic years (eight semesters) of graduate study in The Ph.D. Program.

- Completion of **90 credits** of academic coursework

- An Empirical Research and Scholarship Project (hereafter "RSP")

Qualifying Exams:

- First Doctoral Qualifying Examination (hereafter "First Docs")

- Second Doctoral Qualifying Examination (hereafter "Second Docs")

- A quantitative, qualitative, mixed method, or theoretical Doctoral Dissertation.

Clinical Training:

- At least four years of residency at the Clinic

- At least five hundred clinical face to face hours in the Clinic

- A one-year internship in Clinical Psychology at an approved facility

It is University policy that all requirements for the degree be completed no later than 8 years after matriculation; however, this deadline can be extended with the permission of the EO of the GC. The degree requirements of The Ph.D. Program, to be described in the following pages, incorporate the Ph.D. requirements for all disciplines that offer degrees at The GC, as stated in The GC Student Handbook.

Transfer of Credit for Doctoral-level Courses in Psychology:

Students are able to *transfer up to 15 graduate-level credits*[9] (from courses in which they have received a "B" level or above from prior graduate work in Psychology), if the course work is evaluated as equivalent to The Ph.D. Program requirements.

Credit normally will not be transferred if courses were taken more than five years prior to entry in the program, or the credit was originally granted for independent research or thesis work. Also, a recommendation for transfer of credit is usually not made until a student has satisfactorily completed a semester of coursework. In general, transfer credits cannot be used to replace specific clinical courses required by the Program.

Typically, only graduate level psychology coursework completed in areas that satisfy the broad and general sequence of requirements (Social Psychology, Lifespan Development,

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[9] 15 credits is the equivalent of 5 courses.

Psychometrics, Biological Basis of Behavior, History of Psychology)[10] allows students permission to place out of similar coursework within the program. Other transfer credits can be applied to non-required elective coursework. Unusual situations will be evaluated on an individual basis. The DCT will evaluate each student request and the Leadership team will submit final approval for any credits transferred on a case by case basis.

The program uses the following guidelines to determine the number of course credits a student may transfer. These guidelines were developed to insure that graduates of The Ph.D. Program have taken 90 approved doctoral credits or the equivalent. The guidelines will also enable applicants to make a reasonable appraisal of the transfer credits they are likely to receive.

- **From within CUNY:** Psychology courses taken at CUNY for doctoral credit will normally be transferred if a grade of B or better was recorded.

- **From other institutions**: Full credit will normally be transferred for psychology courses counted toward the Ph.D. in an APA approved doctoral program in psychology if they meet all the following criteria: the courses are not practica; the courses are judged relevant to an education in the GC Clinical Training Areas; and a grade of B or better is recorded. Such courses will be transferred regardless of whether the student was matriculated for a master's degree or a Ph.D.

Transfer of Credit for Courses in Disciplines Other Than Psychology:

Credit will normally not be given for courses taken in departments other than psychology (e.g., sociology, anthropology, education, guidance, social work, nursing).

Registration:

The Office of the Registrar is located at the GC, Room: 7201
Telephone: 1-212-817-7500; Fax: 1-212-817-1627
Registrar's website: http://www.gc.cuny.edu/Prospective-Current-Students/Current-Students/Registration URL: http://www.gc.cuny.edu/student_web/index.htm

Person to contact:
Mr. Vincent J. Deluca:
Director of Student Services and Senior Registrar
registrar@gc.cuny.edu

Students should consult the registrar at the GC with respect to all matters involving registration and student records. Student may view their academic transcripts online via the Self Service Banner which can be accessed through the Portal on the GC website. https://www.gc.cuny.edu/GC-Header/GC-Portal

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[10] See page 61.

All students are solely responsible for remembering to register for courses, including Clinical Supervision and Dissertation Supervision. Students must register for all courses during the regular registration periods at the end of the Spring semester (for the Fall) and at the end of the Fall semester (for the following Spring). Please check online for specific dates. Failure to register in a timely fashion will result in serious consequences, both for the student and for the program (as we are required to complete attendance verification sheets early in the semester, and if the student is not registered, they cannot be verified as attending a class). Failure to register on time may result in a student being unable to continue in the program, complete various requirements, or apply for internship.

Many forms and requests can be completed online without involving the Clinical Program Administrator or DCT. However, some forms still require the DCT's signature. In addition, paying attention to deadlines will save the student time, money and headaches.

Finally, it is crucial that each student periodically check their transcript to make sure that 1) all grades have been reported, 2) all grades are accurate, and 3) that nothing is missing. The status of a student's transcript when leaving for internship is FINAL. As such, students must make sure that everything is up to date and accurate before applying for internship. Identifying these problems in a timely fashion will make fixing them MUCH easier.

The following are the most common tasks that require the registrar:
• Registering for classes
• Adding or dropping a class
• Changing a grade
• Changing an Incomplete to a grade
• Transferring credits
• Registering for supervision (clinical and dissertation supervision)
• Obtaining an override
• Checking your transcript

Registering for Classes

Registering for classes is done online. In order to register, a Banner ID and Pin Number are needed. The banner ID and PIN number are provided by the Registrar when a student registers for the first time as an entering First Year student in August. After registration, a student can then personalize the pin number to make it easier to recall. This pin number will give students access to online registration for the entire semester. In the event that it is lost, email the registrar and they will be able to reset the Pin Number that essentially acts as the Password.

To register:

1. Go to www.gc.cuny.edu
2. Click on PORTAL
3. Click on BANNER LOGIN TO SECURE AREA
4. Enter your Banner ID and Pin number

5. Your banner ID is the 9 digit number on Their ID
6. If the student does not have a pin number yet, the system will prompt to create one
7. Click on login
8. Click on Student, Financial Aid & Bill Payments
9. Click on Registration
10. Click on Register or Add and Drop Courses to an Existing Registration
11. In order to find a class, click on search
12. When the student finds the class you want to register for, click on "Register"
13. Classes can be changed and modified until the end of the registration period

Adding or Dropping a Class:
Follow Registration instructions above.

During the registration period, classes can be dropped by clicking on the class and selecting "remove class from existing registration."

Classes are added in in the same way that a student registers for an additional class, but if the student is already registered for the maximum number of credits, they will need to either drop a class first or obtain an override (see section on "what is an override").

If a student wants to add or drop a class after the registration period is finished, the student will need to obtain permission from the DCT, and the course instructor. Forms can be obtained through the Administrator of the Clinical Psychology PhD Program at City. However, there is only a limited period when Drop/Add is possible. Students must check with the GC website to find out the period when it is possible to Drop/Add. This is entirely the responsibility of the student.

Changing a Grade: From an Incomplete (INC) or No Grade Recorded (NGR) to a final grade:

- "Change of Grade" must be submitted to the Office of the Registrar by the Clinical Program Administrator.
- Change of grade forms must be filled out and signed BY THE PROFESSOR after they have agreed to a change of grade. (Students can assist and expedite this process by providing the course professor with the course number and CRN and semester for which the grade is relevant on a.)
- The relevant course numbers can be obtained on the GC website by clicking on: http://www.gc.cuny.edu/Prospective-Current-Students/Current-Students/Course-Listings-and-Schedule
- If students fill out the change of grade form in LESS THAN A YEAR, it only requires the signature of the professor.
- If students wait MORE THAN A YEAR, it requires the approval of the Vice President for Student Affairs.

Registering for Supervision:

Students only need to register for supervision if they are being supervised by a core faculty member. Please note that students MUST register for the Empirically Supported Supervision and Treatment (EST) Teams even though it is a zero credit course[11].
- Follow registration instructions
- Under search for class, search for the Professor who will be the supervisor
- Register for Clinical Supervision
- If this is not an option, students will need to obtain an override in order to register with this professor (see "Getting an Override")

Obtaining an Override:

An override is "permission" to either register for a class or do anything that requires special approval. In order to obtain an override, students must get permission from the faculty member whose class the student wants to register for. The professor of the course must post the override in the banner system and the student must supply their Banner ID.

Checking Your transcript:

- Follow registration instructions
- Click on student records
- Click on Academic Transcript
- Click on submit
- View transcript
- Log out

Taking Courses in the Consortium:

In addition to other CUNY schools, doctoral students may cross-register to take courses at the following institutions which comprise the Consortium: Columbia University (including Teachers College), Fordham University, New School University, New York University, Princeton University, Rutgers (State University of New Jersey), and Stony Brook (State University of New York). Please keep in mind the following:

- Courses available for cross registration must not normally be available at the home institution.
- Participation in cross registration is subject to approval by the deans of the home and host institutions.
- Tuition is paid to the GC, as per usual. Cross-registered courses are covered by the cost of the tuition paid to the GC.
- Please see the GC Handbook for instructions on registering for a Consortium course; this is a complex process and students must leave time for all the steps.

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[11] For a full description of the EST Teams, please see the Clinic Manual.

The process of cross registering is covered in the GC Handbook[12].

Tuition:

Tuition rates for the Clinical Psychology PhD Program are determined by the GC and the student's progress through the program. As the students meets various training milestones, tuition decreases. There are three tuition levels:

- Level I: Entering students.
- Level II: Students move to Level II when they have completed 45 credits (including transfer credits) and passed the First Doctoral Exam.
- Level III: Students move to Level III when they have completed all course requirements, passed the First Doctoral Qualifying Examination(FDQE), passed the Second Doctoral Qualifying Examination (Second Docs), and handed in you Dissertation Topic Proposal. This advances the student to the status of doctoral candidacy.

See the GC Bulletin http://www.gc.cuny.edu/CUNY_GC/media/CUNY-Graduate-Center/PDF/Publications/Bulletin/TheGraduateCenter.pdf

Or:

The GC website: http://www.gc.cuny.edu/Page-Elements/Academics-Research-Centers-Initiatives/Doctoral-Programs/Psychology for the most up-to-date information on tuition.

Financial Aid:

Upon entry into the Program, students are strongly encouraged to discuss their funding needs with the DCT. While the availability of funds varies considerably, every effort will be made to provide some form of financial support. A number of financial awards are available to students, and are awarded by the DCT.

In their second year, students may also apply for **Graduate A CUNY Clinical Fellowships**, which involve working at CUNY wide college counseling centers during the third year and beyond. No student is permitted to apply to a fellowship without first notifying and getting approval from the Leadership Team[13].

Funding is also provided by CCNY in the form of teaching fellowships and federal work study support is available through CCNY as well. Teaching fellowships can begin in the first year, though the program recommends waiting until at least the second year. In addition, there may be Fellowships supported by other external forms of support. Financial Support may also be available through federally and privately funded grants to faculty and students may apply to work with funded faculty directly.

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[12] The GC Handbook can be found at: http://www.gc.cuny.edu/CUNY_GC/media/CUNY-Graduate-Center/PDF/Publications/Student_Handbook_web.pdf?ext=.pdf

[13] See below, p. 28.

Students are strongly encouraged to seek out other sources of financial support.

Information on external support resources is provided by the GC:

http://www.gc.cuny.edu/Prospective-Current-Students/Current-Students/Financial-Assistance/Applying-for-Federal-Aid.

APA also provides links to funding: http://www.apa.org/education/grad/funding.aspx

And the American Psychological Association of Graduate Students http://www.apa.org/apags/programs/scholarships/index.aspx.

Students are also encouraged to apply for external sources of funding such as the APA Minority Fellowship. For specific information on these Fellowship, please visit the APA website.

Nuts & Bolts

Concrete Things for When you first get here:

Academic Advisors: When a student begins begin the Program, they will be assigned an advisor from the core faculty[14].

Buddies: When a student begins begin the Program, they will be assigned a buddy (a student from the second year class). This student will provide informal advising and grounding in the life of the Program from someone with the closest knowledge of what it meant to be a first year student. These connections often last in a meaningful way throughout one's time at City.

Doctoral Student Groups:

Led by doctoral students, The Program supports several special interest groups which all students are welcome to participate in starting from their first year onward. In addition to general participation, each group will appoint leaders to facilitate group meetings, provide administrative support, etc.

- **Doctoral Student Council (DSC):**
  In Spring/Summer 2016, the Doctoral Student Council (DSC) was instated to advocate on behalf of and promote the interests of current and future students in The Program. Each academic term, students in years 1—4 elects a student to represent each cohort on the DSC.[15] A representative from each of the established student groups (AEMI and Q & A, both described below) also participate in the once monthly meetings.

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[14] See below, p. 64.
[15] The current DSC is Greg Gagnon (5th Year,), Ramya Jayanthi (2nd Year AEMI Rep) Ben Stark (4th Year), Antonia McMaster (3rd year Rep), and Tema Watstein (2nd year Rep). A first year representative will be added this fall. Officers will be elected later this fall.

- **Association for Ethnic and Minority Issues (AEMI)**[16]:

AEMI is our student-led organization devoted to discussing the impact of race, ethnicity, and culture both personally and professionally. AEMI strives to create a safe and supportive social network for minority students within the program and to take a proactive stance in bringing the issues of race and ethnicity to the curriculum and program at large. All students in the doctoral program are encouraged to participate in AEMI. As active intellectual members of the program's community, students involved with AEMI have sponsored the following activities in addition to monthly general meetings:

- host open houses for prospective ethnic minority applicants;
- participate in admissions process;
- collaborate with faculty towards maintaining a diverse student body;
- invite clinicians and scholars whose work complements AEMI's mission to speak to the students and faculty;
- outreach to CUNY campuses for minority student recruitment to the program;
- support student research or interest in multiculturalism;
- host social events for students in the program.

- **Queers & Allies (Q & A)**[17]:

Queers and Allies (Q & A) is our student group with the mission of promoting— within the program and beyond — recognition, dialogue, and action around issues of sexuality and gender across the LGBTQ-straight spectrum, with a focus on how those issues affect us as clinicians-in-training, those who come to our clinic, and the relationships that develop between all of us. Q&A is committed as well to the evolution of thinking about sexuality and gender within contemporary theory and clinical technique.

The group meets monthly and actively collaborates with faculty to maintain a diverse student body and to promote a curriculum that acknowledges and accounts for the full range of individual experiences of sexuality and gender and to foster a safe space to discuss them in our program.

Non Coursework Requirements:

In addition to classes and seeing patients and supervisors, there are some regular meetings that are required.

RSGs: Research & Scholarship Groups (RSGs)[18] meet for 90 minutes on the first, third and fourth Tuesdays of each month.

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[16] The AEMI chairs for 2017-2018 year are being voted upon in September.

[17] The Q & A co-leaders for the 2017-2018 year are being voted upon in September.

[18] See below, p. 33.

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Clinic Teams: Clinic Teams[19] meet every week on Tuesday or Thursday from 8:30 to 9:30 (you will be on one team, so you only need to go to one meeting a week) while the clinic is open.

Community Meetings: Community Meetings are scheduled to occur once per month on the second Tuesday of the month, and all students in years 1- 4 are required to attend. These meetings are used to discuss issues of relevance to the general community, including current events; academic/administrative procedures; and all other student concerns about their training experience.

Colloquia: The colloquia series is the Program's attempt to bring in important voices in the field to enhance the intellectual climate of the Program. Students and faculty have input into recommending speakers for each coming year. The Colloquia committee, presently Chaired by Professor Sarah O'Neill, takes these suggestions and attempts to bring in as many of the requested speakers as is feasible. Three colloquia are given each semester, typically on the second Tuesday of the month. Speakers run the gamut of empirical researchers, theoretical scholars and expert clinicians.

Helpful Online Resources:

The Ph.D. Program Website:

Every effort will be made to insure that this handbook is comprehensive and up to date. With that said, much of the information included here is also available on the Program's website, where students will also find an electronic version of this handbook. The website is: http://www.gc.cuny.edu/Page-Elements/Academics-Research-Centers-Initiatives/Doctoral-Programs/Psychology/Training-Areas/Clinical-Psychology-@-City-College

The GC Website:

The CUNY website is an essential resource for all students: http://web.gc.cuny.edu. In addition, it is crucial that students familiarize themselves with GC policies and procedures, all of which are described in the GC Student Handbook, which is available online at https://www.gc.cuny.edu/CUNY_GC/media/CUNY-Graduate-Center/PDF/Publications/Student_Handbook_web.pdf?ext=.pdf

There is also a link to the GC Handbook on the Ph.D. Program website.

Although this handbook is updated periodically, the GC website should be considered the "last word" when it comes to policies, procedures, and resources that have to do with CUNY. Thus, students should be sure to check the GC website for the academic calendar, calendar of GC events, latest on all policies regarding admissions, registration, course transfer, transfer of credits, taking courses at other colleges in the CUNY system, taking courses in the Consortium

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[19] See below, p. 31.

(other universities), tuition, changing levels and requirements, and many other administrative issues, as well as for student resources available through CUNY.

Also see http://www.gc.cuny.edu/Prospective-Current-Students/Student-Life/Resources for information about where to:

- pay the tuition your bill
- obtain a CUNY ID
- find student loans, fellowships, and other awards
- add or drop a class
- apply for in-state tuition
- obtain library access
- resolve an admissions hold (such as missing exams or transcripts)
- help finding housing
- resolve an international students' hold
- apply for a leave of absence, withdrawal, or re-admittance
- pick up the graduation diploma
- contact an ombudsman

In addition for Dissertation and Matriculation related forms, students can visit:

http://www.gc.cuny.edu/Page-Elements/Academics-Research-Centers-Initiatives/Doctoral-Programs/Psychology/Forms-and-Procedures

The Psychological Center Website and Clinic Manual:

The Psychological Center is the clinical training arm and primary practicum of the doctoral program where students are required to be in residence from years 1 thru 4. Specific information about the Psychological Center and clinical work is found in the Clinic Manual and at the Psychological Center Website:

https://sites.google.com/site/cunypsychologicalcenter/home?pli=1

When you arrive you will be assigned a shared student office. Within the first month in the Program, students you will receive keys to your offices, the mailroom, the lounge, etc. In addition, you will be added to the three listservs.[20]

Students will also have the chance to pick an RSG[21], and be assigned to one of the four clinic teams.[22]

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[20] See below, page 19.
[21] See below, page 33 for a description of this process.
[22] See below, page 29 for a description of the clinic teams.

Other Helpful Things to Know:

Duplicating: CCNY has a duplicating facility in room 0214 of the Science Building (the building just across Convent Avenue from the NAC building). Their phone numbers are 650-6746 and 650-6745. Students can obtain the forms for duplicating from the Program Administrator and can send the material through interoffice mail. Duplicating usually needs to be signed by a faculty member unless the student is currently a teaching instructor.

Classrooms and Keys: The Program Administrator, is responsible for distributing keys. If students are teaching, keys for classrooms can be obtained from Denise Tuzo[23], the Administrative Assistant in the Psychology Department office, room 7/120.

Important Phone Numbers:

• The Psychological Center ("Front Desk"): 212-650-6602
• Program Administration Office –212-650-5674
• The Psychological Center Clinical Administrator and Clinic Office: 212-650-5669
• Physical Plant: 212-650-8689
• Public Safety: 212-650-6911; For any emergency call 212-650-7777
• IT: 212-650-7878

Library:

    Because of the CCNY/GC relationship, students are entitled to library privileges on all CUNY campuses. To use these facilities, students must obtain a library code from the Librarian at the CCNY library main desk. This is worth doing as it allows students to access the online search engines and journals from a home computer. Students can access many online resources through the GC website from home, including PsycInfo. Follow the link for "Databases" on the GC library webpage, and those databases with house-shaped icons next to them can be accessed from home with a high speed internet connection. Anyone can access the CCNY Library at http://www.ccny.cuny.edu/library/ and the GC Library at http://library.gc.cuny.edu/ but to use restricted online services students must sign in using your library ID number. The online journals in the libraries are not identical. Both should be checked when looking for a specific journal. Students can also check on the paper holdings for both libraries online. If an article is not found in the online or paper holdings, it can be requested through interlibrary loan. Paper request forms must be obtained from and turned in at the library's main desk. Books may also be requested through interlibrary loan. It usually takes about a week to receive a requested item. The library can also make requested articles available through an online system. The CCNY library also accepts online renewals of checked out books.

    Even with the improved online resources, many journals and books are not available at CCNY and most of the other New York City universities only allow their own students to use their facilities. A student's City ID grants access to all of the CUNY libraries, including Mount Sinai Medical School library, and Baruch, which has many of the psychoanalytically oriented

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[23] Denise's email address is deniseccny@gmail.com

journals and books. The CCNY library also has a good number of psychoanalytic journals in their bound collection. The library at the Psychiatric Institute located in the Columbia Medical complex at 168th and Fort Washington is a public library with an impressive array of psychoanalytically oriented material. The New York Psychoanalytic Institute also has a good library. The New York Public Library is a valuable resource.

Listservs:

The Program has several listservs which provide a means of ready communication with various groups of constituents in the entire community:

• **psychcenterresidents@googlegroups.com**, is the listserv used to communicate important information with students who are in residence at the Psychological Center and who are currently treating or testing patients at the Psychological Center. Within the first few weeks of each fall semester, a Program Directory, which includes contact information for all members of the community, is distributed via the listserv.

• **currentclinicalstudentsandfaculty@googlegroups.com,** is the listserv used to communicate with students that are currently treating or testing patients at the Psychological Center and includes students who are either on internship, working on dissertations and who have not yet received the doctoral degree.

• **ccnyclinicalprogram@googlegroups.com** is both a current student/faculty and alumni listserv that allows the Program to maintain contact with over 250 alumni, and for them to remain in contact with one another. Within the first few weeks of each fall semester, a Program Directory, which includes contact information for all members of the community, is distributed via the listserv. There is also an alumni listserv that allows the Program to maintain contact with over 250 alumni, and for them to remain in contact with one another.

• **students-at-the-psych-center@googlegroups.com** is a student only listserv.

The Psychological Center (aka the Clinic)

The Psychological Center (better know as the Clinic) is the practicum site for your training. This is where you will treat all of your patients. All practicum experiences are integrated into the curriculum through the courses described below. The Program provides a multi-year, on-site externship in community psychology onsite at our clinic, The Psychological Center.

Clinic Hours of Operation

The Clinic is open Monday through Friday from 7:30 am to 8:30 pm[24]. The Clinic is closed on Saturdays and Sundays. In July, the Clinic is closed on Fridays. The Clinic is also closed when CCNY is closed. <u>No one is permitted to see patients when the Clinic is closed</u>.

Overview of Clinical Training:

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[24] The first session of the day can **start no earlier than 7:30 am**, and the last individual session may **start no later than 7:30 pm.** Exceptions must be explicitly requested and signed off on by the Clinic Directors.

Year 1. All students are assigned to join a **Clinic Team** upon arriving in the first semester. Each team is made up of students from across cohorts, all of whom use these meetings as places for clinical consultation and supervision, as well as for larger clinical issues and discussion. Students in the first year are actively encouraged to participate in these discussions. In addition, all students in the first four years are assigned one hour of **Desk Duty**[25] per week during the fall and spring semesters[26].

In the second semester of the first year, the first year cohort splits into **Child Track** and **Adult Track**. The Child Track students take *Child Intake* with Dr. Harris and the concurrent laboratory portion of the course, Child Evaluation Team[27] with Dr. Harris, while the Adult Track students take *Adult Intake* with Dr. Puñales and the concurrent laboratory portion of the course, Adult Evaluation Team[28] with Dr. Harris. In these courses, they learn how to conduct comprehensive child and adult evaluations, and at the end of the semester, after completing two child or four adult comprehensive evaluations, are assigned an ongoing child or adult psychotherapy case. At this point, they also begin weekly meetings with their first child psychotherapy supervisor to discuss the case.

After the second semester ends (in late May), first year students continue to see their patients and meet with their supervisors until the Clinic closes for the month of August. Clinic Teams also continue to meet throughout the year while the Clinic is open. Most first year students add a second psychotherapy case and a second outside psychotherapy supervisor over the summer so by the end of the summer, they are treating two patients in individual psychotherapy. Typically, Adult track students begin with a second adult, and child track students begin with a second child. At this point, they are assigned an additional individual supervisor for each new case.

Year 2. Students continue with their Clinic patients they have been working with going into the year. The first semester of the second year involves the full integration into The Clinic with the cross-track intake practicum, and the tracked psychotherapy practicum. Child and Adult Track students continue to see their ongoing patients and take either *Child Practicum*, a small seminar taught by Dr. Tuber where they learn child therapy technique and theory, or *Adult Practicum,* a small seminar taught by Dr. Jurist or Dr. Diamond where they learn adult therapy technique and theory.

In addition, Child Track students take *Adult Intake* with Dr. Puñales and the concurrent laboratory portion of the course, Adult Evaluation Team with Dr. Harris, while Adult Track students take *Child Intake* with Dr. Harris and the concurrent Child Evaluation Team with Dr. Harris. During the intake courses, students pick up an adult or child case, to complete their ongoing caseloads.

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[25] See below, p. 22.

[26] Desk duty requirements change during the winter break and summer break. First year students are not expected to sit at desk duty during the winter break as they conduct the Annual Chart Review one week before the start of the Spring Semester. Students in years 2-4 complete one 4 hour block of time during the winter break. Summer desk duty entails students in years 1-4 completing two 4-hour blocks of time. See below, p. 22.

[27] See below, pp. 25.

[28] See below, p. 24.

By the second semester of the second year, all students have caseloads and responsibilities in the Clinic that will remain in this manner through the end of the fourth year. These include: weekly Clinic Team Meetings; Weekly Desk Duty, Charting, and maintaining a full caseload of at least three patients[29]. At this point in their training, many students pick up a fourth Clinic case. These additional cases may be adults, children, adolescents, groups, couples, or patients receiving empirically supported treatments.

Students at this point may apply for Clinical Fellowships to augment their training by working in a CUNY college counseling center.

Year 3. All students continue to carry a minimum caseload of three ongoing psychotherapy patients, and many choose this time to fulfill their empirically supported treatment (EST) requirement. This requires a student to receive training and supervision for the treatment of a patient for a minimum of one full semester. *Students who have completed 350 hours of face to face interventions may petition to apply for an offsite external externship at this point[30].*

Year 4. By the end of the fourth year of clinical training, all doctoral students will have completed a minimum of 500 or more hours of direct practicum (clinical intervention) experience with patients. Most of our students have completed closer to 750 hours of direct practicum experience with patients. These totals do *not* include all supervisory contact hours, hours spent on Clinic Teams and Eval Teams, nor other support activities that are part of being in the Clinic. They will also have worked with and provided consultation about patients with a range of psychopathologies, who come from culturally, ethnically, and socio-economically diverse backgrounds. Students are thus well prepared for the year of clinical internship.

Additional clinical experiences are available through external externships and fellowships that complement their in-house clinical work.

Clinical Fellowships:

Currently, students have opportunities for clinical fellowships within the CUNY system at the following sites[31]:

- Baruch College Counseling Center
- Bronx Community College Counseling
- Brooklyn College Counseling Center
- CCNY Counseling Center
- College of Staten Island Counseling Center
- GC Counseling Center
- Hunter College Counseling Center
- John Jay College Counseling Center

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[29] The minimum caseload of three patients must contain one child and one adult. The third case can be a child, adult, group (so long as the group has been running for longer than 6 months), or a couple.
[30] See below, p. 28.
[31] This list may be updated later in the year.

- Lehman College Counseling Center

These fellowships offer our students the opportunity to treat patients in a counseling center setting and to increase the range of clinical experiences that they have while in the Program. It further provides another source of funding for them as these fellowships are available for up to three years, with an application needed for each year that the student is interested in applying. The Clinical Fellowships involve a stipend, tuition remission and health benefits and require the student to be at the site for approximately 12-15 hours per week. These external practicum sites provide students with training in individual and group psychotherapies, intakes, supervision by a licensed clinician, didactics and team meetings. On average, doctoral students are able to attain from 200-300 clinical hours annually at these sites.

Supervisors must complete our *Clinical Supervisor Evaluation Form* twice yearly and review with the clinical fellows the evaluation as part of our assessment of our students' clinical progress. These evaluations are also reviewed as part of the student's Annual Clinical Review process.

Any student who does not hold any other CUNY or CCNY fellowships, are eligible to apply to do a fellowship in the third year and beyond. Students in the first two years are not permitted to do clinical fellowships. The application process begins at the start of the Spring semester. Students receive the listing of sites that will be offering clinical fellowships for the incoming year and the student ranks these sites according to their preferences. The number of fellowships and the sites are determined by CUNY Central Office. Applications are submitted to the University Director of Student Mental Health and Wellness[32] at CUNY Central Office and involve a letter of interest, a listing of references and the actual Clinical Fellowship Application. Students are invited by the respective sites for interviews and the selection of a Clinical Fellow is made by the site in conjunction with the Director of University Counseling. Once a student accepts a Clinical Fellowship, they are bound to the site for the academic year.

Desk Duty:

Beginning in the first semester of their first year, and continuing through the summer of their fourth year, students are expected to work in reception/screening for one hour a week (hereafter "Desk Duty"). Beginning students are paired with advanced students for Desk Duty to provide mentorship and guidance for entering students.   The student sitting at Desk Duty has three primary responsibilities.

- First, the student answers the phones to both take messages for other therapists, or to schedule in person screenings for adults and conduct over-the-phone screenings with children and adolescents.
- Second, the student sitting at desk duty greets patients as they arrive and calls the student lounge to let the therapist know that their patient has arrived.
- Third, if an in-person screen has been scheduled, the student sitting at Desk Duty conducts a one-session, in-depth screening interview which the Clinic Directors then use to determine if the patient is suitable for a full intake evaluation.

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[32] The current person in this position is Ryan Camire.

The front desk of the Psychological Center represents one of the places where the clinic directly interacts with the various communities served (CCNY student body and Harlem community residents). It is not uncommon for prospective patients and their family members—sometimes in acute stress—to present themselves at the front desk without having any prior contact with the Psychological Center. For this reason, it is imperative that the front desk be staffed on a regular, reliable basis with student therapists. Essential tasks performed by student therapists on desk duty include:

- Providing information about the Psychological Center's full range of services to prospective patients and community mental health professionals and organizations
- Screening prospective patients and assessing their presenting level of risk and appropriateness for services
- Scheduling new patients for psychological screening sessions
- Announcing patients arriving for scheduled appointments
- Managing incoming phone calls
- Forwarding phone messages to staff therapists
- Checking the clinic's voicemail on a regular basis

Though The Clinic is not set up to take walk-ins, occasionally someone will walk in who is in distress and the student sitting at Desk Duty will triage the patient to see if further levels of care are required immediately. When this happens (once or twice a calendar year on average), the students at Desk Duty contact either of the Directors (Dr. Puñales or Dr. Harris) who help manage the situation. Thus students receive some in vivo training in crisis management and triage.

All students in their 1st – 4th years in the Program are required to commit one hour of Desk Duty each week during the spring and fall semesters. Alternative arrangements are made during the winter and summer intercessions, which require students to commit to two four-hour blocks of time. First year students are paired with advanced students during their first month of residency in an apprentice model that allows less experienced students to learn about the processes described above from upper classmen. *Starting in October, first year students conduct desk duty on their own. Thus, by the middle of the first semester, all students, including first year students will perform desk duty as defined above.*

The Clinical Administrators[33] arrange the schedule for desk duty based on student therapists requests for specific time slots. Once a desk duty slot is assigned, each student therapist must report weekly for their desk duty assignment. If a therapist is unable to make their desk duty slot for any reason, it is the exclusive responsibility of that therapist to both: 1) find a replacement for that hour, and 2) to make up the missed hour as soon as possible upon arrangement with one of the Clinical Administrators. The ongoing functioning of the Clinic depends on this critical shared responsibility and as such no student in residence is exempt from missing or cutting short their desk duty time for any reason. If a student therapist does have to miss their desk duty, they need to inform the Directors of the Clinic as soon as possible.

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[33] Currently, the Clinic Administrators are Michelle Hernandez & Nicolette Molina.

Students who do not fulfill their Desk Duty obligations will have the incident reflected in their Student Clinical Record as it is considered a serious breach of clinical care. All students must email deskduty@gmail.com upon completion of their desk duty with a status report.

Eval Teams

Students begin their direct clinical intervention experience in the Clinic in the Spring of their first year. On the basis of student preference, students are assigned to the Child or Adult Tracks upon entering The Ph.D. Program[34]. As mentioned above, the student's track simply determines the order in which clinical intervention sequence courses are taken beginning in the first year.

The adult track students begin with *Adult Intake* and the Child Track students begin with *Child Intake* in the second semester of their first year. This sequence is reversed in the first semester of their second year with the Adult Track students taking *Child Intake* and the Child Track students taking *Adult Intake.* The division of the cohort of students in half allows practicum courses in the first and second years to be smaller and thus to focus more intensively on psychotherapy and clinical intervention training.

Both *Adult and Child Intake* have a "laboratory component: The Evaluation Teams (hereafter "Eval Teams"). The Child and Adult Eval Teams are both run by Dr. Harris along with advanced doctoral students who have completed a semester of Peer Consultation.[35]

Adult Eval Teams:

The Adult Eval Teams which are run by Dr. Harris and advanced Doctoral Students who have completed a semester of Peer Consultation[36] are held on **Wednesdays; one is from 10:15-11:45; the other is** from **12:00-1:30 while** classes are in session. After a potential patient has been seen for an initial screening at Desk Duty. Prior to the Eval Teams, the Clinic Directors review the screens that have come into the Clinic that week to determine the appropriateness of the screening case for intake evaluation. Those screens that are deemed appropriate are assigned to one of the Eval Teams by the Clinic Directors. In turn, the case is assigned to a specific student on one of the evaluation teams to conduct an in depth intake evaluation.

Students on the Adult Eval Teams are assigned eval patients by Dr. Harris; these patients are only seen during the Eval Team times (Wednesdays 10:15-11:45 & 12:-1:30), which allows for Dr. Harris to oversee and observe each intake therapist directly, as well as to allow him, as the licensed practitioner on site to assess and intervene in the case of emergency. After the students see their patients, the Eval Team reconvenes and the cases are discussed. There are ample opportunities for live teaching and didactics here. In addition, the teams are designed to encourage and develop supervision and consultation skills.

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[34] In years when there is an uneven distribution of cohort preferences, a student may be asked to join their second preference track to balance out the tracks.
[35] See below p 27.
[36] See below, p. 28.

Over the course of the semester, an effort is made by the Directors to ensure that as many different kinds of patients can be seen by the Eval Teams. The diversity in intake patients is across gender identity, racial identity, family status, immigration status, and diagnosis[37]. Over the course of a semester, students complete at least 4 in-depth adult evaluations. These patients are also integrated into discussions in *Adult Intake* which is taught by Dr. Puñales, providing students with both a rich didactic experience, and a large amount of oversight as they begin their clinical intervention work.

In addition, Eval Team therapists present each of their intake cases to their Clinic Teams which gives them the opportunity to learn professional skills, and to receive addition supervision and consultation on each case.

Child Eval Team:

The Child Eval Team which is run by Dr. Harris and advanced Doctoral Students who have completed a semester of Peer Consultation is held on **Thursdays from 4:00-6:00 PM** while classes are in session. As with the Adult Eval Team, after a potential child patient screen has been approved by the Directors, potential patients are assigned to the Child Eval Team. In turn, those cases are assigned to a specific therapist on the Child Eval Team by the Directors for an in depth intake evaluations.

Students on the Child Eval Team conduct initial intake consultations with patients and their caregivers behind a one-way mirror. This allows Dr. Harris and any other Eval Team students who are not seeing patients that day, to observe the sessions. As is true with the Adult Eval Team, in the Child Eval Team there are ample opportunities for live teaching and didactics here. Additionally, the team is designed to encourage and develop supervision and consultation skills here. These patients are also discussed in the Child Intake Practicum which is taught by Dr. Harris. Over the course of a semester, students complete 2 child evaluations.

As with the Adult Eval Team, Child Eval Team therapists present each of their intake cases to their Clinic Teams which gives them the opportunity to learn professional skills, and to receive addition supervision and consultation on each case.

Competencies for intake evaluations are assessed at the end of the second semester of the second year, after students have completed both *Child and Adult Intake*. Students select any one of the 6 in depth evaluation reports they have written in the Child or Adult Eval Team and this report is assessed using the *Psychological Intake & Evaluation Rubric*. The minimum level for demonstrating achievement in this 4-course sequence is a grade of at least a B, as well as averaging a "satisfactory" rating or better in each course evaluation.

Floating Eval Team:

Any Eval that does not occur in either the Adult or Child Eval Team will happen in the Floating Eval Team. The floating eval team will have a standing one hour meeting during the week. The times will change from semester to semester, as well as during the times between semesters in January and in the summer.

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[37] This is not an exhaustive list of potential areas of difference and diversity.

All new evals will be required to have their first session during one of the floating veal times. The first eval session must overlap with one of the times.

So for example: if the two floating eval times are Tuesdays from 9:30-10:30 and Wednesdays from 2:00-3:00, any first session must overlap one of these two times (Tue 9:00-11:00 or Wed 1:30-3:30). Any following sessions will be scheduled at the discretion of the team leader. Reports must be completed by 9:00 AM two days after each session and submitted to the team leaders. Once the team leader has agreed that the report and case is ready for disposition, a disco meeting may be scheduled.

The structure of the team meetings will be similar to adult and child eval teams. Cases will be presented, discussed and monitored in the same ways. Team leaders will eyeball all patients.

Patients who are unable to make the floating eval team time will not be considered for services at the clinic.

Supervision:

At the same time that a patient is assigned to a student therapist for treatment, a supervisor is also assigned by the Associate Director of the Psychological Center. The student must contact the supervisor and discuss the case prior to meeting with the patient.   Patients must be contacted as soon as possible by the student therapist to set appointment times and begin treatment. Supervision occurs once per week throughout the treatment of the patient and student therapists are required to maintain a weekly log of their supervision. A copy of this supervision log is found in the Appendix of this manual. The log of weekly supervision is reviewed at the Annual Clinical Review by the Director and Associate Director of the Psychological Center.

Faculty members of the Ph.D. Program and externally based licensed clinical supervisors provide supervision for psychotherapy cases and psychological testing. Student therapists are usually assigned to supervisors during the summer for the following academic year. In addition, students are assigned additional supervisors throughout the year as they receive new patient assignments. Typically, supervisors for cases are assigned for one year, though if both the student and supervisor feel as though the match is working, the student has the option of remaining with that supervisor for a second year. Every student therapist is required to have one supervisor for each patient that they treat. Exemptions to the one-to-one supervision model[38] only occur in consideration of the student therapist's training needs and must to be approved by the Directors of the Clinic and the Director of Clinical Training.

Psychological testing supervisors are assigned on an as needed basis and can take the form of either individual or group supervision. Students are evaluated on a yearly basis by each of their supervisors who complete an evaluation form which is reviewed by the Directors of the Psychological Center at the Annual Clinical Review. Additionally, supervisees must complete an evaluation form annually for each supervisor they work with and which is also reviewed with the Clinic Director or Associate Director during their Annual Clinic Review.

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[38] See below, p. 27.

Under no circumstances can a student treat a patient at the Psychological Center without having supervision. In the event that a supervisor is ill or on vacation, the student therapist needs to inform the Directors of the Clinic in order to arrange alternate supervisory coverage.

Supervisors are central to clinical training and as such are expected to inform their supervisee about how they would like clinical material to be presented (audio, process notes etc.) and to work in an ongoing way on treatment and diagnostic formulations. Supervisors will inform the student therapist when in depth process notes are required for each session. In addition to being in congruence with the policies and procedures outlined in this manual, supervisors are responsible for:

- Conducting weekly meetings with their supervisee and ensuring that the supervisee is aware of any foreseeable breaks; thus allowing for alternative coverage.
- Intervening with patients assigned to their supervisee, including availability for consultation between supervisory meetings should there be an emergency or pressing concern. Therefore, supervisors should provide the supervisee with a number where they can be reachable for emergency situations that arise with the patient.
- Reviewing and/or signing of process notes, reports, and summaries to ensure that charts are updated in a timely and professional manner, as indicated.
- Evaluating the supervisee's clinical work annually through a formal evaluation (for Supervisors' Evaluation Form refer to Appendix C) as well as informing the Clinic Directors and supervisee of any concerns that arise. Supervisors must review the annual evaluation with their supervisees.

Petition for Alternate Supervision Modality:

Students who have completed a minimum of **350 clinical hours** may petition for an advanced supervision modality different from the one to one supervision modality[39]. Forms for this petition process can be found in the Appendix and in the Clinic Manual, as well as, online.

Peer Consultation:

Students who have completed the *Supervision & Consultation* class with a grade of A- or higher, are eligible to become Peer Consultants. In this model, each Eval Team student will be assigned an advanced student who has completed the Supervision & Consultation Practicum. The Peer Consultant will be responsible for meeting weekly with the Eval Team student to provide consultation on the case until the disposition of the case has been determined and/or the Eval Team student has been assigned a supervisor.

In addition, Eval Team students will be required to submit drafts of their intake reports by 9:00 am Sunday morning each week that they see their intake case to both the Eval Team Leaders as well as their Peer Consultant. The Peer Consultant will review the report to help the Eval Team student develop the report and track the case. Peer Consultants will also be expected to help Eval Team students with any questions around charting and documentation.

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[39] Students may request to bring two cases to one supervisor, or join a group supervision.

The Peer Consultants must attend one of two 45-minute Group Supervision sessions led by the Associate Director. In these sessions, we review the cases being discussed as well as the experiences of supervision.

In addition to this group supervision, The Associate Director is one of the two Eval Team leaders on both the Child and Adult Eval Teams and as such will review and monitor cases through that medium as well.

Every effort will be made to make sure that any advanced student who has a) taken the Supervision & Consultation program and b) has discussed Peer Consultation with the Clinic Director during their annual clinical review has the opportunity to participate in Peer Consultation at least once.

Peer Consultants will be assigned to Eval Team students by the Associate Director.

Advanced Peer Consultation:

Any student who has a) completed *Supervision & Consultation* with a grade of at least A-, and b) has already completed a semester of Peer Consultation, may apply to do Advanced Peer Consultation which involves co-leading one of the Eval Teams with The Associate Director.[40]

External Externships:

In addition to their responsibilities at the Psychological Center, students may wish to gain additional training experience through external externships. *Students must request permission from the Leadership Team to apply for such externships, and these externships are fully vetted and their quality regularly assessed by the Clinic Director and Associate Director and Director of Clinical Training. Only students in good academic and clinical standing will be granted permission to apply. A student must have completed a minimum of 350 clinical hours at the Clinic in order to apply for externship.*

To apply for externships, students must first attend the information session conducted by the DCT and the Director of the Psychological held in the Fall Semester. After attending the information and informing the DCT that they plan to attend, the student must submit their petition to apply for externship to the DCT and Director of the Psychological Center.[41] student's petition is reviewed by the DCT and Directors of the Psychological Center. Once approved to apply, the student then will apply for externships adhering to the guidelines established by PSYDNYS (Psychological Directors of New York State) and NYNJDOT (NY and NJ Directors of Training) (See Externship Guidelines in Appendix). Students are encouraged to review available externships and their specific requirements by viewing:

http://psychpracticum.fdu.edu/index.php/Main_Page

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[40] In semesters where no one meets the following criteria, the Advanced Peer Consultants may waive the requirement of already serving as a Peer Consultant.

[41] See Externship Petition in Appendix, p. 73.

All sites that students apply to, need to be approved by the DCT and Directors of the Psychological Center. Supervisors must complete our Clinical Supervisor Evaluation Form twice yearly and review with the students on externship the evaluation as part of our assessment of our students' clinical progress. These evaluations are also reviewed as part of the student's Annual Clinical Review process.

Annual Clinical Review:

The Annual Clinical Review (ACR) is mandatory for every student in residence in the Psychological Center. The first step of the review involves meeting with the Director of the Clinic to review the chronological history and record of psychological screens, psychological intake/evaluations, psychological testing, child psychotherapy cases, adult psychotherapy cases, group psychotherapy and family/couple psychotherapy cases. Additionally, supervisors' evaluations and current status of charts are examined with the students. Each student must bring their clinical charts and all of their supervisors' evaluations for the current year to the ACR meeting. Students must also bring completed supervisee evaluations on their supervisors. Performance on clinical administrative tasks also discussed with the students. Any materials handed in after the actual meeting will be considered late and will be reflected in the students' ACR report to their respective faculty advisor. During the ACR, students and the Director of the Clinic will also identify areas of clinical strengths, areas for improvement and plans for the incoming clinical year. Additionally, during the ACR, students' completion of the following tasks are assessed: child abuse mandated reporter training, HIPAA training, electronic record keeping and ethical and multicultural competencies (See ACR Worksheet). At the ACR, students will also have an opportunity to review with the Director of the Clinic, data obtained on students on OQ measures for the purpose of assessing patients' progress and treatment.

After successfully completing the ACR with the Director of the Psychological Center, the student therapist receives clearance to meet with the Associate Director of the Clinic for the second step of the review. This step involves a discussion of supervision and the assignment of supervisors for the upcoming fall. Such assignments take into considerations the student's supervision needs, their clinical progress during the previous and current academic year and their year in the program. The Associate Director informs both students and supervisors about supervision matches. It is expected that if any issues or concerns arises with the supervisory assignments that the student will immediately inform the Associate Director.

Students must bring the following to their ACR

- Active charts

- Supervision evaluations

- Supervision log[42]

- Individual Clinical Tracking Form[43]

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[42] See appendix, p. 80.

- Self evaluation survey[44]

Overview of Psychological Testing Requirement:

Psychological testing is a bedrock skill in the training of clinical psychologists and as such is a staple requirement in our Program. *Students are required to complete five full testing batteries before they can apply to Internship*. It is clear that Internship applications are deemed insufficient by Internship sites without this level of actual testing experience. Just as importantly, without the chance to actually test patients, the didactic work involved in the three required assessment courses goes largely unfulfilled. There is no substitute for the actual experience of testing.

Students who would like to have one testing battery which was conducted either in an externship or clinical fellowship towards the Program's testing requirement, may request to do so. The student will need to submit to the DCT and Director of the Psychological Center a de-identified report from the external site so that the report can be evaluated. If the report is deemed satisfactory by the DCT and one faculty member regularly involved with testing, the student will be granted credit towards the requirement and the report can be used as a substitute for an in-house testing. We will require that any of those assessments also include an attestation form signed by the supervisor of the testing affirming the adequacy of the work and that they are a licensed psychologist.

In the fourth semester in the Program (the Spring of the second year) each student will be required to complete two batteries. The Clinic staff will focus on insuring there will be sufficient cases and supervision during that time period for each student to complete this requirement.

In the summer between second and third years, each of the then rising third year students will be required to complete one full testing battery. Because that summer is the beginning of their work on Second Docs[45], we have reduced the requirement to one battery.

In the first semester of third year, work on the Second Docs will be at its peak so that no testing batteries will be required but students who have not finished their third battery will have the time to catch up. Students who would like to complete an additional battery during this semester may do so but is certainly not necessary.

In the Spring semester of their third year, students will be required to complete the two remaining batteries. This frees students to work on their dissertations in the summer between third and fourth year and/or allows them to use that summer to finish any remaining test batteries that need completion. Setting the requirements this way allows all student to have completed their testing requirements, their Second Docs and a huge proportion of their coursework before the start of the fourth year. This maximizes the time to work on their dissertation in the fourth year, thus allowing students to complete their thesis their in its entirety should they go on Internship in Year 6 of the Program, which is the goal. It also does not preclude some students from applying for Internship during their fourth year if they so choose and are deemed ready across their other clinical and academic obligations.

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[43] See appendix, p. 75.

[44] See appendix, p. 77.

[45] See below, pp. 34.

Students learn to administer psychological tests in a graded sequence that begins with testing volunteer subjects during the first year Assessment sequence (I & II). These courses have TA-led labs in which they learn to practice scoring and administration. During the summer and/or in the first semester of the second year, they begin to conduct supervised psychological test batteries with patients in the Clinic, in tandem with Assessment III and IV. Beginning in the second year, they begin to test patients in the Clinic, under the supervision of both a TA (who reviews scoring and administration) and a licensed clinical psychologist (who reviews interpretation and presentation of results). Groups of 3 or 4 students, along with their TA, are supervised on a weekly basis by a licensed psychologist who is the supervisor of record for all batteries in the supervision group; some of the supervising psychologists are core faculty; some are clinical adjuncts. At the end of completion of their required testings, students are asked to submit their best self determined testing rubric and it is evaluated by the Directors of the Psychological using the *Psychological Assessment Report Rubric* (see Appendix).

Clinic Teams

All students who treat patients at the Clinic are assigned to one of four clinic teams that meet weekly. Each team is comprised of a total of 10-12 student therapists with representation of students from each of the first four years, as well as any other students who are treating patients in the clinic beyond the fourth year. Students remain in that Clinic Team for the entirety of their residency (4-6 years).

There are four Clinic Teams; two are led by the Clinic Director (Dr. Puñales) and two are led by The Associate Clinic Director (Dr. Harris). These weekly Team Meetings allow for the monitoring of all cases in The Clinic, as well as the monitoring of the development and progress of each individual student. Because they are conducted within a multi-cohort group setting, the format allows all students to learn from and consult with each other. In the first week of their first year, students are placed onto one of four teams, each of which is comprised of a cross section of students from all class cohorts.

The purposes of Clinic Teams are the following:

- To give student therapists a forum in which to apply the clinical and consultation skills they are learning into practice.

- To help the clinic administration more effectively oversee and manage the data collection or pilot protocols and research that student therapists may conduct and participate in.

- To allow the Directors of the Clinic to more efficiently and comprehensively oversee students' clinical work; to reduce the likelihood of risk, and increase compliance with supervision, desk duty, and chart maintenance.

- To allow the clinic administration to track caseloads to insure that students in residence maintain active and full caseloads. Additionally, the teams facilitate triaging of emergent situations allowing for practica courses to spend more time in the class for didactics and a more in depth discussion of case material.

- To provide student therapists with experiences of mentoring and being mentored and as a result, giving trainees added exposure to supervision and consultation through discussion of cases with a format that allows for input.

- To provide a space where students can discuss their clinical experiences that is both formalized and regular, with a particular focus on helping reduce anxiety experienced by trainees.

Structure of Clinic Teams

Typically, meetings begin with dissemination of administrative information. This part of the Clinic Team meeting discusses procedures about charting, the implementation of the new pilot research, reminders and clarifications about treatment updates etc. During this time, weekly changes in caseload and supervisor status for each student is recorded.

The second phase of the Clinic Team is a discussion of any clinical emergencies or concerns that arose during the week with patients. This phase allows for a proactive discussion of clinical concerns about current patients. Additionally, it allows for the gathering of incident reports and charting of emergency situations. Throughout the meeting, there will be space for students to weigh in on each other's cases, to work collaboratively, and to essentially consult each other in a standard meeting. Student therapists in the Clinic Teams also have the benefit of hearing and becoming familiar with 30-40 other cases over the course of an academic year. Attendance at these meetings is mandatory.

Over the course of their residency, students are expected to remain in their Clinic Team to provide continuity of experience for themselves, as well as for their fellow students. Students are allowed to request to switch teams once during their residency. No one may see patients at the Clinic without being part of a Clinic Team.

Treatment Modalities offered at the Clinic

The Clinic provides patients with treatment in the following modalities: individual psychotherapy, group psychotherapy, family and couple psychotherapy for children, adolescents and adults. The clinic provides short- and longer-term empirically supported treatments which include: psychodynamic psychotherapy, Transference Focused Psychotherapy, Dialectical Behavior Therapy, Emotion Focused Therapy and Motivational Interviewing. Student therapists who provide manualized treatment to patients do so in the context of participating in treatment and supervision teams for the respective treatments.

Overview of Research & Scholarship Training

The Program is designed to provide the future clinical psychologist with a strong foundation in scholarship and research in the field of psychology.

By the end of their third semester in the Program, students will have completed a required four-course sequence designed to give them the requisite fundamental skills to begin to think critically as a researcher (the four courses are the two-semester Statistics course, the Psychometrics course and the Research Design course).

Research & Scholarship Groups (RSGs):

Research & Scholarship Groups (hereafter, RSGs) are working groups led by each core faculty member (with the exception of Dr. Puñales, and Dr. Harris) that are comprised of students from each of the first, second and third year cohorts. At the beginning of each academic year, core faculty describe their research in presentations to students who then rank order their preferences and are assigned to an RSG.[46] RSGs meet for 1.5 hours 3 times per month. RSGs are designed to help students progress towards the dissertation by offering them consistent interactions over a multi-year period with both a faculty research mentor, as well as with student mentors from more advanced cohorts.

Research & Scholarship Project (RSP):

The RSP begins with the development of a research proposal and application for IRB approval of the study and culminates at the beginning of the third year in a final presentation of the student's research at the Program's Research & Scholarship Day. To enrich their research experiences, students are additionally encouraged to submit their RSP to either professional conferences (as a poster or paper presentation) or as a journal article. Thus, the RSP and poster presentation affords an opportunity to evaluate how well students have applied the research skills learned and developed in the initial 4-course sequence and in the RSG. The assessment tools used at this juncture are the *RSP Rubric* and the *RSG Participation Rubric*

First Doctoral Qualifying Examination (First Docs):

Students must take and pass the First Doctoral Qualifying Examination (First Docs) by the end of the spring (late May or early June, exact date to be set at the beginning of each academic year) of their first year. This is a written examination based upon the courses taken in the first year of the Program. The aim is to have students integrate what they have learned in a scholarly way: to demonstrate foundational knowledge across multiple domains, to be able to think critically about this knowledge, and to begin to apply this knowledge clinically. Failure to obtain a passing grade on the First Docs results in the student having to take a new comprehensive exam; failure of the examination on the second try leads to termination from the program.

The First Docs is designed to assess mastery of basic psychological concepts and research that form the foundation of a student's identity as a psychologist in general, and that provide the scientific basis for specialization in clinical psychology.

The exam is a three-hour sit-down "open-book" essay exam. Students must answer questions from each of the following foundational courses:

- Research Methods I & II (Statistics I & II)
- Psychodiagnostics I
- Psychometrics
- Biological Bases of Behavior

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[46] RSG descriptions are included at the end of the handbook (see page 69).

- Proseminar on Ethical and Professional Issues
- Lifespan Development
- Theory I: Integrative Approaches to Psychotherapy

Possible Outcomes of the First Docs:

The faculty member teaching the course linked to a specific exam question is responsible for grading that response. Each answer can receive scores ranging from 1=failed to answer to 5=excellent. (see FDQE Grading Rubric in Appendix) The following grading shows the scores that a student can attain:

- HONORS: is granted when the sum total of the student's essays receive a score of 5 in 80% or more of their responses and the student does not receive any scores of 3, 2, or 1.

- High Pass: is granted when the sum total of the student's essays receive a score of 5 in 50% or more of their responses and the other scores can be 4, 3, or 2's.

- Pass: is granted when the sum total of the student's essays receive a score of 5, 4 or 3's in 50% or more of their responses and the other scores can be 2 or 1's

- Fail I: is granted when the sum total of the student's essays receive a score of 2 or 1's in their responses. In such an event the student is allowed to retake the examination.

- Fail II: is granted when after retaking the First Doctoral Qualifying Examination the sum total of the student's essays receive a score of 2 or 1's in their responses. In such an event the student's standing in the program will be evaluated by the Director of Clinical Training and Faculty. If the student fails both exams, they will not be able to advance in the program.

Second Doctoral Qualifying Examination (Second Docs):

Students must take and pass the Second Doctoral Qualifying Examination (Second Docs) by the middle of their third year. This exam requires an intensive examination of a case within the context of current theory, science and research, as well as the cultural assumptions that shape the experiences of both parties in the therapeutic enterprise. The goal of this exam is for students to produce high quality scholarship that uses case material to illustrate or illuminate crucial points of theory or scientific research. Each student is assigned to a two-member Examination Committee appointed by the DCT in the spring of the second year. The final written version of the paper is due by January 1 of the third year.

Students' progress is followed closely by the Examination Committee Chair. In late January or early February of the third year, students present their papers in a case conference format to a group that includes both the Examination Committee as well as students from the first through fourth years in the Program. Invitees to the second doctoral exam are determined and approved in advance by the DCT and chair of the Second Docs. The assignment of students to these groups allows the entire community to participate in this process. During the oral portion of the exam the student is expected to answer questions from both faculty and students

concerning all aspects of their paper, as well as specific aspects of their clinical work. Students are assigned a grade of Honors, High Pass, Pass, or Fail.

The Second Docs is a crucial milestone of the scholar-practitioner process that lies at the core of our program. It is a qualifying exam that assesses a student's mastery, at a level appropriate to their years of training, and of the clinical abilities taught in the program. Simultaneously, it also serves as an examination of a student's ability to integrate clinical case material with the scholarly literature pertinent to the diagnosis and treatment process for a particular patient. Additionally, the exam is designed to assess a student's ability to communicate about this knowledge in writing and orally. As an academic milestone, this qualifying exam signifies a student's preparedness to enter the final phase of doctoral training, culminating in the dissertation, technically, the third doctoral exam.

Description of the Contents of the Second Docs

Given that ours is a scholar-practitioner program, the Second Docs requires a student to write a document that focuses in depth on a clinical case that the student has treated in the Clinic. The case can be an individual adult, child, family, couple, or group; can be on a short-term (minimum six months or 24 sessions) or longer-term therapy (although longer-term cases typically provide more material); and can have been conducted based on any theoretical perspective – psychodynamic, family systems, cognitive-behavioral, or integrative. The document is to be approximately 35-45 pages in length and consists of three broad themes (often represented by three sections with headings and subheadings) that are to be integrated into one cohesive paper, roughly analogous to a publishable case study.

Theme 1: Case Presentation. In this section, a case is described using a format that is fairly standard in clinic settings for treatment reports. The information included essentially combines that of an intake report and that of all their treatment summaries up until the present, but in greater depth than typical for those documents. The format usually includes the following headings:

- Identifying Information

- Presenting Problem

- Background to the Problem

- Developmental History

- Initial Diagnosis (and revised diagnosis, if the diagnosis changed during the course of the therapy)

- Formulation (including as relevant psychodynamic, systems, cognitive –behavioral and neuropsychological concepts)

- Themes of the Therapy (sometimes also titled Treatment Course)

- Current State of the Therapy and Patient's Functioning

After this first section of the paper is completed, it is reviewed thoroughly by the committee Chair, and also with the committee's Second Reader, depending on how the committee decides to work, so that the core diagnostic and treatment paradigms are agreed upon.

Theme 2: Academic Literature Relevant to the Case. Once the student and Chair have agreed on the diagnostic formulation and confirmed the treatment approach used, the student delves into the academic literature, including theory and research that informs the diagnosis and treatment. This part of the paper should provide a compelling discussion of how others have understood and treated such patients, and how the work of others compares with the student's own conceptualization and approach.

Theme 3: Diversity and Culture. The third theme of the paper is a review of the student's work with the patient through the prism of culture and related social locations (race, ethnicity, sexual orientation, gender, class, education, immigration history/status, age, ability/disability, and other dimensions of difference. We thus ask the student to address both:

- The impact of the patient's social location and associated cultural context on their clinical presentation, as well as on their sources of competence and resilience.

- The impact on the therapy relationship, especially aspects of transference and countertransference, of the patient's and the therapist's cultures of origin and their respective placement on dimensions of difference.

As it is not possible to cover all the dimensions of difference that inform people's life circumstances and experience, or that affect the therapy relationship, in consultation with their committee, the student will select a few dimensions that have been particularly central in the patient's life and in the therapy.

It is to be stressed that although there are three themes to the overall document, the purpose of the project is to seamlessly integrate these themes into one comprehensive paper. Although the three themes may be covered in separate sections, in consultation with the committee, the student may decide to organize the paper in the form that is most conducive for this integration.

Writing Format and Confidentiality Considerations:

- **Format**: The document should be prepared according to guidelines provided in the Publication Manual of the American Psychological Association. This manual provides guidance on: how to reference literature in text and in the References section, punctuation, and the organization and appearance of heading levels.

- **Confidentiality**: To preserve confidentiality, the name of the patient and people in the patient's life (family members, partners, friends) discussed in the document, must be de-identified and changed.

- **Timeline**: Students begin writing their Second Docs in the summer after their second year. Here are the steps, and deadlines for each:
- June 1 of the second year: Professor Tuber assigns committees composed of two faculty members to each student. One faculty member serves as the Chair; the other as the Second

Reader. The student works most closely on drafts of the document with the Chair, typically giving the Reader a version that has been approved by the Chair. However, with agreement from the committee, students may submit drafts to both committee members. To insure a good fit between committee and student, each student is permitted up to three faculty they can "veto" to not be on their committee and up to three faculty that might want to be on their committee. The vetoes are always granted, the "wishes" are given every consideration with no guarantee.

- September 1 of the third year: The Case Presentation aspect of the
- paper is submitted to the committee.
- December 1 of the same year: A draft of the remainder of the work is
- submitted to the committee
- January 1: All drafts are returned with feedback and
recommendations for revision by the committee.
- Late January – early February: Oral exams are scheduled.

Format of the Oral Examination:

During the Second Docs examination week in February, students in the third year will present their work to both their committee and a random selection of students in a seminar format. The presentation will include both an in-depth presentation of the course and nature of their work, as well as an open discussion between students and faculty members of the case and its ramifications. Although input may be provided to students by all who attend the oral presentation, students are graded solely by their faculty committee.

Possible Outcomes of the Second Docs Oral Exam:

- **Pass**: At the sole discretion of the faculty committee, a student can receive a passing grade of Honors, High Pass, or Pass, based on a combination of both the student's written work, oral presentation and overall professional competence in relation to the patient, supervisor(s) and faculty committee. Ratings of competencies in addressing diversity, integration of research and scholarship, and treatment of ethics will also be given. (For the specifics on how Second Docs are assessed please refer to the APPENDIX for the Second Docs Scoring Rubric.

- **Fail**: There are two ways to fail:

o The committee concludes, even after revision, that the student's
   clinical work on the case does not constitute a reasonable degree of clinical acumen, professional decorum and ethical propriety. These deficiencies are deemed severe enough that written revision would not rectify the problems inherent in the clinical work.
o Even though the written work is deemed passable, the student's performance during the oral presentation is so substandard that the committee concludes that the student's overall grade has been reduced to a failure. The examination cannot be re-taken.

We consider the second doctoral examination as a close faculty-student mentoring process regarding the development of critical clinical skills, the capacity to put those clinical skills into written and oral form, the demonstration of professional competence and the means to integrate clinical work with patients with the rich empirical and theoretical literatures in our

field. Students have regularly experienced the process of this examination as being one of the highlights of their scholar-practitioner training.

Dissertation:

To formally begin the dissertation process, students must submit a *topic Proposal Page* in order to advance to candidacy. Once the *Topic Proposal Page* has been approved, students submit the *Dissertation Proposal.*[47] to their Dissertation Committee (selected by the student in consultation with their faculty mentor/advisor) for evaluation. The proposal consists of a statement of the problem to be investigated, critique of relevant conceptual and empirical literature, articulation of research questions or hypotheses, and exposition of the proposed dissertation's methodology, including participants, operationalization and measurement of variables, procedure, and data analytic plan. Students are not able to move forward with the dissertation until the Dissertation Committee approves the proposal.

Students must have completed an approved *dissertation proposal* (consisting of Introduction, the Literature Review and Methods chapters) before the faculty will allow them to apply for internship. Students who decide to apply for internship must submit their *dissertation proposal* to the committee by June 30th and defend the *Dissertation Proposal* by October 15th of the year they apply for internship. The assessment tool used at this point is the *Dissertation Proposal Rubric*.

Completion of the dissertation constitutes the final step in the academic sequence of our training Program. While the RSP must be empirical, dissertations may be empirical (quantitative, qualitative, or mixed method), or theoretical. The student works closely through the proposal, data collection, analysis, and completion stages of the dissertation with a three-member committee. This committee is typically made up of Ph.D. Program core faculty, although students may sometimes ask a research mentor from outside The Ph.D. Program to serve on the committee; the chair of the committee must be a full time core Ph.D. Program member. Two outside readers, usually faculty or outside mentors with expertise in the field, review the dissertation along with the original committee members.

Completion of the dissertation is the capstone project by which we evaluate research and scholarship competencies. Students must demonstrate mastery of implementing an independent research or scholarly project, analyze the results independently, and integrate their results with the existing literature. The completed study is presented as a written document and as an oral presentation prior to graduation. The assessment tool used for the both the oral defense and the written dissertation, the *Dissertation Defense Rubric*.

Structure of Dissertation:

Dissertations in clinical psychology may take as their focus any one of a broad range of topics and may utilize a wide variety of methods. Our commitment is to high-quality, disciplined inquiry in any mode that is appropriate for pursing their research interest. The meaningful

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[47] With the development of the *Dissertation Seminar,* most students use the work created in this course as the basis for their Dissertation Proposals.

pursuit of clinically relevant knowledge and understanding, rather than adherence to a particular methodology, is a shared goal of our students and faculty.

There are six formal steps in the dissertation process and they must be completed in sequence. They are as follows: Topic Proposal, Dissertation Proposal and Proposal Meeting, IRB Approval, Dissertation Approval, Dissertation Defense, and Depositing the Dissertation. In addition, students are advised to have regular meetings or at least ongoing email contact with their core committee to discuss their progress and to answer any specific questions they might have about literature, methodology, results, and conclusions. Each step is discussed in detail below in the "How To Do It" section.

When Is It Due?

The Topic Proposal should be completed as soon as the student has identified their area of interest, thesis sponsor, and the two other core committee members. However, because the student must submit a complete draft of their dissertation proposal by June 30 prior to the fall semester when they plan to defend the proposal (by October 15th), they must submit the topic proposal no later than immediately after the end of the Spring semester (unless a student has completed all course requirements prior to that semester) before they will apply to internship.

The topic proposal can only be completed and approved after a student has completed all required course work. Once the topic proposal is submitted and approved, the student moves to Level 3, also known as Advancing to Candidacy. To lower the tuition rate the student must have moved to Level 3/Advanced to Candidacy.

You cannot submit the topic proposal and officially begin work with a mentor on their dissertation unless you have registered for dissertation supervision: Psych 90000. Students must register during the regular registration period in the spring before the Fall semester when planning to submit the topic proposal, or in the Winter registration period for the upcoming Spring semester. Failure to register in a timely fashion will disqualify the student from being able to submit their topic proposal and have the dissertation proposal orals by end of October, which in turn will disqualify them from applying to internship that Fall. The Dissertation Proposal and Proposal Meeting with the Dissertation Committee must be completed before you are allowed to apply for internship. This means that the proposal meeting must occur by the end of the second week of October, so that the student can obtain the letter from the program director that accompanies internship applications and which states that they are approved to apply for an internship.[48]

Dissertations are evaluated by the use of the *Dissertation Proposal* and *Dissertation Defense Rubrics*.

For Institutional Review Board (IRB) Approval and GC Clearance, students must have their project approved by the CCNY IRB before beginning to collect data. Keep in mind that the CCNY IRB meets once a month, and requires the student to submit materials at least 2 weeks prior to their scheduled meeting. Consult the CUNY website for the IRB to learn more about different

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[48]Most Internship applications are due beginning in November.

levels of review (http://www.gc.cuny.edu/About-the-GC/Resource-Services/Research-Sponsored-Programs/Human-Subjects-IRB).

The university has created a central CUNY IRB, all forms and applications should be conducted through www.irbnet.org. More information on IRB approval follows in the next sections.

Students will not be allowed to deposit their dissertation unless the CUNY GC Dissertation Proposal Clearance: Human Participants form is on file in the GC Registrar's Office.

With respect to the actual Dissertation Approval, at minimum, students must provide a copy of their completed dissertation to their entire five-member Oral Examination Committee between 6 to 8 weeks (depending on the member of the committee) prior to the date they wish to defend. It must go to their core (three-member) committee 8 weeks prior to the date the student wishes to defend, which allows the committee 2 weeks to read the dissertation and decide whether it is ready for the student to proceed to the oral defense. If all three core committee members believe that the dissertation is ready, they will sign the Dissertation Evaluation Form, and the student can then send the dissertation to their two readers (members 4 and 5 of their committee), who also need at least 2 weeks to read the dissertation. (Keeping count? We're now 4 weeks before the hoped for defense date.) One of the readers must also sign the Dissertation Evaluation Form before the student submits it to the program administrator, who then sends it to the GC. This form must be signed and sent to the GC 4 weeks prior to their defense date, or else the student will not be able to hold their defense.

So, a minimum of 4 weeks prior to the scheduled dissertation defense, the program office should be provided with the signed Dissertation Evaluation Form and the following information to forward to the GC: (1) Name of the student; (2) Title of dissertation; (3) Date, time, and place of the defense; and (4) Names of committee members, their affiliation, and addresses to which invitations are to be sent. Our Program Administrator then forwards the information to the GC Provost, who then sends letters of invitation to the members of the committee.

Dissertation Proposal and Proposal Meeting:
Forms Needed: Dissertation Proposal Approval Form

The Dissertation Proposal is a detailed description of the research to be conducted. Included in it are such things as a review of previous research in the area, a statement of the hypotheses advanced and their rationale, and a description of the research design, including an account of the procedures to be employed, the measuring instruments to be used, and the planned statistical analysis of the data. Thus, the proposal essentially constitutes the literature review, study introduction, hypotheses and methods section of the dissertation itself. The Proposal and the completed Dissertation must be written in APA style. Consult the current Publications Manual of the APA for guidance on punctuation, references, tables, and more.

A good literature review should answer the question, "Why should the student spend time and money attempting to answer the research question?" In other words, it should make a solid argument for conducting the study. To this effect, the literature review should establish that:

• the problem to be researched is important – either for development of

theory, of general psychological knowledge, and/or because it represents a significant clinical or social problem.

• the approach to the problem is novel in that it takes a different

theoretical perspective on it, or uses a different methodology to examine it, or extends previous research to new populations.

The literature review does not need to be an exhaustive discussion of everything related to the problem under study – its purpose is to make a solid argument for doing the research.

Dissertation Proposal Approval Form: When the dissertation proposal is approved by the Core Committee (after at least one meeting of the committee), it is signed by the three members and given to the Program Administrator who will send it to the Executive Officer at The GC.

The Dissertation Proposal is often thought of as a "contract" between the student and the Committee in terms of the scope and aims of the dissertation project. Thus, once it is approved, the Committee cannot "change its mind" and require major changes in the project. This is one reason why an approved Dissertation proposal early in the dissertation process is necessary.

As was noted in the section entitled When Is It Due?, the Dissertation Proposal and the Proposal Meeting with the Committee must be completed before a student can apply for internship.

Assembling The Committee:
> **Forms Needed**: Dissertation Committee Selection Form (see section below on Topic Proposal)

There are two types of Committee Members: Although we often refer to the "Dissertation Committee" as a single unit, there are actually two types of committee members: the Core Committee, and the Oral Examination Committee. The Core Committee will evaluate and sign off on their topic proposal, and meet with you periodically to guide you in the dissertation process. You must first assemble the three members of the Core Committee, including the Thesis Sponsor (also known as the Chair) and two other members. **The Chair must be a member of the core faculty.** The Oral Examination Committee includes the three Core Committee members as well as two Readers. You may select the two additional readers later in the process, but must do so prior to the step of approving the Dissertation.

Creating a Usefully Diverse Committee: In choosing committee members, it is desirable for committee members' expertise to complement, rather than overlap, each other. For instance, you might select a few members with expertise in the particular topic, and one or more member with expertise in the methodology or theoretical approach you plan to use. You may also select as a member someone with little background in either the topic or methods, but whose clinical, research, or theoretical expertise you believe will add an interesting, useful perspective to developing and/or evaluating their work.

Requirements for the Committee Members: Three of the five committee members must be GC faculty. They need not be core Program faculty, as long as they are GC faculty. Note that some of the non-clinical faculty at CCNY are also GC faculty, and some are not. Individuals who are not adjunct or full-time GC faculty must have a doctoral degree and must have an academic affiliation at CUNY or another institution. Adjunct status is acceptable. Committee members who are not CUNY faculty members must provide a CV and a request form must be completed for approval by the Program Director and Executive Officer.

Topic Proposal:

   Forms Needed: Dissertation Topic Proposal and Dissertation Committee Selection Form

   The Dissertation Topic Proposal and Dissertation Committee Selection Form is a one-page description of the proposed research and has spaces for the names of their Dissertation Committee Chair as well as two other individuals who together make up their three-person Dissertation Committee.

Both the topic description and the proposed Committee members must be approved by the Committee Chair and then submitted to the DCT. If the DCT approves the dissertation topic and the committee, the form is then filed with the Executive Officer for Psychology at the GC. If the student's dissertation project changes substantially, a new Topic Proposal must be submitted and approved in the same manner.

IRB Approval:

   Forms Needed: Several

   All research involving human participants must be approved by the CUNY wide Institutional Review Board. Final approval involving a letter and date-stamped consent form, when relevant, must be obtained before research commences. Sometimes students want to collect pilot data before finishing their dissertation proposal. This is fine and often encouraged, BUT IRB approval must be received before piloting commences. The student must obtain IRB approval even if they are not collecting new data as part of their dissertation but instead are analyzing pre-collected, "archival" data. When the archival data come from a faculty member's larger program of research and that research has current IRB approval, the student may qualify for an Expedited Review.

   The university has recently switched to an online review application; this has made for a more complex process, and it is crucial that students begin the process as soon as they have a formulated proposal. IRB reviews usually take about 4-6 weeks but can take much longer, especially if there are revisions. Please consult the Research Foundation Web Site's (http://www.rfcuny.org) section on Research Conduct for detailed descriptions of policies, the investigator's manual, application forms, IRB meeting dates and links to other relevant sites. The application can be filled out at http://www.irbnet.org. Students may also contact the Human Subjects IRB administrator at CCNY at 212-650-7902. As noted previously, the university created a centralized CUNY IRB but there may be places on various websites that haven't yet been updated.

   Once an IRB proposal is approved, the student will need to submit to the GC the Dissertation Proposal Clearance: Human Participants form. This form is available from

http://www.gc.cuny.edu/Page-Elements/Academics-Research-Centers-Initiatives/Doctoral-Programs/Psychology/Program-Useful-Forms, or Clinical Psychology Program Administrator. Kay Powell (kpowell@gc.cuny.edu, 212-817-7525) is the Human Subjects IRB administrator at the GC, if you have additional questions. Accompanying this form must be a brief description of the research. This can be the same description you submitted to the CCNY IRB. Both the form and the brief description of the research are sent to the Office of Sponsored Research (Room 8309) at the GC. The Clinical Psychology Program Administrator usually will send these materials to the GC, so bring them to her rather than sending them yourself.

As part of the application a student must complete the computer-based Training in Human Subject Research Procedures for Behavioral and Social Sciences and Responsible Conduct of Research (http://cuny.edu/research/compliance/Responsible-Conduct-of-Research.html). The website for the two training programs is www.citiprogram.org. This training is required by the federal government. You will be asked to submit a certificate of completion for this training with their IRB proposal, so be sure to complete it before the IRB submission deadline that you are trying to meet. All students are required to do this by the end of their first year.

Dissertation Defense:
  Forms Needed: Report of Final Examination

The dissertation defense may take place at anytime. However, in order to receive the Ph.D. in June and attend graduation, one must deposit the revised dissertation in the Library and pay all fees by about **April 30th** (check the GC school calendar for an exact date). [Note that a student also must have completed Internship in order to deposit the dissertation, receive their degree and attend graduation by June; otherwise, they will have to wait until the October graduation date for their Ph.D., and may attend graduation in the Spring of the following year. Thus if a student has defended their dissertation, but have not finished internship, the earliest date they can deposit their dissertation is the last day of your internship. This means that the Oral Defense must be scheduled well before that time so that all required revisions can be made and a final typed copy of the dissertation can be ready by the deadline. If a student completes the requirements after the deadline, they will receive the degree the next time it is awarded. To receive a February or October degree, the thesis must be in the Library and the fees paid by approximately 1 month before the graduation date (check the graduate school calendar for an exact date). It is also important in planning when to get drafts to committee members to keep in mind that faculty are technically "off duty" from June until September, and during the winter break (December 23 through to the first week of Spring semester classes). That is, unless a student makes specific arrangements with faculty to read their materials during these times, they are under no obligation to do so.

At the oral defense, the dissertation sponsor serves as chair of the examining committee. At City, the oral defense is conducted in an amicable, collegial manner. Although it is an exam, we like to conduct the defense as a conversation among colleagues about a piece of important work – yours! The committee chair/thesis sponsor and student should discuss what will be expected to present, but generally, students provide a 20 minute summary of the dissertation – the importance of the research or theoretical question, rationale for the study, methods,

results, and conclusions, including a discussion of the study's limitations and clinical applications. Outside readers are then invited to ask questions, followed by members of the Core Committee.

After the discussion, the student will be asked to leave the room while the committee briefly discusses their work and their presentation, and the student will then be invited back in to hear the decision of the committee. In most cases, students are asked to make at least minor revisions, and sometimes, more major ones. The committee may decide to pass the student on the defense with the understanding that the student and their chair will complete the suggested revisions.

The committee may submit any of the following recommendations:

- We certify that the candidate has passed the Final Examination.
- We accept the dissertation as presented.
- We certify that the candidate has passed the Final Examination. We will
- consider the dissertation acceptable after minor revisions are approved by the chair.
- In our judgment, the candidate's dissertation requires major revisions. It
- must be resubmitted for approval by the chair and two members of the examining committee.
- We certify that the candidate has failed the Final Examination, and make
- the following recommendations:

The results and recommendations of the oral defense are decided by a majority vote of the five members.

Depositing the Dissertation:
Forms Needed: Approval of Revised Dissertation

As was noted above, in order to receive the Ph.D. in June, a student must deposit the revised dissertation in the Library and pay all fees by about April 30th (check the graduate school calendar for an exact date).

When the final version of the dissertation has been accepted by the Examination Committee, and when all other requirements have been met (INCLUDING COMPLETION OF INTERNSHIP), the student may then arrange with the Dissertation Secretary (Judy Waldman: 212 817-7069, jwaldman@gc.cuny.edu) to submit their dissertation to the Mina Rees Library (Room 2304) at the GC. The dissertation must follow the format of the Registrar's instructions or it will not be accepted. Detailed instructions can be found at http://libguides.gc.cuny.edu/content.php?pid=231531.

It is required that three unbound copies be deposited with the Dissertation Secretary at the GC, and a bound copy with the DCT. It is customary for candidates to provide members of their Examination Committee with copies of the finished dissertation.

Forms Required:

1. Dissertation Topic Proposal and Dissertation Committee Selection Form

Where to Get It:

- http://www.gc.cuny.edu/CUNY_GC/media/365-Images/Psychology/Dissertation-Topic-Proposal-and-Dissertation-Committee-Selection-Form_1.pdf

http://www.gc.cuny.edu/CUNY_GC/media/365-Images/Psychology/Request-for-Approval-of-Non-CUNY-Doctoral-Faculty-Dissertation-Member_1.pdf

- Clinical Psychology Program Administrator

2. Dissertation Proposal Approval Form

Where to Get It:

- http://www.gc.cuny.edu/CUNY_GC/media/CUNY-Graduate-Center/PDF/Psychology/Forms/Dissertation-Proposal-Approval-Form_3.pdf
- Clinical Psychology Program Administrator

Forms for IRB:

3. CUNY IRB Proposal Forms and Informed Consent

Where to Get It:

- http://www.gc.cuny.edu/About-the-GC/Resource-Services/Research-Sponsored-Programs/Human-Subjects-IRB
- Clinical Psychology Program Administrator

4. GC Dissertation Proposal Clearance: Human Participants Form
Where To Get It:

- http://www.gc.cuny.edu/CUNY_GC/media/Academic-Calendar/Dissertation-Proposal-HSR-Clearance-Form-Revised-Azar-revised-07-16.pdf

Clinical Psychology Program Administrator

5. CITI Collaborative Institutional Training Initiative

Where to Get It:

- www.citiprogram.org

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Register under CUNY, and select the appropriate group. Include a copy of the completion certificate with the final IRB application

6. Dissertation Evaluation Form

Where to Get It

- http://www.gc.cuny.edu/CUNY_GC/media/365-Images/Psychology/Dissertation-Evaluation-Form_1.pdf
- Clinical Psychology Program Administrator

7. Report of Final Examination

Where to get it:

http://www.gc.cuny.edu/CUNY_GC/media/CUNY-Graduate-Center/PDF/Psychology/Forms/Report-of-Final-Exam-Form-SEP2014.pdf

- Clinical Psychology Program Administrator

8. Approval of Revised Dissertation –please refer to the process in the website listed below.

- http://www.gc.cuny.edu/CUNY_GC/media/CUNY-Graduate-Center/PDF/Psychology/Forms/Approval-of-Revised-Dissertation-Form-SEP2014.pdf

Clinical Psychology Program Administrator

Internship

Students are required to complete a year-long internship in Clinical Psychology before graduating from the Program, typically in the sixth year, although the timing of the internship is usually based on the student's pace of finishing other requirements, and completion of the dissertation proposal, as well as other personal considerations. Clinical @ City has an outstanding record of acceptances to highly competitive internships in the New York Metropolitan Area, and the vast majority of these are APA approved. In the past 7 years, of the 97 students who have applied for internship a total of 91 matched (94% success rate).   These internships typically involve rigorous training in a range of clinical competencies, some of which are new to students but at which they excel. Virtually all internships involve work with diverse populations and many are located in the inner city.

General Notes about the Internship Application Process:

For students who are interested in learning more about internship, a lunch is held every year the Tuesday before Thanksgiving. Former students who are currently on internship are invited to speak about their experience. Additionally, a general information session on the Internship Application process will be held in the summer for those students who intend to apply for internship during the respective upcoming Fall Semester. Mock interviews for students applying to internship occur during the Fall Semester and a required of all students applying to internship. For more specific information about the Internship application process please refer to the Internship Manual which is available on the Program website. Most Applications are due starting in the beginning of November. Applicants need to check specific dates for each internship.

While we all would wish it to be otherwise, students need to be entirely engaged in, preoccupied, and consumed by this process from approximately September through February.

Students need to have completed (or be completing during the fall of the application process) their 90 credits of coursework, have passed their Second Docs, advanced to level III by submitting their topic proposal to the GC by June 1st, submitted a complete draft of their proposal to their Chair for review by June 30th, and have defended their dissertation proposal approved by all three committee members (not just the topic but the literature review and research design) by October 15th of the year you are intending to apply.

All students applying to internship must submit drafts of their internship application essays and CV by September 15 for review by the faculty. In addition students are required to have a mock interview to help prepare for internship interviews.

Remember that obtaining an internship is partially about probabilities (statistics). Students have direct control over the quality of their essays and application form, and over the number of places they apply, as well as how well they prepare for the interview process part. When thinking about where to apply, think about match: inpatient vs. outpatient, population, small vs. large, physical environment, resources, commute, hours, supervision. The analogy to keep in mind is what students have learned when working with supervisors at City, that is, it is about

fit; a student may not like a supervisor that comes highly recommended by someone in the class ahead , so they need to consider what is important to them as individuals.

If a student is in their fourth year and will be starting internship during their fifth year, they must see their patients through the end of May. Anytime after their fourth year, they may transfer or terminate with patients but some students may choose to keep working with their patients beyond the fourth year. If they want to transfer a patient or are terminating with a patient, the student must schedule a meeting with the clinic director as soon as possible to discuss an appropriate case disposition plan. This meeting should occur no less than three months before their planned end date. The idea that the student must terminate/transfer all their patients or continue with all of them during internship year is a myth. Some places allow you to bring none, some at least one patient, sometimes even two. Bringing a patient with internship is a complicated proposition and we urge students to consider all aspects of it very carefully. As students find out about their placement at the end of February, students have ample time to discuss continuing or ending with a given patient as the earliest that internships start is July 1st. All students ending treatment with patients must meet with the Clinic Director to arrange for appropriate disposition of the care of the specific patient as well as to arrange for the exit interview.

Important Deadlines:

June 30, 2017	Draft of Dissertation Proposal due to Dissertation Chair
Sept 15, 2017	Draft of Essays due for Review
Sept 15, 2017	Required Mock Interviews Begin
Oct 1, 2017	Essays returned to students with feedback
Oct 1, 2017	Last date to request a letter of recommendation
Oct 15, 2017	Submit to DCT final list of sites where applications will be submitted
Oct 30, 2017	All dissertation proposal hearing need to have occurred
November 1, 2017	Submit updated list of final sites to applied to DCT if any sites were added or dropped
January 6, 2018	Submit to DCT final list of sites that offered interviews and sites that declined interviews

The Match Program: (see http://www.natmatch.com/psychint/)

The APPIC Internship Matching Program (the "Match") provides an orderly process to help applicants obtain positions in psychology internship programs of their choice, and to help internship programs obtain applicants of their choice. Similar matching programs are in use in

many other health professions, including medicine, dentistry, pharmacy, podiatry, optometry and others.

The Association of Psychology Postdoctoral and Internship Centers (APPIC) is responsible for establishing the policies of the Match and for monitoring the implementation of the Match. The Match is administered by National Matching Services Inc. (NMS) on behalf of APPIC.

With the Match, applicants must still apply directly to internship programs they are interested in, and applicants and programs interview and evaluate each other independently of the Match. However, no offers are made by programs during the interview period. Applicants and programs can evaluate each other fully before the programs must decide on their preferences for applicants, and before applicants must decide on their preferences for programs. After all interviews are completed, each applicant submits a Rank Order List on which the applicant lists the desired programs, in numerical order of the applicant's preference (first choice, second choice, etc.). Similarly, each internship program submits a Rank Order List on which the program lists the desirable applicants, in order of the program's preference. Each program also indicates the number of positions the program has available.

The Match then places individuals into positions based entirely on the preferences stated in the Rank Order Lists. An example and description of how the matching process is carried out is provided in on the match website. The result of the Match is that each applicant is placed with the most preferred internship program on the applicant's Rank Order List that ranks the applicant and does not fill all its positions with more preferred applicants. Similarly, each program is matched with the most preferred applicants on its list, up to the number of positions available, who rank the program and who do not receive positions at programs they prefer.

Since all offers, acceptances, rejections and final placements occur simultaneously, the Match is an effective and fair means of implementing a standardized acceptance date. It allows programs and applicants to evaluate each other fully before determining preferences, thus alleviating the pressures to make premature decisions based on incomplete information. Furthermore, the Match alleviates many common adverse situations from the recruitment process, such as applicants hoarding multiple offers, and applicants or programs reneging on a prior acceptance in order to accept a more preferred program or applicant that has subsequently become available. Also, a program can be assured that it will not be matched with more applicants than it has available positions.

In the Match, both applicants and internship programs should list choices in order of preference, without consideration for how they will be ranked by the other party. Decisions by applicants and programs regarding rankings can be based on the applicants' and programs' true preferences for each other, without the need to speculate on the likelihood of subsequent offers being made or accepted. The algorithm looks at applicants' ranks first so there is no benefit in trying to rank strategically; students should rank the sites in the order of their preference, not some idea of what the sites will do.

Applicants and internship programs do NOT receive information about the rankings submitted by other applicants and programs. Each applicant is given only the final result the applicant obtains in the Match. Each program is provided only with the names of the applicants

that it obtains in the Match, as well as the results of the Match for the other applicants ranked by that program.

Phase I & Phase II of the Match:

The Match will be conducted in two Phases. All eligible applicants and internship sites that intend to participate in the Match must register for the Match prior to the Rank Order List deadline for Phase I of the Match. The two Phases of the Match will then proceed as follows:

• **Phase I**: All applicants and programs must submit their Rank Order Lists

by the Rank Order List deadline for Phase I of the Match. The matching process will be carried out using those Rank Order Lists to place applicants into positions. The results of Phase I of the Match will then be distributed; applicants who submitted ranks will be told whether or not they matched and to which program they matched, and internship training directors will be informed of which applicants matched to their program. The list of programs with unfilled positions in Phase I of the Match will be provided on this website beginning shortly after the distribution of the results of Phase I of the Match.

• **Phase II**: Programs with positions available will offer those positions to

applicants in Phase II of the Match. Applicants who register for the Match prior to the Rank Order List deadline for Phase I of the Match and who do not obtain a position in Phase I, e.g., those who withdraw or remain unmatched. will be eligible to participate in Phase II. Those applicants may apply to programs that are participating in Phase II. All applicants and programs must submit their Rank Order Lists by the Rank Order List deadline for Phase II of the Match. A second matching process will be carried out using those Rank Order Lists, and the results of Phase II of the Match will then be distributed.

It is possible that, after completion of both Phases of the Match, some programs will be left with unfilled positions and some applicants will remain without internship placements. APPIC will operate a Post-Match Vacancy Service for unplaced applicants and programs with unfilled positions, which will begin operation shortly after the distribution of the results of Phase II of the Match.

For the APPIC Internship Matching Program to function successfully, all participants must adhere to the complete Schedule of Dates listed on the APPIC website.
    https://natmatch.com/psychint/aboutdates.html

Detailed information on the Internship application process is found on the Internship Manual found on the Program Website and which is distributed in the Internship meeting in June.

Important and Helpful Websites for Internship Application Process:

• http://www.appic.org

This is where you download the generic application, get access to the internship directory, and sign up for Listservs. This also includes information about the clearinghouse, etc.

• https://www.natmatch.com

This is where you register for the match and get your ID and password to access the rank order site; where you download the form you need to send in with your fee in order to register (see form below)

• http://www.apa.org/ed/accreditation/programs/index.aspx

This APA site has a listing of all accredited sites by state. It is a quick reference as opposed to navigating through the sites on APPIC.

• http://www.psychzone.com

This site has downloadable spreadsheets to help organize and calculate your hours. It also has a helpful timeline.

Final Steps to Graduation

The Ph.D. degree is considered completed as of the date the dissertation is deposited in the Library and the fee(s) paid. Students can be provided with documentation by the Registrar at this time attesting to the fact that they have completed all the requirements for the degree. The degree (including diploma) is awarded three times each year: February 1, Commencement Day in June (the only time students can "walk" in a graduation ceremony), and October 1. To be awarded their degree in February, students must deposit by the last business day in January; in June, by April 30th; and in October, by September 15. Note that many of our students who have completed their dissertation prior to the end of internship will have to wait to deposit the dissertation until they have completed their internship. This will mean that they will not be able to "walk" in the graduation ceremony the year that they complete all program requirements. Typically, those students will receive a graduation date of October and will be able to participate in the following year May graduation ceremony.

Licensure

Once you have completed your degree, you will need to know the requirements for getting licensed to practice. Please consult the following link to get that information:

http://www.op.nysed.gov/prof/psych/psychlic.htm

Program Philosophy, Goals & Objectives

Now that you have read the details of what is entailed in the program, the section below which includes the program mission and training model, as well as specific training goals should make more sense.

Program Mission and Training Model:

The Program's training is designed to provide the basis both for a productive career in clinical practice in a variety of public and private settings, and to prepare students for successful careers in research and academic settings. The philosophy of The Program is predicated on the belief that a clinical psychologist is a psychologist first and, subsequently, a specialist. Fundamental to this philosophy is the principle that all the skills and services a clinician may develop and provide are founded upon, and critically reviewed from, the science of psychology. Consequently, students receive a foundational knowledge in the basic theories, scientific literature, and issues that form the body of knowledge and methods of psychology; moreover, students are expected to develop research competencies necessary to contribute to the knowledge base of psychology. Many of the courses are designed with a psychodynamic and developmental foundation as we believe that understanding early experiences and unconscious processes are useful cornerstones to a strong clinical training. In addition, the curriculum is designed with an eye towards social justice and diversity. As future clinical psychologists, students are also required to master the body of theory, research, and skills relevant to clinical assessment and intervention techniques with individuals, families, and groups, as well as across the lifespan, from early childhood through adulthood. Thus, the training model followed by the program is best described as a *scholar-practitioner* model that is committed to social justice and diversity, grounded in psychodynamic perspectives, and informed by empirical findings.

Essential to our training model are required foundational courses in the general experimental area that ensure students learn core knowledge with respect to:

(1) The biological bases of behavior

(2) The cognitive and affective bases of behavior

(3) The social aspects of behavior

(4) The history and systems of psychology, personality, and individual differences

(5) The development of human beings across the lifespan

We believe that human behavior, cognition, motivation, and emotion are complex and multi-determined phenomena, simultaneously influenced by a range of psychological, developmental, cognitive, affective, systemic, behavioral, biological, cultural, and individual variables. This transactional perspective suggests that the individual develops within a number of overlapping contexts, all of which inform both normal and pathological development, as well as etiology of psychopathology and intervention. Furthermore, this perspective is anchored in a strong commitment to social justice and diversity in training and practice.

Our training is aimed at developing clinical psychologists whose experience as practitioners inform their scholarship and whose scholarship, in turn, informs their practice. We aim to train *critical thinkers* who are, on the one hand, fully equipped to evaluate and examine their clinical and scholarly work from the point of view of current theory and science, and, on the other, evaluate and examine the basic assumptions of theory and science in light of their experiences of working with patients and conducting research. As such, students in the Ph.D. Program partake of a curricular plan that is sequential and cumulative and which increases in complexity as they advance through the program and access both internal and then external training experiences.

We expose our students to a number of forms of disciplined inquiry. These include content areas in psychology (e.g., developmental theories, social psychology) and psychotherapeutic modalities and theories (e.g., psychodynamic and relational theories, empirically supported treatments such as Transference Focused Psychotherapy, Emotion Focused Therapy and Dialectical Behavioral Therapy,). In addition, students learn about practical forms of inquiry associated with study design (e.g., experimental, longitudinal, cross-sectional) and methods, both quantitative (e.g., questionnaire construction, survey methods) and qualitative (e.g., grounded theory analysis, focused interview, other text-based analyses).

In keeping with our philosophy and scholar-practitioner training model, the Program goals encompass four major areas: research and scholarship, clinical assessment, clinical intervention, and professional conduct. The Program's goals reflect these four areas of training, and so by the time students graduate, they will:

1. demonstrate knowledge of statistical analysis, research design and methods, and the existing theoretical and empirical literature in clinical psychology, as well as the implementation of that knowledge in designing independent research;

2. demonstrate comprehension of and competency in the clinical assessment of psychopathology and cognitive and personality functioning;

3. demonstrate comprehension of and competency in implementing a range of psychotherapeutic interventions to a range of socioeconomically and culturally diverse populations which experience a multitude of psychosocial stressors;

4. demonstrate the capacity to be ethically grounded, culturally competent, and socially responsible psychologists.

These goals form the core of our training.

Specific Training Goals:

GOAL I: RESEARCH AND SCHOLARSHIP TRAINING: *At the end of The Ph.D. Program, students will demonstrate knowledge of statistical analysis, research design and methods, and the existing empirical literature in clinical psychology, as well as the implementation of that knowledge in clinical practice and in designing and implementing independent research.*

GOAL II: CLINICAL ASSESSMENT TRAINING: *At the end of The Ph.D. Program students will demonstrate comprehension of and competency in the clinical assessment of the degree of psychopathology in cognitive and personality functioning.*

GOAL III: CLINICAL INTERVENTION TRAINING: *At the end of The Ph.D. Program students will demonstrate comprehension of and competency in implementing a range of psychotherapeutic interventions in a culturally competent manner to a range of socioeconomically and culturally diverse populations.*

GOAL IV: TRAINING IN PROFESSIONAL CONDUCT: *At the end of The Ph.D. Program students will be ethically grounded, culturally competent, and socially responsible psychologists.*

Overview of Curriculum

Curricular Map of Training Objectives for GOAL I.

To become competent in research design and statistical analysis, students in their first three years of training participate in a 5-course sequence in conjunction with hands-on research experience so that didactic training can be integrated with scholarly practice. This sequence allows students to gain the knowledge they will need to demonstrate the research competencies measured in the RACE. It will also allow them to master the requisite knowledge needed to complete the RSP and, ultimately, the dissertation.

In the first semester of the first year, students take PSY 70500 *Research Methods and Design I* (hereafter: *"Stats I"),* which is taught by faculty across CUNY campuses. *Stats I* focuses primarily on learning the conditions under which one would employ different statistical analyses, how to select the appropriate statistical analyses, and how to analyze data. In the second semester of the first year, students take PSY 70501 *Research Methods and Design II (*hereafter: *"Stats II"),* also taught across CUNY campuses, which focuses on further developing the statistical skills introduced in the previous semester. Students also take PSY 76000, *Psychometric Methods & Measurement* (hereafter, *"Psychometrics"*) in their second semester, adding to their developing skills in test construction, reliability and validity*.* The assessment tool at this point is the *RSG Participation Rubric*, which is completed by the RSG leader at the end of each academic year.

In the Fall of the second year, students take PSY 78000 *Quantitative Methods in Psychology (*hereafter: *"Quantitative Methods"*) which focuses on developing academic writing skills, selecting the appropriate research methodology to investigate a research question, and critiquing previous literature in an area of study. At the completion of these first four courses of the research sequence after their third semester, students take the RACE. In the Spring of the third year, students take PSY 80103 *Dissertation Proposal Seminar (*hereafter *"Dissertation Seminar").* The minimum level for demonstrating achievement in this 5-course sequence is a grade of at least a B-, as well as averaging a "satisfactory" rating or better in each course evaluation.

The RSP begins with the development of a research proposal and application for IRB approval of the study and culminates at the beginning of the third year in a final presentation of the student's research at the Ph.D. Program's Research & Scholarship Day. To enrich their research experiences, students are additionally encouraged to submit their RSP to either professional conferences (as a poster or paper presentation) or as a journal article. Thus, the RSP and poster presentation affords an opportunity to evaluate how well students have applied the research skills learned and developed in the initial 4-course sequence and in the RSG. The assessment tools used at this juncture are the *RSP Rubric*, and the *RSG Participation Rubric.*

In their fourth and fifth years, students again apply the research skills learned as they conceptualize and carry out the doctoral dissertation. The course that launches students on this effort is *Dissertation Seminar.* The final project for this class is the *Dissertation Proposal*, assessed by both their grade in the course, as well as The *Dissertation Proposal Rubri*c. The minimum level for demonstrating achievement in this class is a grade of B-. As part of their professional development, we encourage doctoral students to attend at least one research conference each year during their time in full-time residency in the first three years, or attend a workshop providing training on a research-related issue, towards the goal of facilitating their research careers. The Program has set aside funds to supplement the fees associated with students' attendance at these meetings. Students may apply for these funds directly to The Research & Scholarship Committee who evaluates and awards their requests to attend such conferences.

Dissertation Process: To formally begin the dissertation process, students must submit a *topic Proposal Page* in order to advance to candidacy. Once the *Topic Proposal Page* has been approved, students submit the *Dissertation Proposal* to their Dissertation Committee (selected by the student in consultation with their faculty mentor/advisor) for evaluation. The proposal consists of a statement of the problem to be investigated, critique of relevant conceptual and empirical literature, articulation of research questions or hypotheses, and exposition of the proposed dissertation's methodology, including participants, operationalization and measurement of variables, procedure, and data analytic plan. Students are not able to move forward with the dissertation until the Dissertation Committee approves the proposal.

Students must have completed an approved *dissertation proposal* (consisting of Introduction, the Literature Review and Methods chapters) before the faculty will allow them to apply for internship. Students who decide to apply for internship must submit their *dissertation proposal* to the committee by June 30th and defend the *Dissertation Proposal* by October 15th of the year they apply for internship. The assessment tool used at this point is the *Dissertation Proposal Rubri*c.

Completion of the dissertation constitutes the final step in the academic sequence of our training Program. While the RSP must be empirical, dissertations may be empirical (quantitative, qualitative, or mixed method), or theoretical. The student works closely through the proposal, data collection, analysis, and completion stages of the dissertation with a three-member committee. This committee is typically made up of Ph.D. Program core faculty, although students may sometimes ask a research mentor from outside The Ph.D. Program to serve on the committee; the chair of the committee must be a full time core Ph.D. Program

member. Two outside readers, usually faculty or outside mentors with expertise in the field, review the dissertation along with the original committee members.

Completion of the dissertation is the capstone project by which we evaluate research and scholarship competencies. Students must demonstrate mastery of implementing an independent research or scholarly project, analyze the results independently, and integrate their results with the existing literature. The completed study is presented as a written document and as an oral presentation prior to graduation. The assessment tool used for the both the oral defense and the written dissertation, the *Dissertation Defense Rubric*.

Curricular Map of Training Objectives for GOAL II.

In the first semester of the first year, students take PSY 76601 *Psychodiagnostics I: Cognitive & Personality Testing* (hereafter: *"Psychodiagnostics I"*) which focuses primarily on (1) the development of a conceptual framework for understanding personality and the assessment process and (2) the mastery of administering a standard cognitive and projective test battery. In the spring of the first year, students take the previously described *Psychometrics* that focuses on the understanding of test construction, reliability, and validity in assessment. At the beginning of the second year, students take PSY 81800 *Seminar in Clinical Neuropsychology I* (hereafter, *"Child Neuropsychology"*), which addresses (1) the administration and (2) interpretation of comprehensive neuropsychological assessment batteries for children. The minimum level for demonstrating achievement in this 3-course sequence is also a grade of B-, as well as averaging a "Satisfactory" rating or better in each course evaluation. After their second year, students have the option of taking PSY 76701 *Psychodiagnostics II: Advanced Cognitive & Personality Testing* (hereafter, *Psychodiagnostics II*) as an elective.

In addition, every student is required to administer, score and report on 5 testing batteries by the end of their residency at the Clinic. Each student selects one of their testing reports to be submitted to the Clinic Directors who then evaluate the final report using the *Psychological Assessment Report Rubric*. The *Clinical Supervisor Evaluation Rubric* is also used at this juncture. Many students also seek out further assessment opportunities in Clinical Fellowships or external Externships. Students also receive training in the use of outcome assessment measures for evaluating their psychotherapy patients through the data collection protocol in the Clinic. In addition, the *Professional Competency Rubric* also measures student's competencies in this area.

Curricular Map of Training Objectives for GOAL III.

To build competency in implementing a range of psychotherapeutic interventions, a 2-course sequence is offered in psychopathology, an 8-course sequence is offered in psychotherapeutic interventions, and a 2-course sequence offered in theories of psychotherapy.   Students complete the Program with a minimum of four years (500 hours) of on-site practicum experience at our clinic. Many students opt to do Clinical Fellowships which provide them with stipends after their second year. Students may also elect to do additional clinical or research externships in their fourth and fifth years preparatory to the year of clinical internship. In addition, elective courses allow students to expand their knowledge in other

areas including Contemporary Psychoanalytic Theory, Dialectical Behavior Theory, or Trauma Theory and Treatment.

Upon entering the Ph.D. Program, students are asked for their preference in being designated as "adult" or "child" track. Both tracks eventually take the same intake and practica courses but in alternating sequence, insuring that a small number of students take each course in a given semester. In the first semester of the first year, students take PSY 77109 *Proseminar on Ethical & Professional Issues* (hereafter: *"Proseminar")*. The *Proseminar* focuses primarily on introducing them to the APA code of Ethics and ethical practice. Students also take PSY 75600 *Psychopathology II* (hereafter: "*Child Psychopathology")*, as they begin the psychopathology sequence. While PSY 76601 *Psychodiagnostics I* is technically part of the assessment sequence, students are also exposed to basic clinical interviewing and related skills in that course.

 In the spring semester of the first year, students take PSY 77700 *Practicum in Interviewing and Personality Appraisal I* (hereafter: "*Adult Intake*") or PSY 77800 *Practicum in Interviewing and Personality Appraisal II* (hereafter: "*Child Intake*"), depending upon which track they are in. Each Intake practicum focuses on an introduction to diagnosis and case formulation. Each course is paired with a 2-hour laboratory component (Eval Teams). Each of these courses represent the beginning of direct clinical intervention work in our onsite practicum clinic, which is monitored directly by the Clinic Directors who teach the intake courses and lead the Eval Teams. Concurrently, practica experiences are monitored by the Clinic Directors during the weekly Clinic Team Meetings.

In the spring of the first year, students are assigned their first cases and thus their first offsite psychotherapy supervisor by the Clinic Directors. In addition to the *Professional Competency Rubric* filled out by the Clinic Directors, each summer clinical skills are assessed using the *Clinical Supervisor Evaluation Rubri*c which is completed by the student's faculty and/or offsite supervisors in the late spring of each year, providing a range of data on students' clinical work. Students also take the first of two courses on personality theory, PSY 74100 *Psychoanalytic Theory I*, an introduction to basic psychoanalytic personality theory.

In the first semester of the second year, students take the second of either *Adult* or *Child Intake*. Concurrently, students take PSY 84100 *Practicum II: Individual Adult Psychotherapy* (hereafter: *"Adult Practicum"*), or PSY 84200 *Practicum II: Individual Child Psychotherapy* (hereafter: "*Child Practicum*).

At the end of the first semester of the second year, upon the completion of the year-long Intake sequence, students select their best intake evaluation report from either *Adult or Child Intake*. Clinical skills in this domain are assessed using this report as well as their overall performance is assessed by the *Psychological Intake & Evaluation Rubric*, and with their grades for the initial four practicum courses. As in the first year (and for all of their residency at the clinic), student clinical performance is monitored throughout the second year by the Clinic Directors through the Clinic Teams and Eval Teams, as well as by the core Program faculty who teach the two introductory psychotherapy practica. The Clinic Directors also meet weekly with the DCT to discuss the clinical progress of the students. Concerns about students' performances are addressed directly in the form of feedback by the DCT with the student in conjunction with the student's advisor.

In the second semester of their second year, Students take either *Adult* or *Child Practicum*, depending on which order they took the intake practica sequence. In addition, to the practica, students take PSY 75500 *Psychopathology I* (hereafter: *"Adult Psychopathology")* to complete the psychopathology sequence. The minimum level for demonstrating achievement in all four initial practica, as well as in the two psychopathology courses, is a grade of B, as well as averaging a "Satisfactory" rating or better in each course evaluation. Additionally, in the second semester, students take PSY 85000 *Evidence-Based Psychodynamic Treatment* (hereafter: *"EBT I")*. Many students begin psychotherapy with an additional patient whom they treat in this modality after taking this course. Students are also required to take PSY 83902, *Therapeutic Interventions II* (hereafter: *EBT II*), which is a course on cognitive behavioral therapies*.* The minimum level for demonstrating achievement in each of these courses is a grade of at least a B-, as well as averaging a "satisfactory" rating or better in each course evaluation.

Thus, from their first semester to the middle of the second year, students have progressed from a 1-hour weekly Clinic Team meeting, to also have at least three patients (some of whom are treated in more than once per week intensive psychotherapy), and at least three weekly supervisions. The minimum number of hours per week that students spend on clinical activities in the clinic is 10. For students on Clinical Fellowships in their second year and beyond, the *Clinical Supervisor Evaluation Rubric* is completed biannually by their supervisors at the Fellowship site.

In the spring of the second year, students are assigned a Second Docs committee. The Second Docs is both a written and oral examination of a clinical case treated by the student. Consisting of three chapters—a case write up and formulation, an examination of the relevant literature on the treatment and diagnosis, and an exploration of issues of difference and diversity as they pertain to the case—the purpose of the Second Docs is to evaluate the student's breadth of theoretical and empirical knowledge in clinical psychology and their ability to present an integrated analysis of this knowledge as it relates to a clinical case. The Second Docs is completed after the first semester of the third year, and is orally defended in January of the third year in front of a group of peers and the Second Docs committee. The evaluation tool used is the *Second Docs Rubric*.

In the first semester of the third year, students take PSY 82907, *Integrative Foundations of Psychotherapy* (hereafter, *"Integrative Foundations"*). This class focuses on the integration of several schools of thought in clinical psychology, including psychodynamic and cognitive behavioral treatments. In the spring of the third year, students take PSY 83908 *Advanced Topics in Psychotherapy* (hereafter: *"Advanced Practicum")*, an advanced practicum that is rotated among the Ph.D. Program faculty. Students may elect to take more than one advanced practicum as an elective. In addition to the advanced practica, other clinical electives include: *Clinical Issues in Adolescence, Group Psychotherapy, Family Systems Theory, & Clinical Psychopharmacology*.

In the spring of their third year students also take PSY 85408 *Supervision & Consultation*. This course focuses on several different modalities of supervision & consultation. The minimum level for demonstrating achievement in each of these courses is a grade of B-, as well as averaging a "Satisfactory" rating or better in each course evaluation. Students who have

completed this course and received a minimum grade of A- are eligible to become Peer Consultants and provide supervision to the intake course students.

Curricular Map of Training Objectives for GOAL IV.

A discussion of professional and ethical issues is also part of every academic course. All students are required to take the *Proseminar* in the fall of their first year. The placement of this course at the outset of the training is purposeful and explicit. In addition to providing a foundation for understanding the ethical and professional responsibilities of a psychologist, this course weaves in issues of social justice to both clinical and research questions, allowing students to orient themselves for a training that pays attention to these issues. In the research classes *Psychometrics* and *Quantitative Methods,* each required in the first three semesters of training, ethical issues and standards for professional conduct are also integral parts of the courses. The minimum level for demonstrating achievement in each of these courses is a grade of B-, as well as averaging a "Satisfactory" rating or better in each course evaluation. The assessment tool used to evaluate competency and professionalism is the *Professional Competency Rubric.* Further, students are required to complete the CITI training – the Human Subjects Research basic modules and the Responsible Conduct of Research modules which are also required by our Institutional Review Board (IRB) prior to submitting an application.

Clinical professionalism and ethics continue to be taught both formally and informally in the practicum and assessment courses, in individual supervision from faculty and off site-supervisors, in both Evaluation Teams and in the Clinic Teams. The assessment tool used to evaluate professionalism in all clinical settings is the *Professional Competency Rubric* , which is completed by the Clinic Directors each year in June. Research ethics continue to be taught in the *Dissertation Seminar* and in the context of individual faculty mentorship in the RSGs, on the RSP and dissertations. The minimum level for demonstrating achievement in each course is a grade of B, as well as averaging a "Satisfactory" rating or better in each course evaluation. Students must conduct research in accordance with all federal, state, and local regulations in addition to the APA ethical guidelines. Any ethical or professional issue that emerges in conducting research is discussed with the doctoral faculty research supervisor(s) and, if pertinent, the IRB. Further, because doctoral students' Dissertation studies and the RSPs may involve undergraduates as participants, our students routinely have to consider issues of cultural and individual diversity in conducting psychological research. The minimum level for demonstrating achievement in research ethics as related to these projects is IRB approvals of the RSP and dissertation studies.

A discussion of cultural and individual differences is part of every academic course to varying degrees and addressed in the course's syllabus, with particular emphasis on cultural differences in the *Proseminar* and the intake practica starting in the first year. Students' appreciation for issues of individual diversity is an equally important part of their training. As such, we require all students to take the *Diversity Sequence,* which has a minimum of 2 required courses. All students are required to take PSY 84400, *Diversity Issues in Clinical Psychology* (hereafter, *"Diversity Issues I"* in the second year (see Appendix B.6.). After taking PSY 84400, students may choose from one of the following 3 courses: (a) PSY 83403, *Sex & Gender*, (b) PSY 84401 *Health of Lesbians, Gays, and Bisexuals* (hereafter, *"LGBTQ Health"*), or

(c) PSY 80103, *Diversity Issues in Psychotherapy* (hereafter, *"Diversity Issues II")*. Students take these courses during the third and/or fourth year. The minimum level for demonstrating achievement in each of these courses is a grade of B, as well as averaging a "Satisfactory" rating or better in each course evaluation. The assessment tool used to evaluate competency and professionalism across these domains is the *Professional Competency Rubric*.

Further, the third section of the Second Docs asks students to present an integrated analysis of cultural knowledge as it relates to a clinical case. The assessment tool used to evaluate the application of ethnic and cultural issues is part of our *Second Docs Rubric.*

Essentially, the program begins with a required course sequence that includes broad exposure to developmental and neurobiological perspectives on behavior, as well as courses in statistics, ethical standards, psychological assessment and psychometrics, child psychopathology, and basic theories of psychotherapy. By the second year, students are also exposed to courses in research methods, adult psychopathology, psychoanalytic and family systems theory, multicultural issues, and evidence-based practices. During the third year, students fulfill the rest of the broad and general requirements, social psychology and the history of psychology, and complete required advanced courses in diversity issues and evidence-based practice. It is at this point that students typically also begin to take elective courses (for example, Psychopharmacology, Group Psychotherapy, and Adolescent Psychology).

The following is a description of a typical course sequence. It is provided as a sample course plan. Courses may shift and change as developments and necessary logistical changes are made to the Fall and Spring schedules. The DCT and the advisor will review these changes and will have records of a your particular cohort's APA-approved requirements for graduation.

Classes

Classes in the program are *generally* held on Tuesdays, Wednesdays and Thursdays (although electives may be held on other days). Typically, there is a morning class slot from 9:45 – 11:45 a.m. and an afternoon class slot from 2 – 3:50 p.m.

Once a month, colloquia are held on Tuesdays. On those days, classes run a little earlier (9:15-11:15) and later (2:15-4:15) so that there is room in the day for the colloquia.

Curriculum Sequence by Semester:

Timeline	Course Title & Number	Research & Scholarship Sequence	Clinical Intervention Sequence	Foundational Sequence
	First Year			
Semester 1: Fall	PSY 76601 *Psychodiagnostics I: Cognitive & Personality Testing*		PSY 76601 *Psychodiagnostics I:*	
	PSY 77109 *Proseminar on Ethical & Professional Issues*			
	PSY 75102 *Biological Basis of Behavior*[49]			PSY 75102 *Biological Basis of Behavior*
	PSY 73030: *Lifespan Development*			PSY 73030: *Lifespan Development*
	PSY 74100, *Psychoanalytic Theory I*		PSY 74100, *Psychoanalytic Theory I*	
	PSY 70500 *Research Methods & Design I: (Statistics I)*			PSY 70500 *Statistics I*
Semester 2: Spring	PSY 77700: *Practicum in Interviewing and Personality Appraisal I (Adult Intake)**		PSY 77700 *Adult Intake**	
	PSY 77800 *Practicum in Interviewing and Personality Appraisal II (Child Intake)**		PSY 77800 *Child Intake**	
	PSY 82907, *Integrative Foundations of Psychotherapy*		PSY 82907 *Integrative Foundations*	
	PSY 75600 *Psychopathology II: Child Psychopathology*		PSY 75600 *Child Psychopathology*	
	PSY 76000 *Psychometric Methods*			
	PSY 70600, *Research Methods and Design II (Statistics II)*	PSY 70320 *Statistics II*		PSY 70320 *Statistics II*
	Second Year			
Semester 3: Fall	PSY 81800, *Seminar in Clinical Neuropsychology II (Neuropsychological Assessment)***		PSY 81800, *Neuropsychology*	
	PSY 77700: *Practicum in Interviewing and Personality Appraisal I (Adult Intake)**		PSY 77700 *Adult Intake**	

[49] Biological Basis of Behavior and Lifespan Development are taught in alternating years in the fall semester. Some cohorts will take Lifespan Development in the fall of their first year, while others will take it in the fall of their second year and vice versa.

	PSY 77800 *Practicum in Interviewing and Personality Appraisal II (Child Intake)**		PSY 77800 *Child Intake**	
	PSY 78000 *Quantitative Methods in Psychology*	PSY 78000 *Quantitative Methods*		PSY 78000 *Quantitative Methods*
	PSY 84100 *Practicum I: Individual Adult Psychotherapy**		PSY 84100 *Adult Practicum**	
	PSY 84200 *Practicum II: Individual Child Psychotherapy**		PSY 84200 *Child Practicum**	
	PSY 75500, *Psychopathology I: Adult Psychopathology*		PSY 75500, *Adult Psychopathology*	

Semester 4: Spring	PSY 84100 *Practicum I: Individual Adult Psychotherapy**		PSY 84100 *Adult Practicum**	
	PSY 84200 *Practicum II: Individual Child Psychotherapy**		PSY 84200 *Child Practicum**	
	PSY 85000 *Evidence-Based Psychodynamic Treatment*		PSY 85000 *EBT I*	
	PSY 84400, *Diversity Issues in Clinical Psychology*		PSY 84400, *Diversity Issues in Clinical Psychology*	
	Elective			
	Elective			

Third Year				
Semester 5: Fall	PSY 83902, *Therapeutic interventions II: Empirically Supported Treatments*		PSY 83902 *EBT II*	
	PSY 83908 *Advanced Topics in Psychotherapy***		PSY 83908 *Advanced Practicum*	
	PSY 70000; *History of Psychology*			PSY 70000; *History of Psychology*
	Elective			
	Elective			

Semester 6: Spring	PSY 71133 *Cognition & Affect*			PSY 71133 *Cognition & Affect*
	PSY 74600 *Social Psychology*			PSY 74600 *Social Psychology*
	PSY 85408 *Supervision & Consultation*		PSY 85408 *Supervision & Consultation*	
	PSY 83908 *Advanced Topics in Psychotherapy*		PSY 83908 *Advanced Practicum*	

	PSY 80103 *Dissertation Proposal Seminar*		
	PSY 83403, *Sex & Gender***		
	PSY 84401 *Health of Lesbians, Gays, and Bisexuals***		
	PSY 80103, *Diversity Issues in Psychotherapy***		

Fourth Year			
Semester 7: Fall	PSY 83403, *Sex & Gender***		
	PSY 84401 *Health of Lesbians, Gays, and Bisexuals***		
	PSY 80103, *Diversity Issues in Psychotherapy***		
	PSY 83908 *Advanced Topics in Psychotherapy*		PSY 83908 *Advanced Practicum*	
Semester 8: Spring	PSY 83908 *Contemporary Psychoanalytic Theories*		PSY 83908 *Contemporary Psychoanalytic Theories*	
	PSY 74103: *Transference & Countertransference*		PSY 74103: *Transference & Countertransference*	
	PSY 83904: *Theory and Practice of Group Psychotherapy*		*Group Psychotherapy*	
	PSY 87400 *Evidence Based Assessment and Treatment of Traumatic Stress-Related Disorders*		*EBT Trauma*	
	PSY 76701 *Psychodiagnostics II: Advanced Cognitive & Personality Testing*		PSY 76701 *Psychodiagnostics II*	

Fifth Year & Beyond			
Electives	PSY 87300, *Family Systems Theory, Treatment & Research*		PSY 87300, *Family Systems*	
	PSCYH 84001: *Clinical Issues in Adolescence*		PSY 84001: *Clinical Issues in Adolescence*	
	PSY 82300: *Clinical Seminar in Psychopharmacology*		PSY 82300: *Clinical Psychopharmacology*	
	PSY 82903: *Evidence Based Assessment and Treatment of Addictive Disorders*		PSY 82903: *EBT Addictions*	

* Denotes class where cohort is split into child and adult tracks; courses are taught in the spring and fall for each cohort
**Denotes class where students are required to take one of three offerings

Student Advising and Evaluation of Progress

Faculty meet twice yearly, in late January and June, to review the progress of all students; this involves reviewing data from multiple sources (faculty, supervisors, dissertation advisors, clinic directors, etc.), with the intent of arriving at a comprehensive assessment of each student's academic and clinical progress. Below is a description of all the components of advisement and evaluation.

Advising:

Students in the Ph.D. Program receive advisement about their progress and plans for completing The Ph.D. Program from a variety of sources. In August or September of their first year, each entering student meets individually with their Advisor to discuss acclimation to the Ph.D. Program. Additionally, the first year cohort has an orientation with the DCT, the Clinic Directors, and several advanced students to review issues related to registration for classes and issues pertaining to the Clinic. Entering students are also assigned "buddies" (students from the preceding cohort), who contact them over the summer to preview what the first year in the Program may be like and advise them throughout the year.

Students are strongly encouraged to go "beyond advisement" and to seek mentoring relationships with Ph.D. Program faculty as a function of clinical, didactic and/or research interests. It is through this mentoring process that many of the lasting benefits of our doctoral training are derived. It is common for students to most strongly connect to a faculty member other than the advisor as a function of similar clinical/research/personal interests. At these times, many students elect to switch advisors to best correspond with their wishes and needs. When the student chooses a faculty member to chair the dissertation committee, that faculty member becomes the student's academic advisor as well.

The DCT meets regularly with each cohort in residence as a group to discuss issues related to that cohort vis-à-vis The Ph.D. Program. The DCT and Clinic Directors are also available for individual advisement sessions as needed. The Clinic Directors meet with each student on a yearly basis to conduct the Annual Clinical Review. At these meetings, students discuss their plans for applying to clinical fellowships, externship placements, and pre-doctoral internships. All students in residence have ongoing weekly Clinic Team Meetings with Dr. Puñales or Dr. Harris, to discuss ongoing clinical issues and other topics relevant to their training.

In addition to the comprehensive reviews described above, there is also a review of the student's academic progress on a more "macro" level by the GC's EO, who oversees all Psychology Doctoral Programs at CUNY. The EO notifies us when a student has: (a) an overall GPA below 3.0; (b) accumulated more than 2 open grades (INC or No Grade Received); (c) has passed 45 credits without a passed FDQE; (d) has passed 10 semesters without a passed Second Docs; or (e) has not completed their degree within 8 years. Upon formal receipt of such information, the DCT holds individual meetings with these students and returns the completed Satisfactory Progress form to the GC for the approval of the EO; included with this form is a plan and timetable, formulated with the student, for the resolution of the problem

Students are required to meet with their advisors twice a year, in September and January. These meetings are used to review their progress in the program and to make sure that all requirements are being met in a timely fashion. As will be described below, a number of assessments are collected and distributed to advisors in advance of these advisement meetings. The September meeting is a comprehensive review, at which all grades, course performance, and supervisory evaluations are reviewed, along with the one-page summary of the Annual Clinical Review which will state whether or not the student has passed the clinical year. Failure to pass the clinical year is only permitted once in the student's residence. Failure for a second year warrants withdrawal from the Program. Should a student fail a clinical review for the first time, a remediation plan will be created by the student and the Directors of the Psychological Center and approved by the DCT with a specific timetable for re-assessment halfway through the student's next clinical year. Please also see below for a further discussion of remediation plans designed to bolster a student's performance.

Prior to this annual review meeting, students must complete the Annual Student Activity Report, which asks for a summary of a large number of details about their activities inside (courses, grades, progress on first, second, and third doctoral exams, funding and fellowships), and outside the program (externships, involvement in professional organizations, presentations and publications). Blank Annual Student Activity Report forms are emailed to students after the most recent Spring semester by the program administrator. These should be completed and returned to the program administrator no later than July 15 so that an advising meeting can be scheduled. Students cannot be scheduled for or hold an advising meeting unless the Annual Student Activity Report and CV are in their file.

In this advising meeting, students will review, and if they agree with them, sign the prior year's course evaluations, which their advisor will co-sign. The student and their advisor will go over their Student Activity Report, make sure it is completed correctly, and both sign it. Students will then discuss their progress and their experience in the program as well as in their career more generally, which is one reason it is important to have submitted their updated CV. Additionally, the student and their advisor will review the summary of their Annual Clinical Training meetings with the Directors of the Psychological Center. Their advisor will complete a one paragraph summary of each advisement meeting that you will both sign. The January meeting is an interim meeting that is used to keep track of grades and academic progress, and to review and discuss any other issues that may have arisen.

These are formal opportunities to discuss any problems with other students, with faculty members and staff, and concerns about any aspect of training. If students have had some problems and concerns, they and their advisor will decide which of their comments and concerns to keep confidential, and which to act on, including whether to share these concerns with the DCT, Clinic Director, or other faculty. The advisor will also provide verbal summary feedback from the rest of the faculty (based on our regular review of students during faculty meetings) about their performance and progress, including both positive feedback but also possibly some concerns. If there are concerns, the student and their advisor will discuss the steps needed to address these concerns, which may have been suggested by the faculty. In most instances, if there are serious concerns about their progress, you will, or would have met with the DCT to discuss these and to create a plan to resolve them. The DCT reviews all of the

September advisory evaluations to insure that they are up to date, accurately completed, and reflect satisfactory performance by the student.

Assessment of Academic Progress:

As described above, each student receives formal written feedback on both their academic and clinical progress following the Annual Advisement Review (held in September). Advisors and students both sign all formal written reviews; the Clinic Directors and the student both sign the Annual Clinical Review. Students who are having difficulties receive written notification of the problems, including discussion and a written plan for remediation, signed by the advisor and the student. Students are provided with written feedback about whether the problems have been resolved. All written feedback is included in students' permanent files.

The core Program faculty meets twice yearly (in January and June) to formally review the progress of all students; this involves reviewing data from multiple perspectives (faculty, supervisors, dissertation advisors, the Clinic Directors, etc.). Within this context, faculty also consider each student's level of personal awareness, emotional maturity, and ethical integrity. Together, these various levels of review provide a comprehensive assessment of each student's academic and clinical progress. The focus of the discussion is on a student's competence in a wide range of roles, i.e., performance in academic coursework, competence and knowledge as a researcher and scholar, clinical competence, and professional conduct, etc. These discussions occur as needed at other faculty meetings during the year.

Assessment of Clinical Progress:

Clinical progress reflects progress in the capacity to conduct psychotherapy; intake assessment; clinical case formulation and diagnostics, testing; and professional, collegial, ethical behavior working in a psychotherapy clinic. As part of the learning experience of becoming sensitive, skilled clinicians and professional colleagues, we fully expect students to make occasional errors in judgment, empathy, interpersonal attunement and relational behavior, and to have strong emotional reactions to patients that may interfere with the therapeutic process. As a psychodynamically-based program, our clinical theories and approach to supervision focus greatly on understanding the source of these "errors" so as to expand the beginning clinician's developing sensitivity, skill, and emotional maturity.

All clinical supervisors, both "outside" external supervisors and faculty clinical supervisors, complete extensive evaluations of students' clinical skills on a yearly basis (See Clinical Supervisor Evaluation Rubric in Appendix).

Faculty members teaching courses in clinical theory and skills observe student contributions to class discussions of theory and clinical material, presentations, and written assignments, and evaluate their clinical progress using the Course Performance Evaluations.

Procedures to Address Students' Lack of Satisfactory Clinical Progress:

Despite their best efforts, students may reveal or develop persistent, pervasive, and/or intensive difficulties with one or more aspect of their clinical work. These difficulties may require a more extensive response from those provided in the usual supervisory and

educational processes. This kind of feedback and response is both to benefit the student's progress, as well as to insure the well-being and competent psychological treatment of patients. The following steps are taken to address a lack of satisfactory progress in Clinical work:

Discussion with Clinic Directors:

If any of our supervisors or clinical faculty is concerned about the student's clinical performance, these concerns are first reported to the Clinic Director, who will then meet and speak with the student. On rare occasions, fellow students become sufficiently concerned about another student's behavior or attitude towards patients, and may raise their concerns with the Clinic Director. When other students raise concerns, the Clinic Director will generally bring up the concern with the entire faculty (see below).

Discussion with the DCT and the Full Faculty:

If the Clinic Directors deem it important to raise concerns about the student, they first discuss them with the DCT and the Leadership Team at their weekly meeting. If the issue is still considered serious enough, the issues with the student are brought to the core Faculty. In the case of "inside/faculty supervisors," or if concerns have arisen as a result of the student's performance in clinically-oriented classes, these concerns about the student's clinical performance are usually discussed immediately without the first step of going to the Clinic Director.

Further Discussion with the Student and Setting a Plan:

If the consensus is that the student needs further guidance than that provided by the Leadership Team, that guidance may be provided by one or more of the following faculty: the student's advisor; a faculty member with whom the student has an especially positive working relationship; or the DCT. These discussions include describing to the student the concerns raised by Clinic Directors and/or faculty; hearing the student's response and concerns about the identified problems; and coming to consensus on a plan to improve their clinical performance. This plan is then discussed with the full faculty for refinement and approval. This plan will be detailed in a written document to be signed by the student, the Clinic Director, and DCT, with a specific timetable for when these difficulties will be remediated. This document will be added to the student's file at the program level. Also, the student will be encouraged to schedule a meeting with the GC Doctoral Psychology Ombudsperson, Dr. Martin Ruck, to seek external support in this process.

Temporary Cessation of Clinical Work and Remedial Training:

In instances in which the student is unable to or refuses to address and engage with the concerns raised by the faculty, and/or instances in which the student continues to demonstrate serious limitations in their clinical skills, the faculty and Directors of the Clinic may require the student to suspend doing clinical work, i.e., treating patients for a specified period of time. During this time, the student may be required to re-take one or more clinical courses as a way to gain greater mastery of the clinical theories and techniques required to conduct clinical work.

Leave of Absence, Withdrawal from the Program:

In some instances, the student may be asked to take a leave of absence from the program and to address the emotional/behavioral issues that have impeded their progress. Although the clinical program does not mandate therapy, the student may be asked to consider personal psychotherapy among the options to address the issues identified. A student who withdraws from the program will have to reapply for admission.

Termination from the Program:

If the student is not able to address the emotional/behavioral issues that have impeded her or his progress, the student can be terminated by the program by joint decision of the Leadership Team along with a majority vote from the Faculty. At all times, the student's right to appeal our recommendation will be respected (see http://www.gc.cuny.edu/About-the-GC/Resource-Services/Governance-Policies-Procedures/Document?id=14602).

Student's Right to Appeal Program Decisions Regarding Lack of Satisfactory Academic or Clinical Progress:

At all times, the Program respects the student's right to appeal any adverse decisions regarding satisfactory progress, including financial assistance. The specific procedures for grievance and due process across all administrative arenas can be found in the following link to the GC's policy:
(http://www.gc.cuny.edu/About-the-GC/Resource-Services/Governance-Policies-Procedures/Document?id=14602)
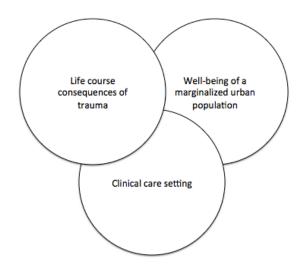
Appendix

Research and Scholarship Groups

Research and Scholarship Groups (RSGs) have been developed by the Program Faculty to introduce students to both the research endeavors of the faculty as well as provide a means to get hands-on research experience from the start of their clinical training. Students at the beginning of each academic year are able to sit in on these faculty-student meetings and then rank order their preferences for the RSG they would like to become a member of. Listed below are the ongoing RSGs of each faculty member.

Faculty lead: Sasha Rudenstine, PhD.

The INTERSECT Lab is a clinical and epidemiological research program that examines the intersection of trajectories of well-being and the urban functioning poor. What are extraordinary events for many individuals are daily experiences in the lives of this population. And yet, while such stressors may become commonplace, they affect daily functioning and arguably long-term health outcomes. The INTERSECT Lab adopts a multi-level approach and ecological framework to understanding the cumulative effect of these chronic and yet quotidian experiences on well-being. We aim to examine and reassess frequently used terms such as trauma, health, family systems, and poverty to reflect the experiences that are relevant and specific to an urban marginalized population with the aim of promoting appropriate and targeted interventions and policies. In this vein, we are redefining "extraordinary" life course phenomenon.

The INTERSECT Lab aims to examine three distinct dimensions of health as well as points of intersection:

1. *Well-being among marginalized urban populations*
   Using socioeconomic status and geographic location, we aim to determine what percent of the US population meets criteria for 'marginalized urban'. Additionally, we will identify those experiences that are unique to this population and which affect short- and long-term health outcomes. These explorations will inform interventions and policies that can improve health outcomes for marginalized urban population.

2. *Daily stressors over the life course*
   An abundance of research examines the long-term outcomes of trauma on well-being. However, less attention has been given to understanding the role of daily stressors on everyday functioning or long-term health. Within urban settings, such experiences are significantly more unique for marginalized populations. Our Lab explores the effect of such experiences on psychological health in a clinical care setting as well as at a population level.

3. *Clinical care: Access to, utilization, and long-term outcomes*
Urban marginalized populations have access to disproportionally fewer mental health services and are less likely to receive care than non-Hispanic White Americans despite having similar rates of mental disorders. Similarly, due to the scarcity of resources, few urban community-based mental health clinics measure trajectories of clinical care or treatment outcomes. The INTERSECT Lab has two ongoing studies assessing clinical outcomes at The Psychological Center. First, the Psychotherapy Evaluation and Clinical Effectiveness (PEACE) Program examines (1) individual-level factors that mediate treatment outcomes among patients of an urban community-based setting, (2) the effectiveness of psychodynamic individual therapy on a number of patient outcomes throughout the course of one's treatment, and (3) the role of stigma (individual and institutional) on the utilization and retention of psychological services among an urban marginalized population. Second, Child Health and Psychotherapy (CHAP) Program aims to (i) identify family and individual level factors that contribute to child health and development and (ii) evaluate the effectiveness of psychodynamic play therapy at improving child psychological health.

Time commitment: Members of the INTERSECT Lab participate in lab meetings on average 3x per month. In addition, everyone contributes at minimum three hours per week to the lab.

Faculty Leads: Professors Lissa Weinstein and Diana Diamond

Our RSG investigates the relationship between multiple levels of experience including the internal world of mental representation, interpersonal experience and behavior. Students learn a variety of ways of assessing mental representations including measures of object relations and working models of attachment that they apply to studies in neurocognition and social interaction.
Time Commitment: 2-3 hours per week

Faculty Lead: Elliot Jurist

Jurist's RSG has focused on mentalization: understanding the concept, how it is applicable to therapy, and how to articulate the notion of "mentalizing skills." We are working on developing a measure of "mentalized affectivity" as well. In addition, we spend time reading new work and helping students to formulate (and carry out) their projects-- for example, on music and empathy, on intergenerational transmission of trauma, and how to help therapists to improve their patients' mentalizing.
Time Commitment: 2-3 hours per week

Faculty Lead: Steve Tuber

Tuber's RSG focuses on the projective testing assessment of children admitted for intake into our Psychological Center. Data from this testing process are used to assess the nature of the child's object representations, defense mechanisms and level of affect maturity. These three measured constructs, in turn, will be linked to process and outcome of the child's psychotherapy experience at the Psychological Center.

Time Commitment: Approximately 2-3 hours per week

Faculty Lead: Eric Fertuck

Normal and pathological personality characteristics are influenced by many factors: social, emotional, cognitive, psychodynamic, and neurobiological. At Social Neuroscience and Psychopathology (SNAP) lab, we integrate these multiple levels to investigate the mechanisms of psychological disturbance and their treatment. Our lab advances a collaborative program of research at the interface of the clinical and research understanding of Borderline Personality Disorder (BPD), a condition characterized by intense concerns about abandonment, confusion about the self, emotional instability, and, for some, self-destructive and suicidal behaviors. What is unique about our team is that we harnesses these multiple perspectives to advance our understanding of the mechanisms of psychopathology and its treatment.

Time Commitment: Depending on the project the student develops, it ranges from 2-5 hours per week.

advance our understanding of the mechanisms of psychopathology and its treatment.

Faculty Lead: Sarah O'Neill

Several studies have shown that individuals with ADHD are at significantly greater risk of becoming overweight/obese than their non-ADHD peers. In light of the chronic and severe health implications associated with obesity, it is critical to understand why children with ADHD may be at increased risk of extreme weight gain. We use neuropsychological and eye-tracking methods to identify markers of shared risk for both ADHD and overweight/obesity, with a view to developing interventions for at-risk children.

Time Commitment: 8 hours per week

Faculty Lead: Deidre Anglin

This research group focuses on the intersection between culture and psychosis risk. Namely, most members of Dr. Anglin's RSG are involved in one of several projects designed to determine social and environmental risk factors for attenuated psychotic symptoms in racial and ethnic minority young people, and the clinical meaning of such symptoms. Student members of this RSG can also participate in experimental studies designed to determine the physiological and psychological stress response associated with social exclusion.

Time Commitment: 8 hours per week

Faculty Lead: Margaret Rosario

The research group focuses on identifying, investigating, and understanding the strengths and vulnerabilities that directly or indirectly inform the mental and physical health of individuals, as well as adaptation. The work is guided by sensitivity to developmental process, individual by environmental transactions, and intersectionality of personal and social identities.

Time Commitment: Approximately 2-3 hours per week

Petition to Apply for Externship
The City College of New York
Clinical Psychology PhD Program

This form is completed by Clinical Psychology PhD Program doctoral students petitioning to be eligible to apply and participate in an externship. Students should complete the form and submit it along with a copy of their transcript to the Director of Clinical Training for consideration by December 15, 2015. Upon approval, you will be notified by January 5, 2016 and only after this approval are students permitted to complete applications to externship sites.

Petition for Academic Year: _____

Name: _____Advisor: _____Track: Child   Adult

Practicum experience:(List all courses that you have taken or are completing)

_____
_____
_____
_____

Progress with Second Docs: ___Defended   __Defense scheduled for:_____

Number of Clinical Hours completed at Psychological Center as of end of current Fall Semester: _____Total   _____Screenings _____Intakes
_____Adult P/T_____Child P/T_____Testing_____Group P/T_____Family P/T

Good standing:
No incomplete grades: Yes No   No
grades below a B: Yes   No
Status of Clinic Charts: _____Complete   _____Incomplete
Current Clinic Caseload: #Adult_____#Children_____ Other:_____

Please list the Programs to which you intend to apply:

_____   _____

_____   _____

_____   _____

_____   _____

1) Print out and attach a copy of your transcript with this form
2) Provide in one paragraph your interest in electing to do an Externship and the specific training that you are seeking to gain at the site
3) Provide a full description (specifically: Hours, types of patients that you will be working with , and Supervisory Arrangements) for each site that you are applying to
4) Provide updates, should the list of sites you have provided change

Student Signature: _____   Date: _____

DCT Signature: _____Date: _____

Petition: _____   Approved: _____   Not Approved

Annual Clinical Review

Individual Tracking Record

Student Name: _____

Caseloads and Supervisors Updated

        yes   **no**

Comments: _____

_____

_____

Update Audit Review

        yes   **no**

Comments: _____

_____

_____

Individualized Record Review

Pt 1:   ☐ Diagnosis   ☐ Fee Amt

        Last Date: _____

Pt 2:   ☐ Diagnosis   ☐ Fee Amt

        Last Date: _____

Pt 3:   ☐ Diagnosis   ☐ Fee Amt

        Last Date: _____

Pt 4:   ☐ Diagnosis   ☐ Fee Amt

        Last Date: _____

Pt 5:   ☐ Diagnosis   ☐ Fee Amt

        Last Date: _____

Supervisor Evaluations Collected

Sup 1: _____   **Yes**   **No**

Sup 2: _____   **Yes**   **No**

Sup 3: _____   **Yes**   **No**

Sup 4:	Yes	No

Sup 5:	Yes	No

	Supervisee Evaluations Collected

Sup 1:	Yes	No

Sup 2:	Yes	No

Sup 3:	Yes	No

Sup 4:	Yes	No

Sup 5:	Yes	No

<u>Annual Clinical Review</u>

Self-Evaluation of Clinic Training

To be filled by Student

Therapist/Student:_____

Year in the Program:_____   **Date:**_____

1-   I am satisfied with my ability to deal with conflict and negotiate differences with clients and families

Please circle how much you agree with this statement:

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

2-   I am satisfied with my ability to understand and maintain appropriate boundaries with clients and families

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

3-   I am satisfied with my ability to work collegially with fellow professionals

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

4-   I am satisfied with my ability to support colleagues and to gain support for one's own work

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

5-   I am satisfied with my ability to work collaboratively with one's supervisor

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

6-   I am satisfied with my ability to utilize the supervisory experience to become more autonomous as the year progresses

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

7-   I am satisfied with my ability to know when to seek out supervision

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

8-   I am satisfied with my ability to self-reflect

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

9-   I am satisfied with my ability to explore non-defensively, in supervision, the potential impact of one's personal issues on the therapeutic dyad, on the supervisory relationship and on relationships with peers and colleagues

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

10-   I am satisfied with my ability to identify appropriate arenas within which to work out personal issues and/or reactions that potentially impact on one's professional work

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

11-   I am satisfied with my ability to work collaboratively and respectfully with all other agency staff

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

12-   I am satisfied with my ability to apply theoretical knowledge to clinical practice

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

13-   I am satisfied with my ability to apply research findings to clinical practice

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

14-   I am satisfied with my ability to integrate assessment data from different sources to inform clinical decision making

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

15-   I am satisfied with my ability to formulate diagnoses

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

16-   I am satisfied with my ability to empathize with clients and establish a therapeutic alliance

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

17-   I am satisfied with my knowledge of, and sensitivity to, clients' dynamics

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

18-   I am satisfied with my ability to help clients formulate treatment goals

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

19-   I am satisfied with my awareness of therapeutic process

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

20-   I am satisfied with my understanding of therapy models

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

21-   I am satisfied with my ability to integrate theory and technique

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

22-   I am satisfied with my maturity of judgment

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

23-   I am satisfied with my capacity to identify and accept severe pathology

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

24-   I am satisfied with my capacity to evaluate treatment progress and outcome

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

25-   I am satisfied with my proficiency in constructing and utilizing genograms for any kinship network

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

26-   I am satisfied with my ability to join family members and reframe conflicts

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

27-   I am satisfied with my ability to formulate the case systematically

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

28-   I am satisfied with my sensitivity to culturally diverse systems

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

29-   I am satisfied with my ability to work collaboratively with a co-therapist

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

30-   I am satisfied with my ability to effectively relate to other professionals in accordance with their unique client care roles

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

31-   I am satisfied with my ability to integrate and use all relevant data to provide meaningful recommendations to other professionals

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

32-   I am satisfied with my knowledge of the self in the context of diversity issues

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

33-   I am satisfied with my knowledge about the nature and impact of diversity issues on the therapeutic process

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

34-   I am satisfied with my knowledge about the impact of diversity issues on one's diversity with peers, colleagues, supervisors and staff members

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

35-   I am satisfied with my knowledge of ethical/professional/legal codes, standards and guidelines

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

36-   I am satisfied with my specific knowledge about child abuse reporting guidelines

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

37-   I am satisfied with my specific knowledge about duty to warn issues

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

38-   I am satisfied with my ability to complete clinical documentation in a timely fashion

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

39- I am satisfied with my ability to complete clinical documentation in accordance with APA ethical guidelines, state-of-the-art privacy practices (e.g. HIPPA) and NYS law

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

40- I am satisfied with my ability to present meaningful clinical documentation that is respectful of the client and mindful of the audience for whom it is intended

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

41- I am satisfied with my ability to think out and negotiate fees in the context of clients' socioeconomic realities

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

42- I am satisfied with my ability to think out and negotiate fees with a mindfulness to the impact of financial matters on psychological issues

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

43- I am satisfied with my ability to think out and negotiate fees in the context of the therapeutic relationship

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

44- I am satisfied with my self-understanding and reflection that allows for willingness to acknowledge and correct problems

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

45- I am satisfied with my overall rating of the student performance

Strongly Disagree   **Disagree**   **Neutral**   **Agree**   **Strongly Agree**

46-   Additional Comments:

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Supervision Log

Supervisee Name:

Week	Supervision Type: Ind Adult	Supervision Type: Ind Adult	Supervision Type: Ind Child	Supervision Type: Ind / Gp Adult / Child Fam /Couple /Tx	Super...
	Sup: Ellie Greenman	**Sup: Diana Diamond/Eric Fertuck**	**Sup: David Pollens**	**Sup: Irina Volynsky**	**Sup:** **Pt:**
1	7-Sep				
2	9/14/11				
3	9/21/11				
4	9/28/11				
5	10/5/11				
6	10/12/11				
7	10/19/11				
8	10/28/11				
9	11/2/11				
10	11/9/11				
11	11/16/11				
12	11/30/11				
13	12/7/11				
14	12/14/11				
15	12/21/11				
16	1/4/12				
17	1/11/12				
18	1/18/12				
19	1/25/12				
20	2/8/12				
21	2/15/12				
22	2/22/12				
23	2/29/12				
24	3/7/12				
25	3/14/12				
26	3/21/12				
27	3/28/12				
28	4/18/12				
29	4/15/12				
30	5/2/12				
31	5/9/12				
32	5/16/12				
33	5/23/12				
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