

# **Auburn University Doctoral Program in Clinical Psychology**

## **Program Handbook 2025-2026**

\*\*\*All policies, procedures, and statements in this Handbook are subject to change due changes in University policies and operating procedures\*\*\*

**Note:** documents referenced in this handbook are available in the Box folder accessible to current students, faculty, and staff (\_psyc sciences grad information). Documents are located in the \_General Grad Information Subfolder; documents specific to clinical are located in the Clinical folder. If you have trouble finding a document you need after looking in the general and in the clinical subfolders, reach out to Thane Bryant ([bryangt@auburn.edu](mailto:bryangt@auburn.edu)) or the DCT.

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## ***INTRODUCTION***

Welcome to the Clinical Psychology Program. Your next few years will be filled with many stimulating and challenging experiences. Through these developmental experiences, you will undoubtedly learn a great deal, work harder than you ever imagined, become inspired and inspire others, contribute to the profession, and develop a career path built upon your talents and interests. We will make every effort to ensure that your experience is rewarding.

Throughout this document, hyperlinks are available for you to access important advisory information. In order to take advantage of these resources, you are encouraged to keep this handbook on your computer.

This handbook is designed to facilitate your progress through the Program. It is a mixture of official policies, recommendations for making your life easier, and the accumulated wisdom of your peers and faculty mentors. The handbook and supplements do not replace other important published material that appears in the [Auburn University Bulletin](#), [Student Policy eHandbook](#), the [Graduate School](#) website, and the [Department of Psychological Sciences](#) website. In this handbook, we periodically reference relevant portions of these sources or even reproduce them, given the importance of the information. You are responsible for being familiar with them (especially [Graduate Student Policies](#) on the departmental website), as this will facilitate your progress through the Program. More advanced students should also re-familiarize themselves with the content of this handbook as well as that of the departmental websites. Of course, if you have questions after reviewing available material, you should ask (your major professor, the DCT, Thane, etc), rather than assume. Appendices cited in this document are available in the Box folder.

The policies and recommendations contained in the above-named documents and this handbook are considered to be in effect at the time you start the Program and remain applicable throughout your stay here (see “*Overview of Course Requirements*” for exceptions). As the Program updates and adds policies and procedures, you will be informed of these via memo/e-mail that you should append to this handbook.

## ***HISTORY AND CURRENT STATUS***

Auburn University is a comprehensive land-grant institution with a tripartite commitment to excellence in teaching, research, and outreach. As one of the largest land-grant institutions in the South, the main campus (Auburn) has an enrollment of more than 34,000 students (approximately 18% graduate and professional students), supported by over 1,400 full- and part-time faculty and 12 colleges. Detailed statistics about the university can be found through Auburn’s [Welcome Page](#).

Consistent with its land-grant focus, the first psychologist hired at Auburn in 1948 was a specialist in industrial-organizational psychology. By 1966, the psychology department had grown sufficiently to offer a doctoral degree in experimental psychology. In 1971, with the hiring of Dr. Robert Schaeffer from Florida State University as the chair, the department began to consider offering a second doctoral program in “applied-professional” psychology. Coincidentally, in that year, a famous court case regarding mental health treatment in Alabama known as Wyatt vs. Stickney (1971) was resolved. As a direct result, Auburn University was given a \$100,000 allotment for the support and development of a clinical psychology program. This allotment remains today (slightly under \$180,000). The initial orientation of the clinical program was a community service focus. Clinical graduate students were assigned to paid

practica at Lee County Head Start, Lee County Youth Development Center, Alabama Department of Youth Services, Lee County Hospital, Auburn City Police Department, and East Alabama Services for the Elderly.

The Department of Psychological Sciences resides within the [College of Liberal Arts](#) (CLA). The CLA is Auburn's oldest and largest school, and the largest liberal arts college in the state of Alabama. The College is composed of a variety of departments and school, and programs and offers academic majors, programs, and options in more than 50 fields. The undergraduate psychology program is one of largest majors in the College. The College offers doctorates in four areas, one being in psychology.

There are three doctoral graduate programs in the Department: Clinical, Cognitive and Behavioral Sciences, and Industrial-Organizational Psychology. There is also a terminal Master's program in applied behavior analysis, and a Master's program in Industrial-Organizational psychology. Chris Correia (Clinical) is the department Chair. Jason Hicks is the CLA Dean. Tracy Witte is the Director of Clinical Training.

The Clinical Program has been fully accredited by the American Psychological Association (APA) since 1981 (provisionally since 1977). The program received re-accreditation in 2020; the next site visit will occur in 2029. For more information on our program's accreditation status, you may contact the [APA Commission on Accreditation](#) at the following: 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

### ***PROGRAM PHILOSOPHY AND TRAINING MODEL***

Auburn's Clinical Program adheres to a scientist-practitioner training orientation. The Program stresses the importance of a scientific base for developing skills that can be utilized in a fluid interpersonal and social/political context. Consistent with the Conference Policy Statement of the National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology (Belar & Perry, 1990), our program expects students to learn, practice, and enhance their skills in the integration of science and practice. Our Program is committed to producing students who understand and contribute to the important theoretical views of the field; understand research methodology and adopt a scientifically minded orientation to evaluating information presented to them; develop skills to conduct research and to implement the scientific method; develop their clinical acumen in theoretically driven and empirically supported intervention and assessment; develop teaching abilities through didactic and applied experiences; and develop expertise that can be utilized in a wide range of interpersonal, professional, and social/political contexts, thus being responsive to the changing landscape facing clinical psychology.

This model is articulated in terms of three general areas:

1. Auburn's clinical core courses expose students to three general related domains: (I) psychopathology, (II) assessment and (III) intervention. These courses provide the clinical and empirical foundation for various applications of the scientist-practitioner training model.
2. Auburn's training model is predicated on a scientific approach to clinical psychology. Specific courses are devoted to research methodology and statistics and empirical findings are an integral part of all content courses. Students complete a set of courses in core substantive areas of psychology. The emphasis on a scientific approach to the issues in clinical psychology is reinforced through the interactions that students have with the faculty. Through these courses and mentoring relationships, we train students to be

competent basic and applied researchers. Our aim is to foster a lifetime appreciation for the value of a scientific psychology.

3. Our graduates find employment in a variety of settings. Whether teaching, conducting research, providing direct clinical service, or managing larger systems, our graduates are expected to develop an awareness of the social, institutional and political contexts in which they operate. Clinical psychologists must appreciate the personal contexts in which their clients live. This means being aware of the client's cultural background, religious persuasion, interpersonal history, biological functioning, cognitive abilities, etc.

More specific [Goals and Objectives](#) are outlined on our program webpage.

## ***CLINICAL FACULTY***

Nadia Bhuiyan, Ph.D. (Director, Psychological Services Center)

Elizabeth Brestan Knight, Ph.D.

Tiffany Brown, Ph.D.

Christopher J. Correia, Ph.D. (Department Chair)

Travis Evans, Ph.D.

John Michael Falligant, Ph.D.

Emma Lathan-Powell, Ph.D.

Steven K. Shapiro, Ph.D.

April Smith, Ph.D.

Jennifer Somers, Ph.D.

Tracy Witte, Ph.D. (Director of Clinical Training)

(Several other psychologists serve as adjunct/affiliated faculty through other programs and practicum sites)

### *Emeritus Professors*

Barry Burkhart, Ph.D.

Roger K. Blashfield, Ph.D., ABPP

F. Dudley McGlynn, Ph.D.

Frank Weathers, Ph.D.

For more detailed information about the background and interests of the department's faculty, click [here](#).

## ***FUNDING AND FINANCIAL ASSISTANCE***

### **Assistantships**

First-year doctoral students typically are supported through graduate teaching assistantships (GTAs). After the first year, most clinical doctoral students are supported by Graduate Assistantships (GAs). This means that you are placed at a clinical practicum (see corresponding section). The norm for a GTA and GRA in the psychology department is a .50 FTE (i.e. 20 hours per week) assistantship appointment. Students who hold assistantships of at least .33 FTE during a given semester currently receive a tuition fellowship from the university for that semester. This fellowship pays both in-state and out-of-state tuition for up to 15 semester credit hours for that semester. You are required only to pay a GRA/GTA enrollment fee and Proration fee for the semester. Since Fall 2013, the number of credit hours of tuition fellowship a student can receive has been the number of credit hours required to complete the particular Ph.D. program plus 10%. The number of available tuition fellowship hours will vary slightly depending

on when you entered the program; check with Thane Bryant or the DCT for your specific details. If you continue to hold assistantships after exhausting the tuition fellowship, you will continue to have the out-of-state portion of tuition waived during semesters in which you hold an assistantship, but will be required to pay the in-state portion of your tuition. Historically, doctoral students making strong progress have received five years of support. Because levels of funding are determined by annual legislative action and by the budgetary constraints of the Program and various practicum sites, it is impossible to guarantee this level of support, but it is expected to continue. All doctoral students are automatically considered for assistantships; there is no separate application. See [Financial Assistance](#) on the departmental webpage for more information.

Most first-year graduate students typically serve as graduate teaching assistants (GTAs) for Introduction to Psychology (PSYC 2010), but this has varied recently, both in terms of the course and with some first-year students serving as Research Assistants (GRA). In subsequent years, you may again serve as Teaching Assistants and occasionally as Instructors of Record through the Psychology Department's Teaching Fellows Program. Placement in teaching positions is determined through a collaborative process involving the DCT, Department Chair, and Director of Undergraduate Studies. Beyond the first year in the program, our students most often receive their funding through clinical practicum assistantships (see Clinical Practica section for more details) or as research assistants.

Your year-level status and completed milestones typically define your eligibility for assistantships. For example, some clinical practica require that students be at or above the third-year level of training or have acquired a Master's degree. Generally, students entering with no graduate work would be classified at entry as first-year level. However, students with some graduate work or a graduate degree in psychology may be considered eligible for advanced clinical practica, depending on their skill set and the nature of the work.

### **University-wide Resources**

The Graduate School maintains a list of various [fellowship and scholarship programs](#) for which graduate students may be eligible.

### **Departmental Resources**

The Department of Psychological Sciences offers funds to support graduate students in the conduct of their research and research-related travel. These funds can be used in conjunction with awards given by the Graduate School.

The Clinical Program recognizes exceptional students through two annual awards. The Charles V. Lair Memorial Fellowship is awarded annually. Professor Lair was a former DCT and clinical faculty member in the psychology department from 1966 to 1981. He was instrumental in developing the Clinical Program. In order to honor his legacy, a scholarship was established in his name in 1981. Awarded since 1995, the recipient receives a monetary prize, is announced in late spring or early summer following a selection committee's review of the student's dossier. To be eligible for consideration, a student must:

- A. be currently enrolled in Auburn University's clinical psychology program;
- B. be in his/her third year or higher of graduate work;
- C. be in good standing, according to the general criteria established by The Graduate

School;

- D. demonstrate outstanding skills and abilities in general domains that are embodied in the scientist-practitioner model of training in clinical psychology, as defined by the clinical psychology faculty. In this context, preference is given to students who have demonstrated:
1. exceptional accomplishments in areas of clinical service delivery and their research endeavors;
  2. a commitment to help others, as demonstrated by their personal and professional characteristics;
  3. a sensitivity to the needs of and commitment to contributing to the community.

The John Clark Kelley Award is named after a former Auburn University student, John Clark Franklin Kelley, from Birmingham, Alabama. Throughout his brief life, Clark was known for his intelligence, kind heart, carefree attitude, brilliant smile and love of sports. After graduating from Oak Mountain High School in May 2013, Clark attended Auburn University under the Presidential Scholarship where he was pursuing an engineering degree. In hopes to continue his legacy of creating hope and help for those with mental illness, his family has established the John Clark Kelley Endowed Graduate Award to enable a student interested in Clinical Psychology to continue their education in this vital field with the objective of helping those who suffer. To be eligible for consideration, a student must:

- A. Be admitted to the Auburn University Graduate School and be accepted to a graduate program in the College of Liberal Arts, pursuing an advanced degree in Clinical Psychology;
- B. Have a minimum college GPA of 3.0 on a 4.0 scale.
- C. Be in good standing, according to the general criteria established by The Graduate School;
- D. Students should be in their second or third year of graduate work in the Clinical Psychology program;
- E. Consistent with the values of John Clark Franklin Kelley and the wishes of his family, the award will be granted to a student who is working to decrease the stigma and suffering associated with mental illness through their clinical work, research, outreach, or advocacy.

### ***OVERVIEW OF COURSEWORK REQUIREMENTS***

The integration of theory, research, and practice is a critical aspect of the educational philosophy of the Program and is manifested in several ways. You will be required to complete courses that satisfy general departmental core requirements, Master's and doctoral-level research, and clinical program core requirements. You may be encouraged to pursue additional coursework depending on your career goals and educational needs. An empirical study is required for both the thesis and dissertation. You must also successfully pass the General Doctoral Examination (written and oral) and complete a clinical psychology internship program accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA) and approved by the [Association of Psychology Postdoctoral and Internship Centers \(APPIC\)](#). [Curriculum requirements](#) in effect at the time you begin your graduate studies apply throughout your graduate career in this department. Although these requirements are subject to change, you will retain the option of graduating under these requirements or meeting the changed requirements.

## Requirements for the PhD in clinical psychology

The Guidelines and Principles of the APA Commission on Accreditation (CoA) emphasize the importance of broad and general exposure to core areas of psychology. Adherence to these criteria, in conjunction with our training philosophy, engenders additional course requirements. When options within an area are available, courses should be selected in consultation with your Major Professor (MP) and Director of Clinical Training (DCT). You will be given a Curriculum Worksheet that integrates curricular requirements of the department, program, and Graduate School. Be sure to consult with the department's Graduate Coordinator (Thane Bryant) before you complete this form.

For each course taken while in graduate school, you should retain the official course description available in the Auburn University Bulletin, the course syllabus, and graded products (if available). This material may help to document the specific nature of the course, if such a question arises during the process of securing licensure.

The following list reflects curriculum requirement effective 2020-2021. For previous curriculum, please refer to program handbooks from the year corresponding to your year of entry. The current [clinical program curriculum](#) is also available on our website.

### Biological Bases:

PSYC 7150 Biological Psychology

### Cognitive/Affective Bases (take **one** of the following):

PSYC 7140 Learning & Conditioning

PSYC 7190 Cognitive Psychology

### Social Bases:

PSYC 7180 Social Psychology

### Development:

PSYC 7160 Human Development (or COUN 7310 Counseling Applications of Lifespan Development)

### History of Psychology:

PSYC 7100 History of Ideas in Psychology

### Professional Standards & Ethics (take **both** of the following):

PSYC 7110 Ethics and Problems in Scientific and Professional Psychology

PSYC 8310 Introduction to Clinical Ethics and Methods

### Statistics/Experimental Design/Clinical Research Methods/Ethics:

PSYC 7250 Clinical Research Methods and Ethics

PSYC 7270 Experimental Design in Psychology I

PSYC 7280 Experimental Design in Psychology II

### Psychopathology:

PSYC 8300 Developmental Psychopathology

Assessment:

- PSYC 8360 Assessment of Cognitive Abilities and Achievement
- PSYC 8370 Foundations of Psychological Assessment

Intervention:

- PSYC 8330 Cognitive Behavioral Therapy

Clinical Practicum:

- PSYC 8910 Clinical Practicum (3 consecutive semesters; Assessment and Treatment)

Cultural/Individual Diversity:

- PSYC 8970 Special Topics/Diversity in Clinical Psychology (or COUN 7330 Counseling Diverse Populations)

**NOTE:** In addition to above, students are required to complete two elective courses ( $\geq 6$  credits), approved by their committee and DCT.

During the course of study, you will complete a research thesis for the MS degree (PSYC 7990), followed by the General Doctoral Examination (GDE). During the fourth through sixth years of the Program, the dissertation (PSYC 8990) and clinical internship are completed.

On Fridays, from 12:00 p.m. to 1:00 pm, during the fall and spring semesters (and early summer for any carryover), the clinical program meets for Clinical Lunch & Learn (CLL). CLL includes guest speakers and presentations on research topics, clinical case presentations, ethical principles and professional standards, administrative issues, and professional development. Students are expected to attend at least 85% of the schedule CLLs each semester. Students should not schedule a regularly occurring commitment during this time slot. If another professional engagement will interfere with attendance, the student should contact the DCT.

Attendance at departmental colloquia is also expected, as this is part of one's professional identity development.

The Program is designed so that all degree requirements can be completed in five to six academic years of full-time study beyond the bachelor's degree, including internship.

### Curriculum Sequence

A sample course sequence (available in Box) will be discussed with you frequently, based on your progress and training goals. The sequence of courses may need to be modified in response to departmental/program resources. General milestones and additional steps are as follows (less applicable to those entering with a master's degree):

#### First Year

1. Take beginning-level clinical core courses
2. Take core curriculum courses
3. Begin involvement in ongoing research project(s), typically in your major professor's (MP's) laboratory
4. Begin work on MS thesis
5. Orient yourself to the role of GTA/GRA/GA

#### Second/Third Year

1. Continue with advanced-level clinical courses
2. Continue with practicum/clinical training experiences

3. Take core curriculum courses
4. Complete MS thesis research project
5. Continue involvement in ongoing research

#### Third/Fourth Year

1. Complete clinical and core curriculum courses, including clinical practicum
2. Complete General Doctoral Examination
3. Continue involvement in ongoing research

#### Fourth Through Sixth Year

1. Complete the remaining coursework/ practicum experience
2. Continue involvement in ongoing research
3. Complete dissertation and final examination
4. Apply for (4<sup>th</sup> or 5<sup>th</sup>) and complete clinical internship (5<sup>th</sup> or 6<sup>th</sup>)

A figural timeline of the major program milestones is provided in Box.

You may request exemption from specific core or program requirements (including Master's thesis) based upon the completion of similar work in another program or another graduate level course (if arranged a priori). For specific guidance and procedures, see [Transfer of Coursework and Thesis Website](#).

#### **Residency**

The Program requires that you complete a minimum of three on-campus academic years of graduate study and an internship prior to awarding the doctoral degree. At least two of the three academic training years must be at Auburn University, and at least one year must be spent in full-time residence at the university. The Program expects you to remain in residence until you have completed all coursework and passed your GDE.

### ***RESEARCH OVERVIEW***

Critical policies and procedures regarding your advisory committee and thesis and dissertation activities are provided in the Box folder. Specifically, see *Plan of Study Directions*, *MS Guidelines*, *MS Calendar/Deadlines*, *Dissertation Guidelines*, and *Dissertation Calendar/Deadlines*, and *Proposal Defense Form*. You must be familiar with proper procedures to avoid unexpected delays or complications. If you have any questions, be sure to ask the DCT, your major professor (MP), or the department's Graduate Coordinator.

You are expected to be involved in research throughout the duration of your training. This includes thesis and dissertation research as well as other collaborative research with faculty and fellow students. Each semester, you should meet with your research advisor/MP to discuss research goals and goal attainment.

The Department of Psychological Sciences offers funds to support graduate students' research and research-related travel. These funds can be used in conjunction with awards given by the Graduate School.

#### **Research Approval and Oversight**

Auburn University established the Institutional Review Board for the Use of Human Subjects in Research (IRB) to evaluate research for compliance with the guidelines and policies

of the U.S. Department of Health and Human Services, the Public Health Service, the Food and Drug Administration, and other federal, state, and local regulations. All research in which human subjects are used must be approved in advance by the IRB, following approval from your faculty research advisor. Research involving human subjects not approved in advance may be disallowed and may incur severe penalties for non-compliance with institutional policy. Information and review forms may be obtained from the [Auburn Institutional Review Board \(IRB\) website](#). We are fortunate to have strong representation on the IRB (see faculty for details).

If research involves potentially pathogenic microorganisms, infectious agents, human tissue and blood borne pathogens, and organisms containing recombinant DNA (rDNA), prior review and approval is necessary by the [Biological Safety Program](#).

### **Initiating Your Research Involvement and Thesis**

During the first year, you should become involved in your MP's laboratory activities. This involvement should be structured to orient you to ongoing research, give you productive experiences in clinical research, and form the foundation for a sound Master's thesis. The exact nature of the activity can vary, but it should facilitate (and not interfere with) thesis progress. Thus, the activity may include, but not be limited to, a written literature review pertaining to the thesis project, collection of pilot data for the thesis, involvement in research projects related to the thesis, or mastery of data collection/analysis or clinical procedures relevant to your thesis/career. In most cases, these activities will relate to the development of the thesis proposal. If this is not the case, progress on the thesis should remain a high priority.

You are encouraged to maintain a high level of initiative in selecting your thesis topic, conducting exploratory literature searches, and engaging in a critical review of this literature. Methods by which MPs engage in thesis (and dissertation) research mentorship vary considerably. Resources to facilitate this process may be found with fellow students, the DCT and other faculty, the Social Sciences Librarian (see "*Helpful Hints*" section of this handbook), and the following publications:

- American Psychological Association (2020). *Publication manual of the American Psychological Association*. (7<sup>th</sup> ed.). Washington, DC: Author.
- Becker, H. S. (2020). *Writing for social scientists: How to start and finish your thesis, book, and article*. (3<sup>rd</sup> ed.). Chicago: University of Chicago Press.
- Cone, J.D., & Foster, S.L. (2019). *Dissertations and theses from start to finish*. (3<sup>rd</sup> ed). Washington, DC: American Psychological Association.
- Galvan, M. C. & Galvan, J. L. (2025). *Writing literature reviews: A guide for students of the social and behavioral sciences*. (8<sup>th</sup> ed). New York, NY: Routledge.
- Pan, M. L. (2017). *Preparing literature reviews: Qualitative and quantitative approaches*. (2<sup>nd</sup> ed). New York, NY: Routledge.
- Prinstein, M. J (2022). *The portable mentor: Expert guide to a successful career in psychology* (3<sup>rd</sup> ed). Cambridge: Cambridge University Press.
- Rudestam, K. E., & Newton, R. R. (2014). *Surviving your dissertation: A comprehensive guide to content and process* (4<sup>th</sup> Edition). Los Angeles, CA: Sage Publications.
- Silvia, P.J. (2018). *How to write a lot: A practical guide to productive academic writing* (2<sup>nd</sup> Ed.). Washington, DC: American Psychological Association.
- Turabian, K. L. (2018). *A Manual for Writers of Research Papers, Theses, and Dissertations*. (9<sup>th</sup> ed.). Chicago: University of Chicago Press.

A search through the [AU Libraries](#) or [Google](#) will yield dozens of other resources. AU Library's Social Science Librarian is Jaena Alabi ([jma0019@auburn.edu](mailto:jma0019@auburn.edu)). She can assist you in numerous ways.

Graduate School requirements stipulate that all graduate work toward a Master's degree must be completed within six calendar years. The Program and department expect degree requirements to be completed well before this (see "*Overview of Course Requirements*" section of this handbook). Specifically, you should plan to complete the Master's degree within three full years of residency. Failure to do so may result in a formal review of your standing in the program in order to explore corrective action. Funding eligibility may be affected if you fall behind (see Graduate Support Priority System document in Box adopted by the department in 2009; the timeline outlined in this document is not necessarily one to which the clinical program adheres due to different curriculum demands relative to other doctoral programs).

Regulations pertaining to exemption from the thesis requirement are outlined in the Box folder.

### **General Doctoral Examination**

The General Doctoral Examination (GDE) consists of two parts: 1) Written Exam, and 2) Oral Examination. The GDE is designed to assess your understanding of the broad body of knowledge in a field of study and affords the examination committee an opportunity to review research, clinical, and professional competence. Previous academic work provides a foundation for the knowledge to be assessed, but the GDE goes beyond prior experience and coursework. Both the written and oral portion of the GDE is not merely an assessment of how well you summarize research/clinical literature. Rather, the process should encourage/require you to demonstrate integrative and critical thinking.

The General Doctoral Exam policy is available in Box and outlines the guidelines passed by the psychology faculty (see below for program-specific implementation and changes made to these guidelines/procedures). As indicated in the policy statement, all clinical students have the option of submitting a Portfolio to satisfy the GDE requirements (instructions are in Box). Students admitted prior to the fall of 2021 also have the option of completing the previously approved Qualifying Exam or Major Area Paper; however, these exam formats are being phased out and will not be available to students admitted in the fall of 2021 or subsequent cohorts. All versions of the GDE allow for demonstration of competency in "Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas." In doing so, the examinee must integrate graduate-level knowledge from at least two of the following content areas: affective, biological, cognitive, social, and developmental.

You may initiate the Written Exam only after you have passed the defense of your Master's thesis, completed one year of supervised clinical training at the AUPSC, submitted the final draft of the thesis to the Graduate School, and filed an approved Doctoral Plan of Study. A review of your completed coursework may also serve as an additional criterion for initiating your Written Exam. You may hold your oral examination (coordinated through the Graduate School) only **after** you have passed the written portion (required only by the department). **The GDE must be passed by the last day of final exams of the spring term if you want to apply for internship the following fall (see below for additional internship eligibility requirements).**

You become a candidate for the doctoral degree upon successful completion of the GDE. The Graduate School stipulates that students are expected to achieve candidacy within six years (but see above departmental timeline) and to complete all requirements for the degree within ten

years. If unable because of reasons beyond your control to complete the requirements on time, you may petition the Dean of the Graduate School for an extension. Otherwise, you will revert to the status of an applicant and must petition the Dean of the Graduate School to retake the oral portion of the GDE. Funding, dissertation proposal deadlines, and internship eligibility requirements will likely shorten the aforementioned timeframe. Specifically, funding is typically only available for five years. Also, see next paragraph for dissertation proposal deadlines.

## **Dissertation**

You must complete an empirical dissertation prior to being awarded the Ph.D. degree. Typically, your MP will expect a higher level of independence from you throughout the dissertation process. Resources mentioned in regards to the thesis also apply here. Policies specific to the dissertation can be found in Box. **A dissertation proposal must be accepted by your advisory committee by September 15 of the internship application year.** See *Internship* for further details.

## ***CLINICAL PRACTICA***

Students beyond the first year typically are supported financially by 20-hour per week assistantships at various practicum sites. All of the sites are committed to training students and provide experience in the application of evidence-based assessment and intervention techniques. Each site has a licensed psychologist who serves as the supervisor of record. Our website provides information about [recent practicum sites](#) and the agencies with which they are affiliated. The supervisor is a member of the core or adjunct clinical faculty, thereby facilitating the integration of practicum training with other elements of the training program. Assistantship-linked practica typically are for one year and start at the beginning of the fall semester. You will receive an updated list of probable practicum opportunities for the following year during the early part of each spring semester. Occasionally, supplemental assistantships may be available. The following policy applies to practicum assignment:

In consultation with the clinical faculty, the DCT will make the decisions concerning assistantships (clinical, program-sponsored research, and teaching). In making these placement decisions, the DCT will consider the student's preferences, attempting to give greater consideration to upper-level students and those who are meeting or exceeding expectations in key evaluative areas (i.e., grades, research skills and productivity, clinical skills, collegiality/citizenship, and professional behavior). Other important considerations include:

1. Training needs and goals; career objectives
2. Readiness for training experience
3. Area of specialization
4. Previous placements
5. Program needs and contractual obligations
6. Input from practicum/faculty supervisors

These six criteria are considered in the context of the circumstances present during a given year. To the extent possible and when appropriate, students in their first five years (four if entering with a Master's) will have priority over students beyond this point in their residency. Students beyond their 5<sup>th</sup> year (4<sup>th</sup> if entered with a Master's) will have lower priority, unless less advanced students with appropriate skills are not available. An attempt

will be made to avoid having a student repeat a placement, unless there is clear incremental training utility for the student to do so.

The training provided at practicum sites is consistent with our overall goal of training scientist-practitioners who can function in a variety of professional roles. Practicum experiences are also integrated with other elements of our program. For example, you are required to participate in Clinical Practicum (PSYC 8910) for your entire second year. This ensures that you will have a forum for discussing your practicum experiences, particularly those stemming from clients seen through the training clinic (AUPSC). In addition, didactic components of practica/Clinical Practicum address case conceptualization, treatment approaches, and various clinical and professional issues. You will be required to complete a clinical methods and ethics course (PSYC 8310) before you begin your first clinical practicum.

Regarding Clinical Practicum, you should expect the format to vary somewhat across clinical supervisors, reflecting the faculty member's orientation and approaches to clinical work. Various methods will be used to assess the progress of your clinical skills and that of your clients (see *Practicum Evaluation*). Clinical Practicum supervision will be provided by assigned supervisors. If you provide service to clients, you must arrange for and document appropriate supervision.

### **Liability Insurance and Outside Employment**

You are covered under the University's student internship general liability and professional liability insurance during the period that you have professional contact with clients through the AUPSC or other program-sanctioned practicum sites. However, you may want to consider securing your own liability insurance (one affordable option is [The Trust](#), which is used by several faculty in our program, though there are likely others). This is because the university's liability insurance may prioritize what is in the university's best interest, which is usually, but not always, aligned with your best interest. For example, the university might decide that it is preferable to settle in a case when you might prefer to go to court to clear your name.

At times, you may be approached to conduct contractual work by outside agencies and practices that have no direct, formal arrangement for such work with the Program. *Before you agree to work in ANY external position (clinical or otherwise), the DCT must approve such activity, so that the program can evaluate the appropriateness of the position in light of your training needs and standing in the program.* Clinical work not sanctioned by the program is not covered by the liability policy.

The active involvement of the faculty ensures that students' needs and training priorities remain paramount. Extra employment should be considered carefully in the context of ensuring the timely completion of graduate program requirements. This policy also applies to the provision of teaching services and non-reimbursed clinical services. Failure to secure program approval may result in disciplinary actions or malpractice claims (only program-sanctioned activities are covered through the department's liability insurance policy).

### ***TELESUPERVISION POLICY***

**Rationale:** We believe that there are many unique benefits to in-person supervision; therefore, our expectation is that supervision occurs in-person as a general rule. That said, we recognize that circumstances arise that make telesupervision logistically necessary. We have created this policy to address telesupervision that may be provided within our program.

**Alignment with our Training Aims:** Our priority is to provide consistent, high-quality, evidence-informed supervision to our supervisees. Allowing supervisors and supervisees to

engage in telesupervision allows us to act in accordance with that priority even when our supervisors or supervisees are unable to attend in-person supervision for special or time-limited circumstances.

**When Telesupervision is Provided:** By default, supervision is expected to be done in-person unless special and/or time-limited circumstances arise. All telesupervision arrangements must be approved by the Director of Clinical Training (e.g., for external practicum sites) and/or the Clinic Director (e.g., for AUPSC cases). Although this policy allows for any student and supervisor to engage in telesupervision, all decisions regarding individual students are made on a case-by-case basis and will consider a variety of factors (e.g., level of training, nature of services being delivered). Also note that this general policy does not replace site-specific policies and guidelines. Each student and supervisor would be responsible for knowing and following all site-specific policies.

**How Telesupervision is Provided and How Privacy is Ensured:** Telesupervision can occur via video or voice-only phone calls. Everyone involved in telesupervision should be in a private location to ensure client confidentiality. Supervisors and students must remain mindful of privacy and/or HIPAA guidelines, and each supervisor is responsible for ensuring that these guidelines are followed.

**How An Off-Site Supervisor Maintains Professional Responsibility for Clinical Cases:** As is always true in our clinical training program, the supervisor of record maintains professional responsibility for clinical activities regardless of their location. If a clinical supervisor is traveling, they are expected to make advanced arrangements for one of their licensed colleagues to provide supervision responsibilities in their absence and to alert their supervisees of the coverage plan.

**How The Program Ensures Relationships Between Supervisors and Supervisees Are Established At Supervision's Onset:** Because we primarily offer in-person supervision, we expect that most supervisees will meet for in-person supervision multiple times before an occasional, unexpected instance of tele-supervision would arise. For select internal/external practica that primarily deliver telehealth services and primarily involve telesupervision, only advanced students or students with multiple years of in-person therapy and supervision experience would be assigned to these sites. Additionally, at these sites, the supervisors will take appropriate steps to establish the supervisory relationship and get to know their supervisees. When feasible, this will include at least one in-person meeting, and additional in-person supervision meetings can be offered to address individual training needs as indicated.

**How Unscheduled Consultation and Crisis Support Are Managed:** As is always true in our clinical training program, supervisees are encouraged to contact their supervisor immediately if they need support outside of scheduled supervision meetings. Our trainees know to contact their supervisor first if they need assistance, then to contact other listed supervisors. We do not anticipate that the way in which supervision is provided (in-person or via telesupervision) will affect this general policy.

### ***PRACTICUM LIAISON***

The practicum liaison will provide an additional resource for students to discuss clinical training and practicum-related questions and concerns. This resource is available in addition to the DCT and student's MP who should continue to be consulted as needed. The practicum liaison may help students determine whether a concern should be elevated to these individuals. Some discussion points the practicum liaison can be used for include ethical or organizational

concerns; compassion fatigue, burnout, and self-care; professional development and professional identity; and clinical consultation. This person should **not** be used to provide additional supervision on individual cases and any discussion pertaining to clients will not constitute supervision or override previous discussions with assigned clinical supervisors. If interested in scheduling a meeting, please email Dr. Emma Lathan-Powell directly at [ecl0012@auburn.edu](mailto:ecl0012@auburn.edu).

## ***DOCUMENTING PRACTICUM HOURS***

It is imperative that you document all training activities in practicum settings. Not only might this information be used by the Program for various purposes (e.g., evaluation of practicum, program development, etc.), but accurate documentation is crucial for internship applications and may also be necessary during the licensure process. Please see “*Licensure*” for more information and resources.

Each student involved in practicum work (i.e. second year and above) will be given access to a [Time2Track](#) account. Students will be required to keep their practicum hours updated at all times. The DCT will have access to these accounts; information will be shared with practicum supervisors and clinical faculty as part of an ongoing evaluation process.

## ***COMPETENCY BENCHMARK EVALUATION***

Reflecting an evolving trend to evaluate students in professional training programs with articulated foundational and functional competencies, our program has developed a method through which these competencies will be documented. First, our [main webpage](#) presents the competencies students are expected to obtain over the course of their training. These competencies are linked to benchmarks represented in the pertinent documents described below. The Box folder contains all forms described below.

Our evaluation forms mirror the structure recommended by the American Psychological Association. The Benchmark forms and accompanying guidebook details foundational and functional competencies (with examples/behavioral referents) and an evaluation to document your performance (with methods of assessment), relative to your level of training. These forms will be used to frame the practicum training evaluation process (sections of 8910: Clinical Practicum) and the evaluative structure of core clinical courses. For clinical practica, forms will be completed twice a year (mid- and end-of year). Evaluations, which must be signed by both you and your supervisor, are reviewed in a collaborative manner. The form completed by the supervisor at the end of the year will be placed in your program file. The mid-year evaluation form will be kept by the DCT and clinical supervisor. You are encouraged to retain copies of these signed forms.

The Department follows an apprenticeship model of graduate training. Thus, coursework constitutes only a portion of the curriculum and training experiences you must master. Training received while working under the direction of faculty in laboratory, field, and service delivery settings is a significant part of your educational experience. Accordingly, evaluation of your progress must take into account not only your performance in the classroom, but your achievements in the full range of training experiences. Evaluation procedures must also take

issues of professional and personal development/behavior into consideration. Scheduled evaluations are conducted by the Program faculty at the beginning of each academic year. A meeting is also held in January to discuss mid-year student progress. Other evaluation meetings may be convened at any other point in the year to address more immediate concerns. In addition, if at any time the student's advisory committee or program faculty determines that satisfactory progress is not being achieved, they may request the department faculty as a whole to consider remedial/corrective actions, including the question of continued enrollment (see "*Dismissal Policy and Procedure*" and Appendix E of the program handbook (saved in Box), which contains a Competency Remediation Plan template).

You will complete the Auburn University Student Activity Form (saved in Box) early each Fall semester and submit it to your major professor and DCT. This form will serve as an evolving document in order to provide details of your self-reported accomplishments and progression through the program.

All information generated from the procedures described above, including feedback from non-clinical course instructors, will be assembled for the annual evaluation meeting. Based on discussions amongst the clinical faculty, a Graduate Student Annual Evaluation form (available in Box) will be completed. This form will provide a summative evaluation of academic/class performance, research/scholarship performance, clinical skill development, and professional development, along with narrative comments. Ratings and comments will be reviewed with you during a feedback session. As with all of the evaluation procedures described above, you will have the right to respond to comments and ratings in writing. The Annual Evaluation form will be signed by you, your major professor, and DCT. This form will become a permanent document in your Program file.

Parenthetically, material in your program file includes assistantship-related evaluations, annual evaluations from the program, internship correspondences, and materials regarding grievances with the department or vice versa. Your departmental file contains your application materials submitted to the department; official communications among the department, the Graduate School, and you; and any supporting documentation.

Effective professional functioning includes appropriate academic performance and development of clinical skills (see also [\*Dismissal Policy and Procedures\*](#)). Effective functioning also includes freedom from behavioral problems that seriously limit effective functioning as a psychologist, commitment to personal growth and self-understanding, accurate representation of professional competence and qualifications, and responsibility for identifying needs and seeking professional training. More specifically, students can also display problems of personal character, as evidenced by signs of deficient personal boundaries and persistent disturbances in interpersonal relationships and violation of APA's Ethical Standards or Alabama Law/Ethics; acts of dishonesty, poor judgment, consistently immature or unprofessional behavior; and an extreme, persistent lack of sensitivity towards others. Students' performance in professional roles may be disrupted by problems of emotional distress or instability, as seen in, for example (but not limited to), significant bouts of depression, evidence of an eating disorder, signs of substance abuse, or other clinically significant psychiatric disorders or evidence of impairment in adaptive functioning.

The clinical faculty agree to take a supportive, empathic, measured yet pro-active stance towards problems of distress, impairment, or incompetence, since ignoring trainees' problems potentially endangers the university community, the public, and the field of psychology; is

contrary to the mentoring process; and is inconsistent with [APA's Ethics Code](#) (Standard 2: Competence, Section 2.06 (b)). When determining the need for remediation or intervention, the goal of the clinical faculty is to attend to only those behaviors and responses that appear to interfere with effective professional functioning. Attempts to address occurrences of significant distress, impairment, or incompetence will be handled in a confidential and humane manner, following departmental and university procedures. Information will be shared with appropriate individuals on a "need to know" basis. However, we do generally encourage open communication among trainers when encountering a student with problems of professional competency. Typically, this involves the direct clinical supervision team, the student's major professor, and the Director of Clinical Training. Other core clinical faculty are notified when a student is placed on a remediation plan and are provided updates as deemed appropriate by the remediation team.

### ***SELF-CARE AND SHARED PROFESSIONAL RESPONSIBILITY***

Graduate school presents many challenges to developing psychologists, leading students to occasionally neglect maintenance of an appropriate balance between professional activities and self care. Students are reminded that the development of professional competencies depends upon effective self-care behavior (i.e., getting enough sleep, obtaining health and mental health care when needed, maintaining healthy or non-self-injurious eating habits, etc.). It is the student's responsibility to maintain effective self-care behaviors. Students have access to the AU Medical Clinic, the AU Student Counseling Services, and various on- and off-campus [wellness and health service programs](#) to assist them in this regard.

Students holding assistantships of at least .25 FTE for Fall and/or Spring semester are enrolled automatically in the Auburn University [Graduate Student Group Health Plan](#) (GSHP).

When a student recognizes that another student regularly neglects their self-care, the student should typically offer assistance to the other student in obtaining help before discussing it with a faculty member. The graduate training program is a small professional community in which students support one another in developing effective self-care behaviors, much like the broader profession of psychology will be upon graduation. Should the other student continue to engage in significantly unhealthy self-care behavior following peer assistance, you, as the observer, should discuss your concerns with the DCT or major professor. This is your professional responsibility.

Faculty are open to requests for accommodations in particularly distressing periods (e.g., personal or family tragedy, illness, etc.). In such situations, consistent with demonstrating professional competence, the student should bring the situation to the attention of his or major professor, DCT, and other affected faculty/supervisors. If the situation is of a very personal nature, the student can first consult with his or her MP and/or DCT. In this way, a plan for how to handle the potential program hiatus can be set in place (e.g., coursework, clinical cases, etc.). The AU [Office of Accessibility](#) may be able to assist if the need for extended absences arises; be sure to address financial considerations (loans, assistantships, impact on tuition fellowship, etc.).

### ***CLINICAL REFERRAL LIST***

Given the intensity of the training and the apprenticeship quality of graduate work, challenges to your coping skills may arise. Or, you may wish to benefit from independent self-exploration/improvement. Situations may arise when you prefer to discuss your situation with individuals not associated with your training or for matters independent of your status as a graduate student.

### [Auburn University's Student Counseling and Psychological Services \(AUSCPS\)](#)

develops an updated list each year of local resources, which is provided below. There is no formal service delivery association between these providers and our program. Be aware that some of our current faculty or former faculty, an association with some of these practices, although various arrangements could be (and have been) made to ensure your privacy. This should be discussed with the person with whom you are working. As consumers, you are encouraged to learn about these providers through any means possible to determine the “fit” between your needs and the providers’ experience and orientation.

The Auburn Psychology practice listed below has agreed to a \$100 flat rate fee for Auburn Clinical Psychology graduate students as long as they are students. This is a discount of 30%, and the price will not increase when their fees increase. For assessments, this practice will give a 20% discount on all fees. When reaching out for services, please be sure to let the front office staff know that you are enrolled in our program so the appropriate discount can be applied. Additionally, the Clinical Psychologists practice listed below offers discounts of varying rates (Depending on the individual provider) to students from our program. Please inquire about this when you call the practice. It is possible that other local providers may offer reduced fees, but this will need to be explored with them directly.

Regarding AU’s Student Counseling and Psychological Services, these are free to all Auburn students. The DCT has been in contact with the assistant director there (Dr. Alex Hughes) and we hope to allay some of your concerns about seeking services there, given that it’s one of our training sites:

- 1) You can call to schedule an intake without fear that you will be assigned to a practicum student. All intakes are completed by staff. During that intake, you can request to be assigned to a staff member who is not heavily involved in the training of practicum students. You can also ask that your file be coded in their system for privacy reasons (though it is important to note that any practicum student would be violating confidentiality guidelines if they were to look at the file of someone for whom they were not directly involved in clinical care).
- 2) If you would like additional privacy, Dr. Hughes recommended looking at the [staff on the website](#). You can request to do the intake and be assigned to services with one of the counselors or social workers, as opposed to a psychologist, as they are less heavily involved in supervision of our students.
- 3) You can request to do your appointments in the Haley Satellite office. Practicum trainees have their offices over in the med clinic and are only very rarely in Haley. As such, you’d be highly unlikely to bump into anyone. Plus, it’s a lot closer to Cary/Thach!
- 4) Once you’ve completed your intake, which needs to be in-person, you can request telehealth to avoid needing to physically travel to the office. This could be helpful for both privacy reasons and reducing the time needed to travel to sessions.

We have had *many* students from our program seek services at SCPS (including some who have also done practicum training there). It is understandable that students want as much privacy as possible. It is also important to emphasize that seeking mental health treatment is not something that needs to be hidden or is shameful in any way.

## Community Provider Resource List

Summer 2025

Notice: This resource list is meant only to provide contact information about community providers. Inclusion on the list does not indicate specific endorsement on the part of Auburn University Student Counseling & Psychological Services (SCPS). Additionally, information related to telehealth vs. in-person services may change. It is best to verify services directly with the potential provider.

*\*Offers Sliding Fee Scale \*\*Substance Abuse \*\*\*Pastoral Counseling*

*Many providers offer additional information on their listed websites and/or on [www.psychologytoday.com](http://www.psychologytoday.com)*

### Auburn & Opelika Area Licensed Counselors & Licensed Social Workers

<i>Agency/Provider</i>	<i>Provider</i>	<i>Licensure</i>	<i>Address</i>	<i>Phone</i>	<i>Notes</i>	<i>Telehealth</i>	<i>In-Person</i>
Alabama Center for Trauma Therapy <a href="http://alabamacenterfortraumattherapy.org/">http://alabamacenterfortraumattherapy.org/</a>	Kevin Mullins Ilia Snell Hannah Banach	LPC	2431 E. Glenn Ave, Suite 500  Auburn, AL 36830	(334) 332-4447- Kevin  (334) 328-6341- Hannah  (334) 851-1173- Ilia	Offers EMDR, Trauma focused CBT, DBT, and group therapy. Treats trauma, anxiety, depression. Accepts BCBS and private pay	X	X
Alongside Counseling Center	Nick Coniglio,	LPC, NCC	166 N. Gay St Suite 11, Auburn, AL 36830	(334) 209-4898  <a href="mailto:nick@alongsidecenter.com">nick@alongsidecenter.com</a>	Trauma, anxiety, depression, grief, faith-based crises.  Offers EMDR and Christian counseling.  Accepts BCBS of AL, United, Viva, Uprise, and private pay.	X	X
A Quiet Place Counseling <a href="https://aquietplacecounseling.com/">https://aquietplacecounseling.com/</a>	Marina Krause Beth Brown	Ph.D., LPC  ALC	348 Samford Village Court, Suite 130  Auburn, AL 36830	(334) 521-8302	Private pay; offers super bill. Treats eating disorders, substance abuse. Offers EMDR, private nutrition	X	X

	Jennifer Guffin  (Brittany Braswell, RD)  Kalyn Tapley  *see website for additional providers*	ALC			coaching, Eating Disorder group therapy, and faith based services (pastoral counseling)		
<b>Auburn Behavioral Health</b>  <a href="https://auburnbehavioralhealth.com/">https://auburnbehavioralhealth.com/</a>	Sharlene B. McDaniel	LPC	1280 Moores Mill Rd. Suite 210  Auburn, AL 36830	(334) 332-4678	Accepts students over 21; offers \$85 rate for students without insurance; accepts BCBS; provides superbills	X	X
<b>Auburn Professional Counseling</b>  <a href="https://auburnprofessionalcounseling.com/">https://auburnprofessionalcounseling.com/</a>	Lisa Scott, Cyrilla Beveridge	LPC  LPC	311 N. College St  Auburn, AL 36830	(334) 707-6255  (334) 728-7911	Offers DBT group therapy when 4+ members; BCBS & Cigna	X	X
<b>Auburn University Marriage &amp; Family Therapy Center (Auburn Research &amp; Technology Foundation)</b>  <a href="http://www.mftcenter.auburn.edu">www.mftcenter.auburn.edu</a>	Refer to website	Varies	Auburn Research & Technology Foundation  570 Devall Drive, Suite 202  Auburn, AL 36832	(334) 844-4478	\$30 discounted rate for students	X  *limited	X
<b>Auburn University Psychological Services</b>  <a href="https://cla.auburn.edu/ps">https://cla.auburn.edu/ps</a>	Refer to website	Varies	101 Cary Hall	(334) 844-4889	ED, DBT (skills group \$10 session; intake \$35; must be in individual therapy as well), <b>no high-risk clients</b> . Therapy & testing, <b>Private Pay only</b> , testing for ASD, ADHD are the	X	X

<a href="#">ychological-sciences/aupsc</a>			Auburn University  Auburn, AL 36849		primary assessments. <b>Fees</b> - First session: \$350/ Feedback session \$350. Max \$700 cost for all testing.  Training clinic → provides therapy (individual and group) /assessments to children, adolescents, adults, and families in the Auburn-Opelika area.  Brief IQ  <b>Therapy fees</b> : \$30-\$60 per session; \$80 initial intake (2 hour intake). Auburn students are charged \$30 per session.  <b>Specialty Clinics for Community</b> : Center for Autism Research, Treatment, and Training (CARTT) – preschool age.  <u>Parent-child Interaction Therapy (PCIT)</u> : 14-18 wks, kids 2-8 y. o.  <u>Auburn Eating Disorders Clinic (AEDC)</u> - 20-25 wks, multidis tx.	*limited	*some testing
<b>Brookhaven Counseling</b>  <a href="http://www.brookhavencounselingauburn.com">www.brookhavencounselingauburn.com</a>	Holly Borden	MA, ALC, NCC	709 E. Glenn Ave  Auburn, AL 36830	(334) 332-5061	Trauma, anxiety, sex addictions.  Private Pay only	X	X
<b>Collaborative Counseling</b>  <a href="http://www.amyphillipscounseling.com/">http://www.amyphillipscounseling.com/</a>	Amy Phillips	LPC	124 Bragg Ave  Auburn, AL 36830	(334) 524-7195  Prefers email <a href="mailto:cleome@am">cleome@am</a>	BCBS, UHC & Aetna only; offers a Financial Hardship fee option. Treats identity issues, LGBTQ+, anxiety, depression, relationship issues, ADHD, and self-esteem	X	X

				<a href="http://yphillipscounseling.com">yphillipscounseling.com</a>			
<b>Counseling &amp; Therapy Services</b>	Timothy Birt	LPC, LMFT	621 Old Stage Rd Auburn, AL 36830	(334) 239-4707	BCBS; Tricare; Cigna; Humana; Uprise (does not take direct admits from hospital). Treats anxiety, depression, trauma, PTSD, DV, abuse, ADHD	X	X
<b>Muir Counseling</b> <a href="https://www.muircounseling.com/">https://www.muircounseling.com/</a>	Janvier Muir	LPC	Auburn, AL (virtual only)	(334) 524-6530 or <a href="mailto:hello@muircounseling.com">hello@muircounseling.com</a>	Women & young adults; Anxiety, self-esteem, stress. Utilizes CBT, ACT, & DBT. Accepts BCBS & UHC	X	
<b>Opelika Addictions Center</b> <a href="http://www.eamhc.org">www.eamhc.org</a>	Refer to website	Varies	2300 Center Hill Dr, Bldg #1  Opelika, AL 36801	(334) 742-2130  (334) 742-2131	Tricare/Medicaid on case-by-case basis		X
<b>Perception Therapy, LLC</b> <a href="https://www.psychologytoday.com/us/therapists/leslie-carol-gaultney-opelika-al/916783">https://www.psychologytoday.com/us/therapists/leslie-carol-gaultney-opelika-al/916783</a>	Leslie Gaultney	LPC	404 South 8 <sup>th</sup> St  Opelika, AL 36801	(334) 559-5836	Counseling (trauma) & assessments. BCBS; \$136 self pay sessions	X	X

<p><b>Perspective Counseling</b></p> <p><a href="https://perspectivecounselingauburn.com/">https://perspectivecounselingauburn.com/</a></p>	<p>Refer to website</p>	<p>Varies</p>	<p>1<sup>st</sup> location: 2148 Moores Mill Rd  Auburn, AL 36830</p> <p>2<sup>nd</sup> location: 1673 Shug Jordan Pkwy, Ste.C  Auburn, AL 36830</p>	<p>(334) 329-6063</p>	<p>Takes BCBS. Trauma, depression, anxiety.</p> <p>Late evening and weekend hours available.</p>	<p>X</p>	<p>X</p>
<p><b>Prevail Counseling &amp; Wellness, LLC</b></p> <p><a href="https://www.prevailcounselingandwellness.com/">https://www.prevailcounselingandwellness.com/</a></p>	<p>Monica Molt  Morgan Sutton-Cavendar  Jacob Tutwiler  Andrea Newell  Alexis Winsor</p>	<p>MEd, LPC NCC  ALC  LPC</p>	<p>166 N. Gay St, Suite #21  Auburn, AL 36830</p>	<p>(334) 329-6255</p> <p>Email: <a href="mailto:info@prevailcounselingandwellness.com">info@prevailcounselingandwellness.com</a></p>	<p>Specializes in anxiety disorders, trauma, relationships, and working with college students. Clients can complete online intake, and office will be in contact within 72 hours. Accepts BCBS</p>	<p>X</p>	<p>X</p>
<p><b>Ross Counseling Center</b></p> <p><a href="http://rosscounselingcenter.com/">http://rosscounselingcenter.com/</a></p>	<p>Chris Ross</p>	<p>LPC</p>	<p>166 N. Gay St, Suite #16  Auburn, AL 36830</p>	<p>(706) 662-5704</p>	<p>Offers EMDR and Trauma-Focused CBT; utilizes Christian lens. Accepts BCBS, American Behavioral, Tricare</p>	<p>X</p>	<p>X</p>

<b>The Serene Shield Counseling Services, LLC</b>  <a href="https://www.psychologytoday.com/us/therapists/michelle-shields-salem-al/881325">https://www.psychologytoday.com/us/therapists/michelle-shields-salem-al/881325</a>	Michelle Maki	LPC	*Telehealth services only	334-610-1718  <a href="mailto:michelle@thesereneshield.com">michelle@thesereneshield.com</a>  *Email is preferred contact	Specializes in CBT, DBT, ACT, and EMDR. Accepts BCBS, Tricare East, Cigna, and self-pay (\$136). Licensed in AL, GA, FL, and NC (telehealth only)	X	
<b>Soul Affirming Counseling, LLC</b>  <a href="https://soulaaffirmingllc.com/">https://soulaaffirmingllc.com/</a>	Kerry Baharanyi	LICSW	*Telehealth services only	(334) 539-8051	Specializes in interpersonal violence/trauma, chronic illness, life adjustments, grief, LGBTQ+. \$90 rate for students with no insurance (increasing to \$100 in 2025). Accepts BCBS, Aetna, Uprise.	X	
<b>Wellspring Counseling Center</b>	Gaye Hagan  Linda Wilkins	Varies	2813 Pepperell Pkwy  Opelika, AL 36801	(334) 741-8007	Gaye—accepts some BCBS & EAP  Linda—self pay sessions \$45		X
<b>Private Practice</b>	Michelle Crumbly	LPC	621 Old Stage Rd  Auburn, AL 36830	(334) 521-5045	*not currently accepting new clients*	X	
<b>Private Practice</b>	Linda M. Newbill,	LCSW	310 N. 24th St  Opelika, AL 36801	(334) 332-2788	Accepts insurance, reduced fee for self-pay; currently not accepting new clients as of 8/4/23	X  *limited	X  *required for first visit

<b>JM Counseling Services</b> <a href="http://www.jedmurprhee.com">www.jedmurprhee.com</a>  <i>*Huntsville, AL Provider</i>	Jed Murphree	LPC	220 Rhett Ave, Unit C2 & 3  Huntsville, AL 35801	(256) 213-1047; Hours are Tues.-Fri. 9am-5pm	Treats anxiety, depression, interpersonal/couples conflict, complex relationships, and issues around sex. Utilizes CBT and emotion focused therapies	X  *limited	X
<b>Never Stop Counseling Services</b>  <a href="https://neverstophoping.com">https://neverstophoping.com</a>	Donna Clemons	ALC	Executive Park Drive, Opelika AL 36801	618-444-3902  <a href="mailto:drdonna@neverstophoping.com">drdonna@neverstophoping.com</a>	Private Pay only (\$120 per session). Offers students a payment plan but no sliding scale. Works with Auburn Community Church for some counseling scholarships; will provide <u>superbills</u> . Treats infertility, sports performance, body image, relationship issues, transition, and job stress.		X
<b>Ever Human Therapy</b>  <a href="https://www.everhumanttherapy.com/">https://www.everhumanttherapy.com/</a>	Stephanie Pelland	MA, LMHC, LPCMHSP, LCMHC	TELEHEALTH ONLY  Headquarters :  3317 Dayton Blvd  #15781  Chattanooga, TN 37415	423-827-5300	Accepts BSBS-AL, CIGNA PPO, UHC PPO, and private pay. Offers payment plan options for weekly or monthly payments. Treats anxiety, depression, ADHD, trauma, life transitions/adjustments	X	
<b>Take Good Care Therapy</b>  <a href="https://www.takegoodcaretherapy.com">https://www.takegoodcaretherapy.com</a>	Tonya Strand	LICSW-S	404 S 8 <sup>th</sup> St.	334-203-4155	Accepts BCBS and private pay; treats grief and loss, depression, anxiety, academic issues, PTSD, trauma, relationship issues	X	X

			Opelika, AL 36801				
<b>Private Practice</b> <a href="http://www.kjamesmft.com">www.kjamesmft.com</a>	Kathryn James	MFT	600 N 9 <sup>th</sup> St.  Opelika, AL 36801	415-244-5590  <a href="mailto:kjamesmft@gmail.com">kjamesmft@gmail.com</a>	Offers telehealth. Treats addiction/alcoholism, depression, anxiety, life transitions. Private pay only \$145-\$155/hr. Provides superbills. Uses CBT. Evening and weekend hours available. Free 30 min. consult	X	X

### Auburn & Opelika Area Psychologists

<b>Anxiety &amp; OCD Treatment Services</b> <a href="http://www.anxietytreatmentonline.com">www.anxietytreatmentonline.com</a>	Refer to website, providers licensed in multiple states (Iowa, Alabama, Washington, Florida, Michigan, Colorado and Wisconsin)	Psychologist	*Telehealth services only	(515) 216-0679  *Form on website to contact	Specialties are OCD, anxiety disorders, trauma, PTSD, and stress;  *Private pay but can provide superbills	X		
<b>Auburn Psychology Group</b> <a href="http://www.auburnpsychology.com">www.auburnpsychology.com</a>	Refer to website	Psychologist	861 N Dean Rd, Suite D  Auburn, AL 36830	(334) 887-4343	OON with all insurance but will file most. Private pay options (\$175 intake, \$150/hr therapy). Testing (\$175/hr psychological	X	X	

					assessments, scoring, interpretation, and report writing) (ADHD ASD) & Therapy  Trauma			
<b>Auburn-Opelika Psychology Clinic</b>	Lee Stutts, Ph.D.	Psychologi st	2127 Executive Park Dr  Opelika, AL 36801	(334) 742-9555  (334) 703-8011 (prefers text to this number)	Consultation Only; not currently accepting new patients			
<b>Clinical Psychologists, P.C.</b>  <a href="http://www.clinicalpsyschauburn.com">www.clinicalpsyschauburn.com</a>	Refer to website	Psychologi st	248 E. Glenn Ave  Auburn, AL 36830	(334) 821-3350  <a href="mailto:information@clinicalpsyschauburn.com">information@clinicalpsyschauburn.com</a>	No Tricare; OON with United, Aetna, and Cigna. Does work with trauma; Offers ADHD testing.	X	X	

<b>Crosswalk Psychological Services:</b>  <a href="https://crosswalknow.com/">https://crosswalknow.com/</a>	Thomas Maple, Ph.D.	Psychologist	2415 Moores Mill Rd, Suite 265 #115  Auburn, AL 36830 (mail only)  Office: 861 N Dean Rd., Suite E  Auburn, AL 36830	(334) 744-3694  (334) 432-8372  <a href="mailto:office@crosswalknow.com">office@crosswalknow.com</a>	Faith-based; evening hours, reduced fee for students; can provide services in 36 states (APIT certified)  BCBS. Trauma	X	X	***
<b>Dunn Psychological Services</b>  <a href="http://www.dpsauburn.com">www.dpsauburn.com</a>	Polly Dunn, Ph.D.	Psychologist	2206 Ogletree Village Ln  Auburn, AL 36830	(334) 521-0410	<i>*not accepting new clients as of 7/25/24 but may change</i>  Offers ASD assessments & superbills; OON w/ all insurances; email for 1 <sup>st</sup> appointment <a href="mailto:pdunn@dpsauburn.com">pdunn@dpsauburn.com</a>	\$200 for intake  \$175 per session  \$1950 for comprehensive assessments		
<b>Psychological Assessment Center, LLC</b>	Bridget Smith, Ph.D.	Psychologist	3320 Skyway Dr, Suite 802	(334) 742-9102	Testing services only; no ASD.	X	X	

<a href="https://www.pacalabama.com/">https://www.pacalabama.com/</a>			Opelika, AL 36801		Can offer billing service agreement or superbill. Tricare			
<b>Southeast Psychology</b> <a href="https://southeastpsychology.com/">https://southeastpsychology.com/</a>	Jennings Haynes, Psy.D.	Psychologist	2431 E. Glenn Ave, Suite 400 Auburn, AL 36830  Staff & Clients can email anytime: info@southeastpsychology.com	(334) 377-4900	Testing & Therapy; Accepts United with referral from provider; no ASD testing. ADHD testing  Tricare		X	
<b>Private Practice</b>	Bob Babcock, Ph.D.	Psychologist	2813 Pepperell Pkwy Opelika, AL 36801	(334) 703-0908	Specializes in ASD and diagnoses with severe symptoms (schizophrenia, bipolar disorder) Board Certified Behavior Analyst; Autism screenings; private pay only	X  *limited availability	X  *limited availability	

Private Practice	Michele King, Ph.D.	Psychologist	703 E. Glenn Ave Auburn, AL 36830	(334) 821-1822	Out of network provider but offers low rates; Assessments only, no therapy		X	
Private Practice	Robin Kurtz, Ed.D	Psychologist	2114 Executive Park Dr Opelika, AL 36801	(334) 742-8004  *currently accepting new patients*	UHC, BCBS, UMR & Tricare (most insurances other than Medicaid/Medicare) does not offer testing; Treats eating disorders; trauma	X	X	
Private Practice	Charles Rubio, Ph.D, PC	Psychologist	2114 Executive Park Dr Opelika, Al 36801	(334) 749-5055	United; Tricare; prefers in-person	X (case by case basis)	X	* ** (limited)

Auburn & Opelika Area Joint Services (Counseling and/or Psychiatry)

<b>Alabama Psychiatry</b>  <a href="https://alpsychiatry.com/location/auburn/">https://alpsychiatry.com/location/auburn/</a>	Lawrence Rossi, MD  Ann Madsen, CRNP	Medical Doctor, Certified Registered Nurse Practitioner	2436 E. University Dr, 2202 Auburn, AL 36801	(334) 440-8046	Accepts United; offers payment plans. Offers therapy, medication management, and psych evals. Treats personality disorders & trauma  <b>*Must complete paperwork online to request appointment</b>	X		
<b>East Alabama Psychiatric Services</b>  <a href="http://www.eaps.eamc.org">www.eaps.eamc.org</a>	Refer to website	Counselors & Psychiatrist	2740 Village Professional Dr Opelika, AL 36801	(334) 821-0238		X  *limited	X	
<b>East Alabama Mental Health</b>  <a href="http://www.eamhc.org">www.eamhc.org</a>	Refer to website	Counselors & Psychiatrist	2506 Lambert Dr Opelika, AL 36801  Lee County Division	(334) 742-2700  <u>334-742-2877</u>  <u>*Crisis &amp; New Clients</u>	Income based services. Accepts Medicaid/Medicare. 334-742-2877 is their Crisis line and the number	X  *limited	X	*

<b>(info/after-hour emergency services)</b>					New Clients would need to call			
<b>Rivertown Psychiatry</b> <a href="http://www.rivertownpsychiatry.com">www.rivertownpsychiatry.com</a>	Refer to website	Counselors & Psychiatrist	2123 Executive Park Dr Opelika, AL 36801	(334) 275-9595	Accepts United, Tricare, BCBS, + others (Ambetter, Cigna, Medicare/Medicaid in GA & AL); ADHD & ASD testing; counseling; Autism/ABA  <b>*Complete online forms to request an appt; then staff will call</b>	X  *limited	X	
<b>Southeast Psychiatry Services</b> <a href="http://www.southeastpsychiatry.com">www.southeastpsychiatry.com</a>	Refer to website  Kristy Savage, Practice manager	Counselor & Psychiatrist	**Telehealth only (Montgomery)	(334)-625-0725  <a href="mailto:contact@southeastpsychiatry.com">contact@southeastpsychiatry.com</a>	Telehealth Psych & Counseling; ADHD Testing (\$200); <b>Request consultation online or by phone</b>	X		

### Montgomery Area Counselors

Private Practice (Parakeleo Counseling)	Alicia Claybon	LPC	382 Leavell Cir  Montgomery, AL 36117	(334) 676-1883	Accepts most insurances, not United Healthcare; Hours M-Th 12pm-8pm	X	X	*
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### Montgomery Area Joint Services (Counseling and/or Psychiatry)

Bradford Health Services  <a href="https://bradfordhealth.com">https://bradfordhealth.com</a>  **services in Birmingham, Huntsville, Auburn/Opelika (men), Tuscaloosa (women), Mobile, Madison, Florence, and Warrior**	Refer to website	Varies	386 St. Lukes Dr  Montgomery, AL 36117	(205)329-3663  → reaches  Lonnie Layton, Regional Manager  (334) 244-0702  <i>*24 hour hotline: (888) SOBER40</i>	Offers a variety of substance-related services including in-patient, in-patient extended care, intensive outpatient, outpatient, medical assisted treatment, etc.  <i>*Free screening and consultation</i>	X	X	**
Integrated Behavioral Health (IBH)	Refer to website	Counselors &	1040 Longfield Ct  Montgomery, AL 36117	(334) 288-9009 or  (334) 270-5502	Accepts United; Offers CBT, ECT, TMS; United	X	X	

<a href="https://ibhus.com/montgomery-psychiatry-integrated-behavioral-health/">https://ibhus.com/montgomery-psychiatry-integrated-behavioral-health/</a>		Psychiatrist	And 500 Shae Park Rd. Montgomery, AL 36117	(855) 422-1618	Healthcare (formerly Montgomery Psychiatry & Associates)			
<b>Palmer Psychiatric Services</b>  <a href="http://www.drupalmer.com">www.drupalmer.com</a>	Clemmie Palmer, M.D.  Rachael Williams, CRNP	Psychiatrist	3090 Woodley Rd Montgomery, AL 36116	(334) 280-3230  <a href="mailto:Cprw3090@aol.com">Cprw3090@aol.com</a>	Accepts United; offers med management, psychotherapy, and neurocognitive testing; submit new patient questionnaire online	X		

### Columbus Area Psychiatrist

<b>The Brain Center</b>  <a href="https://thebraincenterga.com/">https://thebraincenterga.com/</a>	Dr. Fransicka Kocsner	Psychologist	5605 Princeton Ave, Suite A Columbus, GA 31904	706-221-0112	ASD eval; AL Medicaid, BCBS, Tricare, Cigna		X	*
<b>Private Practice</b>  <a href="https://www.dixitbmd.com/">https://www.dixitbmd.com/</a>	Bhushit Dixit, M.D.	Psychiatrist	700 Center St, Suite #202 Columbus, GA 31901	(706) 327-5066	Accepts United	X	X	*new patients

<b>Private Practice (Lifestance Health)</b>  <a href="https://www.mygbhp.com/provider/ramesh-kannegenti/">https://www.mygbhp.com/ provider/ramesh- kannegenti/</a>	Ramesh Kannegenti, M.D.	Psychiatris t	820 Brookstone Centre Pkwy, Columbus, GA 31904	(770) 389-8100	Accepts Aetna, BCBS, Cigna, Humana, Tricare, United; treats Opioid Dependence		X	
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# ***ETHICAL CONSIDERATIONS AND PROFESSIONAL STANDARDS***

## **Ethical Principles and Code of Conduct**

It is crucial that you abide by the [\*APA Ethical Principles of Psychologists and Code of Conduct\*](#). The discussions in this document regarding confidentiality, dual relationships, and scientific misconduct are particularly important. You are also expected to be familiar with and adhere to guidelines outlined in the following documents/publications:

[General Guidelines for Providers of Psychological Services](#) (see also [CUDCP resources](#))  
[Standards for Educational and Psychological Testing](#)  
[Ethical Principles in the Conduct of Research with Human Participants](#)

### **Working with Diverse Clients**

In our APA-accredited program we are committed to a training process that ensures that graduate students develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. When graduate students' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmental training approach that is designed to support the acquisition of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all clients/patients.

For some trainees, integrating personal beliefs or values with professional competence in working with all clients/patients may require additional time and faculty support. Ultimately, though, to complete our program successfully, all graduate students must be able to work with any client placed in their care in a beneficial and non-injurious manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, students do not have the option to avoid working with particular client populations or refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values. All students are expected to familiarize themselves and act in accordance with the following APA Guidance Documents, which will also be addressed in the context of your coursework.

1. [APA Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality](#)
2. [APA Guidelines for Psychological Practice with Sexual Minority Persons](#)
3. [APA Policy Statement on Affirming Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals](#)

### **Harassment**

Refer to the [Office of Affirmative Action and Equal Employment Opportunity](#) for pertinent policies. You are also encouraged to file a [Bias Incident Report Form](#) if you experience or witness a bias incident. Auburn personnel will be able to determine if the incident is relevant to another office on campus (e.g., the [Title IX office](#)) and can facilitate appropriate referrals. The University also offers a [Sexual Misconduct Resource Guide](#) for students who have been the target of sexual misconduct. Students are also encouraged to reach out to their MP, the DCT, and/or the department chair for support and guidance.

## Social Media Policy

*(The Program thanks Michael Roberts of the University of Kansas, Lea Rose Dougherty from the University of Maryland, and Jason Washburn from Northwestern University for sharing their program's policies with CUDCP members)*

**Introduction.** There are now a number of negative episodes in training programs and at universities where graduate students have been negatively affected by material on websites, emails, and social media postings. (Indeed, there are examples of emails from faculty and students getting published in newspapers that caused people harm.). Applicants to the program, as well as current students, are personally responsible for the content they publish on blogs, wikis, social networks, forum boards, or any other form of user-generated media. It is essential to remember that all content contributed to online platforms becomes immediately searchable and can be shared instantly. This content may leave the contributing individual's control forever and may be traced back to the individual even after long periods of time have passed. Information that seems to be fun, informative, and candid might put the program and the student in a bad light. What might be seen as "private" self-disclosure indicating your perceptions of yourself among friends may actually be very public. This includes blogs, entries on Twitter, personal pages on Facebook Instagram, Twitter, Snapchat, TikTok, YouTube, and web-based dating services, among others. Anything on the World Wide Web is potentially available to all who seek.

For both applicants and current students, information posted on social networking sites may be considered and evaluated as to how it reflects on your responsible and ethical behavior. Responsible and ethical behavior is considered a core competency of psychology and the Program. It consists of (a) Professional Values and Attitudes, (b) Individual and Cultural Diversity, (c) Ethical Legal Standards and Policy, and (d) Reflective Practice, Self-Assessment, and Self-Care.

This policy defines public information as anything that can be collected by a basic Internet search using an engine such as Google; this includes search results for social media sites like Facebook, Instagram, Twitter, and LinkedIn, among others. It does not provide the Program with permission to perform an in-depth investigation of an individual's Internet history. You will never be asked to disclose your password as a condition of either interviewing or enrollment.

The Program's faculty members are committed to protecting future patients from harm by ensuring that all students are competent in the practice of clinical psychology. Therefore, public information obtained via the Internet may be used by faculty to evaluate applicants and current students on behavior that might be indicative of competence problems, poor professionalism, or poor interpersonal judgment. This evaluation may result in adverse actions. This practice is consistent with the role played by training programs as gatekeepers to the profession. Examples of troubling behavior include acts of discrimination such as racism or sexism, illegal behavior, or behavior that suggests a lack of professional judgment relevant to the professional practice of clinical psychology.

If you identify yourself as graduate student in the Program, then we have some interest in how you portray yourself. If you report doing something unethical or illegal, then the website may be used by the Program to determine probation or even retention. As a preventive measure, the Program advises you (and faculty) to approach how you present yourself online carefully. Is

there anything posted that one would not want the program faculty, employers, family, or clients to read or view? You are advised to engage in "safe" web practices and be concerned now about professional demeanor and presentations. Do not assume that access restrictions will protect you from any of the above potentially negative incidents.

**Reasonable Right to Privacy.** Principle E of the Ethical Code for Psychologists (2002) states in part that: Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups.

Consistent with this, faculty members are respectful of individuals' reasonable right to privacy, even on a medium as inherently public as the Internet. It is the responsibility of applicants and current students, however, to decide what information about themselves they wish to share with the general public. Program faculty will therefore not circumvent established privacy settings in an attempt to "dig" for information that individuals are making a reasonable attempt to keep private.

**Suggestions for Social Media Use.** The following points act as suggestions for social media users within the Auburn University clinical psychology program. While failure to adhere to these suggestions may not necessarily result in disciplinary action, individuals who choose not to implement these suggestions must accept external risks (failure to acquire jobs, risking libel and defamation suits, having clients and students access private information, etc.) at their own discretion.

Students are advised to use pseudonyms if they are easily found online and use the most restrictive privacy settings for all social media accounts. This will protect students from being found online by their clients or students having their private information disseminated among these groups. It is also advised to prevent the creation of potentially harmful multiple relationships.

1. Students are advised to create separate social media accounts for personal and professional purposes. Again, this is advised to help students avoid multiple relationships and protect graduate student privacy.
2. Internship programs may conduct web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.
3. Clients may conduct web-based searches on trainees' names and to find information about therapists (and may decline to come to clinics based on what they find).
4. Potential employers may conduct online searches of potential employees prior to interviews and job offers.
5. Legal authorities may look at websites for evidence of illegal activities. Some prima facie evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.
6. Postings to a variety of listservs might reflect poorly on oneself and the program.
7. Although signature lines are ways of indicating your uniqueness and philosophy, one is

not in control of where the emails will ever end up and might affect how others view you as a professional. Personal philosophy quotations, religious beliefs, and political attitudes may evoke adverse reactions from other people.

8. Voicemail outgoing messages might also be entertaining to peers, express individuality, and be cute indications of one's sense of humor. However, they should be thoughtfully constructed. If you use your cell phone or home telephone for professional purposes, be sure your greeting is appropriate and professional in demeanor and content.
9. In all of their online activities, students are reminded that they act as ambassadors for Auburn University, and the field as a whole. They should be thoughtful and careful about their online presence and refrain from posts that might cast doubt on the integrity of the profession of applied psychology.

**Evaluation Criteria.** An applicant will never be evaluated based on their race, sex, religion, or any other protected class listed in United States antidiscrimination laws. When problematic behavior is identified, it shall be reviewed and discussed using the following criteria (adapted in part from Lamb, Cochran, & Jackson, 1991; Fouad et al., 2009): What are the actual behaviors that are of concern, and how are those behaviors related to the goals of the Program? How and in what settings have these behaviors been manifested? How serious is this behavior on the continuum of ethical and professional behavior? What is the explanation for the behavior?

While each case is different and requires individual assessment, the following factors may indicate that the problem is more serious: The individual does not acknowledge, understand or address the problematic behavior when it is identified; the problematic behavior is not merely a reflection of a skill deficit that can be rectified by training; the behavior has the potential for ethical or legal ramifications if not addressed; the behavior negatively affects the public image of Auburn University and/or the Program.

**Evaluation Process.** Evaluation will occur at the program level; a single faculty member will never be responsible for evaluating or reaching a decision on an applicant or student by themselves. The process will occur first in a group discussion with the concerned faculty member and DCT to assess the extent and severity of the information brought forward, so that individual faculty members might share their evaluations and perceptions.

If/when information has been obtained, it will be reviewed for any implications it has for the professional practice of psychology, potential challenges to the training as a psychologist, as well as any signs that it might reflect interpersonal challenges to developing the deportment and competence necessary for becoming a psychologist.

Applicants as well as current students will be contacted to provide an explanation for the obtained information. The DCT shall promptly offer to discuss the information with the individual. The purpose of this discussion is to permit the student to contextualize and explain the information uncovered. From this determination, options will be developed; these options include but are not limited to denial of an interview or of entry to the program, remedial training, or other interventions to address professionalism.

Any concerns about a student's online presence that can not be addressed on an informal basis may be subject to the dismissal policy and procedures laid out in this handbook. As with any other problems related to a student's graduate training process, students will have the opportunity to work with program faculty on a corrective action plan.

## Political Activity

Auburn University employees are reminded that Alabama law prohibits state employees from using government funds, property, or time for political activities. In addition, Auburn University logos, marks or photographs may not be used in connection with any political activities. A university website or social media page (i.e. Facebook, Twitter, Instagram, etc.) may not endorse or advocate for or against any political activity, proposed legislation, party or candidate. However, Auburn University employees may exercise their First Amendment rights to engage in political activities on their own personal time and without using university resources.

## Dress Code

*Note: This policy was adapted from one posted on the DCT listserv by Michael Roberts of the University of Kansas.*

During graduate school, individuals transition from student to professional. This transition involves learning how to dress for the professional roles graduate students fill during and after graduate school. Clinical students, in particular, take on multiple kinds of professional roles in the training clinic, other practicum sites, schools, AU classrooms, and professional meetings. The way clinical students dress, whether intended or not, sends a message about their level of competence, trustworthiness, dependability, and other desirable professional attributes. It may influence the degree of respect others will have for them. In addition, because members of the general and university community and other professionals may encounter only one or a few clinical students, one individual can be a powerful representative for the program as a whole.

Proper attire and grooming is expected of clinical students when they are in professional roles, including, but not limited to:

- a) Any time spent in AUPSC (NOTE: AUPSC has a separate dress code policy, see AUPSC manual for specific details)
- b) Meeting with students for which the student is a TA or graduate instructor (e.g., class time and office hours)
- c) All practicum placements
- d) School visits
- e) Interaction with research participants
- f) Professional meetings and conferences

The following guidelines are presented to help clinical students select proper attire for their professional roles. As a general rule, if one is uncertain whether something is appropriate, it is best to find something else to wear or ask a faculty member or clinical supervisor for input. It is generally best to select pieces that fit well and are in good condition, well-structured, ironed if needed, largely conservative, and are in keeping with the standards of the prevailing community (as per ethical guidelines). Inappropriate attire includes sportswear and unkempt clothing. Please exercise good judgment. Do not wear clothing with profanity, hate speech, or exclusionary language. Your clothing should show common sense and professionalism.

Stricter dress code policies at practicum sites or while engaging in other professional roles may supersede this program dress policy. Activities that require or allow for specialized or less conservative attire will be exempt from this policy. In this case, rather than assuming, students should check with the supervisor/faculty member for guidelines that may differ from the above.

## ***GRIEVANCE POLICY AND PROCEDURES***

In the course of graduate training, you may experience difficulties with procedures, policies, faculty, or fellow graduate students. Given the intensity of the training and the apprenticeship nature of graduate work, these difficulties are expected. The graduate faculty in the Department of Psychological Sciences wishes to make the training process as fair and humane as possible, while also maintaining the high standards necessary for completion of a Ph.D. degree. The following [grievance procedures](#) have been adopted by the Department:

“If a student has some type of difficulty in the program, the student is encouraged to discuss it initially with her (or his) major advisor and, if feasible and if the student is comfortable doing so, with the person directly responsible. If there is still no resolution to the issue or the student feels that the major advisor did not adequately respond to the student's concerns, a discussion with the student's program director is encouraged. The next recourse for discussion of these issues is with the Chair of the Department. Students are encouraged to use any and/or all of these resources to resolve issues, problems, and concerns that they might have. Also, students are encouraged to follow the order described above, since the student's major advisor should be the starting point for advice and modeling on how to solve professional problems.

If the student believes discussing a grievance issue with one or more of these individuals (i.e., major advisor, program director, and/or department chair) would be unsafe, then the student has two options: (1) The student can utilize the grievance procedures outlined in the *Tiger Cub*; or (2) the student can request a meeting with the Ombudsperson for the Department. The Ombudsperson is selected by the Dean of the Graduate School when a request is forwarded to the Dean by a student or an involved faculty member.

If the student decides to utilize the [Ombudsperson](#), the request for this meeting should be in writing. The Ombudsperson will arrange a meeting with the student within 10 working days after receiving the request. After this meeting, the Ombudsperson, with the student's consent, may contact the student's major advisor, the program director, the Chair of the Department, the Dean of the Graduate School, and/or any other individual involved in the issue to attempt to resolve the issue informally. It should be noted every attempt will be made to invoke student consent, but that some situations may compel the Ombudsperson to act without student consent (e.g., suicidal or homicidal threat). Also, regardless of student consent, the Office of the Ombudsperson will document in writing the grievance meeting(s), which may be used in a confidential manner (e.g., without the name or identifying features of the former graduate student complainant) if a related grievance arises in the future.

If all attempts at an informal resolution fail, the Ombudsperson shall meet with the Dean of the Graduate School (or his/her designated representative) to discuss the student's concern. The Dean will decide what procedures are appropriate to resolve the issue formally.”

The University also has a [Student Academic Grievance Policy](#).

## ***DISMISSAL POLICY AND PROCEDURES***

The following [dismissal policy](#) has been adopted by the Department.

“Making errors is part of the learning process. All graduate students will make at least one mistake during the graduate training process. Errors should generate feedback which should lead to corrective actions. The nature of the feedback and corrective actions will be determined by the type of error, the student's training needs, and the context of these issues. Therefore, the remedial and dismissal procedures operate on a case-by-case basis, within the boundaries established herein.

If there are any intermediate, but serious problems in the student's graduate training process, a meeting will occur with the student, the student's major advisor, and the program director in an attempt to find a mutually agreeable corrective action that would resolve the deficiency. The major advisor will generate a written report based on the interaction of these three individuals that will document the problem, the proposed corrective action, and a timeline for the completion of the corrective action. Examples of incidents that might lead to such a meeting are:

- (1) inadequate academic performance (e.g., obtaining a grade of "C" or less in a graduate course)
- (2) failure to move through the program at an appropriate rate (e.g., failure to propose a Master's thesis project by the end of the second year in the program).
- (3) unprofessional behavior (e.g., repeated tardiness in completing written reports as a part of the student's clinical duties)

When the corrective action is successfully completed, the student, the student's major advisor, and the program director will meet again to review the remedial action and discuss the student's future training needs. The major advisor will generate and distribute a memo to this effect to all three individuals involved.

Dismissal from a graduate program is serious event. A due process procedure is required to ensure that any action will be necessary and will protect the interests of the students as well as the integrity of the graduate programs. There are three broad reasons for possible dismissal:

- (1) Sustained inadequate academic performance (e.g., grades of "C" or less in two or more graduate courses).
- (2) Sustained failure to move through the program at an appropriate rate (e.g., failure to complete a Master's degree after four years in the program).
- (3) unethical or unprofessional behavior (e.g., dating an undergraduate student for whom the graduate student is a GTA). See the APA code of ethics or Auburn's *Tiger Cub* for further examples.

If any of these reasons lead a faculty member within a program to propose that a graduate student should be dismissed from the program, that faculty member can propose to the program faculty that the student should be dismissed from the program. At that point, the program director will interact (preferably by a face-to-face meeting, but by telephone or email if the student does not reside nearby) with the student and with the student's major

advisor to determine the accuracy of the concerns. The student, the student's major advisor, and the program director will attempt to find a mutually agreeable corrective action that would resolve the deficiency. Consistent with the remedial procedures outlined above, the student's major advisor and program director will generate a written report based on the interaction of these three individuals that will document the problem, the proposed corrective action, and a timeline for the completion of the corrective action. If either the major advisor or program director is substantively involved in the complaint, the chair will appoint a faculty member to draft the letter. When the corrective action is completed, the major advisor will generate and distribute a memo to this effect to all three individuals involved.

If Step #1 fails to resolve the issue to the satisfaction of the faculty member bringing the complaint or to the satisfaction of the program director, the proposal to dismiss the student from the graduate program will be presented to the program faculty. At least two meetings of the *program faculty* will occur and will be documented in the student's permanent record. The graduate student in question should be invited to attend both meetings, although portions of the two meetings may exclude the student if an executive session is called to order. The first meeting will be held to discuss the student's progress in the program. The second meeting will be held to vote on the proposal to dismiss the student from the program (a supernumerary quorum of program faculty is required to commence the vote). If 2/3rds of the program faculty vote affirmatively on the proposal to dismiss the student, then the procedure will proceed to Step #3. The votes of faculty members who are not present at the second meeting will result in votes of abstention. Finally, any program faculty member who feels unable to objectively evaluate the student's situation is required to recuse her or himself.

The Chair of the Department shall meet with the student, the student's major advisor, and the program director to discuss the issues leading to the proposed dismissal of the student. If a student refuses to attend such a meeting, a documented attempt to accomplish this meeting shall constitute the meeting. Again, an attempt will be made to determine the accuracy of the concerns and to search for a corrective action that would resolve the deficiency. If there is no agreed upon resolution, the Chair will present the proposal to dismiss the student to the *department faculty*. If 2/3rds of the department faculty vote affirmatively on the proposal to dismiss the student, then the Chair will recommend to the Dean of the Graduate School that the student be dismissed from the graduate program. At any time during the dismissal procedure, the Chair may send the proposal back to the program faculty for further discussion.

The Dean of the Graduate School has a due process procedure by which the proposal to dismiss a graduate student is considered. As part of this procedure, the Graduate School requires that there must be a unanimous vote of the student's advisory committee to dismiss the student. Within the Department of Psychology, satisfying Steps #1 through #3 shall be considered equivalent to a unanimous vote of the student's advisory committee. University's policies supersede the policies outlined here.”

## ***CLINICAL INTERNSHIP***

An internship in clinical psychology is typically pursued after your fifth year of graduate work. As stated in the *Guidelines and Principles for Accreditation of Programs in Professional Psychology*, the internship consists of a planned, structured, and programmed sequence of professionally supervised training experiences that are characterized by greater depth, breadth, duration, frequency, and intensity than practicum training.

Students from Auburn have a record of being highly competitive for internship programs, which have included major medical centers, VA medical centers, well known psychiatric and mental health facilities, and counseling centers.

### **Internship Eligibility**

To be eligible to pursue an internship (fall semester), you must meet the following criteria:

1. No current incomplete grades;
2. Completion of all courses on the Doctoral Plan of Study, except for *Research and Dissertation* credits. With permission from the DCT, you are permitted to complete a final course during the Fall that you are applying for internship. Note that if you do not pass a course for which you are enrolled during the internship application process, you will not be permitted to submit a ranked list during the match process, as you will not have completed your coursework before departing for internship.
3. Completion of the General Doctoral Examination (GDE). The goal is to complete pass the written and oral portion of the exam by the end of the Spring semester prior to submitting applications the following Fall semester. However, the defense date (i.e., oral examination) can be later if the committee determines that additional time is needed to address revisions to the written GDE. To avoid missing the intended end of the Spring semester deadline, the following more specific deadlines should be followed for students who intend to submit an internship application during the Fall of 2026\*:

#### Major Area Paper (MAP)

- Begin writing by 5/1/2025\*\*
- Turn in MAP by 3/1/2026 (10 months after starting)
- Committee provide feedback by 3/15/2026\*\*\*
- Revise MAP as required; timeline determined by committee
- Schedule oral examination, with goal of defending by end of Spring semester (5/6/2026)

#### Qualifying Exam (Quals)

- Begin writing by 1/12/2026\*\*
- Turn in Quals by 3/9/2026 (8 weeks after starting)
- Committee provide feedback by 3/23/2026\*\*\*
- Revise answers as required; timeline determined by committee
- Schedule oral examination, with goal of defending by end of Spring semester (5/6/2026).

## Portfolio\*\*\*\*

- Submit portfolio during first two weeks of Fall 2025 or Spring 2026 semester
- Committee provides feedback three weeks after receipt of portfolio
- Respond to feedback; timeline determined by committee
- Schedule oral examination with goal of defending by end of the semester of submission.

4 Successfully defend dissertation proposal by 9/15/2026.

- \* Students who intend to apply in Fall of 2027 and beyond should adjust dates accordingly.
- \*\* Students are strongly encouraged to begin MAP and Quals before these dates.
- \*\*\*Dates can be adjusted each year to accommodate Spring Break.
- \*\*\*\* Students admitted prior to the fall of 2021 also have the option of completing the previously approved Qualifying Exam or Major Area Paper; however students admitted in fall of 2021 or subsequent cohorts will complete the Portfolio.

In addition, certain elements of the following, outlined by the Association of Psychology Internship and Postdoctoral Centers (APPIC), may be used to evaluate application eligibility:

1. Emotional stability and maturity to handle the challenges of training.
2. Theoretical/academic foundation necessary for effective clinical work.
3. Skills necessary for translating theory into integrated practice.
4. Awareness of, and practice according to, current ethical guidelines for psychologists.
5. Capacity to participate in supervision constructively and ability to modify behavior in response to feedback.

## Applying for and Completing Internship

All clinical students are required to complete a one-year (12-month), full-time APA- or CPA-accredited internship program as part of the doctoral degree requirement. Internship programs typically provide explicit requirements for minimum hours and months to be completed (typically 2000 hours and 10-12 months). Most students leave for internship after their fifth year at Auburn. In extenuating circumstances (e.g., health concerns, family reasons), a part-time (e.g., two calendar years at half-time) APA- or CPA-accredited program may be considered. This arrangement must be approved in advance by the clinical faculty.

Various resources will be provided by the DCT and other clinical faculty as students prepare their internship application. This includes: instructions regarding the online APPIC Directory, information acquired from former interns, and literature sent by individual intern sites. The DCT will meet with the cohort of applicants during the summer to begin the application process. A particularly useful guide is the following:

Williams-Nickelson, C., Prinstein, M. J., & Keilin, G. (2018). [\*Internships in psychology: The APAGS workbook for writing successful applications and finding the right fit\*](#). (4<sup>th</sup> ed.). Washington, DC: American Psychological Association.

See also the [APPIC](#) and [APAGS](#) websites for valuable resources and listservs.

To facilitate the internship application process and decisions regarding training needs, you should carefully document every relevant aspect of your clinical training experience and coursework. Regarding training experiences, examples of information needed include: number of cases and supervised hours using a particular approach, length of time each case was seen, number of assessments, number of uses of each assessment approach, and so on. Most CPA- and APA-approved clinical internships are members of APPIC, which has developed the AAPI to document clinical training experiences. Since this documentation form may change yearly, you are encouraged to check the APPIC website to ensure that you are maintaining records at the proper level of detail. As mentioned earlier, students are provided access to a [Time2Track](#) account.

It must be emphasized that competitiveness for internship is not defined solely by the number of practicum hours. *In fact, in some situations, an excessive number of hours, particularly in the absence of other essential scientist-practitioner activities, may raise concerns. These concerns may make you less competitive for certain internship sites.* Additionally, due to the mismatch between the number of internship applicants and available slots, both well-qualified students and reputable internship sites may not be successful. The abovementioned resources will serve you well.

You MUST be registered at Auburn during all the semesters in which you are on internship. You also must be registered for any semester in which you submit your dissertation draft to the graduate school/outside reader, defend your dissertation, or submit final copies of your dissertation to the graduate school. Therefore, if you do not accomplish all of these tasks by the end of your internship, you will need to register for at least one more semester after the internship. You have several registration options while on internship, so you must consider various factors when deciding your registration strategy for the next year. The department's graduate program coordinator will email you detailed, highly informative instructions to help you make a decision. Be sure to consider your options carefully. Ask questions if in doubt.

## **GRADUATION**

The Ph.D. degree is not awarded until all requirements, including the clinical internship, are successfully completed. You must complete all internship requirements. You may be able to participate in the summer commencement (but not receive the degree; i.e., “walk”) if all other requirements, including the dissertation defense and a majority of the internship experience, have been fulfilled by that time. If this request is to be made, the internship Training Director must correspond with the DCT clearly specifying imminent completion. Permission to “walk” is determined by the Dean of the Graduate School, based on information provided by the DCT.

Before you can officially graduate, assuming all other degree requirements are complete, the DCT must receive written notification from the internship Training Director indicating that you have satisfactorily completed the internship. The DCT then prepares a letter to the Graduate School verifying completion. The Graduate School will then clear you to graduate. If you must wait until the next semester to graduate, you may request a “Certificate of Completion.” This may assist you in securing employment and/or begin to accumulate post-doctoral hours towards licensure eligibility before officially receiving the degree.

## ***LICENSURE***

Our program adheres to APA accreditation standards and prepares students for entry into the profession of clinical psychology. Given the varied and changing requirements across jurisdictions, we cannot assure, nor is it our responsibility, that graduates will meet all requirements for licensure in all states or territories. However, we can say that our graduates have historically been able to obtain licensure regardless of the state in which they wish to practice. More information about licensure requirements for all states can be found on the [Auburn University Professional Licensure website](#). You are encouraged to become familiar with state licensing laws and discuss your curricular plan with your MP and DCT.

For information on licensure in the state of Alabama, please visit the [Alabama Board of Examiners in Psychology website](#).

For information on licensure in the United States and Canada, please visit the [Association of State and Provincial Psychology Boards](#) website.

## ***SUPPORT STAFF***

The following individuals serve as a backbone for the activities of the Department. Get to know them, respect and appreciate them, and thank them often.

### **Main Office (844-4412)**

Trixie Langley – Administrator, Academic Programs

Contact: 844-6664; [langltd@auburn.edu](mailto:langltd@auburn.edu) ; Thach 226A

Duties: Payroll, administrative procedures, office management, class scheduling, departmental website

Nicole Johnson – Accountant

Contact: 844-6665; [njohnson@auburn.edu](mailto:njohnson@auburn.edu); Thach 226A

Duties: manages contracts, grants and all financial matters.

Thane Bryant – Graduate Program Coordinator

Contact: 844-6471; [bryangt@auburn.edu](mailto:bryangt@auburn.edu); Thach 227

Duties: graduate admissions, graduate registration and schedule adjustment, graduate records, graduate forms.

Hunter Walls – Administrative Support Associate

Contact: 844-0639; [ahw0041@auburn.edu](mailto:ahw0041@auburn.edu); Thach 226

Duties: Assist undergraduate students with schedule adjustment; update digital signage; add courses and users to SONA; post events to Psychology website; reserve rooms for faculty and grad students.

### **Psychological Services Center (844-4889)**

Eren Armiger – Administrator, Academic Programs

Contact: 844-4889; Cary 101

Duties: clinic administration, clinic keys, answer phone/reception

## ***STUDENT ORGANIZATIONS***

Although graduate school involves a great deal of devotion to studying, research, and practice, you are also encouraged to become involved in local and national organizations. You will find it valuable to become “student affiliates” of professional organizations, in order to articulate/enhance your professional identity and benefit from distributed information. You frequently receive organizational newsletters and major journals at low cost. Membership also enables you to attend conferences supported by these organizations. The [American Psychological Association](#) and the [Association for Psychological Science](#) provide attractive discounts on periodicals and books. Other frequent affiliations include: [Association for Behavior and Cognitive Therapies](#), the [Society of Clinical Child and Adolescent Psychology](#) (Division 53 of APA), [Society of Pediatric Psychology](#) (Division 54 of APA), [Southeastern Psychological Association](#), and the [Alabama Psychological Association](#). Ask faculty and peers to what professional organizations they belong.

PsyGO, the Psychology Graduate Student Organization, represents the interests and concerns of graduate students from all three doctoral programs in the Department. PsyGO serves both a social and advocacy function. For example, they play an integral role in arranging our Interview Weekend, department-wide social functions, and fundraisers. Their advocacy role includes having the President or designee attend faculty meetings, communicate with the Chair about issues that concern them, participate in the process of interviewing job candidates, and other tasks as they arise.

Culturally diverse students are represented by several programs. The [Student Involvement](#) website maintains a list of university-recognized student organizations, including groups that represent the needs and interests of diverse students.

Although not a student organization, the [Office of Accessibility](#) provides reasonable accommodations and services for qualified students with documented disabilities who are attending Auburn University.

## ***HELPFUL HINTS***

**University policies** -- Various university policies can be found at [Student Policy eHandbook](#), including a statement of social regulations, guidelines for students needing psychological treatment, a smoking policy, a drug-free campus policy, a safety policy, weapons policy, a student code of conduct, and a grievance policy. Actions to be taken in case of an emergency can be found on the [Emergency Management website](#).

**Library** – Become familiar with the array of services provided by the [library](#), including [document delivery services](#). Enclosed library carrels may be available to those in need of separate study areas.

**Stats Consulting**. [DataSpace](#) is a free data analysis consultation service staffed by Auburn University graduate students with appropriate expertise. They offer Zoom-based and in-person assistance.

**Medical Care and Insurance** – Our local hospital is the [East Alabama Medical Center](#), which is located in Opelika. There is also a [free-standing emergency department](#) located in Auburn. Non-

emergency care is provided by the [AU Medical Clinic](#). Several other medical practitioners and clinics are available in Lee County and surrounding counties. Graduate students with assistantships are required to have [medical insurance](#) greater than or equal to Student Health Insurance or they are automatically enrolled in the University insurance. Documentation is required by the 9<sup>th</sup> day of semester classes to avoid enrollment and the semester fee. Be sure to review your benefits. You may also want to explore options on [www.healthcare.gov](http://www.healthcare.gov) or determine if you are eligible to remain on your parents' insurance.

**Harold D. Melton Student Center** – Check it out. Various other links are available on the [student resource website](#).

**Photocopying** – Copy machines are located near the staff suite, across from Thane Bryant's office. You must have a department code in order to use this machine for work-related needs. The copy machine should not be used for class-related or personal needs. AUPSC also has a copy machine, but this is only for client-related services. Other copy services are available in the library, around campus, and at local businesses.

**Computer accounts/services** – Visit the [Office of Information Technology website](#).

**Parking and permits** – Clinical students are eligible for B-zone permits; however, the availability of such permits has been decreasing in recent years. During the early part of summer, the DCT will provide a list of students to the Chair, who then advocates for this preferred parking arrangement. Students should be prepared to make other arrangements if B-zone permits are not granted.

**Athletic Events** – AU offers a host of [spectator sports](#) and [intramural sports](#).

**Campus Arts and Entertainment** – To learn more, visit the [Art, Music, & Theatre websites](#). See also the [Jule Collins Smith Museum](#) and the [Gogue Performing Art Center](#).

**Community** – Visit the [Auburn Chamber of Commerce](#), and the [Opelika Chamber of Commerce](#). One student's #1 tip for coping with the stress of graduate school: do your best to establish connections with and get involved in outside activities and organizations – secular or religious groups, athletics (gyms or fitness groups), music groups, etc. Of course, considering the demands and expectations of graduate school, “balance” is defined in unique ways.

You will find many opportunities to be involved in various departmental activities, more than you'll be able to participate in. It is important to recognize that training and professional development activities come in many forms, frequently outside courses, practica, and required research. It is expected that you will make all reasonable attempts to attend colloquia (clinical and “non-clinical” and case-conference-style presentations) and explore ways to show your citizenship through participation in departmental events.

**Choosing a Major Professor and being mentored** – Some potentially helpful, independent resources to assist in this process can be found on the [APA](#) website. When you enter the program, you will be assigned to a major professor. This individual will likely be your most valuable resource for information, guidance, and advice. Specifically, in the mentor role, your major professor will guide you through crucial aspects of professional life (and related personal issues), assist you with course selection, serve as your advocate, and direct your research and other academic activities. A mentor provides collaborative opportunities through which you can

benefit from the experience of apprenticeship and working in the context of a cordial relationship based on mutual respect. You should meet regularly with your MP to discuss your research, coursework, and professional development. You may also count on your advisory committee, DCT, and other faculty (as well as advanced students) to share the mentoring role. If you are dissatisfied with any aspects of your mentoring relationship, you are encouraged to bring these issues directly to the attention of your MP so that a mutually agreeable solution can be pursued. If this direct approach is not possible or is not effective, you are encouraged to reach out to the program director for guidance on how to proceed.

When admitted to the clinical program, you were identified as probably best suited to work with a particular clinical faculty member, who also agreed to work with you. This was communicated to you during the admissions “negotiation” process. This initial MP may or may not remain in this role for the Master’s and Doctoral degrees. If a change is to be made, it is beneficial to do so as early as possible. However, we recognize that, given the process of graduate education, your interests may change such that you may be better served by selecting another advisor. You may also learn more about other faculty members during your first year here. Further, regardless of shared professional interests and your satisfactory progress through the program, you may find that you do not have the kind of interpersonal relationship that is productive for either you or your MP. Thus, it is appropriate to explore a change in faculty advisor. You should discuss this potential change with the DCT, as well as your current and prospective advisor in order to strive for an amicable resolution. More specific procedures would be developed on a case-by-case basis. In the event that you are not making satisfactory progress through the program and you/or the current MP wishes to change or terminate the advisory relationship, issues should be outlined to the DCT who will then determine an appropriate course of action, based on departmental procedures. You must have an advisor assigned to you at all times. Changes in advisors and/or committee membership should be reflected in your Plan of Study.

**Graduate Program Council (GPC).** First established in the summer of 2023, the GPC consists of the DCT, plus one representative from each cohort of clinical program students. The GPC meets approximately monthly, and the agenda for each meeting consists of items of high priority identified by the graduate student GPC members, in consultation with their constituents. The DCT is also invited to submit items to the agenda. The overall goal of the GPC is to identify areas of strain within the program and to collaboratively develop solutions. Students also hold a town hall meeting at the end of fall and spring semesters, where the GPC collects feedback from students and identifies areas to prioritize during subsequent GPC meetings.