

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

**Program Handbook**  
**2017-2018**

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APPENDICES ARE AVAILABLE AT:

<http://www.cla.auburn.edu/psychology/clinical/program-handbook/>

## 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 insure 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. All first year students will receive a paper and electronic copy. Non-first year students will be sent handbook updates.

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 Psychology](#) 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 “[Rules and Regulations](#)” 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 at: <http://www.cla.auburn.edu/psychology/clinical/program-handbook/>.

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 over 24,000 students (16% graduate students), supported by over 1,400 full- and part-time faculty and 12 schools and colleges. Detailed statistics about the university can be found through the [Office of Institutional Research and Assessment](#) and 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 Psychology 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 12 departments and one school and offers academic majors, programs, and options in more than 50 fields. The undergraduate program in psychology is one of largest majors in the College. The College offers doctorates in four areas, one being in psychology. The Clinical Program produces a significant majority of these doctoral degrees.

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, supported by three faculty members. Peter Chen (I/O) is department Head. Joseph Aistrup is the CLA Dean. Chris Correia 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 2016; the next site visit will occur in 2019. 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

Joseph Bardeen, PhD

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

Barry R. Burkhart, Ph.D., ABPP

Christopher J. Correia, Ph.D. (Director of Clinical Training)

Wendy Gray, Ph.D.

Elizabeth Brestan Knight, Ph.D.

Steven K. Shapiro, Ph.D.

Christine Totura, PhD

Frank Weathers, Ph.D.

Tracy Witte, Ph.D.

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

### *Emeritus Professors*

Roger K. Blashfield, Ph.D., ABPP

F. Dudley McGlynn, 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 Research Assistantships (GRAs). 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 .33 to .50 FTE assistantship appointment. Students who hold assistantships of .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%. For doctoral students in Clinical Psychology entering Fall 2015 the limit is assumed to be 96 semester hours (check with Thane and DCT for updates on the exact number). The number of available tuition fellowship hours will vary slightly depending on when you entered the program. 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 serving as a Research Assistant (GRA). In subsequent years, you may again serve as Teaching Assistants and occasionally as Teachers 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, Director of Undergraduate Studies, and Coordinator of the Teaching Fellows Program. See [Graduate Student Teaching](#) and the Department's [Teaching Fellows Program](#) for additional information.

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 the 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. In addition, the President's Graduate Opportunity Program (PGOP), administered through the [Office of Diversity and Multicultural Affairs](#), is designed to recruit, retain, and support African-American students engaged in graduate study leading to a doctoral degree from Auburn University. Successful applicants receive a renewable \$10,000 PGOP Fellowship in addition to a stipend provided by the department.

### *Departmental Resources*

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

In addition, contingent upon available funds, the program provides a [Clinical Research Enhancement Award](#) (CREA). The call for submissions is typically sent out early fall semester. The intent of the CREA is to provide financial support for research activities to clinical psychology students at Auburn University. The funding request may be related to the student's thesis or dissertation, additional research projects, travel to present at a conference, or travel to attend a training workshop that will facilitate the student's research interests. Funds are intended to enhance awards available through the Graduate School, the Department of Psychology, or other sources.

The Clinical Program awards the Charles V. Lair Memorial Fellowship 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, who receives a plaque and \$500, 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 their fellow man, as demonstrated by their personal and professional characteristics;
  3. a sensitivity to the needs of and commitment to contributing to the community.

## 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 the [Association of Psychology Postdoctoral and Internship Centers \(APPIC\)](#). [Curriculum requirements](#) under which you are beginning 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 own 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 see the department's Graduate Coordinator 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 2016-2017. For previous curriculum, please refer to program handbooks from the year corresponding to your year of entry.

#### 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 (6 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 Brown Bag (CBB). CBB includes guest speakers and presentations on research topics, clinical case presentations, ethical principles and professional standards, and administrative issues. Students are expected to attend at least 85% of the schedule CBBs 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 schedule](#) 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 MP 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, including clinical practicum
2. Take core curriculum courses
3. Complete MS thesis research project
4. 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 remaining coursework/ practicum experience
2. Continue involvement in ongoing research

3. Complete dissertation and final examination
4. Apply for (5<sup>th</sup>) and complete clinical internship (6<sup>th</sup>)

A figural [time line](#) (in Excel) of the major program milestones is provided here.

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, click [here](#) or see [Appendix C](#) for the form "Exemption from Departmental or Program Requirement."

### *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 of which must be 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 at on the department's Graduate Coordinator's [administrative website](#). Specifically, see *Plan of Study Directions, MS Guidelines, MS Calendar/Deadlines, Dissertation Guidelines, and Dissertation Calendar/Deadlines*. See [Appendix D](#) for the "Proposal Defense Form." It is essential that you are familiar with proper procedures in order to avoid unexpected delays or complications. Be sure to ask the DCT, 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 Psychology 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. In addition, contingent upon available funds, the program provides a Clinical Research Enhancement Award (see *Funding and Financial Assistance*).

### *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 [Office of Human Subjects Research](#). 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 [Office of Risk Management & Safety](#).

### *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 to form the foundation for a sound Master's thesis. The exact nature of the activity can vary, but 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*") and the following publications:

- American Psychological Association (2009). *Publication manual of the American Psychological Association*. (6<sup>th</sup> ed.). Washington, DC: Author.
- Becker, H. S. (2007). *Writing for social scientists: How to start and finish your thesis, book, and article*. (2<sup>nd</sup> ed.). Chicago: University of Chicago Press.
- Cone, J.D., & Foster, S.L. (2006). *Dissertations and theses from start to finish*. (2<sup>nd</sup> ed). Washington, DC: American Psychological Association.
- Galvan, J. L. (2006). *Writing literature reviews: A guide for students of the social and behavioral sciences*. (3<sup>rd</sup> ed). Glendale, CA: Pycszak Publishing.
- Pan, M. L. (2004). *Preparing literature reviews: Qualitative and quantitative approaches*. (2<sup>nd</sup> ed). Glendale, CA: Pycszak Publishing.
- Prinstein, M. J (2013). *The portable mentor: Expert guide to a successful career in psychology*. New York: Springer.
- Pycszak, F., & Bruce, R. R. (2005). *Writing empirical research reports: A basic guide for students of the social and behavioral sciences*. (5<sup>th</sup> ed.). Glendale, CA: Pycszak Publishing.
- Rudestam, K. E., & Newton, R. R. (2007). *Surviving your dissertation: A comprehensive guide to content and process*. Los Angeles, CA: Sage Publications.
- Silvia, P.J. (2007). *How to write a lot: A practical guide to productive academic writing*. Washington, DC: American Psychological Association.
- Turabian, K. L. (2007). *A Manual for Writers of Research Papers, Theses, and Dissertations*. (7<sup>th</sup> ed.). Chicago: University of Chicago Press.

A search through the [AU Libraries](#) or [www.amazon.com](http://www.amazon.com) will yield dozens of other resources. Also, click [here](#). 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 expects degree requirements to be completed well before this (see "*Overview of Course Requirements*"). 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](#) 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 on the [administrative website](#).

### *General Doctoral Examination*

The General Doctoral Examination (GDE) consists of two parts: 1) Written Exam (either a Major Area Paper or Preliminary Examination), 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 your proposed research and understanding of research methods and literature in the chosen field. 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. Click [here](#) for details – this linked document outlines the 2008 guidelines passed by the psychology faculty (see below for program specific implementation and changes made to these guidelines/procedures).

You may initiate the Written Exam only after you have passed the defense of your Master's thesis, 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).

Written preliminary examination may commence at any point throughout the year, assuming all of the above milestones have been met. In addition, the composition of the GDE committee follows the same guidelines as the PhD advisory committee, although the membership need not be identical. You should coordinate with your major professor and committee to decide on a start date. You should keep in mind that question development, which involves committee input and revisions, can take some time. Prelim questions should be given to the Graduate Coordinator, who should also be informed of the start of the eight week writing process. You should plan to submit your written responses (after the 8 week writing process) at a time that can be verified by your committee (e.g., not during a university break). Your committee should be given two weeks to review your responses and provide feedback to your major professor. Procedural guidelines stipulate that you should be given written qualitative feedback regarding your examination performance, in order to assist you with revisions and/or oral examination preparation. Upon passing the written examination, you should plan to hold

the oral examination. This involves Graduate School paperwork. **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).**

The written preliminary examination is comprised of six questions that are developed by your MP and examination committee. Your educational history, clinical and research experience, and direct input should be taken into consideration when developing the individualized set of questions. Questions should be designed to solidify and expand your knowledge base and to foster demonstration of your skills in critical analysis and knowledge integration. Two questions each in the areas of: 1) Psychopathology; 2) Assessment; and 3) Intervention will comprise the list of six. You must answer one question from each of the three areas; the fourth answer may come from any of the remaining questions. However, you are also encouraged (and perhaps required by your committee) to consider answering an integrative question, in place of the fourth question, designed to allow for a demonstration of your case conceptualization or research methodology skills. Models available from the DCT and your MP, but the format may differ based on committee preference.

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 abovementioned time frame. Specifically, funding is typically only available for five years. Also, see next paragraph for dissertation proposal deadlines.

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. Click [here](#) for links specific to the dissertation. **For students entering the program since the 2010-2011 academic year, a dissertation proposal must be accepted by their 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 13 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. Click [here](#) for a description of 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 1-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 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 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 general goal of training scientist-practitioners who are able to 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 ("Vertical Team;" PSYC 8910) for your entire second and third 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). Clinical Practicum, in addition to many of our practicum sites, include both beginning and more advanced students, which allows for peer supervision and for a division of responsibilities that is commensurate with experience. 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 clinic 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 of time that you have professional contact with clients through the AUPSC or other program-sanctioned practicum sites. 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 that is not sanctioned by the program is NOT covered by the liability policy.

The active involvement of the faculty insures that students' needs and training priorities remain paramount. Extra employment should be considered carefully in the context of insuring 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).

## 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.

Beginning Fall 2011, each student involved in practicum work 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 three superordinate goals with corresponding objectives. Each of these objectives is accompanied by various program-specific competencies that are linked to Benchmarks represented in the pertinent documents described below. The [Program Handbook webpage](#) includes links to all forms described below.

There are two sets of forms that mirror the structure recommended by the American Psychological Association; one set for first-year students, the other for more advanced students. Each set includes a guidebook which 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 (including Vertical Teams/sections of 8910: Clinical Practicum) and the evaluative structure of core clinical courses. Benchmarks will be identified in all syllabi, along with a description of the methods used to evaluate the attainment of each competency. 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 the [Appendix E.6](#) of the program handbook).

You will complete the [Auburn University Student Activity Form](#) 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](#) 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 recurrent emotional instability, 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 “turning a blind eye” to 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.

## 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 development of professional competencies depend 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 ([GSGHP](#)).

When a student recognizes that another student regularly neglects his/her 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 advisor, DCT, and other affected faculty/supervisors. If the situation is of a very personal nature, the student can first consult with his or her advisor 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 more 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. The following (alphabetical) list of mental health professionals may assist in this endeavor. There is no formal service delivery association between these providers and our

program. Some providers may offer reduced fees, but this will need to be explored with them directly. 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.

*Auburn-Opelika, Alabama:*

- Auburn-Opelika Psychology Clinic (Peggy Thornton, Lee Stutts) – 2127 Executive Park Dr., 724-9555
- Psychological Associates, LLC (Bridget Smith), 713 Avenue A, Opelika, 742-9102
- Johnna Flowers, 337 East Magnolia Ave., 826-8319
- Anne Harzem – 2204 Executive Park Dr., 745-0923
- Michele King – 703 Glenn Ave., 821-1822
- Robin Kurtz – 2110 Executive Park Dr., 742-7697
- Charles Rubio -- 2101 Executive Park Dr., 749-5055

*Columbus, Georgia:*

- Art France, 1661 13<sup>th</sup> Street, Suite 102, (706) 571-9534
- Columbus Psychological Associates, (706) 563-1714

*Montgomery, Alabama:*

- Glen Bannister, 4216 Lomac St., (334) 277-5956
- Daniel Clark, 4146 Carmichael Ct., (334) 409-0210
- JoAnne Ray, 8650 Minnie Brown Rd., (334) 834-2488
- Montgomery Psychology (Carol Skelton, Nancy Sack), 326 Interstate Park Drive, (334) 270-9000.
- Pamela Snider, 4754 Woodmere Blvd, Suite B, (334) 356-8430

*Others – Be aware that some of our faculty have an association with the following 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.*

- Auburn Psychology Group, LLC, 861-D North Dean Road, 334-887-4343
- Clinical Psychologists, PC., 248 East Glenn Av, Auburn, 826-3350
- AU Student Counseling Services, AU Medical Clinic, Lem Morrison Dr. 844-5123

## 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 [CNPAAEMI resources](#), [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 noninjurious 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.

### *Harassment*

Refer to the [Office of Affirmative Action and Equal Employment Opportunity](#) for pertinent policies.

### *Student websites, e-mail signatures, and answering machine messages*

*(The Program thanks Michael Roberts of the University of Kansas for sharing this outline with CUDCP members)*

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 answering machine messages. (Indeed, there are examples of emails from faculty and students getting published in newspapers that caused people harm.)

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 in Face Book and MySpace, and web-based dating services. Anything on the World Wide Web is potentially available to all who seek.

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 online blogs and websites, including personal information, 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.

You should be keenly aware of the following:

1. Internship programs may conduct web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.
2. Clients may conduct web-based searches on trainees' names and to find information about therapists (and declining to come to clinics based on what they find).
3. Potential employers may conduct on-line searches of potential employees prior to interviews and job offers.
4. 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.
5. Postings to a variety of listservs might reflect poorly on oneself and the program
6. 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.
7. Answering machine messages might also be entertaining to peers, express individuality, and be cute indications of one's sense of humor. Greetings on voicemail services and answering machines 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.

### *Dress Code*

*Note: This policy was adapted from one posted on the DCT listserv by Michael Roberts of the University of Kansas. The policy was discussed during a 2011-2012 Clinical Brown Bag and then discussed further with our program's Student Advisory Group and Clinical Faculty.*

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 (seeing clients or otherwise)
- 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). These include:

- a) Sport coats, blazers, suits (full or as separate)
- b) Dresses, skirts that are at or below the knee
- c) Dress slacks, khakis, Capri pants, casual pants that are not “jean-like”
- d) Sweaters, dress tees, polo shirts, button-up shirts, and blouses
- e) Ties, dress scarves
- f) Dress shoes, dress boots, loafers, oxfords, dress sandals

One tends to make an unfavorable, unprofessional impression when wearing pieces that do not fit well or are overly casual, revealing, or are in bad shape. Examples of unacceptable attire include:

- a) Jeans of any color, overalls
- b) Shorts, skorts, skirts above the knee
- c) Leggings (unless under a skirt), spandex tops or bottoms, stirrup pants, or sweatpants
- d) Spaghetti-strap tops or dresses, unless worn under an appropriate top or jacket
- e) Loungewear
- f) Sweatshirts, work-out shirts
- g) Casual tees and shirts with “advertisements”
- h) Flannel shirts, tank tops, halter tops, cut-out tops, off the shoulder tops
- i) Worn, frayed, stained, or wrinkled clothing
- j) Low-cut tops, tops that do not cover the midriff, or bottoms that might reveal undergarments or body parts typically covered by undergarments
- k) Athletic shoes, athletic sandals, hiking boots, flip-flops, or other beach footwear
- l) Severely worn footwear
- m) Visible piercings or tattoos, with the exception of earrings and ornamentation particular to one’s cultural heritage

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

(Click [here](#) for online format)

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 Psychology 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 policy and 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 consent of the student, may contact the student's major advisor, the program director, the Chair of the Department, the Dean of the Graduate School, and/or any individual involved in the issue in order 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.”

Click [here](#) for the university's Student Academic Grievance Policy.

## DISMISSAL POLICY AND PROCEDURES

(Click [here](#) for online format)

The following policy and procedure 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 a 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. For details regarding our excellent placement history, click [here](#).

### *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;
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 2018\*:

Major Area Paper (MAP)

- Begin writing by 5/1/2017\*\*
- Turn in MAP by 3/1/2018 (10 months after starting)
- Committee provide feedback by 3/15/2018\*\*\*
- Revise MAP as required; timeline determined by committee
- Schedule oral examination, with goal of defending by end of Spring semester (5/4/2018)

Qualifying Exam (Quals)

- Begin writing by 1/15/2018\*\*
- Turn in Quals by 3/12/2018 (8 weeks after starting)
- Committee provide feedback by 3/26/2018\*\*\*
- Revise answers as required; timeline determined by committee
- Schedule oral examination, with goal of defending by end of Spring semester (5/4/2018).

4. Successfully defend dissertation proposal by 9/15/2018 (applies to cohorts entering since 2010-2011).

\* Students who intend to apply in Fall of 2019 and beyond should adjust dates accordingly.

\*\* Students are permitted to begin MAP and Quals before these dates.

\*\*\*Dates can be adjusted each year to accommodate Spring Break.

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 the internships 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 on-line 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. (2012). *[Internships in psychology: The APAGS workbook for writing successful applications and finding the right fit](#)*. 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.* In addition, due to the mismatch between the number of internship applicants and slots, both well-qualified students and respected 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 e-mail 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. 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, click [here](#).

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

## 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 – Lead Administrative Assistant

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

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.

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

Eren Armiger – Administrative Support Associate

Contact: 844-4889; Cary 102  
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 [American Psychological Society](#) 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 fund raisers. 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 [SGA website](#) maintains a list of university-recognized student organizations. See also the [AU Office of Diversity and Multicultural Affairs](#)).

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. Click [here](#) for information regarding actions to be taken in case of an emergency.

*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.

*Medical Care and Insurance* – Our local hospital is the [East Alabama Medical Center](#). 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.

[Student Center](#) – Check it out. Various other links are available [here](#).

*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. The program also maintains another copy machine in Cary 207. Copy codes associated with program activities should work on this machine. 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 this link for information.

[Parking and permits](#) – Clinical students are typically assigned a B-zone permit. 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.

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

*Campus Arts and Entertainment* – Click [here](#) and follow links for Departments (Art, Music, & Theatre). See also the [Jule Collins Smith Museum](#).

*Community* – Visit the [Auburn-Opelika Convention & Visitors Bureau](#), the [Auburn Chamber of Commerce](#), and the [Opelika Chamber of Commerce](#). One student’s #1 tip for sanity: do your best to establish connections with and get involved in outside activities and organizations – secular or religious groups, athletics (gyms/TKD), 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 presentation, 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 (click [here](#) for another website). Based on interactions you had with faculty and students during the admissions process, you may already have a rather good sense of who will serve as your major professor. This individual will likely be your most valuable resource for information, guidance, and advice. Specifically, in the mentor role, s/he 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.

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.