

Doctoral Student Handbook Clinical Health Psychology Concentration 2024-25

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This handbook is designed to provide information to guide the student toward successful completion of the doctoral program offered by the Department of Psychology. It is not intended to replace the Graduate Catalog and other official documents of East Carolina University. In the event of a conflict between statements contained in this handbook and University policies, procedures, and catalog, the latter shall govern.

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The East Carolina Creed

In the pursuit of educational excellence, responsible stewardship, and intellectual freedom, the community of scholars at East Carolina University is committed to learning at the highest level. Founded in the tradition of service and leadership, members of our academic society exemplify high standards of professional and personal conduct at all times.

As an East Carolinian

I will carry out personal and academic integrity.

I will respect and appreciate the diversity of our people, ideas, and opinions.

I will be thoughtful and responsible in my words and actions.

I will engage in purposeful citizenship by serving as a positive role model.

Adherence to these moral principles is the obligation of every East Carolinian on and off campus. In doing so, our individual freedom to learn and a pledge to serve will be preserved.

Indigenous Land Acknowledgement

We acknowledge the Tuscarora people, who are the traditional custodians of the land on which we work and live, and recognize their continuing connection to the land, water, and air that Greenville consumes. We pay respect to the eight state-recognized tribes of North Carolina: Coharie, Eastern Band of Cherokee, Haliwa-Saponi, Lumbee, Meherrin, Occaneechi Band of Saponi, Sappony, and Waccamaw-Siouan, all Nations, and their elders past, present, and emerging.

Department of Psychology Doctoral Program

Clinical Health Psychology is a concentration within the Health Psychology doctoral program (Ph.D. degree) offered in the Department of Psychology. The Department of Psychology obtained Permission to Plan the program from the University of North Carolina office of the President in 2004 and obtained Permission to establish the program in 2006. Our first class matriculated in 2007, and we were accredited in April 2012. The clinical program was reaccredited by the American Psychological Association in July 2021. We have been reaccredited for ten years, the maximum possible time.

The Department of Psychology also offers two other concentrations in Pediatric School Psychology and Occupational Health Psychology. The Pediatric School concentration is also APA-accredited as of 2014. The Occupational Health concentration was started in 2013. This concentration does not require accreditation from APA, as it is not a health services delivery concentration.

Broadly speaking, the clinical health psychology concentration trains graduates to be **Health Service Providers**. Health service psychology is defined as the integration of psychological science and practice in order to facilitate human development and functioning. Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders. Programs that are accredited to provide training in health service psychology prepare individuals to work in diverse settings with diverse populations. Individuals who engage in health service psychology have been appropriately trained to be eligible for licensure as doctoral-level psychologists; however, the concentration in clinical health psychology provides additional training in health psychology.

Health Psychology is the educational, scientific, and professional contribution of psychology to:

- understanding the etiology, promotion, and maintenance of health;
- the prevention, diagnosis, treatment, and rehabilitation of physical and mental illness;
- the study of psychological, social, emotional, and behavioral factors in physical and mental illness; and
- the improvement of the health care system and formulation of health policy.

Clinical Health Concentration

The Clinical Health Concentration is committed to excellence in clinical training and research. Our aims are to educate students in scientific principles and empirically-derived models that guide the study and treatment of health and well-being. Our program strives to integrate

empirical evidence and practice, whereby practice is evidence-based, and evidence is practice-informed. The mission of the Clinical Health concentration is to produce psychologists who are prepared for a number of practitioner, research, and teaching roles within various health care and academic settings. The program is based on a bio-psycho-social approach to understanding health and illness. Health and illness are viewed as the product of a combination of interacting factors, including biological characteristics (e.g., genetic predisposition, physiological functioning, infectious agents, environmental toxins), psychological and behavioral factors (e.g., lifestyle, stress, health beliefs, reactions to illness), and social conditions (e.g., cultural influences, family relationships, social support, school experiences). The Clinical Health concentration adheres to the scientist-practitioner model ("Boulder Model," as articulated by Belar & Perry, 1992) of education and training, which calls for psychologists to be trained as both scientists, competent to engage in scientific inquiry, and practitioners, competent to provide clinical services. An integration of these bases "provides for the development of the knowledge, skills, and attitudes that encourage the scientific approach to practice" (Belar & Perry, 1992, p. 72). The program has the unique features of orienting to health from a lifespan perspective and emphasizing psychological care from primary to tertiary care within health care settings.

The training in the clinical program is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training. The training in clinical psychology prepares graduates of our program to deliver clinical services in a variety of roles and settings, including community mental health agencies and private practice, as well as particular health care settings, such as hospitals, primary health care clinics, rehabilitation, psychiatry, oncology, cardiology, geriatrics, pain clinics, sleep medicine, pediatrics, and health maintenance organizations. This concentration will be attractive to prospective students who have strong preparation with an undergraduate or master's degree in psychology or a related health field.

The program is a five-year, full-time, post-baccalaureate program with admission in the fall semester. The curriculum includes the following components:

- The core psychology curriculum is designed to train the student in discipline-specific, profession-wide, and program-specific health psychology competencies.
 - Discipline-specific knowledge includes demonstrated competence in 1) history and systems, 2) biological, social, cognitive, affective, development, and social aspects bases of behavior, 3) quantitative methods, research methods, and psychometrics, and 4) advanced integrative knowledge of basic discipline-specific content areas.
 - Profession-wide knowledge includes demonstrated competence in 1) research, 2) ethical and legal standards, 3) individual and cultural diversity, 4) professional values, attitudes and behaviors, 5) communication and interpersonal skills, 6) assessment, 7) intervention, 8) supervision, and 9) consultation and interpersonal/interdisciplinary skills.

- Program-specific health psychology competencies includes demonstrated competence in 1) bio-psycho-social factors affecting overall health, and 2) deliver psychological interventions (e.g., relaxation training, stress management) that promote prevention and wellness and treat psychological conditions that affect health and illness.
- Clinical psychology training in the care of patients/clients with mental and behavioral health concerns, including assessment and intervention.
- Training for service provision in health care settings.
- Research and coursework leading to the MA and thesis (for baccalaureate-prepared).
- A series of research experiences culminating in an empirical dissertation.
- Completion of a one-year accredited pre-doctoral internship that meets the requirements of the American Psychological Association (APA) and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Graduates of the Clinical Health concentration will:

- be competent in the assessment of bio-psycho-social factors affecting an individual's overall health and well-being, including psychological, cognitive, behavioral, social, environmental, and biological/physical factors.
- be competent in developing and delivering psychological interventions to promote prevention and wellness and treat psychological conditions that affect health and illness.
- be competent in a broad range of psychological interventions and techniques, ranging from psychotherapy to targeted interventions such as stress management, relaxation training, mindfulness-based training, motivational interviewing, health promotion, and problem-solving therapy.
- be competent in collaboration, consultation, and teamwork, which are essential to working within a multidisciplinary team of health professionals.
- be competent in contemporary research skills in order to conduct and apply rigorous scientific methods to understanding health and illness and be able to select and evaluate clinical treatment strategies based on established scientific knowledge and empirical support.

Research training, which begins in the first year, includes working with a faculty member on established research projects and the development and completion of both a thesis (for baccalaureate-prepared or master's prepared without an approved thesis) and dissertation research projects. Typical research in clinical health psychology may include investigation of disease models and understanding disease processes, efficacy and effectiveness of therapeutic interventions, and the evaluation of psychological factors (e.g., emotional distress, mood, personality factors, coping, neuropsychological function), behavior and lifestyle factors (e.g., attitudes and beliefs, health behaviors such as smoking and physical activity), and social-environmental factors (e.g., culture, ethnicity, language, economics, access to care) as they relate to health, well-being, psychological adjustment, and illness.

For important degree milestones, see Appendix 9 for the Clinical Health Psychology Checklist.

GUIDING PRINCIPLES AND POLICIES

The Clinical Health Psychology concentration is guided by several basic principles of Ethical Behavior and Individual Differences.

Ethical competence is a foundational area on which the applied profession of psychology is built. Psychologists and psychology trainees uphold foundational ethical principles in their teaching, research, and professional work with patients. These include beneficence and nonmaleficence, fidelity and responsibility, integrity, justice, and respect for people's rights and dignity. Psychologists are sensitive and responsive to issues related to cultural differences and how they might affect their work. All students should be thoroughly familiar with and abide by the American Psychological Association's (APA) *Ethical Principles of Psychologists and Code of Conduct* (2010; 2017 with amendments) See <http://www.apa.org/ethics/code/index.aspx>

The APA also has published practice guidelines (e.g., record-keeping, psychological practice with older adults, multicultural guidelines) with which practitioners should be very familiar; these can be accessed through the APA Practice organization at <https://www.apa.org/practice/guidelines/>

Another resource is the North Carolina Practice Act, which can be accessed from the North Carolina Psychology Board website (www.ncpsychologyboard.org).

The APA ethics code and guidelines, the NC Practice Act, and associated materials related to the practice of psychology are also kept in a dedicated reference binder in the psychology clinic library. Several specific ethical issues warrant further comment here.

As noted above, the Clinical Health Psychology concentration subscribes fully to the professional ethics outlined in the APA Ethical Principles of Psychologists. Students are expected to conduct themselves with a professional demeanor consistent with the APA Ethical Principles of Psychologists and the provisions of the North Carolina Psychology Licensing Act. Students must therefore have a thorough working knowledge of the applicable codes of ethics. Violations of these codes will result in dismissal from the program.

Graduate students are expected to be familiar with other relevant University policies including those related to Substance Abuse, and Sexual Harassment Prevention and Nondiscrimination. These policies can be found in various University publications, including the *University Policy Manual*. Institutional policies that discuss student rights and responsibilities are the following:

- Complaints and Grievances: <https://deanofstudents.ecu.edu/home/complaints-grievances/> and <https://www.ecu.edu/prr/11/35/01>

- Grievances related to discrimination and Title IX (sexual harassment): <https://humanresources.ecu.edu/equal-opportunity-and-title-ix-concerns-complaints/>
- Grievances related to disability accommodations: <https://accessibility.ecu.edu/students/dss-guidelines/>
- Accessibility Barrier Report: <https://accessibility.ecu.edu/students/report-an-accessibility-barrier/>

Commitment to Non-Discrimination

The program adheres to the University Nondiscrimination policy: East Carolina University is committed to providing an inclusive and welcoming environment for all members of our community. In accordance with its Policy Statement on Non-Discrimination, East Carolina University does not discriminate in offering equal access to its educational programs and activities or with respect to employment terms and conditions on the basis of an individual's race, color, gender, national origin, age, religion, creed, genetic information, disability, veteran's status, sexual orientation, gender identity or gender expression.

The University is committed to equality of educational opportunity. The University does not discriminate in offering access to its educational programs and activities on the basis of age, color, creed, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status. A doctoral student with a diagnosed psychiatric disorder or other physical, mental, or emotional disability may participate in the Clinical Psychology Doctoral Program so long as the condition is managed sufficiently with or without reasonable accommodation to permit the student to satisfy the requirements of the Clinical Psychology Doctoral Program. Students who seek reasonable accommodation for disabilities must contact the University's Office of Accessibility Resources and Service. The Office will determine a student's eligibility for and recommend appropriate accommodation and services. In the event of deteriorating function, it is essential that a doctoral student be willing and able to acknowledge the need for and to accept professional help before the condition poses a danger to the student, clients/patients, other students, faculty and staff members, or research participants. Also, see **FINANCIAL, HEALTH, OR EMOTIONAL DIFFICULTIES** on page 34.

Individual Differences as a Training Issue

The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity. Our department and the Clinical Health Psychology concentration are committed to providing an inclusive and welcoming environment for all members of our

community. Consistent with this principle, trainers and trainees do not discriminate on the basis of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, or socioeconomic status in the services provided at the training clinic or practicum site.

In some cases, tensions may arise for a student due to differences in beliefs or values with clients. Because the students will have to navigate these sorts of clinical situations in their future practice careers, the program has a responsibility to prepare students to work in a diverse society and do so in a safe and ethical manner. The program will respectfully work with students as they learn how to effectively practice with a broad range of clients. Thus, students should expect to be assigned clients that may present challenges for them at some point in training.

If trainees do not feel comfortable or capable of providing competent services to a client because it conflicts with the trainee's beliefs or values, it is the trainee's responsibility to bring this issue to the attention of his/her supervisor. Because client welfare and safety are always the priority, decisions about client assignment and reassignment are within the responsibility of the faculty/supervisors who strive to provide both support for patients/clients as well as learning opportunities for student clinicians.

PROGRAM RESOURCES AND FACILITIES

Clinical Health Psychology has existing relationships between the Department of Psychology and departments in the Brody School of Medicine (such as Family Medicine and Cardiology), the Department of Child Development and Family Relations, the College of Health and Human Performance, and the School of Allied Health Sciences. The local health care system provides the opportunity for rich collaborative relationships as well as the potential for strong additional training experiences.

Vidant Medical Center (the teaching hospital of the Brody School of Medicine) and other members of Vidant Health (such as the Regional Rehabilitation Center, Viquist Fitness Center, and affiliated rural hospitals) are also available for research and clinical training. The Department of Psychology also has existing collaborative relationships with local school districts and mental health centers to provide multidisciplinary clinical training opportunities for students. In addition, collaborations with the Veterans Affairs Medical System provide additional opportunities for training, service, and research. For a list of all faculty associated with the doctoral program, see Appendix 1.

PASS Clinic

The ECU Psychological Assessment & Specialty Services Clinic (PASS) had its official opening in the Spring 2011 semester. Initial in-house training services began in Fall 2009, supervised by program core faculty. The PASS clinic is a center for training and provides low-cost behavioral

health care services to ECU faculty and staff, as well as members of the broader Greenville community. Services are provided by doctoral students under the supervision of licensed psychologists. The PASS Clinic emphasizes empirically-supported short-term treatments that vary, depending on faculty expertise.

The following specialty services are offered:

Cognitive-Behavioral Psychotherapy Service

This service is for adults experiencing emotional disorders (e.g., anxiety, depression, stress) and/or individuals wishing to reduce their drinking and/or abstain from alcohol or other drugs. Individuals are provided evaluation and treatment services based on a sliding fee scale. Empirically-supported short-term treatments are emphasized.

Healthy Weight Specialty Service

This service is for children, adolescents, adults or families struggling with weight management and interested in engaging in a lifestyle change, not diet, program. This evidence-based treatment focuses on making small, non-restrictive lifestyle changes relative to individual's baseline patterns that result in maintained weight loss, along with addressing thoughts, behaviors, and emotional factors that contribute to weight gain and create barriers to effectively lose weight.

Depression Specialty Service

This service is for adults who feel depressed or down most of the time, or who don't feel like they are enjoying things like they want to. Our empirically-supported treatment first helps people to identify what they want to get out of their lives. Then, we identify achievable goals that, added together, reduce depression and increase engagement and happiness. Treatment typically takes 10-12 weeks.

Adult Psychological Evaluations

This service provides individualized psycho-educational evaluations for ADHD/ learning disorders, psychological testing for cognitive or memory concerns, or assessment of personality and psychological adjustment.

Other specialty services based on faculty members' interests and availability (e.g., chronic pain, sleep) are also offered occasionally.

THE ECU PASS Clinic is located on the third floor of the Rawl building (Room 311) on the ECU East campus. The clinic area consists of a reception area/secretarial station, three therapy rooms, two testing/interview rooms and a group/conference room. Doctoral students have access to two computer observation rooms that have camera supervision capabilities, and eight computers for completing notes, clinical records, and reports. The clinic is staffed by a full-time administrative associate and several graduate assistants and uses an electronic scheduling/medical record system (Titanium). The clinic serves university and community members in the greater Greenville area and is open in accordance with the university calendar.

The ECU PASS clinic does not provide emergency services. Collaboration with physicians, or physician referral, is provided as appropriate.

Practicum Sites

See listing of Clinical Health Practica in Appendix 2.

Student Laboratory Spaces

Core faculty in the doctoral program may have individual or shared lab space for students to conduct research, teaching assistant duties, meetings, and general doctoral program responsibilities.

Clinical Health Psychology Aims and Competencies

The program faculty in conjunction with the Psychology Department has evolved specific aims and competencies for students enrolled in Clinical Health Training. The curriculum, practicum and research activities, and other program requirements are designed to help students meet these program aims and competencies. This structure is associated with various specific competencies which are continuously considered and evaluated. See Appendix 3 for detailed Aims, Competencies, and Measurement of Outcomes, and Minimum Levels for Achieving Competency.

Aim 1: To produce graduates with broad and general training in the science of psychology

<u>Competency for Aim #1:</u> Students will acquire basic knowledge and demonstrate competence in: 1) history and systems, 2) biological, social, cognitive, affective, and developmental aspects bases of behavior, 3) quantitative methods, research methods, and psychometrics, and 4) advanced integrative knowledge of basic discipline-specific content areas.
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Aim 2: To produce graduates who demonstrate competence in the practice of clinical psychology with a concentration in health psychology, and the ability to integrate science and practice.
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<u>Competencies for Aim #2:</u>

<u>Competency 1:</u> Students will acquire knowledge and skills related to clinical assessment.

<u>Competency 2:</u> Students will acquire knowledge and skills related to therapeutic intervention.
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<u>Competency 3:</u> Students will acquire knowledge and skills related to professional values and attitudes.

<u>Competency 4:</u> Students will acquire knowledge and skills related to ethical conduct and practice as psychologists.

Competency 5: Students will acquire knowledge and training in communication and interpersonal skills

Competency 6: Students will acquire knowledge and increased sensitivity regarding cultural and individual diversity. Students will demonstrate awareness, sensitivity, and competence in considering cultural and individual diversity in psychological assessment, practice, and research.

Competency 7: Students will demonstrate knowledge of the supervision literature and beginning practice in clinical supervision.

Competency 8: Students will demonstrate knowledge of consultation and interprofessional/interdisciplinary literatures.

Competency 9: Students will demonstrate research knowledge and skills.

Aim 3: To produce graduates who demonstrate competence in the practice of clinical health psychology

Competency for aim 3: Students will acquire knowledge as well as clinical and research skills related to the area of clinical health psychology.

ADMISSIONS AND RETENTION

Students are accepted into the doctoral program on the condition that they will pursue the degree on a full-time basis during the Fall and Spring semesters. Over the course of the doctoral program, it is likely that Summer enrollment will be required. It is the student's responsibility to consult with their advisor in advance for Summer planning.

Enrollment

Full-time status at the University is a minimum of 9 hours per semester, although in some instances, students will take up to 12 hours per semester. No more than 15 semester hours of work may be taken in any one semester without the written permission of the student's advisor and the Program Director or Director of Clinical Training.

Graduate students who have previously registered for all credits in a graduate degree program but who have not completed all requirements (e.g., thesis, dissertation, internship, etc.) must continue to register each semester (except Summer terms) until all degree requirements are completed and filed with the registrar. Under special circumstances, exception to continuous registration may be approved by the Dean of the Graduate School. Students must be registered for at least one credit hour during the semester of graduation (except Summer, if registered for the prior Spring semester). For the semester of graduation, students may petition the Graduate School for an exception to the continuous registration requirement if all degree requirements are completed prior to the first day of class.

Any student who interrupts his or her graduate program by not registering for courses on- or off-campus during any one semester of the regular academic year (Fall and Spring) must apply for readmission before being allowed to resume graduate work. Applications for readmission are to be made on forms furnished by the Graduate School. These applications should be presented to the Graduate School at least one week prior to the opening of registration for the semester or summer term in which the student wishes to resume graduate work. Graduate degree students who do not enroll on or off-campus during the semester or Summer term to which they were admitted must file an updated application. Forms can be obtained from the Graduate School.

The precise program to be followed will depend on the student's past educational experiences. Students entering with a master's degree may have already completed some of the required courses. In addition, in consultation with the student's primary advisor and Clinical Health faculty, additional required electives may be deemed critical. These may involve additional coursework in statistics and research methods, or the completion of a certification offered at the University, such as quantitative methods, applied behavioral analysis, biofeedback, gerontology, or other individually developed cognate areas. See the [Graduate Catalog](#) for list of certificates. As in other research-focused programs of doctoral study, students in this program may expect to enroll in more than the minimum required credit hours and should be aware that study opportunities that focus on particular areas are in addition to the basic program requirements. Additional study is individualized and depends on the student's background and graduate preparation as well as the employment role identified as a career focus.

NORTH CAROLINA RESIDENCY

Residency status for the purpose of determining tuition charges at a public institution of higher education in the state of North Carolina is governed by the North Carolina General Statutes. Students who are classified as residents for tuition purposes are eligible for a tuition rate lower than that charged to non-residents because a resident's tuition is subsidized by revenue from the state of North Carolina. In-state tuition is, therefore, a benefit offered by the state to its residents under terms in the applicable General Statutes. **It is strongly recommended that students review the laws and regulations prior to submitting an Application for In-State Residence and Tuition Status.**

Every applicant is classified as a resident or non-resident for tuition purposes during the admissions process using information from the application for admissions. All graduate students admitted as out-of-state students and who receive a tuition bill for out-of-state fees should apply for North Carolina residency as soon as possible by filing an application for reclassification with the Graduate School once each semester. The student must complete the Residence and Tuition Status Application (available from the Graduate School). The application can be submitted up to one month in advance of the date by which a student will have lived in North Carolina for one year. Please note that a student needs to secure an in-state driver's license within 30 days of the date they begin residing in North Carolina and complete their

automobile registration within 60 days of that same date. Out-of-state students are strongly encouraged to consult the ECU Residency page at <https://registrar.ecu.edu/residency/> and to apply at <https://ncresidency.cfnc.org/residencyInfo/>.

Residency Requirement

Consistent with the APA's Standards of Accreditation (Standard I.C.2), each student is required:

- a. A minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree;
- b. At least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted;
- c. At least 1 year of which must be in full-time residence (or the equivalent thereof) at that same program.

Additionally, East Carolina University residence requirement for a graduate degree program is met when a student has earned at least eighty percent of the required degree credit for his or her program through enrollment in courses offered by East Carolina University. Residency requirements must be completed prior to admission to doctoral candidacy.

Transfer of Credit

Up to 20 percent of the credit hours in the program may be earned in a different but regionally-accredited institution. Graduate-level course work taken elsewhere is not automatically applicable to the Clinical Health Psychology doctoral degree program at East Carolina University. Approval of any potential transferred or waived coursework or thesis cannot be determined prior to admission to the program. Review of prior theses being submitted for consideration of fulfillment of the thesis requirement is conducted with a committee of three faculty members which makes a recommendation to the clinical faculty and must be approved by the clinical faculty. Review of prior coursework being submitted for consideration of fulfillment of required courses will be conducted by the faculty member who teaches the comparable course, who makes a recommendation to the clinical faculty. The student should submit a written request along with the course description and syllabus to the clinical health faculty as soon as they formally accept a place in the doctoral program in the spring before the start of their program to reduce the likelihood of having to re-take unnecessary courses in their first semester.

The departmental recommendation for transfer credit must also be submitted for approval by the Graduate School. Ordinarily the Graduate School will approve the application of graduate course transfer credit only if: (1) the department so recommends; (2) the graduate credit was earned at a regionally accredited institution; (3) the student was admitted to a formal graduate degree program at the time the credit was earned with a minimum final course grade of B; and (4) the credit can be satisfactorily incorporated within the applicable time frame for completion

of all degree requirements. Official transcripts which will provide adequate evidence to support such petitions must be supplied.

Students may enroll at other regionally accredited graduate-level institutions for coursework that is applicable to the program, provided they have obtained permission in advance from the Clinical Health faculty, the department chair, and the Dean of the Graduate School. Forms for permission to take course work elsewhere may be secured from the Graduate School office. Such transfer work is included in the 20 percent maximum application of such credit to the degree program.

Below is the only list of potential courses that can be transferred. Any courses not on this list will not be accepted.

6408 History of Psychological Thought (3)
6414 Biological Basis of Behavior (3)
6421 Social Psychology (3)
6428 Cognitive Psychology (3)
6430 Statistics and Research Design (3)
7431 Advanced Research Design (3)
8002: Health Psychology
8416 Psychopharmacology (3)
8995 Seminar in Health Psychology (3)
3 hours of Approved Health Elective

Master's Thesis from a Previous Institution

Students may petition to have an empirical master's thesis performed at another university accepted as your ECU master's thesis. In order to do this, students should follow these steps. First, they should discuss with their advisor about whether this is a suitable option for you to pursue. Second, upon receiving approval from their advisor, students should inform the Director of Clinical Training. Two readers will be chosen to determine whether the master's thesis is comparable in quality and academic rigor to a typical master's thesis performed at ECU. Should questions arise regarding the acceptability of the master's thesis, a third reader will be invited to make a recommendation. At times, a student may be asked to revise a master's thesis performed at another university as a condition of acceptance of the master's thesis at ECU. If they wish to have the thesis considered for acceptance at ECU, the master's thesis must be revised and approved by the clinical health faculty, no later than the last day of finals during Fall semester of the student's first year.

In rare circumstances, a student may enter the doctoral program in the Clinical Health concentration while still completing a master's thesis from another institution. If they wish to have the thesis considered for acceptance at ECU, the master's thesis must be completed and approved by the clinical health faculty, no later than the last day of finals of the Fall semester of the student's first year.

ECU Department for Disability Support Services

ECU is committed to creating an environment respectful of individual differences and offering the promise of educational opportunity to all.

The Department for Disability Support Services (DSS) is responsible for ensuring that individuals with disabilities have access to reasonable accommodations and services. Registration with DSS is required if the individual wishes to access reasonable accommodations.

The office is located in Slay 138, and is open Monday through Friday, 8:00am – 5:00pm.

E-mail: dssdept@ecu.edu

Phone: 252-737-1016

Fax: 252-737-1025

Licensed at the Psychological Associate Level in the State of NC

A student may enter the program licensed at the psychological associate level (LPA) in the state of North Carolina. It is requested that all students licensed as Psychological Associates agree to only perform clinical work as part of this educational program and exempt him or herself from conducting clinical work as an LPA. If a student would like to maintain their LPA status, a special accommodation must be requested and granted by the clinical psychology faculty.

Requirements for Satisfactory Progress

Satisfactory Course Grades

Students must maintain a cumulative B average (3.0 or above on a 4.0 scale) while enrolled in the doctoral program, based on semester hours of A graded work equal to or exceeding semester hours of C work. If the cumulative average falls below B, the student's program is subject to termination. However, at the discretion of the department, one or two semesters of additional course work may be allowed to bring the cumulative average to a B or better. No grade less than B in a graduate-level course may be used to satisfy any part of the minimal credit hours required for the Ph.D. degree. A grade less than B in a course defined by the department as being essential for the doctoral degree must be remediated and, at the department's discretion, might result in program termination.

Ethical Conduct

Psychology graduate students are in their first true stage of professional development. Since graduate student experiences may encompass the range of activities of a fully credentialed psychologist, including research, teaching, and provision of clinical services, students are expected to conduct themselves with a professional demeanor consistent with the APA Ethical Principles of Psychologists and the provisions of the North Carolina Psychology Licensing Act.

Students must therefore have a thorough working knowledge of the applicable codes of ethics. Violations of these codes will result in dismissal from the program.

Graduate students are expected to be familiar with other relevant University policies including those related to Substance Abuse, and Sexual Harassment Prevention and Nondiscrimination. Please see information under Guiding Principles for links to grievance policies and procedures.

Ethical Use of Generative AI and Generative AI Restrictions

Statement on Ethical Use of AI for thesis/dissertation, comprehensive exams, clinical work, and coursework

The use of generative artificial intelligence (AI) can support innovative and creative scholarship when used within appropriate guidelines. It is vital that students uphold the core principles of academic and research integrity. As such, transparency around the usage of generative AI is required between the student, and their instructor, supervisor, committee, and concentration/department. Students need to take responsibility for their work, including using their own words and proper citations.

Students are allowed to use advanced automated tools (artificial intelligence or machine learning tools such as ChatGPT or Dall-E 2) on assignments in courses *only* if instructor's permission is obtained in advance or granted in the syllabus. Likewise, students are allowed to use advanced automated tools in their clinical work (e.g., testing/assessment interpretation and write-up) *only* if your supervisor's permission is obtained in advance. Unless given permission to use those tools, each student is expected to complete each assignment/case without assistance from automated tools. All use of generative AI in comprehensive exams is prohibited. In the thesis/dissertation process all use of generative AI must be disclosed in writing to the student's committee by the student and authorized by the committee. Unauthorized use of generative AI may be considered an academic integrity violation. When approved, usage of generative AI must be appropriately cited following the guidelines of the APA style manual. It is the student's responsibility to understand and follow these standards and contact their department/concentration/committee with any questions or concerns. As generative AI is relatively new and evolving, additional or more detailed guidance may be issued in the future.

Academic Integrity

Academic Integrity is expected of every East Carolina University student. Academic honor is the responsibility of the students and faculty of East Carolina University. A student or group of students knowing of circumstances in which an academic violation of the Honor Code may have occurred is encouraged to bring this to the attention of the responsible faculty member, their program director, or department chairperson. Academic integrity violations may result in a grade penalty, repetition of work, failure of the course, or removal from the graduate program.

Academic violations include but are not limited to:

- Cheating: Unauthorized aid or assistance or the giving or receiving of unfair advantage on any form of academic work.
- Plagiarism: Copying the language, structure, ideas, and/or thoughts of another and adopting same as one's original work.
- Falsification: Statement of any untruth, either spoken or written, regarding any circumstances relative to academic work.
- Attempts: Attempting any act which if completed would constitute an academic

integrity violation as defined herein.

Professional and Personal Behavior

Students are expected to develop and exhibit professional and personal behavior that is consistent with their role as health services providers. Students must demonstrate an increasing mastery of applied skills in the practice of psychology. Students must display professional behavior in all training activities, including but not limited to classroom, practica, and internship settings. Students must ensure that any cognitive/ emotional/behavioral impairment does not adversely affect client welfare or the training process. Students experiencing personal difficulties are encouraged to seek the guidance and support of their faculty advisor, Director of Clinical Training, or the Program Director as needed. Students should keep the program informed of any situation that is likely to affect their ability to complete program responsibilities.

On-Line Personal and Professional Image

In an increasingly technologically connected and public world, students are encouraged to remain mindful of your behavior and its consequences online, including the use of social networking, blogs, listservs, and email. It is likely that students, clients, supervisors, potential internship sites, research participants, and future employers may be interested in searching or accessing online information about you. While all of the information that may exist may not be

within students' control, students are urged to exercise caution and restraint and to utilize safeguards when possible. Activities online, including those that they may consider purely personal in nature or online activities initiated by family and friends, may unfortunately reflect upon their professional life. Students should keep in mind the ideals of the preamble to the APA ethics code in which we aspire to do no harm to our clients, our research participants, or the profession with our actions.

Students who choose to describe their professional status and activities on social media (e.g., Facebook or LinkedIn) should indicate that you are a graduate student in the East Carolina University Department's clinical training program. They should not describe practicum activities, specific skills in which they are trained, or titles that may be assigned at placements outside of the program. Any descriptions of that sort could be misconstrued and could unintentionally misrepresent their professional qualifications. Also, students should remember that they cannot discuss or quote their clinical interactions with clients or research subjects. With this in mind, students are encouraged to consider the following cautions and suggestions:

1. With social networking sites such as Facebook, utilize privacy settings to limit access to your pages and personal information. Use thoughtful discretion when considering "friend" requests and consider the boundary implications. For example, it is not advisable to become virtual "friends" with clients or former clients or undergraduates for whom you have supervisory or evaluative responsibilities. Also, encourage family and friends to be thoughtful about the information that they share about you online.
2. With email, keep in mind that everything you write may exist perpetually or be retrievable, so be thoughtful about what you write. Emails sent via the ECU email system are considered public records and the property of ECU. Participation in listservs include the peril of inadvertently writing things to a much more public audience than intended, so be cautious with posts to such forums. Email is not an appropriate venue to discuss confidential information. If such communications are necessary, make sure any information is non-identifiable.
3. Email "signatures" should be professional and appropriately represent one's status and credentials. Students are encouraged to consider adding a confidentiality disclaimer to email signature files.
4. Be mindful of voicemail greetings if you utilize a private phone for any professional purposes (clinical work, teaching, or research). Make sure that such messages reflect a maturity and professionalism that you would want to portray to the public.
5. Online photo and video sharing, including within social networking sites, should be considered very public venues, and use discretion when posting such information.

It is not the intention of the clinical psychology program to interfere in students' personal life or to limit their ability to enjoy the benefits of online activities, express their personality or opinions, or have a little fun. As with off-line activity, we encourage them to be mindful of the implications and make efforts to protect their professional image and reputation. If the program becomes aware of online activity that represents a violation of the APA Code of Ethics, local, state or federal laws, or conflicts with the ECU policy regarding online behavior below,

such information may be included in evaluation of student progress and may be grounds for disciplinary action, including dismissal from the program.

Personal Use of Online Blogs and Social Networking Sites

As an employee of ECU, students must be careful in their personal life to make sure their personal communications and postings are not perceived to be associated with the university. These guidelines explain how ECU policies apply to your personal use of these newer communications technologies.

- Follow all applicable ECU policies. For example, students must not share confidential or proprietary information about ECU, and students must maintain employee privacy.
- If students' blog, posting or other online activities are inconsistent with, or would negatively impact ECU's reputation or brand, they should not refer to ECU, or identify their connection to ECU.

Students should write in the first person. Where their connection to ECU is apparent, they should make it clear that they are speaking for themselves and not on behalf of ECU. In those circumstances, they may want to include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer." Students should consider adding this language in an "About me" section of their blog or social networking profile.

STUDENT APPEALS

Department of Psychology Graduate Student Grievance/Appeals Procedure

The Department of Psychology recognizes that it has an obligation to promote positive relationships among faculty, students and staff. Disagreements or differences of opinion may occur during the educational process; the Department provides these guidelines in order to promote the resolution of these issues in a constructive fashion. These procedures are guided by relevant university policies and the guidelines published by the American Psychological Association. These include:

Ethical Principles of Psychologists and Code of Conduct

1.04. *Informal Resolution of Ethical Violations.* When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

Guidelines and Principles for Accreditation of Programs in Professional Psychology Domain E. *Student-Faculty Relations.* The program demonstrates that its education, training, and socialization experiences are characterized by mutual respect and courtesy

between students and faculty and that it operates in a manner that facilitates students' education experiences.

The program recognizes the rights of students and faculty to be treated with courtesy and respect. In order to maximize the quality and effectiveness of students' learning experiences, all interactions among students, faculty and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see the current APA Ethical Principles of Psychologists and Code of Conduct.) The program has an obligation to inform students of these principles and of their avenues of recourse should problems with regard to them arise.

Informal resolution

Informal resolution, in which the student talks directly with the faculty member, staff member or student with whom they have a dispute, is generally the more desirable and preferred approach to resolving conflicts. Most disputes can be resolved by this process, and this informal procedure should be utilized before following the formal Departmental procedure described below. It is also recommended that a student follow this procedure before filing a formal grievance with the Graduate School.

Utilize the informal resolution approach in these situations:

Concerns regarding evaluation of course performance, issues related to advising and/or mentorship, or interpersonal conflicts with faculty or other students. Upon receiving the written complaint, the Department Chair will review the materials and interview the individual parties involved. If the chairperson determines that the complaint is the responsibility of the Department, he or she will interview all parties concerned, secure any additional relevant documents, and try to seek a conciliatory solution. The Department Chair will communicate the recommended solution to the student who brought the concern as well as others involved in the dispute.

The student should speak first with his or her course professor, mentor, faculty member, or fellow student in an attempt to resolve any disagreements. If the student perceives that speaking directly to the person of concern causes a safety risk, the student may consult their Program Director for assistance. The Program Director will assist the student, preferably by facilitating a discussion between the student and the faculty, staff or student. The Program Director may also discuss the situation directly with the faculty member, staff member, or student involved to promote a solution that is agreeable to all parties. Concerns not resolved with the faculty member or program director may be addressed to the chair.

Concerns related to assistantship duties (such as climate, hours, or requirements). The student should speak first to the faculty assistantship supervisor. If the student does not feel comfortable taking this step, the student should consult with their program director. Should the

informal discussion not lead to a resolution then the student should contact the Department Chair. The goal is to find a satisfactory resolution, keeping in mind reasonable expectations of both faculty and students. Concerns not resolved with the faculty member or program director may be addressed to the chair.

Concerns related to final course grades. Students who desire to appeal the assignment of final course grades shall follow the Graduate School grade appeals process as found in the current Graduate School Catalog.

If a dispute arises from an issue that is covered under the university's Academic Integrity Policy, the process for resolution that has been established for appealing academic integrity violations must be followed.

Departmental Formal Appeal/Grievance Process

The Departmental Formal Appeal/Grievance Process is implemented in the following situations:

If an informal resolution of the student's concerns is not successful: In this situation, students should submit a written complaint to the department chair. If the department chair is a subject of the complaint, then the appeal is to be submitted directly to the Dean of the Graduate School.

Appeals concerning unsatisfactory performance on comprehensive assessments, academic probation for reasons of unsatisfactory progress toward a degree, or dismissal from the graduate program: A student who wishes to appeal a program-level decision should submit a written appeal to the Department Chair, providing a detailed statement of the basis for the appeal, as described above, and a perceived remedy.

Formal written complaints should include: 1) identification of the individual or organization entity of concern; 2) the date or timeframe of the alleged incident; 3) the specific allegation and rationale justifying the complaint; 4) evidence in support of the allegation and/or justification of the complaint; and 5) perceived actions that would constitute a fair redress of the grievance. Students may be asked to meet with the administrator to clarify the complaint or provide further information. Formal complaints and the written administrative response will be maintained on file in the Psychology Department.

If the resolution suggested by the Department Chair is not acceptable to the student, the chair may form a committee constituted as follows: one faculty member recommended by the student, one faculty member recommended by the other party involved, and one full-time faculty member of the Department of Psychology selected by the Department Chair. This latter faculty member shall serve as the chairperson of the grievance committee. The committee will interview all parties concerned, secure any additional relevant documents, and make a written recommendation to the Chair within 10 calendar days.

The Department Chair will notify the parties of the committee's recommendation and will advise the student of the procedure available to appeal the decision. Should this resolution not be satisfactory to the student, then the student may file a formal grievance to the Graduate School using the Graduate School Appeals/Grievance Procedure. Information regarding the grievance and appeals process can be found here:

<https://deanofstudents.ecu.edu/home/complaints-grievances/>

Grievances concerning discrimination and/or harassment:

The Equal Opportunity and Title IX office in the Department for People Operations, Success, and Opportunity (POSO) handles concerns regarding the protected classes of disability, sexual orientation, race/ethnicity, age, sex, gender identity, color, veteran status, genetic information, political affiliation, national origin, and religion. The POSO Equal Opportunity and Title IX office also handles reports of sexual assault, sexual harassment, domestic violence, dating violence, and stalking.

If you feel that you have been harassed or discriminated against based on one of the University's protected classes, subjected to sexual harassment, or retaliated against related to a reported protected class concern, you may fill out an online report:

<https://humanresources.ecu.edu/equal-opportunity-and-title-ix-concerns-complaints/> . You may also email at oed@ecu.edu, call at 252-328- 6804, or visit at Suite G502 in the Old Cafeteria Building to discuss your concern. Their online reporting form, voice messaging system, and email is available 24 hours a day, 7 days a week.

GRADUATION REQUIREMENTS

- (a) Complete required courses, research, practica, and other requirements, in accordance with the individual student's Program of Study approved by the Doctoral Steering Committee.
- (b) Maintain overall grade point average of at least 3.0 throughout the program.
- (c) Satisfy the ECU residence requirement by earning at least eighty percent of the required degree credit for his or her program through enrollment in courses offered by ECU.
- (d) Complete at least two consecutive semesters in residence prior to admission to candidacy.
- (e) Satisfactory completion of the Qualifying Exam within five years of matriculation.
- (f) Approval of the dissertation by the Dissertation Committee. The dissertation must be in a form acceptable to the Department of Psychology and the Graduate School.
- (g) Satisfactory performance on the oral defense of the dissertation.
- (h) Written dissertation and oral defense of the dissertation within ten years of admission.

Students must apply for graduation at least one semester before all degree requirements are completed. The Application for Graduation instructions are available on the registrar's Office page: <https://registrar.ecu.edu/wp-content/pv-uploads/sites/166/2018/01/How-to-Apply-for-Graduation.pdf> . **For important degree milestones, see Appendix 9 for Clinical Health Psychology checklist.**

M.A. in Clinical Psychology

Students who enter the doctoral program following their B.A. earn a Master of Arts degree in psychology. The degree is earned as part of the Clinical Health concentration of the PhD in health psychology program. The program requires a minimum of 45 s.h. of instruction and is generally completed in two years. Requirements to earn the M.A. degree are listed in the Graduate Catalog. For additional stipulations and detailed MA requirements:

https://catalog.ecu.edu/preview_program.php?catoid=30&poid=7838&hl=%22psychology%2C+MA%22&returnto=search

Graduation

Students should meet with their mentor and the Director of Clinical Training at least one semester before graduation. At this meeting, a Degree Evaluation needs to be processed in the Banner system in addition to the completion of the Graduate Summary Form. The purpose of the Graduate Summary is to provide a record of remaining requirements for graduation and to eliminate last minute errors. The final responsibility for meeting all academic requirements for the degree rests with the student. Students should be sure to:

1. Review the required courses left for degree completion.
2. Verify the receipt of transcripts from other universities to ensure accurate transfer credit. Make sure to complete the Request for Transfer Credit form and submit it to the Graduate School.
3. Check the Graduate School website for forms, including <http://ecu.edu/gradschool/> and [Graduate Student Graduation Summary Form](#).
4. Students should visit OneStop to reserve their seat for graduation, and should check the Commencement website for announcements: <http://www.ecu.edu/commencement/>

The catalog the student is following for their program of study (i.e., at matriculation or as revised) will be used to determine the requirements for graduation. After reviewing the Degree Evaluation and the Graduation Summary form, the Graduation Summary Form will be sent to the Graduation Services Office in the Office of the Registrar. The official review of the summary will be processed by the Graduation Services office. If there is an error or omission, the student and department will be notified. At the time of graduation, the student must ensure that all fees have been paid and that all outstanding debts to the University (i.e., library fees, overdue books, parking violations, etc.) have been cleared. Failure to do so may delay clearance for graduation.

East Carolina University graduate students are required to be registered during the semester they graduate. Students who have completed their degree requirements (dissertation received in the library, incomplete grades removed) by the published commencement date will be certified for graduation in that semester. Students finishing degree requirements after the commencement date will not be allowed to graduate retroactively.

Student Program Surveys

Students are asked to complete an Annual Anonymous Student Survey each year for the purposes of providing feedback and suggestions for program improvement. This is completed anonymously online. Historically, student input has prompted positive program changes. Additionally, students may provide feedback on the program throughout the year. A link to a Qualtrics survey, titled “Clinical Health Student Feedback Survey,” can be found in the ECU PASS Pirate Drive in the folder Clinical Health Student Feedback Survey. Once you enter the folder, open the pdf document, and click on the survey link. You may provide anonymous feedback or leave your name.

In addition, students are asked to complete additional surveys at years two and five post-graduation. These are important sources of information that are used by departments for graduate program review and accreditation purposes. Alumni are asked to keep the Director of Clinical Training advised of their contact information so that the Alumni Survey can be sent to them. It is important for program improvement, and for accreditation purposes that we know of your psychology licensure status, employment, and professional accomplishments.

Program Record-Keeping

A confidential file for each current and past student is located in a locked filing cabinet in our Graduate Program Assistant’s office in the Psychology Department, 1st floor, Rawl Building. Student records can only be accessed by the Graduate Program Assistant, clinical faculty, Director of Doctoral Studies, and the department Chair. If a faculty member needs to review a file, it must be checked out by the Graduate Program Assistant. **Students may gain access and review their records upon request.** Confidential letters of recommendation will be removed prior to review.

The main student files usually contain but are not limited to the following documents: admissions application documents (GRE score report, copies of transcripts, recommendation letters, personal statement, vita, acceptance letter), coursework documents (transfer credit forms, graduate student graduation summary, outcome of qualifying examination, qualifying exam case selection form), annual reports (annual faculty evaluation), clinical training forms (practica evaluations and internship correspondence and midterm and final evaluations), graduate assistantship contracts, and any developmental or training enhancement plans.

PROFESSIONAL DEVELOPMENT

Professional Identity as a Doctoral-Level Psychologist

Program Orientation

Graduate Student Orientation is typically scheduled during the third week of August. The program is designed to complement the Psychology Department’s academic orientation program and ease your transition to graduate school and East Carolina University. Representatives from campus offices will be present to provide important information and answer questions about ECU’s electronic resources, the online registration process, payment of fees, financial aid, Joyner and Health Sciences Library resources, and other available student

services. The Department of Psychology Orientation is held prior to the start of Fall classes. This time is reserved to complete documentation for your stipend, ask questions, and to meet with your class and program directors. A separate orientation is scheduled for students each year working in the ECU PASS Clinic.

The Apprenticeship Junior Colleague Model

Approved 9-11-14

In the East Carolina University Clinical Health Psychology training program, we treat our students as “junior colleagues.” This means that students are given a level of both respect and responsibility similar to that of a less-experienced psychologist colleague. Student expectations and responsibilities increase as they gain experience with the program, whereas collegial levels of professional respect and behavior are expected from students at all developmental levels. Similarly, mentors are expected to show students a similar level of respect as they do their PhD-level colleagues. Though this student-colleague dual role can sometimes be difficult to navigate, we at the ECU CHP program feel that this is the most effective way to create strong, collegial, and confident health psychologists.

For a complete description of our junior colleague model, please see Appendix 8.

Cross-Lab Research Collaboration

Graduate students often serve as research assistants to their primary mentor. Students typically gain most of their content-specific research training from their primary mentor, but they may also collaborate with other researchers across the department, the college, the university, and even the country. These experiences are referred to as cross-lab collaborations. Cross-lab collaborations sometimes develop naturally as a students progress in their training. While they are not a required part of your training, they may represent a beneficial professional opportunity for you. It is important for students to discuss these opportunities with their advisors and to thoughtfully contemplate the potential contribution of cross-lab collaboration to your ultimate career goals.

Cross-lab collaboration opportunities will typically take one of three forms: 1) Your advisor and another faculty member are conducting research together and you are invited to participate, 2) A faculty member from another lab is conducting research and you are invited to join them, or 3) You have a research idea that would ideally and logically involve your advisor and another faculty member. The information below is designed to guide you through your decision-making process. If you are invited to take part in a joint collaboration between your advisor and another faculty, discuss with your advisor whether you believe that you can reasonably take on the additional responsibilities weighing carefully whether the additional duties will inhibit your ability to meet your degree milestones and matriculate through the program (including accruing hours to make you competitive for internship). Alternatively, a faculty member may occasionally invite you to participate in one of his or her research projects because it is a natural extension of your practica, coursework, etc. If this opportunity arises, you should discuss this opportunity with your advisor to determine if it will interfere with your degree progress or clinical skills development as well as ongoing research opportunities in your own lab. Finally, graduate students often develop their own unique blend of research interests, typically inspired by or related to their primary mentor’s work, which puts them on a path to becoming independent investigators. Therefore, you may develop a research idea that you believe would benefit from your advisor and/or another faculty member’s input. You are

advised to discuss the feasibility of conducting the research project with your advisor. Again, degree progress or clinical skills development issues are paramount. If you and your advisor determine that such a project has merit and would benefit from outside expertise, discuss with your advisor how to best approach the other faculty member to discuss their potential involvement.

Programs for professional development

First Mates

First Mates is an orientation program for incoming students in the Clinical Health Psychology Ph.D. program. Interested students are matched with “Mates,” who are current Ph.D. students (second year or above) who have expressed interest in mentoring incoming students. The match between Mates is intended to ease the transition into ECU’s Clinical Health Psychology graduate program as well as provide information regarding moving to Greenville, life in Greenville, and general East Carolina University information. First Mates meet with their mentors prior to the beginning of classes as well as during the first year of the program.

Visiting Day

Visiting Day for prospective students occurs in the Spring after the submission of applications to the Graduate School and Psychology Department. Students are invited to visit the Clinical Health Psychology Ph.D. program. Visiting Day itself consists of overviews of the program and its research, academic, and clinical elements, tours of campus and the medical campus, as well as the chance to meet with various faculty. Prospective students interview individually with faculty as well. The chance to meet with current graduate students is also an integral part of Visiting Day.

Professional Organizations

Students are encouraged to become professionally involved in organizations such as the American Psychological Association (APA), American Psychological Society (APS), Society for Behavioral Medicine (SBM), American Psychosomatic Society (APS), Society of Clinical Psychology (Division 12), Health Psychology Division of the APA (Division 38), and Society of Pediatric Psychology of the APA (Division 54).

Graduate Student Advisory Council (GSAC)

The GSAC meets monthly and serves as a forum for students to present matters of concern to the Graduate School. One Psychology graduate student is elected to represent the Psychology Department. The GSAC sends a representative to the Graduate Council and to two standing committees of the Graduate School (Policies Committee and Curriculum Committee).

Brown Bag Meetings

Brown Bag Meetings are designed to provide a forum for professional development in the field of health psychology and/or to interact internally with the students and faculty of the ECU Health Psychology Program via formal presentation by students, faculty, and guests. Also, ECU psychology faculty and students use the Clinical Brown Bag series to present information on their ongoing projects. These are the 3rd Monday of each month in the fall and spring semesters at 2:30 - 4:00. These meetings are mandatory, unless a student receives faculty approval to be excused.

NC Psychological Association regional meetings

Students are encouraged to attend meetings convened by the NC Psychological Association and other groups that are informative about regional needs and factors influencing the provision of mental health services.

Clinical Health Psychology Student Meetings

Students are required to attend regular student-faculty meetings scheduled for once or twice each semester. These meetings are designed to discuss programmatic issues, receive program updates on the program, and discuss potential programmatic changes.

Resources for Education, Advocacy and Community for Clinical Health (REACCH)

REACCH was initiated by doctoral students to provide a sharepoint site and a speaker series specifically for clinical health students. The goal is to schedule speakers to offer information about community mental health and other resources for therapy patients, as well as information about the other health professions that we interact with in hospital settings (OT, PT, social workers, etc.). Speakers are often chosen based on areas for growth identified by students to further meet training needs.

Psychology Graduate Student Organization (PGSO)

PGSO is an organization for all graduate students in the Psychology department. PGSO distributes some financial support for student travel and has started a tradition of sponsoring an annual Psychology Department Awards Ceremony, The Ginger Stodard Banquet. The faculty advisor is Dr. Jeannie Golden.

Committee Membership

Doctoral students make an important contribution to several Program and Psychology Department committees. A student who is elected at a student meeting is a representative to the Clinical Health faculty meetings and participates in the faculty meetings in all issues except for discussion of student progress of individual students. Doctoral students may also serve on job search committees for Clinical Health faculty and have participated in committees to write Qualls procedures, revise the Doctoral Student Handbook, and plan and carry out Visiting Day.

Honor Societies

Psi Chi is the National Honor Society in Psychology and is affiliated with the American Psychological Association. *Psi Chi* is also a member of the Association of College Honor Societies. The purpose of *Psi Chi* is to advance the science of psychology and to encourage, stimulate, and maintain the scholarship of its members. Undergraduate and graduate students

who have demonstrated a strong academic record are eligible for national membership. There is a one-time lifetime national initiation fee. Graduate students are encouraged to become active in the local chapter's activities. The national organization offers prizes for both graduate and undergraduate research papers at regional conventions. Details of these competitions, Psi Chi regional and national conventions and programs, and local chapter activities are announced in the *Psi Chi Newsletter*, which is published quarterly and is available in the Psychology office.

Phi Kappa Phi is a National Honor Society recognizing outstanding students in the arts and sciences. Election to membership in the organization reflects the highest academic honor at East Carolina University. Students must normally be in the top 10% of their graduate programs in order to be nominated. Nominations occur in both fall and spring.

Publication Policy

It is expected that students will submit a manuscript for publication based on their thesis project and another manuscript for publication based on their dissertation project. They may also be involved in manuscript writing based on involvement in other research projects.

When the thesis, dissertation, or research project is converted to a manuscript to be submitted for consideration for publication in a scholarly journal, several guidelines are provided regarding the issues of authorship credit and order. Two principal themes that emerge from the guidelines provided below are: 1) authorship credit and order decisions should be based on the relative scholarly abilities and professional contributions of the collaborators; and 2) both faculty and students participate in the authorship decision-making process early in the collaborative endeavor.

Current guidelines for making decisions regarding authorship credit and order are presented in the *APA Ethical Principles of Psychologists and Code of Conduct* (2002), Section 8.12: Publication Credit, which states:

“(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed.

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.”

The following recommendations regarding authorship credit and order were made by Fine and Kurdek. [Fine, M.A. & Kurdek, L.A. (1993) Reflections on determining authorship credit and authorship order on faculty-student collaborations. *American Psychologist*, 48, 1141-1147:

“Early in the collaborative endeavor, the supervisor should provide the student with information related to how authorship decisions are made, the nature of professional and nonprofessional contributions to publications, the meaning of authorship credit and order, and the importance of both parties agreeing on what contributions will be expected of each collaborator for a given level of authorship credit. This information will provide the student with the knowledge necessary to exercise his or her autonomy and to choose whether to participate in the authorship determination process.

The supervisor and student should assess the specific abilities of each party, the tasks required to complete the scholarly publication, the extent of supervision required, and appropriate expectations for what each collaborator can reasonably contribute to the project.

On the basis of this assessment, the collaborators should discuss and agree on what tasks, contributions, and efforts are required of both parties to warrant authorship and to determine the order of authorship [Shawchuck, C.R., Fatis, M. & Breitenstein, J.L. (1986). A practical guide to the assignment of authorship credit. *The Behavior Therapist*, 9, 216-217].

Agreements regarding authorship credit and order may need to be renegotiated for two reasons. First, scholarly projects often take unexpected turns that necessitate changes in initial agreements made in good faith. Second, many manuscripts need to be revised substantially before they are accepted for publication. These revisions may require additional professional contributions beyond those necessary for the completion of the initial draft of the manuscript. Thus, when such revisions are required, the supervisor and student should reexamine their original agreement and determine whether it needs to be modified.

To be included as an author on a scholarly publication, a student should, in a cumulative sense, make a professional contribution that is creative and intellectual in nature, that is integral to completion of the paper, and that requires an overarching perspective of the project. Examples of professional contributions include developing the research design, writing portions of the manuscript, integrating diverse theoretical perspective, developing new conceptual models, designing assessments, contributing to data analysis decisions, and interpreting results [Bridgewater, C.A., Bornstein, P.H. & Walkenbach, J. (1981). Ethical issues in the assignment of publication credit. *American Psychologist*, 36, 524-525; Spiegel, D. & Keith-Spiegel, P. (1970). Assignment of publication credits: Ethics and practices of psychologists. *American Psychologist*, 25, 738-747]. Such tasks as inputting data, carrying out data analyses specified by the supervisor, and typing are not considered professional contributions and may be acknowledged by footnotes to the manuscript ().

Fulfillment of one or two of the professional tasks essential to the completion of a collaborative publication does not necessarily justify authorship. Rather, the supervisor and student—in their discussions early in the collaborative process—must jointly decide what combination of professional activities warrants a given level of authorship credit for both parties. By necessity, there will be some variation in which tasks warrant authorship credit across differing research projects.

Particularly in complex cases, Winston's [Winston, R.B. (1985). A suggested procedure for determining order of authorship in research publications. *Journal of Counseling and Development*, 63, 515-518] weighting schema procedure may be useful in determining which tasks are required for a given level of authorship credit.

Authorship decisions should be based on the scholarly importance of the professional contribution and not just the time and effort made (Bridgewater et al., 1981). In our opinion, even if considerable time and effort are spent on a scholarly project, if the aggregate contribution is not judged to be professional by the criteria stated above, authorship should not be granted.”

An additional recommendation is provided by Altman [Altman, S. (1996). On authorship and intellectual property rights. *Newsletter of the Animal Behavior Society*] who suggests that leaders of research groups make it clear that there is a 'statute of limitations' on research results -- that is, if the junior researcher (student doing a thesis, postdoc working on a project) does not make serious/successful efforts to publish the results within a reasonable period of time (a year or two) following completion of the research, then the publication rights for that research revert to the laboratory director, at his discretion.

Licensure

The doctoral program curriculum is designed so that, with appropriate post-doctoral training, graduates will be eligible to apply for State licensure as a Licensed Psychologist/Health Services Provider-Psychologist by the North Carolina Psychology Board. Actual licensure to practice psychology cannot be guaranteed by the university because it falls under the jurisdiction of licensing boards in specific states or provinces. These boards themselves are members of an organization called the Association of State and Provincial Psychology Boards (ASPPB) which has a website at <https://www.asppb.net/>. Students should be familiar with this organization and its services (e.g., EPPP testing, credentials bank, mobility certificate). ASPPB has been working to make licensure requirements and regulations more uniform across jurisdictions, although a few states have specific requirements (e.g., credit hours or CE on a particular topic).

FINANCIAL, HEALTH, OR EMOTIONAL DIFFICULTIES

Graduate school can be a very difficult and demanding time such that personal and emotional problems can arise. Seeking help when needed is a positive, professional response. As indicated above, help-seeking is actually an ethical requirement if personal problems interfere with your

ability to function professionally. Students experiencing financial, health, or emotional difficulties are referred to their primary advisor for individual consultation, and to the Program Director or their primary advisor for formal motions related to the program.

The Center for Counseling and Student Development

The Center for Counseling and Student Development helps students make the most of their opportunities for personal and academic development while enrolled in the university. The center offers counseling in the following areas: personal/adjustment issues, academic, career, and alcohol and other drug abuse. Psychiatry services are also offered through the office. In addition to individual counseling, group sessions are conducted for those students who wish to focus on various problems or personal concerns that arise from the stress of university life and interpersonal relations. The center's staff provides educational outreach programs and workshops on a wide variety of subjects to the campus community. When necessary, tests and inventories are used to help students ascertain their areas of interest and/or to gain insight into their personal adjustment. Enrolled students are entitled to the services provided by the center free of charge. Students are encouraged to call 252-328-6661 for an appointment or to consult about emergency services.

Student Health Service

The Student Health Service provides individualized high quality health care and nutrition education for currently enrolled, fee-paying, ECU students. The outpatient clinic provides health care through appointments for students' convenience and through an urgent care clinic during operating hours. Services include, but are not limited to, routine health care (illness, accidents, physicals, wellness, etc.), mental health, massage therapy, sports medicine, health and wellness education, pharmacy, laboratory, x-ray, allergy vaccine clinic, self-care medication clinic, health insurance and more. An after-hours nurse line is available to students twenty-four hours a day, seven days a week including holidays and weekends, to assist students in making medical decisions. The nurse will assess the needs, provide self-care instructions when appropriate, and provide phone numbers to local urgent care facilities as needed. The telephone numbers for the Student Health Services are as follows: main switchboard 252-328-6841; pharmacy 252-328-6841, ext. 608.

Other Referrals for Personal Difficulties

In addition, the PASS Clinic Director maintains a referral list of psychologists and private providers willing to help program students.

Student Government Association Student Legal Services

A student who is facing legal situations may contact Student Legal Services, which is funded by SGA to answer legal questions and give legal advice. There is no charge to the student for this service. The attorney will not represent the student but may refer to another attorney. Call the SGA office, 252-328-4726, for a confidential referral.

Dr. Jesse R. Peel LGBTQ Center

The Dr. Jesse R. Peel LGBTQ Center is located in Suite 209 in the Main Campus Student Center <https://lgbtq.ecu.edu/>

The center strives to foster understanding and acceptance of the lesbian, gay, bisexual, transgender, and queer community. There are also university-sponsored SAFE Zone Trainings, which the department encourages for all students and particularly those in the health professions. The number for the LGBT Resource Center is 252-737-2514 or just drop by.

Office of the Victim Advocate

The Office of the Victim Advocate at East Carolina University is a one-stop resource to receive advocacy and support services <https://deanofstudents.ecu.edu/advocacy/>. If you have been impacted or accused of crime, violence, or abuse or if you or someone you love has experienced violence, you can call them at 252-328-9297.

COVID-19 Health Policy

The health of all our students is a top priority. Recent events have taught us how important it is to maintain good hygiene, etc. to protect ourselves from infection or infecting others with conditions, such as the SARS-CoV-2 virus.

As we plan for resuming hybrid (i.e., face-to-face and remote) instruction and learning activities including practicum, be assured that we will work with you so you feel that you can continue to learn safely. We must also work within university and legal guidance to assure a safe environment. All students are expected to read and adhere to the Students Return of Pirate Nation: Guidelines for Safety on Campus <https://returnofpiratenation.ecu.edu/> and the Community Expectations at <https://returnofpiratenation.ecu.edu/wp-content/uploads/sites/518/2020/07/ECU-Community-Expectations-revised-7-20-2021-FINAL-1.pdf>. Both include important campus rules, expectations, precautions, etc. to keep everyone safe. For students, this includes completing the daily health screening using the CDC's COVID-19 symptoms list available at go.ecu.edu/screening. If you are experiencing symptoms, you should not report to work or class and should contact your health care provider. Also, if you test positive for COVID-19, or if a health care provider tells you that you are presumed positive, you should notify the university by completing the self-reporting form on PiratePort.

Students should regularly follow CDC guidelines to help prevent the spread of COVID-19. To accomplish this, everyone should:

- Clean your hands often, either with soap and water for 20 seconds or a hand sanitizer that contains at least 60% alcohol.
- Avoid close contact with people who are sick.
- Put distance between yourself and other people (at least 6 feet).
- Cover your mouth and nose with a cloth face cover or mask when around others.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces daily.

The Clinical Health Psychology Concentration has some additional guidelines to follow:

- First and foremost, we encourage everyone to get the coronavirus vaccine.

- If you are feeling sick or running a temperature, do not come to campus, enter the building, attend class, see clients, or go to your research lab. Immediately, let your supervisor/mentor/instructors, know and, ask for an alternative way to complete tasks, etc.
- If you are on campus and begin to feel sick or run a temperature, please leave campus immediately. Immediately, let your supervisor/mentor/instructors, know and, ask for an alternative way to complete tasks, etc.
- If you are exposed to someone who has a confirmed diagnosis of SARS-CoV-2, please inform the DCT, your mentor, and any instructors and supervisors.
- Avoid meetings with groups of 10 or more and always encourage physical distancing (at least 6 feet from others) when possible.
- When in the building, do your best to minimize need to touch high touch surfaces (door handles, elevator buttons) and clean and disinfect your hands frequently after touching high touch surfaces.
- Wear cloth face coverings or a mask while in the building and when interacting with others.
- Adhere to information or instructions on signage throughout building in areas where students are expected to be.
- Wipe down surfaces, when provided with cleaning supplies in accordance with university, agency, departmental, or area requirements.
- Students are encouraged to adhere to similar safety behaviors while engaging in off-campus activities. Students are encouraged to wear face coverings, avoid large group meetings and always encourage physical distancing (at least 6 feet from others) when possible.

FINANCIAL SUPPORT

At the present time (and barring financial exigency of the state of North Carolina), during the first 4 years of training, all students in the Ph.D. program will receive a monthly stipend for 9 months, full tuition waiver for fall and spring courses (in-state tuition waiver only guaranteed for year one), and health insurance.¹ However, University fees are the responsibility of the student.

Fees

Student fees are typically \$2500-3000 annually are updated annually: <https://gradschool.ecu.edu/tuition-and-fees/>. The department and some practicum settings require criminal background checks. When these are required, students need to pay their cost. Students are also required to have liability insurance; however, the department and/or university will pay for these.

Health Insurance

Student health insurance is available at no cost to all doctoral students. (Doctoral students participate in the campus student health plan, not the BCBS plan for post-docs.) Any option for dependent coverage, if available, must be paid by the student.

At the time of registration when you receive the insurance message to “opt in or out,” you should select “opt in” (unless you want to retain any existing private coverage). Doctoral students with graduate assistantships that have been identified by the academic department for the Graduate School are coded in Banner so that the insurance fee is waived for the student.

Graduate Assistantships

Students are offered funding in the form of graduate assistantships on a competitive basis. The student’s responsibility is the provision of teaching, research support, or clinical services whereby the student is paid for their time. These activities are completed based on pre-specified contracted services for time via East Carolina University policy. The full-time graduate assistantship (20 hours per week - fall and spring semesters) is currently \$16,000. More specific information is not available until offers of admission are made each Spring because new grants are always being received and financial conditions change. Given the demanding nature of the clinical program, students are strongly encouraged to not work outside of their assistantship.

The following are assistantship definitions prepared by the Graduate School:

- Assistantship. An arrangement in which financial support is given to a graduate student who performs specific services (see definitions of assistantship types below) in furtherance of his/her graduate education.
- Graduate Assistant (GA). An arrangement in which financial support is given to a graduate student who may provide a wide variety of services related to academic and programmatic support. GA responsibilities may be administrative in nature, such as academic advising, program planning, advising student groups, and assisting with the administration of student services offices. GA responsibilities may also be academic in nature such as: (i) grading examinations, problem sets, and/or laboratory assignments, (ii) setting up displays for lectures or laboratory sections, and (iii) preparing or maintaining equipment used in laboratory instruction.
- Graduate Research Assistant (GRA). An arrangement in which financial support is given to a graduate student who performs thesis/dissertation research of a type that is required from all candidates for the degree. The student is expected to devote considerable time to research that is academically significant and directed by a faculty advisor. Often the faculty advisor is a principal investigator working on an externally funded grant/contract.
 - Graduate Teaching Assistant (GTA)². An arrangement in which financial support is given to a graduate student who provides academic program support under the supervision of a faculty member. GTAs may assist faculty in teaching undergraduate courses, including laboratory teaching assignments, or in providing other appropriate academic assistance such as: (i) grading examinations, problem sets, and/or lab assignments, (ii) setting up displays for

lectures and laboratory sections, and (iii) preparing or maintaining equipment used in instructional laboratories. See below for policies related to teaching.

- Health Resource Service Administration, Graduate Psychology Education (HRSA GPE) Training Grant.
- Student funding through the HRSA GPE grant will receive a \$25,000 annual stipend. Students are responsible for paying tuition during the fall and spring that they are funded from the grant. Health insurance is covered by this grant.
- Graduate Clinical Assistant (GCA). An arrangement in which financial support is given to a graduate student to work directly with the Clinic Director to work in the ECU PASS clinic. Their duties include but are not limited to 1) coverage of the front desk, 2) completing phone-screens for potential patients, 3) completing intake evaluations, 4) completing assessment evaluations, 5) conducting therapy with clients, 6) supervising students completing intakes, assessments, and treatment, and 7) editing beginning student intakes, evaluations, therapy progress notes, and termination reports.
- Partial Assistantship. An arrangement in which financial support is given to a graduate student appointed as a part-time GA, GRA, or GTA. For example, in return for half the service expected of a regular assistant, the student receives half the regular stipend.

Doctoral Student Teaching of PSYC 1000

What is outlined below is consistent with SACS and ECU policies and what is being done at other universities, and supported by Pediatric School Psychology, Occupational Health Psychology and Clinical Health Psychology core faculty members, and the Psychology Department Chair.

Southern Association of Colleges and Schools (SACS) Statement: Graduate teaching assistants: master's degree in the teaching discipline or eighteen graduate semester hours in the teaching discipline, direct supervision by a faculty member experienced in the teaching discipline, regular in-service training, and planned and periodic evaluations. [Reference: Commission on Colleges, SACS; Commission guidelines "Faculty Credentials" (Adopted Dec. 2006)].

Training for and supervision of independent teaching of PSYC 1000:

1. Preferably, students are involved with "Road to Redesign" (R2R) for two semesters, which consists of assisting with large sections of PSYC 1000 by leading weekly break-out sessions with smaller groups of students under the supervision of a faculty member experienced in teaching psychology. Students have the opportunity to shadow the faculty member in the large lecture class. This experience serves as a graduate teaching assistantship.
 - a. When involved with R2R, students are added to the Teaching Resources for PSYC 1000 Canvas course. This course is a repository of teaching resources for PSYC 1000 instructors, including information about the specific requirements for ECU's Department of Psychology PSYC 1000 course, course preparation resources (e.g.,

textbook adoption, syllabus guidelines, content coverage), teaching resources (e.g., learning objectives, PowerPoints, videos and activities for each chapter, sample study guides and exams), and teaching support resources (e.g., ECU resources, teaching multiculturalism). They continue to have access to this course throughout their time at ECU.

2. Students complete a self-paced online teaching training in the Teaching Resources for PSYC 1000 Canvas course before the semester in which they will teach PSYC 1000 independently (as the instructor of record). The teaching training consists of 10 modules, each with readings and some have self-assessments pertaining to teaching topics, and written reflections about those readings and self-assessments that are submitted to a faculty member experienced in teaching psychology. To provide flexibility, students may choose to complete this training while they are assisting with R2R or in a summer before teaching independently in a fall semester (or fall semester or winter break before a spring semester).
3. Teaching PSYC 1000 independently serves as a graduate teaching assistantship. Students should have at least two semesters of involvement in psychology teaching practicum, which coincides with their first independent teaching of PSYC 1000 at ECU. The practicum involves direct supervision by a faculty member experienced in teaching psychology, regular practicum meetings, and planned and periodic evaluations.
 - a. Students enroll for 2 credit hours during fall semester of involvement (PSYC 7800: Advanced Practicum in Teaching Psychology I).
 - b. Students enroll for 1 credit hour during spring semester of involvement (PSYC 7801: Advanced Practicum in Teaching Psychology II).
 - c. Students continue involvement (but not enrolled) until earn psychology master's degree.
4. Once students have a psychology master's degree and two semesters enrolled in psychology teaching practicum (total of 3 credit hours)*, they no longer need to be involved in psychology teaching practicum as long as supervisor evaluations are satisfactory and student evaluations do not identify potential areas of concern. Thereafter, the practicum supervisor will continue to conduct an evaluation each semester the student continues to teach PSYC 1000, and will be available to the student for guidance and support.
5. Students have the opportunity to shadow faculty members in their teaching of undergraduate classes that cover content they cover in PSYC 1000 (e.g., Developmental, Learning, Social, Personality, Abnormal, History, Sensation & Perception, Research Methods, Cognitive, Neuroscience, Neuropsychology). Students interested in this opportunity should contact their teaching supervisor who will then coordinate the shadowing experience.

*If a student has held a prior professional instructor or professor position that involved the teaching of psychology, they will be considered to have met the self-paced online teaching training and psychology teaching practicum requirements above.

To be eligible for an assistantship, students must be accepted into the doctoral program in Psychology, be currently enrolled for at least one graduate psychology class, and maintain a 3.0 GPA or higher. No three-quarter or higher FTE state employee may hold a graduate assistantship. Students are ineligible for assistantships if they are not registered by census day. Census day is defined as the day that enrollment is captured and, concurrently, how ECU's funding is awarded. A good rule of thumb to follow is to make sure that anyone on an assistantship is registered on or before the last day to add classes each semester.

The Department of Psychology policy and recommendation is that Graduate assistants should not work more than twenty hours per week during the academic year. (The Graduate School policy limits Graduate Assistants to twenty-five hours per week in the fall and spring semesters in any combination of appointments – GA/RA/TA, self-help, College Work Study, EPA/SPA. But we feel twenty-five hours per week is too hard to juggle with a full course load.) Foreign students are limited by federal requirement to twenty hours per week, no exceptions. Requests for exceptions to the twenty-hour rule must be made via petition to the Director of Clinical Training and the Graduate School.

The assistantship always spans the entire semester from registration to the last day of final exams, inclusive. Students should therefore plan on being present on campus and fulfilling their assistantship requirements during this entire period. All assistantships require a signed contractual agreement between the graduate student and the Psychology Department. Any revocation of the contract by the graduate student without expressed agreement of the student's Program Director and consent by the Department Chair will result in forfeiture of assistantship eligibility. Additionally, students must inform the Director of Clinical Training if they would like to engage in part-time or full-time employment within or outside of the University setting. Assistantships may be available in departments outside of Psychology for students who are unable to obtain an assistantship within the department. No full-time state employee may hold a graduate assistantship.

Once graduate assistantship assignments are determined, the graduate student is responsible for contacting the assigned faculty member(s). A work schedule, specifically detailing each week's activities and work hours, is completed, signed by the faculty member and returned to the graduate administrative staff during the first week of the semester. Certain assignments, research endeavors, or laboratory work may require the student to work unequal weekly hours during the semester. When this is the case, the hours are to be mutually 'worked out' and scheduled between the graduate assistant and faculty member beforehand. If the assigned faculty member does not have specific work assignments or cannot utilize the student for the assigned hours, then the student will be re-assigned. Students with graduate assistantships should work with the department administrative staff to complete appropriate application, payroll deduction, and tax forms.

Psychology faculty may request specific assignments and/or graduate assistants. Psychology graduate students may request specific assignments and/or graduate assistantships. Student requests involving specific training and learning experiences will be closely examined and

whenever possible these requests are used in making assignments within schedule and budgetary limitations.

If a student is experiencing problems working with the faculty member responsible for oversight, the student must meet directly with the faculty member to attempt to resolve the problem. If the student feels that discussing the problem directly with the faculty member may jeopardize his/her program of study the student should meet with the Director of Clinical Training to devise a viable solution to the problem. No faculty member or graduate assistant may terminate the graduate assistantship contract during the semester. Faculty members and students may contact the Director of Clinical Training and/or the department Chair to request to terminate a graduate assistantship contract.

Graduate Assistants are evaluated at the end of each semester. Attaining unsatisfactory evaluations from two faculty members simultaneously during one semester or two consecutive unsatisfactory evaluations will result in discontinuation of assistantship assignment for future semesters. Unreliability results in discontinuation of assistantships.

Unsatisfactory performance of a graduate assistant. When a faculty member responsible for oversight is dissatisfied with a student's performance, the following steps should be taken:

1. The faculty member responsible for oversight should, during routine mentoring, discuss the shortcomings of the student's performance, making specific recommendations for changes.
2. If improvement is not made, the faculty member responsible for oversight must advise the student in writing of their concerns and allow sufficient time for the student to address the performance issues raised by the faculty member responsible for oversight. This written statement must, once again, contain specific recommendations for changes in performance and a timeline for such change to occur. A copy of this letter must be sent to the Dean of Graduate Studies of the student's field.
3. Recognizing that financial assistance is contingent upon good academic standing as well as satisfactory performance, the assistantship contract may be terminated if sufficient improvement is not made in a timely manner. The faculty member responsible for oversight must provide notification of such a termination in writing. This notification must state that the student has the right to file a grievance with the Graduate School.
4. The Graduate School grievance policy provides a mechanism for further review if the graduate student believes the action to be unfair and he or she is unable to resolve the matter at the field level.

Note: An assistant who receives feedback indicating unsatisfactory performance is encouraged, at any time during this process, to confer with the faculty member responsible for oversight, the Director of Clinical Training and the Dean of Graduate Studies.

Remission and Waiver of Out-of-State Tuition

Remission of Out-of-State Tuition

Out-of-state students may qualify for an out-of-state tuition remission that is worth the difference between out-of-state tuition and in-state tuition rates. These remissions are awarded on a competitive basis and are limited. **Generally, out-of-state remissions are for the student's first academic year only (Fall and Spring) and are not renewable.** On occasion there

is additional money available through the Graduate School to provide for tuition remission for summer school, and information on the availability of summer tuition remissions is usually available late in the spring semester. A student awarded an out-of-state tuition remission is responsible for university fees.

Students are encouraged upon arrival to review information on establishing legal residency in North Carolina at: <https://gradschool.ecu.edu/residency/> if their intent is to become permanent legal residents of North Carolina. By North Carolina law, students whose primary intent for moving to the state is to attend school are not eligible for classification as in-state for tuition purposes; however, those that demonstrate a clear intent to become permanent North Carolina residents, may qualify for the in-state classification after at least one year of legal residency in the state.

Students should keep in mind that resigning from an assistantship, dropping a course or withdrawing from the University can all result in having their tuition remission rescinded and becoming personally responsible for payment of their tuition cost. Likewise, adding a course may incur additional costs to the student, so students should investigate the financial impact of such changes prior to making them.

Tuition Waivers for Persons at Least 65 Years of Age

Persons 65 years of age and older who meet the requirements for the in-state rate of tuition and the university requirements for admission can have their tuition and fees waived provided space is available in the course being sought.

Out-of-State Tuition Waivers for Military Personnel Stationed in N.C. and Their Dependents

According to N.C. General Statute 116-143.3 certain members of the armed services and their dependent relatives may be eligible to be charged a tuition rate less than the out-of-state rate, whether or not they qualify as residents for tuition purposes. It is required that the member of the armed services and any dependent relative claiming the tuition waiver be living together in North Carolina, and that the member of the armed services have an assigned duty station in North Carolina.

Travel Support

Typically, some financial support is available to graduate students who are attending professional conferences, especially if presenting a paper or poster. Unfortunately, travel funds are influenced by a variety of factors.

[Department/College/Graduate School](#)

For a student presenting research, \$500 is often available through the Psychology department. In addition, if the student is a doctoral student, Harriot College of Arts and Sciences provides travel scholarships on a competitive basis (\$200 domestic; \$400 international).

PGSO Members

Travel funds are also sometimes available from PGSO. However, availability of funds and eligibility criteria may vary from year to year.

Grants

The Principal Investigator designates travel funding for GAs assisting with research.

HRSA Funding

Dependent on whether we get the grant again

Scholarships Available to Clinical Health Graduate Students

In addition to graduate assistantships, the department administers several scholarship opportunities for outstanding students within each graduate program. Scholarship requirements and values are established by the scholarship donors and are administered as described below. To be considered for a graduate program scholarship, students should see their Program Director for application materials and guidelines.

These scholarships are competitive. Each has separate eligibility requirements, and each requires individual applications. *

Psychology Department Scholarships/Scholarships Nominated by Clinical Faculty

June 1 is the deadline for submitting scholarship paperwork for award in the Fall. The deadline for awards to be made in the Spring semester is October 1st.

The Miller-Moore Graduate Scholarship in Psychology, Department of Psychology, East Carolina University

Thanks to the generosity of Patsy and Charles Moore, the Miller-Moore Graduate Scholarship is offered annually and covers the cost of fees for two semesters. The family specified that the scholarship be awarded based on academic ability, academic major, demonstrated financial need as determined by the Committee, and other criteria determined appropriate by the Committee. Submit application by April 15 to the Director of Clinical Training.

Ginger Stodard Memorial Scholarship Award, Department of Psychology

The Ginger Stodard Memorial Scholarship Award is given to two psychology graduate students who exhibit excellence in research and contribution to the field. This award was established in honor of Ginger Stodard. Ginger received her Master's degree in psychology from East Carolina University and made major contributions to persons with developmental disabilities and

children with severe behavior disorders during and after her time in the program. She passed away after a long battle with cancer in October of 2008.

The amount of the scholarships will depend on the amount of funds raised by the benefit. These scholarships are meant to assist students with travel expenses for presenting their research.

In order to be eligible for the scholarship, students must be nominated by a faculty member. As the scholarship will be given during the next academic year, the only graduate students who are ineligible are those who will not be attending ECU next year.

Nominations should be sent to the Graduate Program administrative assistant with the student's name and Banner ID. She will then send the application to the student to complete. Once she has received the application (from the student), she will assign a number to it so that the decision committee can make the decision "blind."

***Dollar values on all scholarships may vary as they are dependent upon the current balances in the specific scholarship fund at the time of the award.**

UNC Campus Scholarships

The UNC Campus Scholarship program is awarded to incoming doctoral students with a solid scholastic record and demonstrated financial need who are North Carolina residents. The scholarship award is designed to assist in the diversification of the university's graduate student body to include the presence of first-generation college students, students from disadvantaged socio-economic backgrounds and traditionally underrepresented populations on our campus. The UNC Campus Scholarships will provide a minimum of \$1000 per semester to qualified students. No funds shall be awarded during summer sessions.

Award recipients must be North Carolina residents for tuition purposes at the time of nomination, be admitted to one of ECU's doctoral degree programs, demonstrate financial aid eligibility on the FAFSA, maintain full-time enrollment, and be from a traditionally underrepresented population on the campus of ECU.

Scholarships are renewable annually, dependent on the availability of funds. No award will be extended beyond ten semesters (5 years). The receipt of the UNC Campus Scholarship may require the ECU Office of Student Financial Aid to reduce other types of financial aid awarded to the student.

To nominate a student, the student's name and Banner ID should be submitted to the Director of Clinical Training, who will submit it to the Graduate School for consideration. The recipients are selected from admitted and/or enrolled doctoral students who best meet the scholarship criteria and guidelines specified above.

This scholarship is administered by the ECU Office of Student Financial Aid in coordination with the ECU Graduate School. After receiving permission from a nominee, the Graduate School will contact the Office of Student Financial Aid to confirm their FAFSA status. The Graduate School will notify the selected recipient of the award and inform them of the conditions of the scholarship.

National/International Fellowships and Scholarships

East Carolina University maintains an Office of National/International Fellowships and Scholarships to familiarize students with the competitive national and international fellowships and scholarships available to selected students who are intent on pursuing graduate work. These fellowships and scholarships, for the most part, are for terms long enough to ensure completion of the master's degree, but in some cases, they allow for work on the doctoral degree. Among the fellowships and scholarships coordinated by this office are the Barry M. Goldwater Scholarship, the Marshall Scholarship, the Rhodes Scholarship, and the Fulbright Grant. Interested students should contact the director, Honors Program, Mamie Jenkins Building; 252-328-6373.

Veterans Administration Educational Payments

The Offices of Veterans Administration (VA) and Social Security require a minimum course load of 9 s.h. of required courses per semester (except summer session) for payment of full-time benefits to eligible veterans and dependents. After the student enrolls in the Clinical Health Psychology program, benefits will be paid only for courses listed in the catalog under that degree/major program. Substitutions may be allowed when the major chairperson gives written approval prior to the student's taking the course. Students declared academically ineligible will be required to remove their probation before educational benefits can be recertified to the VA. Students may be eligible for an additional allowance under a work-study program. The work-study program allows students to perform work for the VA in return for an hourly wage. They may perform outreach services under the supervision of a VA employee, prepare and process VA paperwork, work in a VA medical facility, or other approved activities. Students must be enrolled at three-quarter or full-time rate. Students may be eligible to receive a special allowance for individual tutoring if they enter school at one half-time or more. To qualify, students must have a deficiency in a subject, making the tutoring necessary. There is no entitlement charged for tutorial assistance. Further information is available at Student Veterans' Services.

Financial Aid

The staff of the university Office of Student Financial Aid assists students in obtaining funds from the source best suited to the individual's need. Three main types of financial assistance are available to qualified students: gift aid, consisting of grants and scholarships; long-term educational loans; and part-time employment. Because the primary aim of the financial aid programs is to provide assistance to students who, without aid, would be unable to continue their education, most of the funds are awarded on the basis of financial need. However, in its

efforts to strive for excellence, the university offers assistance to some talented students based on merit rather than need.

Through the Office of Student Financial Aid at ECU, eligible students may apply for the following federal, state, and institutional aid programs: North Carolina Student Incentive Grant, Federal Perkins Loan, Federal Stafford Loan, Federal Graduate PLUS Loan and Federal Work Study Program.

Information pertaining to the application process, types of aid available and academic requirements may be obtained from the East Carolina University Office of Student Financial Aid.

Other Sources of Support

Loan Repayment Opportunities

As a part of National Health Service Corps' (NHSC) commitment to increasing primary care in underserved communities, the NHSC offers a tax-free Loan Repayment Program that gives eligible health care providers the opportunity to have a portion of their loans repaid in exchange for providing health care services in communities that need them the most. Psychologists are encouraged to apply! Visit the NSHC's Loan Repayment webpage to learn more.

THE EAST CAROLINA UNIVERSITY CLINICAL HEALTH PSYCHOLOGY CONCENTRATION TECHNICAL STANDARDS

Earning a degree from the Clinical Health Psychology concentration requires mastery of a coherent body of knowledge and skills. Doctoral students must acquire substantial competence in the discipline of clinical psychology as specified in the American Psychological Association (APA) Standards of Accreditation and must be able to relate appropriately to clients/patients, fellow students, faculty and staff members, and other health care professionals. Combinations of cognitive, behavioral, emotional, intellectual, and communication abilities are required to perform these functions satisfactorily. These skills and functions are not only essential to the successful completion of the Clinical Psychology Doctoral Program, but they are also necessary to ensure the health and safety of clients/patients, fellow students, faculty and staff members, and other health care providers.

In addition to required academic achievement and proficiency, the Technical Standards described below set forth non-academic qualifications the Clinical Health Psychology concentration considers essential for successful completion of its curriculum. Therefore, in order to be admitted to, successfully progress through, be approved for internship, and subsequently graduate from the Clinical Psychology Doctoral Program, applicants for admission and current students must satisfy these Technical Standards. Students who are unable to meet these standards may be recommended for remediation or may be terminated from the program, consistent with policies articulated in the Clinical Program Handbook.

I. Attitudinal, Behavioral, Interpersonal, and Emotional Attributes

Doctoral students must be able to relate to clients/patients, fellow students, faculty and staff members, and other health care providers with honesty, integrity, and dedication and in a nondiscriminatory manner. They must be able to understand and use the power, special privileges, and trust inherent in the psychologist-client/patient relationship for the client/patient's benefit and to know and avoid the behaviors that constitute misuse of this power. Doctoral students must demonstrate the capacity to examine and deliberate effectively about the social and ethical questions that define psychologists' roles and to reason critically about these questions. They must be able to identify personal reactions and responses, recognize multiple points of view, and integrate these appropriately into clinical decision making. In research teams, doctoral students must demonstrate the ability to interact appropriately with research participants, other students, and faculty and staff members. Doctoral students must be able to collaborate well with others on joint projects (e.g., effectively accept and provide input).

A clinical psychology student must be of sufficient emotional health to utilize their intellectual ability fully, exercise good judgment, complete client/patient care responsibilities promptly, and relate to clients/patients, families, fellow students, faculty and staff members and other health care providers with courtesy, compassion, maturity, safety, and respect for dignity. The ability to participate collaboratively and flexibly as a member of an interprofessional team is essential. Doctoral students must display this emotional health despite multiple and varied academic, teaching, and research responsibilities, in addition to clinical training expectations. Doctoral students must be able to modify behavior in response to constructive criticism. They must be open to examining personal attitudes, perceptions, and stereotypes, especially those that may negatively impact client/patient care and professional relationships. Doctoral students must be able to take responsibility for their behavior, which includes being open to feedback from their supervisors, academic instructors, and research advisors. Doctoral students must be open and empathic with others and show respect for different viewpoints, perspectives, and opinions. They must strive to work collaboratively with others in the classroom, laboratory, clinic, and in all other academic or professional settings. They must convey genuine interest in other people and demonstrate affect tolerance (i.e., appropriately manage and contain emotions in academic and professional settings). As an essential part of conducting research or clinical practice, doctoral students effectively tolerate uncertainty and ambiguity. They must be emotionally mature (e.g., intellectually and emotionally open to and appropriate when receiving feedback). Doctoral students must be able to advocate for their own needs in the workplace without being inappropriately aggressive. They must also seek the resources and build the relationships needed to advance in their academic or professional career.

The study and ongoing practice of clinical psychology often involves taxing workloads and appropriate management of stressful situations. A doctoral student must have the physical and emotional stamina to maintain a high level of functioning in the face of multiple demands on their time and energy.

II. Intellectual Skills

Doctoral students must possess a range of intellectual skills that allows them to master the broad and complex body of knowledge that comprises clinical psychology education. Doctoral students must be able to critically evaluate their own and others' research, including the ability to identify limitations in the research literature or design of a specific study, critique a manuscript as an ad hoc reviewer, and "make psychological sense" of their own data. They must be able to use theory to inform the conceptualization, design, and interpretation of research. Additionally, doctoral students must be able to effectively understand the theoretical literature in their identified substantive research area, appropriately discuss this literature in individual and group lab meetings and integrate their understanding into scientific writing and presentations. They must further demonstrate an ability to generate novel hypotheses and to design a study that follows from those hypotheses. Doctoral students must be able to analyze and synthesize information from a wide variety of sources and must demonstrate sophisticated critical thinking skills. They must be able to learn effectively through a variety of modalities including, but not limited to classroom instruction, clinical supervision, small group discussion, individual study of materials, independent literature review, preparation and presentation of written and oral reports, and use of computer-based technology. Because the practice of psychology is governed by the ethical principles set forth in the current APA Ethics Code and by current state and federal laws, including the North Carolina Psychology Practice Act, a clinical psychology doctoral student must have the capacity to learn and understand these ethical standards and legal requirements and to perform consistent with those principles and mandates as a student in the Clinical Psychology Doctoral Program.

III. Communication Skills

Doctoral students must be able to ask effective questions, receive answers perceptively, record information about clients/patients, and provide effective psychoeducation to clients/patients. They must be able to communicate effectively and efficiently with clients/patients, their families, fellow students, faculty and staff members, clinical supervisors in varied practicum settings, and with other members of the health care team. This includes verbal and non-verbal communication (e.g., interpretation of facial expressions, affects, and body language). Mastery of both written and spoken English is required, although applications from students whose primary language is not English and those with hearing and speech disabilities will be given full consideration. In such cases, use of a trained intermediary or other communications aide may be appropriate if this intermediary functions only as an information conduit and does not serve integrative or interpretive functions.

IV. Commitment to Non-Discrimination

The University is committed to equality of educational opportunity. The University does not discriminate in offering access to its educational programs and activities on the basis of age, color, creed, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status. A doctoral student with a diagnosed psychiatric disorder or other physical, mental, or emotional disability may participate in the Clinical Health Psychology concentration so long as the condition is managed sufficiently with or without reasonable accommodation to permit the student to satisfy the requirements of the Clinical Psychology Doctoral Program, including these Technical Standards.

Students who seek reasonable accommodations for disabilities must contact the University's Office of Accessibility Resources and Service. The Office will determine a student's eligibility for and recommend appropriate accommodations and services. In the event of deteriorating function, it is essential that a doctoral student be willing and able to acknowledge the need for and to accept professional help before the condition poses a danger to the student, client/patients, other students, faculty and staff members, or research participants and/or impairs significantly impairs their functioning.

V. References

American Psychological Association (2010). Ethical principles of psychologists and code of conduct. Retrieved from <http://apa.org/ethics/code/index.aspx>.

North Carolina Psychology Practice Act.

<http://www.ncpsychologyboard.org/office/pdffiles/pracact.pdf>

ECU Clinical Health Psychology Concentration Handbook

Clinical Psychology Program Requirements

The Program of Study and Course Sequence for the Doctoral Program in Health Psychology, Clinical Health Concentration is provided below. As a disclaimer, it is important to note that published descriptions of departmental graduate programs establish only minimum requirements (see appendix 3). Every department possesses and reserves the right to require individual students to enroll in additional courses or perform additional tasks in order to meet departmental requirements for breadth and quality in the completion of graduate programs. While such modifications are ordinarily made a matter of record at the beginning of a student's program, departments have the prerogative to make changes in a student's program at any time prior to graduation. **For important degree milestones, see Appendix 9 for Clinical Health Psychology checklist.**

Program of Study

Core Requirements Clinical Health Psychology PHD	Credit Hours	Semester	Grade
Foundations in Psychology	13 Hours		
<i>Affective, Biological, and Cognitive Aspects of Behavior</i>	3 Hours		
6428 PSYC: Biological, Cognitive, and Affective Foundations of Behavior			
<i>Social Aspects of Behavior¹</i>	3 Hours		
6421 PSYC: Social Psychology			
<i>Individual Differences in Behavior</i>	3 Hours		
6407 PSYC: Cultural Psychology			
<i>Human Development¹</i>	3 hours		
6406 PSYC Advanced Developmental Psychology			
<i>History and Systems</i>	1 Hour		
6408 PSYC: History of Psychological Thought			
Research Methods and Practice, Psychological Measurement	27 Hours		
6430 PSYC: Statistics and Research Design	3		
7431 PSYC: Regression and ANOVA	3		
7433 PSYC: Multivariate Statistical Analysis	3		
7000 PSYC: Thesis/pre-dissertation research	6		
9000 PSYC: Dissertation	12		
Ethics and Professional Development	3 Hours		
6465 PSYC: Ethics and Professional Practice	3		
Health Psychology Core	5 Hours		
8001 PSYC: Colloquium in Health Psychology	2		
8002 PSYC: Health Psychology	3		
Total Core Requirements Psychology PHD	48 Hours		

Core Requirements Clinical Health Psychology PHD		Credit Hours	Semester	Grade
Clinical Health Concentration				
	Health Psychology Core	9 hours		
	8468 PSYC: Health Psychology: Psychotherapy Methods and Interventions			
	8416 PSYC: Psychopharmacology			
	8995 PSYC: Seminar in Health Psychology			
	Psychopathology	3 hours		
	6450 PSYC: Advanced Psychopathology			
	Interventions	6 hours		
	6466 PSYC: Psychotherapy Concepts and Techniques			
	6468 PSYC: Psychotherapy: Theories, Research, and Practice			
	Assessment	6 hours		
	6484 PSYC: Cognitive Assessment			
	6485 PSYC: Clinical Assessment			
	Practicum	29 hours		
	6460 PSYC: Clinical Psychology Practicum I			
	6461 PSYC: Clinical Psychology Practicum II			
	6462 PSYC: Advanced Clinical Psychology Practicum I			
	6463 PSYC: Advanced Clinical Psychology Practicum II			
	7995 PSYC: Advanced Clinical Psychology Practicum III			
	8460 PSYC: Health Psychology Practicum			
	Clinical Supervision Training	1 hour		
	8500 PSYC: Seminar in Clinical Supervision			
	Predoctoral Internship	6 hours		
	8990 PSYC: Pre-doctoral Internship (2 Times - Fall and Spring)			
Total Health Psychology Specialty Requirements		60 Hours		

¹*Meets APA requirement for integrative experience.*

Students are matched with a mentor during the admission process, based on research and clinical interests. The student and the mentor will develop the student's Program of Study at ECU, ensuring that the required curriculum is completed, and planning any additional electives and educational goals. Only graduate-level courses apply toward the doctoral degree. All required courses must be taken and only in very unusual circumstances may substitutions for

required courses be made. No on-line courses are permitted, per APA guidelines. Such substitutions would require the approval of the Clinical Health faculty.

Recommended Course Sequence

Fall – Year 1	Teacher	Requirement
6430 Statistics and Research Design (3)		Research/Stats
6450 Advanced Psychopathology (3)		Clinical Core
6466/6460 Psychotherapy Concepts and Techniques (5)		Clinical Core
6465 Ethics and Professional Practice (3)		Ethics/Professional Dev
8001 Health Psychology Colloquium (1)		Health Core
CREDIT HOURS: 15		
Spring – Year 1		
7431 Regression and ANOVA (3)		Research/Stats
6484/6461 Cognitive Assessment (5)		Clinical Core
6468 Psychotherapy Theories, Research and Practice (3)		Clinical Core
8002 Health Psychology (3)		Health Core
8001 Health Psychology Colloquium (1)		Health Core
CREDIT HOURS: 15		
Fall – Year 2		
6428 PSYC: Biological, Cognitive, and Affective Foundations of Behavior (3) or 7433 PSYC: Multivariate Statistical (3) Analysis <i>alternated every year</i>		Foundation
6485 Clinical Assessment (3)		Clinical Core
7995 Clinical Psychology Practicum (3)		Clinical Core
7000 Thesis (3)		Research/Stats
CREDIT HOURS: 12		
Spring – Year 2		
6406 Advanced Developmental (3) or 6408 History of Psychological Thought (1) <i>alternated every year</i>		Foundation
8468 Health Psychology: Psychotherapy Methods and Interventions (3)		Health Core
6407 Cultural Psychology (3)		Foundation
7995 Clinical Psychology Practicum (3)		Clinical Core
7000 Thesis (3) thesis		Research/Stats
CREDIT HOURS: 13-15		
Fall – Year 3		
6421 Social Psychology (3)		Foundation
6428 PSYC: Biological, Cognitive, and Affective Foundations of Behavior (3) or 7433 PSYC: Multivariate Statistical (3) Analysis <i>alternated every year</i>		Foundation
8460 Health Practicum (3)		Health Core
7000 Thesis (take as needed)		Research/Stats
CREDIT HOURS: 9		
Spring – Year 3		
6406 Advanced Developmental (3) or 6408 History of Psychological Thought (1) <i>alternated every year</i>		Foundation
8416 Psychopharmacology (3) offered every two years		Health Core
8460 Health Practicum (3)		Health Core
7000 Thesis (take as needed)		Research/Stats
8500 Supervision Seminar (1)		Clinical Core
CREDIT HOURS: 10-13		

Fall – Year 4		
8001 Internship Preparation (1)	DCT	Ethics/Professional Dev
8995 Seminar in Health Psychology (3)		Health Core
7995/8460 Clinical Psychology or Health Practicum (3)		Clinical/Health Core
9000 Dissertation take as needed ¹		Research/Stats
CREDIT HOURS: 10		
Spring – Year 4		
7995/8460 Clinical Psychology or Health Practicum (3)		Clinical/Health Core
9000 Dissertation (take as needed)		Research/Stats
CREDIT HOURS: 9		
Fall – Year 5**		
8990 Predoctoral Internship (3)	DCT	Ethics/Professional Dev
9000 Dissertation (3)		Research/Stats
CREDIT HOURS: 6		
Spring – Year 5**		
8990 Predoctoral Internship (3)	DCT	Ethics/Professional Dev
9000 Dissertation (3)		Research/Stats
CREDIT HOURS: 6		

¹Students need 12 dissertation credits to graduate.

This sequence is subject to change based upon course availability and student need

A student is considered to be enrolled full-time when registered for a minimum of 9 semester hours and a maximum of 15 hours during a regular semester. Students are also considered full time if they are taking at least 3 hours of Psyc 9000 Dissertation during their last semester in the program.

Recommended Electives:

Child-Focused

PSYC 6452: Child and Adolescent Psychopathology

PSYC 6467: Psychotherapeutic Interventions with Children and Families

Neuropsychology

PSYC 7413: Adult Clinical Neuropsychology

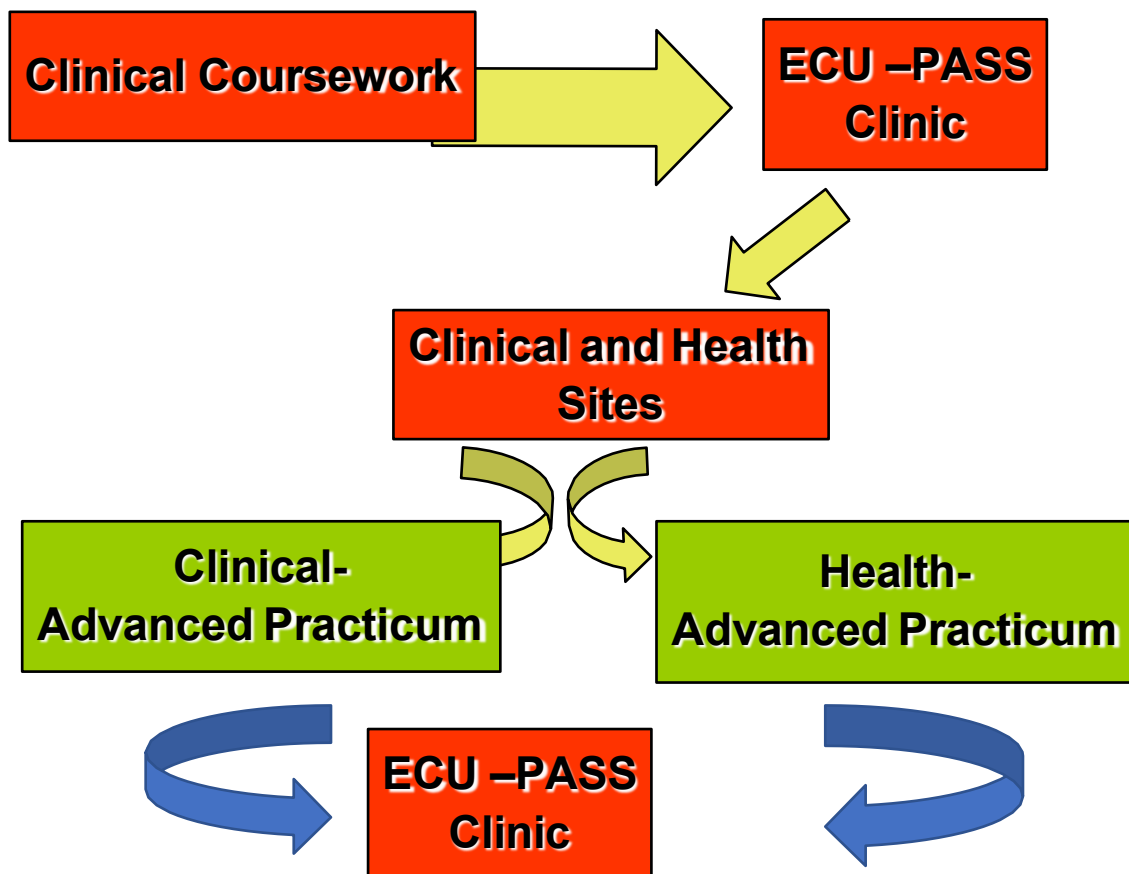
PSYC 7414: Pediatric Clinical Neuropsychology

Other Courses

PSYC 6333: Applied Behavior Analysis

Sequencing of Practica

The clinical practicum sequence is designed to develop a broad range of clinical skills and competencies for use in professional settings. Practicum placements are made by the Clinical Faculty. Student trainees receive individual practicum evaluations by clinical supervisors based on a specific competencies evaluation instrument. Practicum grades are assigned by program supervising faculty in consultation with external community supervisors where applicable.



See Appendix 2 for Listing of practicum sites.

Background Checks

Having a history of criminal charges may impact a student's ability to participate in selected community practica and obtain licensure in some states. In rare instances, a history of criminal charges could be seen as potentially a risk to clients. Therefore, the program requires all incoming students to have a background check completed during the Fall semester of their 1st year, and this may be asked again prior to some community placements. It is important that students be very honest in fulfilling such requirements (e.g., even teenage offenses or those expunged that might show up), lest it seem students are hiding something from the agency or government body requesting the background check.

Students who might be concerned about this policy are encouraged to speak with the Director of Clinical Training and/or Coordinator of external practicum. It is understood that this is a sensitive topic with many individual circumstances. The program can advise you in addressing past issues while complying with professional requirements.

If the background check reveals a history of current or serious criminal charges, students may be prevented from participating in selected practica and in some instances continuing with the program.

Preparation & Additional Requirements for Selected Community Practica

As indicated above, some practicum settings (e.g., Vidant Medical Center and the Brody School of Medicine clinics) require that students have a criminal background check prior to beginning practicum. These background checks are often conducted separately from the department's background check. If the background check reveals a history of criminal charges, then a hospital committee reviews whether this history would prevent approval of the student's participating in the practicum. Students should check with the Clinic Director to determine what preparation is required for each practicum (New Employee Orientation at Cherry Hospital, PCMH student orientation, etc.).

Insurance

Clinical Health doctoral students all receive student liability insurance each semester in which they are enrolled in our program including the internship year. The doctoral program administrative assistant submits the number (and if requested a roster) of practicum and internship students each semester (fall, spring, summer). This liability insurance is provided through the university for students training in the health professions. An information sheet that describes the insurance coverage and exclusions is provided as Appendix 4.

Supervision Experience

The APA has consistently identified supervision as a profession wide competency that is required at the doctoral level. Beyond coursework in the supervision and consultation seminar, where you will be exposed to supervision models and practices, we believe it is important to provide students with experiential training that allows students to apply supervision knowledge in direct or simulated practice with psychology trainees or other health professionals. Therefore, all students are required to gain peer supervision experience prior to

leaving for internship. This experience can be achieved in a variety of ways: 1) serving as a TA for the Psychotherapy Concepts and Techniques or the Cognitive Assessment seminar, 2) serving as the PASS clinic senior clinical assistant, 3) serving as a senior student supervisor for a 7995/8460 Clinical Psychology or Health Practicum, and 4) other experiences approved by the clinical faculty. Please discuss with your mentor the most appropriate supervisory experience for you.

Tracking Clinical Training Experiences (Time2Track)

As tracking of clinical training assessment and clinical intervention hours is key for completion of the APPIC application for internship as well as documentation necessary for licensure, we are **REQUIRING ALL STUDENTS TO SIGN-UP FOR TIME 2 TRACK (AVAILABLE ONLINE AT Time2Track.Com)**. All practica hours must be verified in Time2Track by a designated practica supervisor.

The PASS clinic will cover the cost of Time 2 Track. This provision will be on a year-to-year basis depending on the availability of clinic funds. This service will be provided to students in years 2-5.

Instructions for Time2Track:

1. Sign in using your current login & password or create a new account
2. Once logged in, click the gear icon in the upper right corner of your screen, then select "Subscription" from the dropdown menu.
3. Enter Authorization Key: **Provided by PASS Clinic Administrative Staff** (if you do not see an option for Authorization Key, check Your School in your Profile to make sure it is: **East Carolina University: PhD in Clinical Health Psychology**).
4. After you have added your subscription using the Authorization Key, Click Submit.

Qualifying Exam

Prior to beginning the Qualifying Exam (as indicated by turning in the written examination), students must have distributed their Master's thesis to their committees and set a date for defending the document. To be considered a doctoral candidate, a student must successfully complete their Qualifying Exam AND successfully defend their Master's thesis.

PURPOSE

The Qualifying Examination is administered to doctoral students in the Clinical Health concentration of the Health Psychology Doctoral Program to assess foundational and functional competencies necessary for success as a clinical health psychologist.

Foundational competency areas to be assessed include:

- Knowledge, understanding, and application of evidence-based practice
- Individual and cultural diversity
- Ethical, legal, and professional standards
- Knowledge of related disciplines and ability to interact with professionals across disciplines
- Clear and articulate expression in both written and oral formats

Functional competencies to be assessed include:

- Assessment and case conceptualization
- Intervention
- Consultation

Qualifying exams are utilized to determine if a student has developed the foundational skills necessary to become a successful doctoral candidate in the Clinical Health Psychology Program. The written and oral qualifying examinations are both summative in nature, in that students may PASS or FAIL, and formative, in that the Qualls Committee may identify one or several areas of growth for continued emphasis during the student's remaining training. At times, a student's Qualls Committee will identify areas of growth that the typical sequence of graduate work will not be sufficient to facilitate. In these cases, the Qualls Committee will develop an enhanced training plan that includes potential methods (e.g., additional writing, clinical experiences, supervision) of assisting the candidate with improving the identified relative weaknesses. Therefore, a student may PASS the written and oral qualifying examination but be asked to participate in enhanced training in areas of relative weakness or need for growth.

QUALIFYING EXAMINATION FORMAT

The Qualifying Examination will consist of written preparation of one case summary and an Oral Examination conducted by a 3-member Qualifying Examination committee.

Case Summary

Cases used in previous coursework should not be used for the Qualifying Examination.

Selection of the qualifying examination case should be based on rich case material that allows for full examination of the clinical, health, and empirical issues of the case. Case outcome (e.g., clinical and health improvement) should not be used as the basis of case selection. Please note that each written case formulation will be evaluated in all areas of the Case Competencies Rubric (Appendix 5), including the health competencies (i.e., biopsychosocial model, medical literature, and case conceptualization; client health; and treatment). Therefore, cases must demonstrate adequate complexity in both clinical and health domains. Students are strongly encouraged to choose a case that allows them to adequately discuss all areas of the Case Competencies Rubric. A well-chosen case will prominently feature health behaviors, active disease state, medications, etc., that can be articulated from a biopsychosocial framework. When the case does not involve an active disease process, the student is still required to discuss the potential implications for health, disease development, and medications that are related to the clinical presentation of the case.

A comprehensive case presentation will include the following clinical and research components:

Clinical Components

- Relevant patient social history, psychiatric, and medical history
- Assessment battery used and justification for measures chosen
- Diagnosis/es supported by DSM criteria and case conceptualization
- Overview of current medical status and impact on psychosocial functioning and vice versa
- Successful integration of the biopsychosocial model
- Treatment plan utilizing empirically supported intervention and including referrals to appropriate providers
- Summary course of treatment
- Cultural factors including ethnicity, gender, age and other relevant factors
- Identification and resolution of ethical dilemmas according to APA Code of Ethics

Empirical Components

Focused literature review drawing supported conclusions with regard to best clinical practices or lack thereof, as relevant to the case

- Highlight research design and methodology issues relevant to studying the psychological disorder and/or its treatment that contribute to medical management of the client's medical condition.
- Psychometric issues related to assessment measures used to diagnose or monitor a psychological disorder
- Identify and evaluate gaps in the literature; note emerging research that holds promise for understanding the disorder or its treatment
- Discuss research related to diversity to include gender, age, ethnicity and other cultural factors; note disparities in incidence/prevalence and outcomes

As an aid to preparing and writing qualifying exams, please consult the Case Competencies Rubric (Appendix 5). The rubric provides competency definitions as well as examples of each competency in three evaluative categories: 1) Meets or exceeds expectation for doctoral candidacy, 2) Needs improvement in key areas, and 3) Fails to meet expectation for doctoral candidacy.

Please note, the case is expected to be no longer than 30 pages, with the literature review constituting no more than one-third of the document. The page limit does not include references or any appendices: test protocols, medication lists, case conceptualization figure, graphs of patient treatment progress, etc. Please use one-inch margins, 11- or 12-point font, and double spacing.

WRITTEN EXAMINATION

Regular Examination Schedule

Doctoral students are expected to take the Qualifying Examination no later than the end of the Spring semester of the 3rd year. Students will complete both the Written Examination and Oral Presentation on Reading Day of the same semester. If any portion of the exam is failed, the student will have to retake the failed portion(s) next semester.

Failure to take the Qualifying Exam by the end of the Spring of the third year will be considered a failed attempt at the Qualifying Exam, and students must then successfully pass the written and oral components of the exam during their second attempt in accordance with the retake procedures and schedule. Once submitted, a qualifying exam cannot be rescinded.

Early Examination Schedule

Upon consultation with their mentor, doctoral students are strongly encouraged to take the Qualifying Examination during the Fall of their 3rd year when possible. When qualifying exams are taken on the expedited schedule, a student is able to devote additional time to preparing his or her dissertation proposal and preparing for internships applications. Should students choose this option, the Written Examination must be taken at the end of the Fall semester of the third year. Students who receive an overall passing score on the Written Examination will take the Oral Examination on Reading Day of the same semester.

Case Selection Timing and Procedures

Students planning on taking the Qualifying Examination according to the regular schedule should identify appropriate cases no later than the last day of the Fall semester of their third year to allow one semester for preparation of the written exam. Students who opt to take the Qualifying Examination according to the early schedule should identify appropriate cases no later than the last day of the summer semester of their second year to allow for one semester for preparation of the written exam. Should students encounter difficulty identifying an appropriate case, they are encouraged to consult with their mentor and/or a past supervisor. Case selection should be submitted to the Director of Clinical training using the Qualifying Examination Case Selection Form. By the second week of the semester, they will be taking the exam. (See Appendix 5 for the Case Selection Form).

Any student who fails to select cases by the second week of the semester will not be allowed to take the Written Examination that semester. Furthermore, the student will be considered to have failed their first attempt at the Qualifying Examination and must successfully pass the written and/or oral components of the exam during their second attempt in accordance with the retake procedures and schedule.

QUALIFYING EXAMINATION COMMITTEE MEMBERSHIP

The Qualifying Examination committee for each student will consist of 3 members. Two members will be core clinical faculty who are licensed clinical psychologists. The third committee member may be a non-clinician faculty member. While there is no prohibition against recommending a primary mentor as a committee member, it is recommended that students speak to their primary mentor before including him or her in their list of desired

qualifying exam committee members. Also, students are strongly encouraged to not include supervisors of the cases they are submitting for the qualifying exam in their list of desired qualifying exam committee members. However, because of extenuating circumstance (e.g., faculty specialization, etc.), at times, clinical supervisors may be assigned as a qualifying exam committee member at the discretion of the clinical health psychology concentration faculty.

Students can select one member of their committee by submitting three names with rank order of preference. Faculty members will be approached in the order of preference listed by the student and will be confirmed to the committee based on their availability and willingness to serve. The remaining 2 committee members will be selected by the clinical health faculty. The Director of Clinical Training will notify students of their assigned Qualifying Examination committee when all committee members are confirmed.

Standard Due Dates for the Written Qualifying Examination

All Qualifying Examination activities will occur at the end of the semester according to the standard dates below (See Table 1), unless a special exception is granted. No component of the Qualifying Examination may be taken during the summer session. Regardless of whether a student opts to take the Qualifying Examination according to the regular or expedited schedule, written case summaries are due by close of business 2 weeks before Reading Day of either the Spring semester or Fall Semester of the 3rd year.

Retake Schedule

Any student who takes the Qualifying Examination according to the regular schedule and fails to receive an overall passing score must retake the exam at the end of the Fall semester of the 4th year in accordance with the standard dates (See Table 1) for the written and oral components of the examination. **A student can request an early re-take of their exam. These requests are considered by the clinical faculty on a case-by-case basis and are subject to faculty availability, etc. It is strongly suggested that students only consider this option if they are confident that the issues identified can be easily remediated and after s/he has consulted with their mentor and the DCT regarding this decision.**

Any student who opts to take the Qualifying Examination on an expedited schedule and fails to receive an overall passing score must retake the exam at the end of the Spring semester of the third year in accordance with the standard dates (See Table 1) for the written and oral components of the examination.

Table 1.

QUALIFYING EXAMINATION SCHEDULE AND DUE DATES				
	Semester	Written Exam Standard Due Date	Oral Exam Standard Date	Retake Semester
Regular Schedule	Spring 3 rd year	2 weeks before Reading Day	Reading Day	Fall 4 th year

Early Option	Fall 3 rd year	2 weeks before Reading Day	Reading Day	Spring 3 rd year
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Written Examination Failure Retake Procedures

- Failure of case – In the event that a student receives a failing score on their qualifying examination, the student must 1) identify a new case, 2) submit a new committee member request, and 3) re-write the new case at the end of the next semester according to the standard dates (See Table 1). The committee will evaluate the student’s performance on the new case only. Upon retaking the exam, the student must achieve an overall passing score on the Written Examination in order to advance to doctoral candidacy.
- Failure on second attempt – If the student does not achieve an overall passing score on the Written Examinations on the 2nd attempt, the outcome will be deferred to the entire clinical faculty and any final decisions and recommendations, including possible termination from the program or remediation, will be made at that time.

Scoring of the Written Examination

As indicated above, the written and oral qualifying examinations are both summative in nature, in that students may PASS or FAIL, and formative, in that the Qualls Committee may identify one or several areas of growth for continued emphasis during the students remaining training. Therefore, in the Written Examination, each competency outlined in the General Written and Oral Psychotherapy and Health Case Competencies Rubric (Appendix 5), will be considered by faculty in assigning an overall score for each case on the Qualifying Exam Score Sheet, including the Qualifying Examination Profession Wide Competencies Assessment Student Feedback Form (Appendix 5). Each qualifying examination committee member will score each case as: 1) Meets or exceeds expectation for doctoral candidacy, 2) Needs improvement in key areas, and 3) Fails to meet expectation for doctoral candidacy.

PASS, without enhanced training plan. A student may PASS each case of the written qualifying exam with or without an enhanced training plan. A PASSING case without an enhanced training plan is one that is judged to overall “Meet or exceeds expectation for doctoral candidacy” by at least 2 out of 3 committee members.

PASS, with an enhanced training plan. As indicated above, at times, a student’s Qualls Committee will identify areas of growth that the typical sequence of graduate work will not be sufficient to facilitate. Therefore, a student may PASS the written qualifying exam overall, but be asked to participate in an enhanced training plan. A PASSED written qualifying exam with an enhanced training plan is a case (or cases) that is/are judged as “Needs improvement in key areas” overall by 2 out of 3 committee members. An enhanced training plan will include potential methods (e.g., additional writing, clinical experiences, supervision) of assisting the candidate with improving the identified relative weaknesses or need for growth. This formative experience is designed to help the student achieve clinical competence in one or more

identified areas. When an enhanced training plan is warranted, the student's qualifying examination committee will identify the "Needs improvement" areas and designate one or more faculty to implement the enhanced training plan. The designated faculty will work with the student to determine the best course of action to address the student's relative weakness or need for growth. Upon completion of the enhanced training plan, a summary report of progress will be shared with the student.

FAIL. If 2 out of 3 committee members determine that a student overall "Fails to meet expectation for doctoral candidacy" in a case, the case will be judged a FAIL.

Regardless of receiving a PASS or FAIL on the Written Examination, a student will proceed to the Oral Examination phase during a fail on their first attempt, unless otherwise informed by the quals committee chair.

ORAL EXAMINATION

The Oral Examination will be conducted by each student's Qualifying Examination committee on Reading Day. The Oral Examination will consist of an expanded exploration of the clinical cases presented in the Written Examination. During the Oral Examination students should be prepared to:

- 1) Explain and expand upon any element of the written case presentation; and
- 2) Demonstrate the ability to reflect on professional practice and professional development.

Oral Examination Retake Procedures

If a student does not pass the Oral Examination, the student must 1) submit a new committee member request, and 2) retake the Oral Examination at the end of the next semester in accordance with standard dates (see Table 1). Upon retaking the exam, if the student does not achieve an overall passing score on the oral exam, the outcome will be brought back to the entire clinical faculty and any final decisions and recommendations, including possible termination from the program or remediation, will be made at that time.

Scoring of the Oral Examination

The Oral Examination is scored similarly to the Written Examination. It will be scored based on demonstration of key competencies as outlined in the General Written and Oral Psychotherapy and Health Case Competencies Rubric.

PASS, without enhanced training plan. A student may PASS the oral qualifying exam with or without an enhanced training plan. A PASSING oral qualifying exam without an enhanced training plan is one that is judged to "Meet or exceeds expectation for doctoral candidacy" overall by at least 2 out of 3 committee members.

PASS with an enhanced training plan. As indicated above, at times, a student's Qualls Committee will identify areas of growth that the typical sequence of graduate work will not be sufficient to facilitate. Therefore, a student may PASS the oral qualifying exam with an

enhanced training plan. A PASSED oral qualifying exam with an enhanced training plan is one that is judged as “Needs improvement in key areas” overall by 2 out of 3 committee members. An enhanced training plan will include potential methods of assisting the candidate with improving the identified relative weaknesses or need for growth. This formative experience is designed to help the student achieve clinical competence in one or more areas. When an enhanced training plan is warranted, the student’s qualifying examination committee will identify the “Needs improvement” areas and designate one or more faculty to implement the enhanced training plan. The designated faculty will work with the student to determine the best course of action to address the student’s relative weakness or need for growth. Upon completion of the enhanced training plan, a summary of progress will be shared with the student.

FAIL. If 2 out of 3 committee members determine that a student “Fails to meet expectation for doctoral candidacy” overall in the oral portion, the Qualifying examination will be judged a FAIL.

Written and Oral Examination Feedback

Students will receive summary feedback from the Chair of the qualifying examination committee indicating whether the student PASSED or the Written Examination and the Oral Examination (chosen by the committee). The student will be informed if an enhanced training plan is required. The feedback will include a summary of the student’s performance, including formative feedback on the student’s relative strengths and weaknesses on the Written and Oral Examinations clinical competencies.

Doctoral Candidacy

Students are admitted to candidacy for the doctoral degree when, in the judgment of the faculty, the student has an adequate knowledge of the core areas of clinical psychology and health psychology, knows how to use academic resources, and has demonstrated the potential to do original research autonomously. This determination is based upon meeting the following standards:

1. Successful completion of coursework required for the MA in Clinical Psychology, including successful defense of the MA thesis project.
2. Successful completion of the Comprehensive Examination.
3. A successful proposal of the dissertation.

Students, from the time of their entry have 5 years to reach their doctoral candidacy. If they cannot reach this milestone within this time frame it will be considered insufficient progress and the student may be terminated from the program.

Once this has been determined and the dissertation successfully proposed, students must complete the Advancement to Doctoral Candidacy Form:

<https://gradschool.ecu.edu/forms/>

Research Requirements

Training in research competency is an essential skill in the scientist-practitioner model of graduate training and a core professional competency. Therefore, students are expected to participate in a variety of research experiences throughout their training to develop the necessary conceptual skills used in designing and executing research. To accomplish these objectives, students will be accepted into the program under a specific research advisor who shares common research interests and assists in research opportunities. The research experiences are consistent with the interests of the research advisor as this leads to more efficient use of resources and greater scholarly productivity. Students will typically meet with their research advisor and the advisor's research team on a weekly or biweekly basis. The research experiences are guided by the research mentor, Thesis Committee and Dissertation Committee. The faculty expects all students to demonstrate initiative in research and scholarship. The student is expected to attain the ability to conduct research in an independent and confident manner. The ideal outcome is the initiation of a formal research program with potential for external support. To meet this goal, students are encouraged to learn how to construct fundable research proposals. As a research-oriented program, there is a firm expectation that students will consistently be a member of a research team, attend research colloquia, and present and publish their work. Different standards of research productivity pertain to different years in the program. However, the ultimate goal is for the student to demonstrate the ability to critically evaluate and disseminate research via professional publication and presentation at the local (including the host institution), regional, or national level. Therefore, consistent with CUDCP Expectations for Internship Eligibility, students must publish one article in a refereed journal or a book chapter as an author or co-author, or present at regional, national, or international professional conferences or meetings at least three papers/posters/workshops by the time of graduation.

Students can receive course credit for assisting with research or participating in research as part of their assistantship. For course credit, students may enroll in independent study (6519/6520 Independent Study I/II). The exact course numbers and credits are subject to change with program notice. Registration for these courses requires that the student consult with their research advisor to supervise the independent project, complete a contract outlining the requirements for the project, and obtain approval of the Department Chair.

Thesis and Dissertation

The thesis and dissertation are important components of the educational experience for graduate training in the scientist-practitioner model. Students work closely with their research advisor on a research project and receive critical feedback from a committee of faculty. The objectives of the thesis and dissertation include obtaining experience in applying research skills acquired in the classroom; demonstrating communication skills, both oral and written; completing a research project from inception to a final report. Your thesis and dissertation will

be evaluated on your ability to demonstrate the substantially independent ability to formulate and conduct research (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base. The outcome of this evaluation will be reflected in your Annual Evaluation in the research competency section. It is expected that the finished work will be submitted for consideration of publication in a professional journal.

All students entering without a thesis approved by the student's advisory committee must complete a thesis (6 hours of PSYC 7000) by the end of the second year. Students typically enroll in three hours of thesis in the fall and spring of the second year, which corresponds to the completion of their thesis work. After you have proposed your thesis, don't forget to complete the Master's thesis pre-thesis research approval form. You can find instructions here: [Master's Thesis Pre-Thesis Research Approval INSTRUCTIONS \(PDF\)](#) and the form here: [Master's Thesis Pre-Thesis Research Approval FORM](#) (DocuSign)

All students are required to conduct an original research project, which adds to the body of knowledge in clinical psychology and/or health psychology, and to communicate the research in a written dissertation and oral defense of the dissertation within ten years of admission. With endorsement of the Dissertation Committee and the Associate Dean of Graduate Programs, students may request one extension of not more than two semesters, summer included. A student typically enrolls for dissertation hours across four consecutive semesters (four semesters of PSYC 9000 for 3 credit hours each for a total of 12 hours) in their fourth and fifth years. Students must defend their dissertation proposal prior to application for their pre-doctoral internship placement and ideally should complete all data collection prior to going on internship.

The department has a number of expectations and guidelines regarding the thesis and dissertation. The student must meet departmental and university deadlines and follow the format requirements of the department and university. The Graduate School offers a *Manual of Basic Requirements for Theses and Dissertations* that can be found on their website (<https://libguides.ecu.edu/c.php?g=694874&p=4925841>).

Thesis Progress Seminar

The clinical health concentration offers a one-credit hour Thesis Progress Seminar to aid students in making timely progress on their master's thesis. All first-year students who do not enter the program with an accepted master's thesis are required to participate in the seminar. Likewise, all second-year students (or beyond) who have not proposed their master's thesis by the end of finals week during Fall semester of their second year are required to participate in the seminar. Eligible students may participate in the seminar more than once. The seminar is designed to facilitate master's thesis degree progress by teaching skills essential to conducting a master's thesis (e.g., how to perform a literature review; choosing an appropriate method or statistics).

Thesis Committee

Prior to the completion of the spring semester during the first year of the program, students are required to identify a thesis topic and advisor. This advisor will work with the student to identify an appropriate thesis committee. This committee consists of three faculty members who help the student formulate a research project that culminates in the thesis. The Thesis Committee Chair is the student's research advisor and is responsible for directing the student's project. The student, in consultation with the thesis chair, selects the other committee members, who serve as readers and are chosen because of their competencies in the area of the thesis topic, research design or statistical expertise, or other relevant expertise. All committee members must be members of the graduate faculty. The Thesis Committee members provide resources and evaluative functions during the thesis project. **All students are required to obtain full committee approval for the thesis proposal as well as the thesis defense and manuscript. The Thesis Proposal Approval Form and the Thesis Defense and Manuscript Approval Form (Appendix 6) must be completed and submitted to the Graduate Administrative Assistant.**

Dissertation Committee

A **five-member** Dissertation Committee is formed and becomes responsible for guiding the student's dissertation. It is anticipated that students will have definite ideas regarding their research interests by the time they are ready to begin the doctoral dissertation and will have obtained the support of their research advisor who will chair the Dissertation Committee and supervise the dissertation research. Committee must consist of at least three members from the clinical area, and one external committee member (outside of the department). The fifth required committee member and any additional committee members should be selected, in consultation with the dissertation chair, based on of their competencies in the area of the dissertation topic, research design or statistical expertise, or other relevant expertise. Please note the following faculty are considered members of the clinical area: Baudino, Aziz, Campbell, Caraway, Carels, Christensen, Dolbier, Everhart, Munion, Murphy, Sears, Shortway, Wallio, Whited.

In general, all members of a thesis or dissertation committee must have either associate graduate faculty status or full graduate faculty status except for the additional conditions outlined below:

- Graduate teaching faculty may serve as a fourth member of a committee as provided in Appendix F of the *Faculty Manual*. The Graduate School Advisory Board interprets this to mean that at least three members must have associate or full graduate faculty status.
- Persons external to the university serving as one of the three or four primary members of a committee must have adjunct graduate faculty status at the associate level or full level. Appendix F of the *Faculty Manual* allows adjunct graduate faculty to have the same privileges as corresponding regular graduate faculty (associate and full), and thus may serve as qualified members of a thesis or dissertation committee.
- Ad-hoc committee members external to the University may serve without additional qualifications as long as at least four members of the committee have the appropriate graduate status as described above.

It is the student's responsibility to confirm either associate graduate faculty status or full graduate faculty status for its committee members. To verify and obtain graduate status for outside dissertation committee members, please follow the steps below:

Checking for graduate status:

1. Navigate to the graduate school website: www.ecu.edu/gradschool
2. Click on faculty & staff link at the top of the page: <https://gradschool.ecu.edu/graduate-faculty-status/>
3. Select "graduate faculty report"
4. Select the faculty member's affiliation from the drop-down menu on the left and then click "view report" on the right-hand side.
5. Search for faculty member's name (note: names are sorted by department)- if their name is not listed in the report, they do not have graduate faculty status. If their status is expired or is about to expire, consult the chair of the Personnel committee regarding next steps.

Obtaining graduate teaching status for purpose of committee membership:

1. If the outside member does not have graduate faculty status, they will need to be granted graduate faculty teaching status in order to serve on students' dissertation committee. The graduate school will need a current CV and a formal request to be granted this status.
2. Request a current CV from the outside faculty member.
3. Use the letter template to craft a letter of request for graduate teaching faculty status for the faculty member. List relevant information in the request letter regarding why the faculty member should be granted graduate teaching faculty status (e.g., scholarly productivity, graduate teaching experience, graduate mentoring/supervision experience, educational outreach to the community). See Appendix 5 Forms.
4. Submit email requesting graduate teaching faculty status to Marquerite Bond in the graduate school (bassm@ecu.edu), including the faculty member's CV and the formal request letter in your email.

5. CC' the current Personnel committee chair and department chair to your email.

All students are required to obtain full committee approval for the dissertation proposal as well as the dissertation defense and manuscript. The Dissertation Proposal Approval Form and the Dissertation Defense and Manuscript Approval Form (Appendix 6) must be completed and submitted to the Graduate Administrative Assistant.

Proposal preparation

Once a thesis/dissertation topic has been identified, the student works with the chair and committee members, as necessary, to prepare a proposal. The proposal should include an Introduction and Literature Review, Proposed Method (including research hypotheses, if appropriate), and References. The proposal should be formatted in the same way that a thesis/dissertation is formatted. Refer to the Graduate School *Manual of Basic Requirements for Theses and Dissertations* (located on their website) for specific guidance on thesis/dissertation formatting requirements.

Proposal defense

The proposal defense is open to students and faculty within the Psychology Department. During the proposal defense, the student makes a formal presentation of the proposed study. The presentation should include a brief review of the research topic, its relevance, and the proposed study. Following the presentation, the committee chair will entertain questions of the student first from the committee and then from other individuals in attendance. The committee will then deliberate in private regarding the acceptance of the student's proposal. **A student should never begin data collection or analysis until Institutional Review Board (IRB) has approved research involving human subjects, or the Institutional Animal Care and Use Committee (IACUC) has approved research involving animals. Similarly, a student should not begin data collection or analysis until the thesis/dissertation committee has approved the thesis/dissertation. However, extenuating circumstances related to data collection are acknowledged (e.g., using archival data or taking advantage of a time-limited data collection window, etc.). Nevertheless, it is strongly recommended that a student acquire full and complete thesis/dissertation committee approval prior to using archival data or commencing with time-limited data collection.** For more information on the process of getting your topic approved, please consult the Graduate School's document *Manual of Basic Requirements for Theses and Dissertations* (<https://libguides.ecu.edu/c.php?g=694874&p=4925841>). The dissertation proposal must be presented to and approved by the Dissertation Committee prior to student beginning their internship.

Completing the thesis/dissertation

Following the proposal, completion of the thesis/dissertation itself usually takes *at least* one semester. During that period, the student is responsible for keeping the committee chair informed on the progress and, as necessary, should discuss the thesis/dissertation with any of the other committee members.

Regarding grading of the thesis/dissertation, the grade of S will denote satisfactory progress in research; credit hours will be included in attempted and earned hours. This will ensure that graduate students making satisfactory progress will remain eligible for federal financial aid for the longest period of time allowable. The grade of U will denote unsatisfactory progress in research; credits will not be earned, but credit hours will be included in attempted hours. Upon successful defense of the thesis or dissertation and approval by the Graduate Dean, the grade of R will be assigned by the Registrar's Office upon receipt of the Thesis/Dissertation Acknowledgement Form from the Graduate School. Grades of S, U, and R will carry no quality points and will not be included in the calculation of grade point averages. Any grade of Q in 7000 or 9000 courses on a student's record from terms prior to spring 2011 will be replaced with a grade of R at the time of completion and approval of their thesis or dissertation.

Once the project has been completed, the student will begin preparing the manuscript. Early drafts should be developed by the student in close consultation with the committee chair. These early drafts are usually not shared with other committee members unless so requested or unless the student needs specific advice or help on portions of the manuscript. Refer to the Graduate School *Manual of Basic Requirements for Theses and Dissertations* (<https://libguides.ecu.edu/c.php?g=694874&p=4925841>) for specific guidance on manuscript requirements. Once a final draft has been approved by the thesis/dissertation chair, the student will provide each committee member with the draft at least 7 calendar days prior to the defense.

Completing a thesis/dissertation during the summer

Most of the faculty in our program have 9-month academic appointments. This means that they may or may not be in town (or in the country) during the summer months, so keep in mind the challenges of convening a committee during the summer months, schedule meetings well in advance, and have a realistic timeline for committee members to review your drafts and revisions, and for the Department Chair to review your final manuscript. You must attend to the deadlines of the Graduate School if you are trying to meet the graduation deadline (completed theses/dissertations must be submitted to the Graduate School by mid-July for a summer graduation).

Defending the thesis/dissertation

During the thesis/dissertation defense the student makes a formal presentation of the research problem, hypothesis, methodology, analysis and interpretation of the data, and implications of the findings. The defense is open to students and faculty. Following the presentation, the committee chair will first entertain questions from the committee and then, from other individuals in attendance. The committee will then deliberate in private regarding the approval of the student's thesis/dissertation. If approved, the student will make any requested changes and submit the final thesis/dissertation for appropriate signatures.

For the doctoral Dissertation, in order best help students meet the timeline of graduation, students must **DEFEND THEIR DISSERTATION BY JUNE 15 IF THEY PLAN TO GRADUATE IN THE SUMMER GRADUATION**. If students defend after this date, we cannot guarantee that all levels of review and approval necessary for deferring of the doctoral degree.

Depositing the thesis/dissertation

Following the defense, the student must complete any corrections or additions that are indicated by the thesis/dissertation chair. Once the final draft of the thesis/dissertation is completed the student should obtain the appropriate signatures from the committee and the Department Chair via Docusign. See the Graduate School Website for the digital signature pages for theses/dissertations. Once this is complete, the student upload the thesis/dissertation into Vireo by the published deadline for the term in which they would like to graduate. Once a document is uploaded, the Graduate School begins its review and the student is obligated to check ECU email daily to ensure communication about requested edits is acted upon quickly. See the Graduate School website for instructions regarding **Preparation and Submission of Digital Manuscript** at <https://gradschool.ecu.edu/thesis-dissertation/>. **A copy of the thesis/dissertation completion form (i.e., signature page) should be returned to the Graduate Administrative Assistant to verify that the student has completed the thesis/dissertation requirement.**

Internship Requirement

The internship is a year-long, 2000-clock hour, intensive, supervised in-residence, clinical training experience that is the capstone of professional training in the doctoral program. Students may only apply to APA (or CPA) accredited internships, including those approved “On Contingency.” This training usually occurs as the final step of training before the Ph.D. is awarded. If you believe you are ready for an internship, please discuss this possibility with your mentor and review the CUDCP Expectations for Internship Eligibility in Appendix 5.

Typically, students will apply for internship in the Fall semester of the fourth year and complete the internship during the fifth year. Some students choose to complete a fifth year to obtain further practicum experience and work on their dissertation (although graduate assistantship funding may not be available). Students must meet all degree requirements (including thesis defense, dissertation proposal, coursework, and qualifying examination) prior to beginning the internship. In order to apply for internship, the student must have made satisfactory clinical progress and have the approval of the Clinical Health faculty.

Determination of Readiness for Internship

In order to determine if a student is ready to proceed with the application process for Internship in the next academic year, students are asked to notify the DCT that they plan to apply for internship and provide the following materials by September 1st. A decision regarding readiness will be made by the Clinical Health faculty no later than September 30th in order to help students determine their course of action for the internship application year. However, we strongly encourage several conversations and discussions with your mentor and DCT long before this date so that there is a clear plan in place.

Please provide:

1. Time2Track/APPIC Tracking System current hours form
2. Projected hours for the coming year of their practicum training and at what sites
3. Updated Vitae
4. Copy of class transcripts (for class and graduation requirements)
5. Course requirements left to take and a plan for completing them
5. Statement regarding status of Qualls and Dissertation
6. Practicum Evaluations (these will be pulled from the student's file)

Potential applicants for internship will have advanced to doctoral candidacy and their dissertation proposal approved by their Dissertation Committee prior to applying for internships. The deadline for this proposal is September 15 prior to applying for internship. Exceptions to the September 15th deadline are granted on a case-by-case basis with mentor and faculty approval. Ideally, students should complete all data collection prior to going on internship. Registration for a total of 6 credit hours is required during the internship year of 12 months.

The Graduate School will routinely allow PhD Psychology students in their 5th year internship, when registered for 3 credits rather than 9 credits, to be considered 'full-time' for the purpose of tuition and health insurance in consideration of the fact that (1) the degree requires 100+ credits; thereby ensuring the university is adequately reimbursed through credit hour generation for its time and effort, (2) the internship year is off-campus thus incurring faculty time and effort commensurate with 3 credits rather than 9, and (3) the intern sponsor covers the student's assistantship and where possible, their health insurance.

Important Dates & Temporal Guidelines

1. By the end of the first year, identify thesis topic and chair.
2. Complete thesis (PSYC 7000) by the end of the second year.
3. Complete Qualifying Examination by end of third year.
4. Complete Psychological Foundations and required Concentration courses by the end of the fourth year
5. Propose dissertation by September 15th of the fourth year.
6. Apply for internship during fall of fourth year. (Students may decide to enhance their training experiences by continuing a fifth year of training, but departmental funding is not guaranteed for this additional year.)
7. Complete dissertation by end of fifth year.
8. Complete one-year pre-doctoral internship by end of fifth year.

See appendix 9 for more detailed guidelines and degree milestones.

Guidelines for Internal Degree Progress Probation

While we always strive to be flexible and to work with students' given challenges of doctoral training (both seen and unforeseen) in the fall of 2014 we developed a new set of guidelines in

order to help increase the graduation rates for their master's degree and progress towards applying for internship, defending their dissertation, and conferring of their doctoral degree. Therefore, a student may be placed on internal degree progress probation within the department (which could impact priority for future funding and practicum requests; but is NOT reported to APPIC for internship) if they do not reach the milestone dates below:

Proposal of Master's Thesis – Must be proposed by the last day of exams in the Fall of the 2nd year

Defense of Master's Thesis – Must be defended by the last day of exams in the Fall of the 3rd year

Proposal of the Doctoral Dissertation – Must be Proposed by September 15th of the 5th year (or 4th year if the student is applying for internship)

PROGRESS EVALUATION

Evaluation is an important opportunity to give the student constructive feedback. Faculty members assume the responsibility for placing highly trained professionals in the mental health fields. Student progress in the program is evaluated at the end of each academic year or earlier as indicated. Students are asked to submit an Annual Student Report Form (ASR—see Appendix 5 for the form). The Clinical Health faculty will formally evaluate the student's progress at the end of each academic year. The culmination of this evaluation is the yearly Annual Record of Progress Form (see Appendix 5 for the form). Besides rating students on their progress on the criteria, they will receive narrative feedback about their progress. The Annual Record of Progress is also used as a vehicle for determining continuation with the program, academic probation, need for remediation plans, and level of financial support and assignments. Rather than just a retrospective account, the Annual Record of Progress will be used as a planning document to help students carefully develop their career plans.

Termination and conditional continuance in the program

When a student's Annual Record of Progress indicates that he/she has failed to maintain program, departmental, or Graduate School standards, the Clinical health faculty will develop a response to the student's lack of progress. If the result is a recommendation for continuance, the Clinical Health faculty or dissertation committee will stipulate the requirements through which the student could complete his/her program. A developmental plan will be devised with the student to remediate the deficiency.

Students may be terminated from the program for the following reasons:

- Failure to maintain minimum academic standards or complete coursework in a timely fashion;
- Lack of mastery of applied skills in the practice of psychology;

- Unsatisfactory performance in practicum or internship;
- Academic dishonesty;
- Criminal misconduct;
- Unethical or unprofessional conduct;
- Cognitive/ emotional/ behavioral impairment that affects client welfare or the training process.

If the recommendation is for termination, a conference will be held with the Director of Clinical training, the student's mentor, and the student. The student will be notified in writing by the Director of Clinical training that they have been terminated from the program.

POSTLOGUE

The faculty at East Carolina University, Department of Psychology is committed to providing first class training to students in scholarship, research skills, and practice. We are training the next generation of scientist-practitioner clinical psychologists who will develop and implement evidence-based, collaborative programs and strategies that promote and improve health, decrease health disparities, and serve our communities both locally and around the world.

We look forward to your success in our program. Tomorrow starts here.

Appendix 1**CLINICAL HEALTH PSYCHOLOGY FACULTY****Core Clinical Health Faculty**

As defined by APA guidelines which consists of being involved with the Clinical program at least 50% of their time; can serve as primary mentors for students involved in their research

Robert A Carels, Ph.D., ABPP, MBA, Director of Clinical Training

Obesity treatment; weight stigma

Lisa Campbell, Ph.D.

Health disparities; adjustment to cancer

Tony Cellucci, Ph.D., ABPP

Substance abuse and dependence; cognitive-behavioral treatment; borderline personality disorder; HIV disease

Christyn L. Dolbier, Ph.D.

Chronic stress; prenatal stress and birth outcomes; stress and health disparities; resilience interventions; psychoneuroimmunology

D. Erik Everhart, Ph.D., ABPP, CBSM

Clinical neuropsychology; neuropsychology of emotion; cognitive neuroscience; psychophysiology of emotion and decision making; behavioral sleep medicine

Samuel F. Sears, Ph.D., Director, Health Psychology Program

Cardiac psychology; patients with implantable cardioverter defibrillators; cardiac rehabilitation

Matthew Whited, Ph.D.

Autonomic imbalance in depression treatment and cardiovascular disease, psychophysiology, forgiveness

Associated Program Faculty

Can serve as members on committees and clinical mentors, but not typically as research mentors

Jennifer Bowler, Ph.D.

Compulsive behavior; employee creativity; executive coaching; implicit measures of personality; team processes

Marissa Carraway, Ph.D.

Behavioral medicine; primary care psychology; chronic illness management

Blake Hutsell, Ph.D.

Perception/valuation, decision-making, and reward; drug addiction; quantitative modeling

Kari Kirian, Ph.D.

Cardiac psychology; advanced heart failure program; patients with LVADs

Faye Knickerbocker, PhD

Abstract and emotional processing, emotion effects, episodic memory, eye tracking, interference effects on memory, language processing, memory failure, and semantic memory.

Jamie Messenger, Pharm.D.

Interprofessional education, medical student and resident education, diabetes comprehensive medication management, anticoagulation, integrated and team-based patient care

Ascher Munion, Ph.D.

Integration of dynamical systems theory with quantitative methods; furthering of measurement theory and missing data management when working with multivariate, longitudinal data.

Alex Schoemann, Ph.D.

*Coordinator, Graduate Certificate in Quantitative Methods for Social and Behavioral Sciences
Latent variable modeling including factor analysis, structural equation modeling (SEM), and multilevel modeling (MLM); prejudice and discrimination.*

Tuan Tran, Ph.D.

Auxiliary Chair, Department of Psychology

Behavioral neuroscience; animal models of fetal alcohol spectrum disorders; animal models of Alzheimer's

Stephanie Wallio, Ph.D.

Health behavior change, the impact of chronic illness on individual and family functioning, protective factors related to family functioning and parent/child relationships.

Karl Wuensch, Ph.D.

Statistics; Research Methods

Affiliated Program Faculty

Can serve as members

Individuals that have a role in the program but to a more limited extent. This would include people who present seminars, provide practicum supervision, and teach as adjunct faculty

Irma Corral, Ph.D.

Department of Psychiatry and Behavioral Medicine

<http://www.ecu.edu/cs-dhs/psychiatry/index.cfm>

S. Karlene Cunningham, Ph.D.

Consultation-Liaison Service

Department of Psychiatry and Behavioral Medicine

Sarah Dietz, Psy.D.

ECU Counseling Center

Jessica Ford, Ph.D.

Durham VA Medical Center of Greenville, N.C.

<http://www.durham.va.gov/locations/Greenville.asp>

Brandon Kyle, Ph.D.

Department of Psychiatry and Behavioral Medicine

<http://www.ecu.edu/cs-dhs/psychiatry/index.cfm>

Melissa Phillips, Ph.D.

Vidant Medical Center of Greenville, N.C.

<https://www.vidanthealth.com/vidant/DoctorDetail.aspx?id=9166>

Harold Pickett, Psy.D.

Cherry Hospital of Goldsboro, N.C.

<http://www.ncdhhs.gov/dsohf/cherry/>

Robert Shelton, Ph.D.

Durham VA Medical Center of Greenville, N.C.

<http://www.durham.va.gov/locations/Greenville.asp>

Appendix 2

Clinical Health Practica

ECU PASS Clinic

Cognitive-Behavioral Psychotherapy and Psychological Testing Services.

Students enrolled in this clinic practicum have the opportunity to gain initial experiences in the assessment and treatment of general emotional disorders and substance abuse problems including smoking cessation. Treatment services are provided to ECU faculty/staff as well as community members. The emphasis is on short-term evidence-based treatments.

In addition, students perform psycho-educational evaluations of ECU students with possible ADHD/learning disorders, as well as personality testing. Students receive both in vivo and taped supervision and will engage in weekly group and individual supervision.

Supervisor: Tony Cellucci, Ph.D., ABPP

Adult Health Weight Service

The healthy weight program provides assessment and treatment of weight concerns and obesity through group and/or individual therapy. Patients mainly consist of ECU faculty, staff, and community members. Students will complete individual intake interviews, which consist of an interview, psychosocial measure completion, and a physical assessment including blood pressure, height and weight, waist circumference, and % body fat. Students will be trained in the use of a “small changes” empirically validated treatment approach to weight loss that focuses on smaller weight loss goals through small reasonable changes in their lifestyle patterns in an attempt to

Supervisor: Robert A Carels, Ph.D.

Depression/ Behavior Therapy Specialty Service

This service is for adults who feel depressed or down most of the time, or who don't feel like they are enjoying things like they want to. Our empirically-supported treatment first helps

people to identify what they want to get out of their lives. Then, we identify achievable goals that, added together, reduce depression and increase engagement and happiness.

Supervisor: Matt Whited, Ph.D.

Brody School of Medicine

Cardiac Psychology

The Cardiac Psychology Rotation offers training in psychosocial care that is fully integrated into the medical team to promote an interdisciplinary, comprehensive care approach to cardiac arrhythmia patients and their families. Trainees work side by side with psychologists and cardiologists to provide a biopsychosocial model of care at the East Carolina Heart Institute. Assessment and therapy training are provided and additional opportunities to collaborate at Healthsteps-Cardiac Rehabilitation are available.

Supervisor: Sam Sears, Ph.D.

Family Medicine

The Behavioral Medicine Rotation takes place in the Family Medicine Center at the Brody School of Medicine. Students will gain experience in integrated primary care, addressing both mental health issues and disease-related psychological care of patients of all ages, through real-time collaboration with physicians and other health care professionals. Problems routinely seen in rotation will include anxiety, depression, therapeutic adherence, chronic pain, lifestyle management, stress and psychophysiological disorders, helping patients to successfully manage their chronic illness, and management of patients who are high utilizers of health care. Significant opportunities exist for learning about medical and behavioral interactions through an extensive didactic curriculum and training seminars.

Supervisor: Marissa Carraway, Ph.D.

Rehabilitation Center, Vidant Medical Center

Psychologists in the Rehabilitation Center assess and treat patients in the acute medical center and acute rehabilitation center. Populations have included children, adolescents, and adults exposed to trauma, patients with cancer, chronic pain, chronic medical conditions as well as pre-existing psychiatric diagnoses. Additional services provided in the unit include guardianship

evaluations and neuropsychological screening, as well as coordination of services and communication with interdisciplinary teams including physicians, nurses, physical therapists, occupational therapists, speech therapists, and recreation therapists.

Supervisor: Melissa Phillips, Ph.D.

Veterans Administration Medical Center

The Greenville based location for the Durham Veterans Administration Medical Center. The Greenville VA clinic provides psychological services to military veterans through the Mental Health Clinic. Training in psychological assessment and therapy includes the provision of services in the Mental Health Clinic, Substance Abuse, and specialty areas of Health Psychology including Smoking Cessation, Insomnia, Pain Management, and Stress Management. The primary theoretical orientations are cognitive-behavioral, acceptance and commitment therapy, motivational interviewing, and Seeking Safety.

Supervisors: Jessica Ford, Ph.D., and Robert Shelton, Psy.D.

General Adult Neuropsychology, East Carolina Neurology

East Carolina Neurology is a large private-based practice with adult and pediatric neurology specialists, neuroradiologists, and clinical neuropsychologists. Doctoral students in psychology with specific interest in clinical neuropsychology may complete practicum rotations within this setting. The focus is primarily adult clinical neuropsychology, including stroke, TBI, multiple sclerosis, and dementia syndromes. Students who wish to obtain experience outlined in Houston Conference/Division 40 guideline for specialty training in clinical supervision may also choose to attend weekly neuroscience seminars, neurology grand rounds, and neuropathology (including weekly brain cuttings and/histopathology).

Supervisor: Erik Everhart, Ph.D., ABPP

Cherry Hospital, Goldsboro, NC

Cherry Hospital is a 274-bed inpatient psychiatric hospital serving the citizens of 36 eastern North Carolina counties; it is operated by the state of North Carolina, the Department of Health and Human Services. Treatment Units include Adolescent, Adult Acute Admissions, Geriatric Admissions, Psychiatric Rehabilitation, Psychiatric Medical, and Tuberculosis. Practicum students gain experience in assessment, participation in treatment team, group therapy, and individual therapy.

Supervisors Harold Pickett, Psy.D.

Appendix 3

Discipline-Specific Knowledge¹

Students are required to acquire basic knowledge and demonstrate competence in 1) history and systems, 2) biological, social, cognitive, affective, and developmental aspects bases of behavior, 3) quantitative methods, research methods, and psychometrics, and 4) advanced integrative knowledge of basic discipline-specific content areas. Please see expectations for competence and minimum levels of achievement in this area.

Knowledge Area:	
<i>History and Systems of Psychology</i>	
Requirement	<ul style="list-style-type: none"> Students must take the following approved course: Psyc 6408 History of Psychological Thought.
How knowledge in this area is assessed	<ul style="list-style-type: none"> Course grade.
What minimum level of achievement (MLA) must be met	<ul style="list-style-type: none"> A course grade of B or better.
Knowledge Area:	
<i>Affective Aspects of Behavior</i>	
Requirement	<ul style="list-style-type: none"> Students must take the following approved courses: Psyc 6428 Cognitive Psychology, Psyc 6461 Biological Bases of Behavior, and Psyc 6421 Social Psychology.
How knowledge in this area is assessed	How outcomes are measured: <ul style="list-style-type: none"> Course grades. Instructor attestation.
What minimum level of achievement (MLA) must be met	<ul style="list-style-type: none"> A course grade of B or better in all 3 courses. Instructor attests to a grade of B or better in the affective area of Psyc 6428 Cognitive Psychology, Psyc 6461 Biological Bases of Behavior, and Psyc 6421 Social Psychology classes.
Knowledge Area:	
<i>Biological Aspects of Behavior</i>	
Requirement	<ul style="list-style-type: none"> Students must take the following approved course: Psyc 6461 Biological Bases of Behavior.
How knowledge in this area is assessed	<ul style="list-style-type: none"> Course grade.
What minimum level of achievement (MLA) must be met	<ul style="list-style-type: none"> A course grade of B or better.

Knowledge Area:	
<i>Cognitive Aspects of Behavior</i>	
Requirement	<ul style="list-style-type: none"> Students must take the following approved course: Psyc 6428 Cognitive Psychology.
How knowledge in this area is assessed	<ul style="list-style-type: none"> Course grade.
What minimum level of achievement (MLA) must be met	<ul style="list-style-type: none"> A course grade of B or better.
Knowledge Area:	
<i>Developmental Aspects of Behavior</i>	
Requirement	<ul style="list-style-type: none"> Students must take the following approved course: Psyc 6406 Advanced Developmental.
How knowledge in this area is assessed	<ul style="list-style-type: none"> Course grade.
What minimum level of achievement (MLA) must be met	<ul style="list-style-type: none"> A course grade of B or better.
Knowledge Area:	
<i>Social Aspects of Behavior</i>	
Requirement	<ul style="list-style-type: none"> Students must take the following approved course: Psyc 6421 Social Psychology.
How knowledge in this area is assessed	<ul style="list-style-type: none"> Course grade.
What minimum level of achievement (MLA) must be met	<ul style="list-style-type: none"> A course grade of B or better.
Knowledge Area:	
<i>Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas (excluding History and Systems)</i>	
Requirement	<ul style="list-style-type: none"> Students must take the following approved course: Psyc 6406 Advanced Developmental.
How knowledge in this area is assessed	<ul style="list-style-type: none"> Course grade. Instructor attestation.
What minimum level of achievement (MLA) must be met	<ul style="list-style-type: none"> A course grade of B or better. Instructor attests to a grade of B or better in both the foundational area of developmental and the integrative areas of developmental psychology and other areas of psychological research.
Knowledge Area:	
<i>Research Methods</i>	
Requirement	<ul style="list-style-type: none"> Students must take the following approved course Research Design (PSYC 6430) and Advanced Research Design (PSYC 7431). Students must successfully pass their proposal and defense meetings for their

	thesis and dissertation.
How knowledge in this area is assessed	<ul style="list-style-type: none"> • Course grades. • Proposal and defense meetings for their thesis and dissertation
What minimum level of achievement (MLA) must be met	<ul style="list-style-type: none"> • A course grade of B or better in both courses • Pass their proposal and defense meetings for their thesis and dissertation
Knowledge Area:	<i>Statistical Analysis</i>
Requirement	<ul style="list-style-type: none"> • Students must take the following approved courses Research Design (PSYC 6430) and Advanced Research Design (PSYC 7431). Students must successfully pass their proposal and defense meetings for their thesis and dissertation.
How knowledge in this area is assessed	<ul style="list-style-type: none"> • Course grades • Proposal and defense meetings for their thesis and dissertation
What minimum level of achievement (MLA) must be met	<ul style="list-style-type: none"> • A course grade of B or better in both courses • Pass their proposal and defense meetings for their thesis and dissertation
Knowledge Area:	<i>Psychometrics</i>
Requirement	<ul style="list-style-type: none"> • Students must take the following approved courses: Research Design (PSYC 6430), Advanced Research Design (PSYC 7431), and Cognitive Assessment (PSYC 6484/6461).
How knowledge in this area is assessed	<ul style="list-style-type: none"> • Course grades.
What minimum level of achievement (MLA) must be met	<ul style="list-style-type: none"> • A course grade of B or better in all 3 courses • Instructor attests to a grade of B or better in knowledge of psychometrics

¹Attestation. In 2018, we created an attestation form for courses that cover two or more discipline specific and/or professional competencies within a course. For example, Consultation and interprofessional/interdisciplinary skills is covered over two courses that also teach health Psychology

Students are expected to develop knowledge and profession wide competence in 1) research, 2) ethical and legal standards, 3) individual and cultural diversity, 4) professional values, attitudes and behaviors, 5) communication and interpersonal skills, 6) assessment, 7) intervention, 8) supervision, and 9) consultation and interpersonal/interdisciplinary skills. Please see expectations for competence and minimum levels of achievement in this area.

Competency:	<i>(i) Research</i>
Elements associated with this competency	<ul style="list-style-type: none"> • Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base. • Conduct research or other scholarly activities. • Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.
Required training/experiential activities	<ul style="list-style-type: none"> • Students must take the following approved course Statistics and Research Design (PSYC 6430) and Advanced Research Design (PSYC 7431). (Elements [E] 1-3) • Students must complete their thesis and dissertation. (E1-3) • Complete qualifying examination (E1) • Participation in research as evidenced of at least one publication or three conference presentations prior to internship (E1-3)
How outcomes are measured	<ul style="list-style-type: none"> • Grades in course (E1-3) • Written and oral qualifying exam cases which assess knowledge and skills regarding ethical decision making. (E1-3) • Students must successfully pass their proposal and defense meetings for their thesis and dissertation. (E1-3) • Mentor ratings on the End of Year Evaluation and Competency Review Form for research competency (E1-3) • End of Year Evaluation and Competency Review Form documenting at least one publication or three conference presentations prior to internship (E1-3)
Minimum levels of achievement (MLAs) competency	<ul style="list-style-type: none"> • Grades in courses B or better (E1-3) • Successfully pass master’s thesis and dissertation defenses and successfully submit document to the graduate school (E1-3) • Overall Rating of Competent on the End of Year Evaluation and Competency Review Form under research by the student’s final year (E1-3)

	<ul style="list-style-type: none">• A “Yes” rating to the question, “Student meets or exceeds expected competency in research section for promotion to doctoral candidacy” section of the Qualifying Examination Profession Wide Competencies Assessment Student Feedback form. (E1)
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Competency:	
Competency:	<i>(ii) Ethical and legal standards</i>
Elements associated with this competency	<ul style="list-style-type: none"> • Be knowledgeable of and act in accordance with each of the following: <ul style="list-style-type: none"> ○ the current version of the APA Ethical Principles of Psychologists and Code of Conduct; ○ Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and ○ Relevant professional standards and guidelines. • Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. • Conduct self in an ethical manner in all professional activities.
Required training/experiential activities	<ul style="list-style-type: none"> • Completion of the Ethics and Professional Practice seminar (PSYC 6465) (E1-3) • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-3) • Complete written and oral qualifying exam. (E1-3)
How outcomes are measured	<ul style="list-style-type: none"> • Grades in course (E1-3) • Written and oral qualifying exam cases which assess knowledge and skills regarding ethical decision making. (E1-3) • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-3) • ¹Mentor ratings on the End of Year Evaluation and Competency Review Form (E1-3)
Minimum levels of achievement (MLAs) competency	<ul style="list-style-type: none"> • Grades in courses B or better (E1-3) • Overall Rating of Competent on the End of Year Evaluation and Competency Review Form under Ethical and Legal Standards by the student’s final year (E1-3) • Students receive overall “Competent” ratings in the Ethical and Legal Section of the Practica Form by the student’s final year (E1-3) • A “Yes” rating to the question, “Student meets or exceeds expected competency in Ethical & Legal Standards for promotion to doctoral candidacy” section of the Qualifying Examination Profession Wide Competencies Assessment Student Feedback form (E1-3)

Competency:	
Competency:	<i>(iii) Individual and cultural diversity</i>
Elements associated with this competency	<ul style="list-style-type: none"> • An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. • Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service. • The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. • Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.
Required training/experiential activities	<ul style="list-style-type: none"> • Completion of the Cultural Psychology (PSYC 6407) seminar. (E1-4) • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-4) • Written and oral qualifying exam cases. (E1-4)
How outcomes are measured	<ul style="list-style-type: none"> • Grades in course (E1-4) • Written and oral qualifying exam cases which assess knowledge and skills regarding individual and cultural diversity. (E1-4) • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-4) • Mentor ratings on the End of Year Evaluation and Competency Review Form (E1-4)
Minimum levels of achievement (MLAs) competency	<ul style="list-style-type: none"> • Grades in courses B or better (E1-4) • Overall Rating of “Competent” on the End of Year Evaluation and Competency Review Form under individual and cultural diversity by the student’s final year prior to internship (E1-4) • Students receive overall “Competent” ratings in the individual and cultural diversity section of the Practica Form by the student’s final year prior to internship (E1-4) • A “Yes” rating to the statement “Student meets or exceeds expected competency in individual and cultural diversity for promotion to doctoral candidacy” section of the Qualifying Examination Profession Wide Competencies Assessment Student Feedback form (E1-4)

Competency:	
Competency:	<i>(iv) Professional values, attitudes, and behaviors</i>
Elements associated with this competency	<ul style="list-style-type: none"> • Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others • Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. • Actively seek and demonstrate openness and responsiveness to feedback and supervision. • Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
Required training/experiential activities	<ul style="list-style-type: none"> • Attendance and participation in departmental meetings and presentation and professional presentations, committees, and regional and national professional associations (E1-4) • Seminars in Ethics and Professional Practice seminar (PSYC 6465), Colloquium in Health Psychology (PSYC 8001) and Health Psychology (PSYC 8002). • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-4)
How outcomes are measured	<ul style="list-style-type: none"> • Grades in course (E1-4) • Attendance and participation in departmental meetings and presentation and professional presentations, committees, and regional and national professional associations documented in Annual Student Report (E1-4) • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-4) • Mentor ratings on the End of Year Evaluation and Competency Review Form (E1-4)
Minimum levels of achievement (MLAs) competency	<ul style="list-style-type: none"> • Grades in courses B or better (E1-4) • Attend at least four Brown Bags Annually (E1-4) • At least one publication submission or three presentations by graduation (E1-4) • Overall Rating of “Competent” on the End of Year Evaluation and Competency Review Form under <i>Professional values, attitudes, and behaviors</i> by the student’s final year (E1-4) • Students receive overall “Competent” ratings in the <i>Professional values, attitudes, and behaviors</i> Section of the Practica Form by the student’s final year (E1-4)

Competency:	
Elements associated with this competency	<p><i>(v) Communications and interpersonal skills</i></p> <ul style="list-style-type: none"> • Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. • Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. • Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
Required training/experiential activities	<ul style="list-style-type: none"> • Completion of the Psychotherapy Concepts and Techniques (PSYC 6466), Psychotherapy Theories Research and Practice (PSYC 6468), Cognitive Assessment (PSYC 6484), and Clinical Assessment (PSYC 6485) and course-related practica (Clinical Psychology Practicum I (PSYC 6460) and Clinical Psychology Practicum II (PSYC 6461) (E1-3) • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-3) • Written and oral qualifying exam cases. (E1-3)
How outcomes are measured	<ul style="list-style-type: none"> • Grades in course (E1-3) • Practica Form rating practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-3) • Mentor ratings on the End of Year Evaluation and Competency Review Form (E1-3)
Minimum levels of achievement (MLAs) competency	<ul style="list-style-type: none"> • Grades in courses B or better (E1-3) • Overall Rating of “Competent” on the End of Year Evaluation and Competency Review Form under communication and interpersonal skills by the student’s final year (E1-3) • Students receive overall “Competent” ratings in the communication and interpersonal skills Section of the Practica Form by the student’s final year (E1-3)

Competency:	
Elements associated with this competency	<p><i>(vi) Assessment</i></p> <ul style="list-style-type: none"> • Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. • Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. • Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
Required training/experiential activities	<ul style="list-style-type: none"> • Completion of the Advanced Psychopathology course (PSYC 6450), Psychotherapy Concepts and Techniques (PSYC 6466), Cognitive Assessment (PSYC 6484), and Clinical Assessment (PSYC 6485) and course-related practica (Clinical Psychology Practicum I (PSYC 6460) and Clinical Psychology Practicum II (PSYC 6461), and Health Psychology: Psychotherapy Theories Research and Practice (PSYC 8468) seminar. (E1-3) • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-3) • Written and oral qualifying exam cases. (E1-3)
How outcomes are measured	<ul style="list-style-type: none"> • Grades in course (E1-3) • Written and oral qualifying exam case that assess knowledge and skills regarding assessment. (E1-3) • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-3) • Mentor ratings on the End of Year Evaluation and Competency Review Form (E1-3)
Minimum levels of achievement (MLAs) competency	<ul style="list-style-type: none"> • Grades in courses B or better (E1-3) • Overall Rating of “Competent” on the End of Year Evaluation and Competency Review Form under assessment by the student’s final year (E1-3) • Students receive overall “Competent” ratings in the assessment Section of the Practica Form by the student’s final year (E1-3) • A “Yes” rating to the statement “Student meets or exceeds expected competency in assessment for promotion to doctoral candidacy” section of the Qualifying Examination Profession Wide Competencies Assessment Student Feedback form. (E1-3)

Competency:	
Competency:	<i>(vii) Intervention</i>
Elements associated with this competency	<ul style="list-style-type: none"> • Establish and maintain effective relationships with the recipients of psychological services. • Develop evidence-based intervention plans specific to the service delivery goals. • Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. • Demonstrate the ability to apply the relevant research literature to clinical decision making. • Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. • Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
Required training/experiential activities	<ul style="list-style-type: none"> • Completion of Psychotherapy Concepts and Techniques (PSYC 6466), Psychotherapy Theories Research and Practice (PSYC 6468), and Health Psychology: Psychotherapy Methods and Interventions (PSYC 8468) seminars. (E1-6) • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-6) • Written and oral qualifying exam cases. (E1-6)
How outcomes are measured	<ul style="list-style-type: none"> • Grades in course (E1-6) • Written and oral qualifying exam case that assesses knowledge and skills regarding assessment. (E1-6) • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-6) • Mentor ratings on the End of Year Evaluation and Competency Review Form (E1-6)
Minimum levels of achievement (MLAs) competency	<ul style="list-style-type: none"> • Grades in courses B or better (E1-6) • Overall Rating of “Competent” on the End of Year Evaluation and Competency Review Form under intervention by the student’s final year prior to internship (E1-6) • Students receive overall “Competent” ratings in the intervention Section of the Practica Form by the student’s final year prior to internship on practica evaluation(E1-6) • A “Yes” rating to the question, “Student meets or exceeds expected competency in assessment for promotion to doctoral candidacy” section of the Qualifying Examination Profession Wide Competencies Assessment Student Feedback form. (E1-6)

Competency:	
Competency:	<i>(viii) Supervision</i>
Elements associated with this competency	<ul style="list-style-type: none"> • Demonstrate knowledge of supervision models and practices. • Demonstrates proficiency in a beginning experience in supervision
Required training/experiential activities	<ul style="list-style-type: none"> • Completion of the Seminar in Clinical Supervision (PSYC 8500). (E1) • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460). (E1-2) • Since 2016, receipt of peer supervisory experience in an Advanced Clinical Psychology Practicum III (PSYC 7995) or Health Psychology Practicum (PSYC 8460) or comparable experience approved by the faculty (E3)
How outcomes are measured	<ul style="list-style-type: none"> • Grades in course (E1) • Supervisor ratings in their ability to make effective use of supervision on the practica evaluation (E1-2) • Supervisor ratings on the Evaluation of Introductory Peer Supervision Experience (E3) • Mentor ratings on the End of Year Evaluation and Competency Review Form (E1-3)
Minimum levels of achievement (MLAs) competency	<ul style="list-style-type: none"> • Grades in courses B or better (E1) • Overall Rating of Competent on the End of Year Evaluation and Competency Review Form under Supervision by the student's final year prior to internship (E1-3) • Students receive overall "Competent" ratings in their ability to make effective use of supervision by the student's final year prior to internship on the practica evaluation (E1-2) • Overall Rating of "Meets Expectation" on the Evaluation of Introductory Peer Supervision Experience by the student's final year (E3)

Competency:	
Competency:	<i>(ix) Consultation and interprofessional/interdisciplinary skills</i>
Elements associated with this competency	<ul style="list-style-type: none"> • Demonstrate knowledge and respect for the roles and perspectives of other professions. • Demonstrates knowledge of consultation models and practices.
Required training/experiential activities	<ul style="list-style-type: none"> • Completion of the Colloquium in Health Psychology (PSYC 8001; see syllabus) and Health Psychology (PSYC 8002; see syllabus) (E1-2) • Practicum experiences in the Advanced Clinical Psychology Practicum III (PSYC 7995) and/or Health Psychology Practicum (PSYC 8460).
How outcomes are measured	<ul style="list-style-type: none"> • Grades in courses (E1-2) • End of Year Evaluation and Competency Review Form (E1-2) • Attestation for competency by instructor (E1-2) • Practica Form rating practicum experiences (E1-2)
Minimum levels of achievement (MLAs) competency	<ul style="list-style-type: none"> • Grades in courses B or better (E1-2) • Overall rating of Competent on the End of Year Evaluation and Competency Review Form in <i>Consultation and interprofessional/interdisciplinary skills area</i> by the student's final year prior to internship (E1-2) • Students receive overall "Competent" ratings in <i>Consultation and interprofessional/interdisciplinary skills area</i> of the practica evaluation by the student's final year prior to internship (E1-2) • Affirmative attestation for competency by instructor (E1-2)

¹Profession-wide competencies in clinical health psychology were added to End-of-Year Evaluation and Competency Review Form in 2018. Students are assessed on a 4-point scale where 3 = Competent, 2 = Intermediate, 1 = Novice, and 0 – Needs improvement. The minimum level of achievement for the profession-wide competencies is an overall assessment of Competent in the domain in the last evaluation prior to starting internship.

²Practica evaluation data reflects spring semester ratings for all students that graduated from or are currently enrolled in accredited program. Students are assessed on a 4-point scale where 3 = Competent, 2 = Intermediate, 1 = Novice, and 0 = Needs improvement. The practica form was redesigned in 2018. Some additional competency assessment questions were added as well as an overall competency rating for each professional and program competency. Starting in 2018, the minimum level of achievement for the program competency was either an overall assessment of competent in the domain in the last evaluation prior to starting internship or greater than or equal to 50% ratings of Competent (score of 2.5 or above) and no Needs Improvement and Novice ratings in each competency domain.

³Profession-wide competencies were added to the Qualifying Examination APA competencies score sheet in 2018.

⁴Attestation. In 2018, we created an attestation form for courses that cover two or more discipline specific and/or professional competencies within a course. For example, Consultation and interprofessional/interdisciplinary skills is covered over two courses that also teach health Psychology. See sample generic attestation below.

⁵While not required by the APA, we began to require that all students receive peer supervision experience in 2016. In 2018, we began to document that the student demonstrated expected introductory level of peer supervision competency.

Generic Attestation Sample

Date: _____

Seminar: 6428 Cognitive Psychology

Faculty: Dr. XXXX XXXXXX

I attest that _____ has achieved graduate level training in Affective bases of Behavior as it relates to this seminar and has achieved at least a minimum level of competency in this area (equivalent to a B grade or better in his subject matter). This includes the student's exposure to primary source materials (including original empirical work that represents the current state of the area), critical thinking and communication at an advanced level, and integration of discipline-specific knowledge consistent with the Clinical Health Concentrations substantive area(s) of practice, when applicable.

Signed,

Program-Specific Competencies^{1,2,3}

Program specific health psychology competencies includes demonstrated competence in 1) knowledge in the practice of clinical health psychology and 2) assessment and intervention skills in the practice of clinical health psychology. Please see expectations for competence and minimum levels of achievement in this area.

Program-Specific Competency:	Clinical Health Psychology
Elements associated with this competency	<ul style="list-style-type: none"> • Demonstrate knowledge in the practice of clinical health psychology • Demonstrate assessment and intervention skills in the practice of clinical health psychology • Demonstrate research skills in the practice of clinical health psychology
Required training/experiential activities	<ul style="list-style-type: none"> • Completion of Colloquium in Health Psychology (PSYC 8001), Health Psychology (PSYC 8002), and Health Psychology: Psychotherapy Methods and Interventions (PSYC 8468) seminars., Psychopharmacology (PSYC 8461), and Seminar in Health Psychology (PSYC 8995) • Practicum experiences in Health Psychology Practicum (PSYC 8460). • Written and oral qualifying exam case.
How outcomes are measured	<ul style="list-style-type: none"> • Grades in course • Ratings in written and oral qualifying exam cases which assess knowledge and skills regarding clinical health psychology. • Ratings in practicum experiences in the Health Psychology Practicum (PSYC 8460). • Mentor ratings on the End-of-Year Evaluation and Competency Review Form
Minimum levels of achievement (MLAs) competency	<ul style="list-style-type: none"> • Grades in courses B or better • Overall Rating of “Competent” on the End of Year Evaluation and Competency Review Form under assessment • Students receive overall “Competent” ratings in the health psychology Section of the Practica Form • A “Yes” rating to the question, “Student meets or exceeds expected competency in assessment for promotion to doctoral candidacy” section of the Qualifying Examination Profession-Wide Competencies Health Psychology Student Feedback form.

¹Profession-wide competencies in clinical health psychology were added to End of Year Evaluation and Competency Review Form in 2018. Students are assessed on a 4-point scale where 3 = Competent, 2 = Intermediate, 1 = Novice, and 0 = Needs improvement. The minimum level of achievement for the profession-wide competencies is an overall assessment of Competent in the domain in the last evaluation prior to starting internship.

²Practica evaluation data reflects spring semester ratings for all students that graduated from or are currently enrolled in accredited program. Students are assessed on a 4-point scale, where 3 = Competent, 2 = Intermediate, 1 = Novice, and 0 = Needs improvement. The practica form was redesigned in 2018. Some additional competency assessment questions were added as well as an overall competency rating for each professional and program competency. Starting in 2018, the minimum level of achievement for the program competency was either an overall assessment of competent in the domain in the last evaluation prior to starting internship or greater than or equal to 50% ratings of Competent (score of 2.5 or above) and no Needs Improvement and Novice ratings in each competency domain.

³Profession-wide competencies were added to the Qualifying Examination APA competencies score sheet in 2018.

Appendix 4

Student Liability Insurance

If you have a claim or are sued or threatened with a lawsuit, report the claim immediately to:

**Margie Boyd, CISR
ECU Risk Management
Campus Operations
1001 East Fourth Street
Greenville NC 27858
(252) 328-2010 or (252) 328-6858
boydm@ecu.edu**

Coverage provided by:

**Montgomery Insurance Company
Policy Number: GL 8335325**

Policy is on file with the Administrator

Coverage for general liability and professional liability is on an occurrence basis.

Information on

General and Professional Liability

For

University System of the State of North Carolina

**Student Interns
(Medical and Non-Medical)**

Administered by:

**North Carolina Association of Insurance Agents
P. O. Box 1165
Cary, NC 27512
Phone: (919) 863-6522 or (888) 275-8906**

This is a brief summary of the coverage offered to insured participants. For complete details, please refer to the policy on file with the agency.

The University Student Intern Program (which also covers practica) provides coverage for an insured party that becomes legally liable to pay damages because of property damage, bodily injury or personal injury because of their participation in a university internship program to which the policy applies. This insurance will also pay those sums, which an insured party becomes legally obligated because of any act, error or omission in the rendering or failure to render professional services in conjunction with an internship.

This program also includes a medical benefit to participants.

Who is an Insured Party?

This program can cover students of participating Universities in the NC University System who are engaging in paid or unpaid internships. These internships must be sponsored, authorized, or approved by the participating University and the student must be included in a list of covered students on file with the company.

Coverage Limits:

\$1,000,000 each occurrence for Bodily Injury, Property Damage, or Personal Injury claims

\$3,000,000 aggregate limit for all Bodily Injury or Property Damage claims

\$1,000,000 each claim limit for Professional Liability and Health Student Professional Liability

\$1,000,000 Products/Completed Operations Liability

\$15,000 for covered medical expenses

Major exclusions to this coverage:

- I. Intentional Acts
- II. Liquor Liability
- Pollution Liability
- Automobile Liability
- Your property or property of others in your care, custody, or control
- Employment Practice Liability
- Abuse or Molestation
- Unauthorized hardware or software tampering, viruses, or use
- Fiduciary Liability
- Intellectual Property Liability

*Refer to policy for a complete list of exclusions

Appendix 5**FORMS**

Note: All these forms are available in electronic formats that allow for typing in the required fields, so please request those versions from your advisors or from the Graduate Program Assistant. The forms are included in this handbook so that you are able to anticipate what information they require, which should help you collect that information in a timely manner.

Forms included:

1. End-of-Year Evaluation and Competency Review Form
2. Confidential Practicum Evaluation Form
3. Qualifying Examination Case Selection Form
4. Qualifying Examination Committee Preference Form
5. General Written and Oral Psychotherapy and Health Case Competency Rubric
6. Qualifying Examination Scoring Sheet
7. Practicum Evaluation of Competency Development
8. Council of University Directors of Clinical Psychology Expectations for Internship Eligibility (CUDCP)
9. Sample Graduate Teaching/Faculty Status Letter
10. Junior Colleague Model Statement
11. Health Psychology PhD Clinical Health Concentration Checklist

END OF THE YEAR EVALUATION & COMPETENCY REVIEW FORM

Student: _____

Student year in program: _____

Semester and Calendar Year: _____

Data informing this evaluation include but are not limited to: Performance in clinical practicum; coursework; mentor input; performance on qualifying exams; performance of graduate assistant (GA) duties; performance in research labs and progress with Thesis/Dissertation; student self-evaluation; performance on internship.

Evaluation Criteria

Based on the multiple inputs above, a student's **competency in relevant areas is rated by the student's mentor**. Within each competency area students are rated on specific knowledge/skills. Please rate each item by responding to the following question using the scale below. For students early in their training (1st and 2nd year), it is expected that students will be rated as Novice, Intermediate, and/or Not applicable. However, as the trainee progresses (3rd year and beyond), it is expected that students will be increasingly rated as Intermediate and Competent. By graduation, it is expected that students will receive an Overall Competent rating in all competencies. If a student receives a Needs Improvement in any Overall Competency rating, the faculty will consider the creation of a student Development Plan

How characteristic of the trainee's behavior is this competency description (see below)?
Needs Improvement (NI): Competency is deficient for expected developmental level needing remediation.
Novice (N): Novices have limited knowledge and understanding of topic or skill.
Intermediate or Developing at Expected Level (I): Psychology students at the intermediate level of competence demonstrate some skills in the area but not to a level of independent application.
Competent (C): At this level, students demonstrate a level of skill to proceed to internship.
Not applicable (NA): At this time, the student has had no opportunity to demonstrate this characteristic.

The competency levels are further defined as follows:

Needs Improvement (NI): Competency is deficient for expected developmental level needing remediation.

Novice (N): Novices have some basic exposure to the concepts, but have limited experience, knowledge and understanding of how to analyze problems and implement solutions to them. Novices do not yet recognize patterns, and do not differentiate well between important and unimportant details; they do not have filled-in cognitive maps of how, for example, a given patient may move from where he/she is to a place of better functioning. They require careful supervision in all facets of their direct service. They learn general principles or specific

techniques to use, but the student's beginning level of experience limits the flexible use of these skills.

Intermediate (I): Psychology students at the intermediate level of competence are familiar with basic concepts in the domain and can apply them in straightforward ways and/or have coped with enough real situations to recognize some important recurring meaningful situational components, based on prior experience in actual situations. The basic procedures have been acquired, and as such students should demonstrate proficiency in standard situations. However, generalization of skills to new situations and patients is limited, and close supervision under these circumstances is needed to guide performance.

Competent (C): At this level, the student has a feeling of mastery and demonstrates the ability to cope with and manage many contingencies of professional work. Advanced students can see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. Moreover, the plan is based on considerable conscious, abstract, analytic contemplation of the problem (including review of scholarly/research literature as needed). Recognition of overall patterns are taking shape, and the student has a much greater capacity to abstract patterns, even in novel situations. The student at this level requires supervision but can take a more active and suggestive role in leading various aspects of assessment, consultation, or intervention.

Profession-Wide Competency Domains:

1. Research and Scholarship
2. Ethical & Legal Standards
3. Individual & Cultural Diversity
4. Professional Values, Attitudes, & Behaviors
5. Communication & Interpersonal Skills
6. Psychological Assessment
7. Psychological & Educational Intervention
8. Supervision & Leadership
9. Consultation & Interpersonal/Interdisciplinary Skills
10. Health Psychology

COMPETENCY AREA 1:
RESEARCH & SCHOLARSHIP

This competency refers to students’ interest, progress, and capacities in conducting psychological research and scholarship.

How characteristic of the trainee’s behavior is this competency description?

Needs Improvement Novice Intermediate Competent Not Applicable

	Specific Knowledge/Skills in Research and Scholarship	Rating
1.	Demonstrates the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.	NI N I C N/A
2.	Conducts research or other scholarly activities.	NI N I C N/A
3.	Critically evaluates and disseminates research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.	NI N I C N/A

Overall Rating in Competency Area #1 **NI N I C N/A**

Comments:

COMPETENCY AREA 2:
ETHICAL & LEGAL STANDARDS

This competency refers to the trainees’ awareness of ethics, ethical behavior, and their general professional judgment, especially domains that have obvious moral implications.

How characteristic of the trainee’s behavior is this competency description?

Needs Improvement Novice Intermediate Competent Not Applicable

	Specific Knowledge/Skills in Ethical & Legal Standards	Rating
1.	Is knowledgeable of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.	NI N I C N/A
2.	Is knowledgeable of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels;	NI N I C N/A
3.	Is knowledgeable of and acts in accordance with relevant professional standards and guidelines	NI N I C N/A
4.	Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.	NI N I C N/A
5.	Conducts self in an ethical manner in all professional activities.	NI N I C N/A

a)

Overall Rating in Competency Area #2 **NI N I C N/A**

Comments:

**COMPETENCY AREA 3:
INDIVIDUAL & CULTURAL DIVERSITY**

Our program seeks to produce professionals who are able to effectively work in a wide variety of settings with diverse clientele and colleagues. This requires individuals to be aware of issues of culture and diversity and how these factors impact processes of assessment, consultation, and intervention.

b)

How characteristic of the trainee’s behavior is this competency description?

Needs Improvement Novice Intermediate Competent Not Applicable

	Specific Knowledge/Skills in Diversity Competence	Rating
1.	Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	NI N I C N/A
2.	Knowledgeable of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	NI N I C N/A
3.	Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their experience. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	NI N I C N/A
4.	Demonstrates the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and applies this approach effectively in their professional work.	NI N I C N/A

Overall Rating in Competency Area #3 NI N I C N/A

Comments

COMPETENCY AREA 4:
PROFESSIONAL VALUES, ATTITUDES, & BEHAVIORS

This competency refers to the general manner in which students present themselves as doctoral level practitioners. It also refers to the students’ purposeful initiatives taken to enhance themselves, the profession, and/or the community. This includes competencies traditionally listed under lifelong learning and the active promotion of the discipline. It also includes a students’ initiative to engage in service activity or other constructive endeavors.

How characteristic of the trainee’s behavior is this competency description?

Needs Improvement Novice Intermediate Competent Not Applicable

	Specific Knowledge/Skills of Professionalism	Rating
1.	Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others	NI N I C N/A
2.	Engages in self-reflection regarding one’s personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.	NI N I C N/A
3.	Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	NI N I C N/A
4.	Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	NI N I C N/A

Overall Rating in Competency Area #4 NI N I C N/A

Comments:

COMPETENCY AREA 5:
COMMUNICATION & INTERPERSONAL SKILLS

This competency area includes the capacity of trainees to function well in and contribute positively to professional relationships in a wide variety of contexts, to understand and maintain appropriate boundaries, to demonstrate effective awareness of self and high levels of self-reflection, and to be able to process and negotiate conflicts in a constructive manner.

How characteristic of the trainee’s behavior is this competency description?

Needs Improvement Novice Intermediate Competent Not Applicable

	Specific Knowledge/Skills of Communication/Interpersonal S	Rating
1.	Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	NI N I C N/A
2.	Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.	NI N I C N/A
3.	Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	NI N I C N/A

Overall Rating in Competency Area #5 **NI N I C N/A**

Comments:

COMPETENCY AREA #6:
PSYCHOLOGICAL ASSESSMENT

This competency area includes the capacity of trainees to conduct comprehensive evaluations from start to finish.

How characteristic of the trainee’s behavior is this competency description?
Needs Improvement Novice Intermediate Competent Not Applicable

	Specific Knowledge/Skills of Assessment	Rating
1.	Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	NI N I C N/A
2.	Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	NI N I C N/A
3.	Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	NI N I C N/A

Overall Rating in Competency Area #6 NI N I C N/A

Comments:

COMPETENCY AREA 7:
INTERVENTIONS

This competency area refers to the capacity of trainees to conduct evidence-based interventions

How characteristic of the trainee’s behavior is this competency description?

Needs Improvement Novice Intermediate Competent Not Applicable

	Specific Knowledge/Skills of Intervention	Rating				
1	Establishes and maintains effective relationships with the recipients of psychological services.	NI	N	I	C	N/A
2	Develops evidence-based intervention plans specific to the service delivery goals.	NI	N	I	C	N/A
3	Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	NI	N	I	C	N/A
4	Demonstrates the ability to apply the relevant research literature to clinical decision making.	NI	N	I	C	N/A
5	Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.	NI	N	I	C	N/A
6	Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.	NI	N	I	C	N/A

Overall Rating in Competency Area #7 NI N I C N/A

Comments:

COMPETENCY AREA 8:
SUPERVISION

Our program seeks to produce leaders in the field of clinical psychology. As such, we expect our students to begin to supervise students in clinical, research, and service.

How characteristic of the trainee's behavior is this competency description?

Needs Improvement Novice Intermediate Competent Not Applicable

	Specific Knowledge/Skills of Intervention	Rating				
1	Demonstrates knowledge of supervision models and practices.	NI	N	I	C	N/A
2	Gains exposure <i>in vivo</i> to the administration and modelling of clinical supervision in practica settings.	NI	N	I	C	N/A
3	Provides peer supervision to students in earlier years of the program	NI	N	I	C	N/A

Overall Rating in Competency Area #8 NI N I C N/A

Comments:

COMPETENCY AREA 9:
CONSULTATION AND INTERPROFESSIONAL & INTERDISCIPLINARY SKILLS

Our program seeks to produce professionals who are able to work effectively in a wide variety of settings with diverse clientele and colleagues. This means that students will have skills in consultation and interprofessional collaboration. In addition, it is crucial that psychologists are capable of working on interdisciplinary teams in a collaborative, constructive manner.

How characteristic of the trainee's behavior is this competency description?

Needs Improvement Novice Intermediate Competent Not Applicable

	Specific Knowledge/Skills of Consultation/Interdisciplinary S	Rating				
1.	Demonstrates knowledge and respect for the roles and perspectives of other professions.	NI	N	I	C	N/A
2.	Demonstrates knowledge of consultative models and practices.	NI	N	I	C	N/A

Overall Rating in Competency Area #9 NI N I C N/A

Comments:

COMPETENCY AREA 10:

CLINICAL HEALTH PSYCHOLOGY

Our program seeks to produce professionals who demonstrate knowledge in the practice of clinical health psychology including in the areas of assessment and intervention skills in the practice of clinical health psychology.

How characteristic of the trainee’s behavior is this competency description?

Needs Improvement Novice Intermediate Competent Not Applicable

	Specific Knowledge/Skills of Consultation/Interdisciplinary S	Rating				
1.	Demonstrates knowledge of the foundations of clinical health psychology	NI	N	I	C	N/A
2.	Demonstrates assessment and intervention skills in the practice of clinical health psychology	NI	N	I	C	N/A

Overall Rating in Competency Area #10 NI N I C N/A

Comments:

Additional Performance Ratings

III. Coursework

- [1] Coursework has been exemplary
- [2] Coursework has been satisfactory
- [3] You earned an incomplete in course: _____
 Incomplete finished
- [4] You earned a grade below B in a core, practicum, or internship course
 retake the core course the next time it is offered
- [5] Your coursework requirements are complete

Fall: XXXX

Spring: XXXX

Summer: XXXX

Comments:

- List of courses and any comments from instructors

IV. Clinical and Interpersonal Skills

- [1] Your skill development meets or exceeds expectation to proceed to internal practica (1st year only)
- [2] Your skill development meets or exceeds expectation to proceed to external practica
- [3] Your skill development meets or exceeds expectation to proceed to internship
- [4] Your skill development meets or exceeds expectation to proceed to practice (following internship)
- [5] Your skill development has been exemplary
- [6] Your skill development is satisfactory
- [7] Your clinical skill development/ interpersonal skill development has been unsatisfactory; a developmental plan will be developed (see below)
- [8] This past year you successfully completed practica:

Fall: XXXX

Spring: XXXX

Summer: XXXX

Comments:

- Comments from practicum evaluations (if any)
- Individual practica planning (indicate below, what practica the student will participate in next year and how the selection was made).

V. Research See Research competency area and elements

- [1] Research progress has been exemplary.
- [2] Research progress is satisfactory.
- [3] Research progress is unsatisfactory.
- [4] Participation in a research group has been satisfactory
- [5] Thesis proposal should be defended by: _____
- [6] Thesis should be/was defended by: _____
- [7] Dissertation proposal should be/was defended/was by: _____
- [8] Dissertation should be/was completed/was by: _____

Comments:

- Poster presentations and publications, awards, notable accomplishments

Qualifying Exam

- [1] You have successfully Passed the Qualifying Exam in XXXX semester.
- [2] You have successfully Passed the Qualifying Exam in XXXX semester but received an enhanced training plan.
- [3] You Failed the Qualifying Exam in XXXX semester
- [4] Qualifying exam will be retaken by: _____ XXXX semester.
- [5] You have not yet completed the Qualifying Exam but plan to during XXXX semester.

Comments:

Readiness for Internship

- You have been approved by the faculty as ready for internship.

Comments:

Developmental Plan

- [1] You received a Developmental Plan on: _____
- [2] You have met the requirements specified in your Developmental Plan and are no longer on Probation as of: _____
- [3] You have failed to meet requirements while on probation and have the option to petition the faculty to remain in the program as of: _____

Comments:

Assistantship/Teaching

- [1] You were assigned to teach Fall Spring PSYC 1000 Intro to Psychology
- [2] Your performance was exemplary
- [3] Your performance was satisfactory.
- [4] Your performance was unsatisfactory.

Comments:

- Feedback from teaching or research supervisor

Overall Comments

Feedback: Thank you for your contributions to the graduate program at East Carolina this year. The purpose of this annual review is to provide you with both general and specific feedback about your progress and performance during the academic year and confirm your continuance in the program. On May XX, 20XX the clinical faculty held its annual graduate student evaluation meeting. The meeting consists of the review of the academic record, the clinical training ratings from supervisors, and research progress over the past year. **[Insert here summary of major findings]**

A copy of this letter will be placed in your student records file. Congratulations on a successful year at East Carolina University.

Signatures

This report reflects the opinion of the Clinical Health Faculty with regard to student's progress.

GRADUATE STUDENT _____
DATE _____

MENTOR _____ **DATE** _____



East Carolina University

Department of Psychology
 Health Psychology Program
 104 Rawl Building | Greenville, NC 27858-4353

CONFIDENTIAL PRACTICUM EVALUATION FORM

Supervisor: _____

Clinical Setting: _____

The following information is strictly confidential and will NOT be released to your supervisor. This information is intended to ensure that participating supervisors are meeting the training requirements of clinical students.

General Information

Dates of Supervision: FROM _____ TO _____

Method used by supervisor to review sessions: Extensive use of video/audio recording

Service: (Choose one) Primary population served: (Choose one)

Context of supervision: (Choose one)

Your average time per week providing services: _____ TOTAL hours

Comments on this section: _____

Availability of Supervisor

Frequency of supervision: _____ times per (Choose one)

TOTAL supervision sessions: _____

1. Was your supervisor available for regular appointments (e.g., scheduling was okay, supervisor did not frequently cancel appointments, supervisor was there when you went to meet)?
 Yes No (If no, please explain)
2. Was your supervisor available by phone, e-mail, or pager?
 Yes No (If no, please explain)
3. Did your supervisor return routine phone calls, e-mails, pages?
 Yes No (If no, please explain) _____
4. Was supervisor available for emergency consultation?
 Not applicable Yes No (If no, please explain) _____
5. *Comments regarding availability of supervisor:* _____

Training and Scholarship

6. Did your supervisor provide or suggest additional readings or reference materials to enhance your training?
 Yes No (If no, please explain)
7. Did the supervisor incorporate discussion of scholarly readings or research in your supervision?
 Yes No (If no, please explain)
8. Did you feel that your supervisor was attentive to your training needs and contributed to your development as a clinician?
 Yes No (If no, please explain)
9. *Comments regarding training and scholarship:* _____
10. **Overall Evaluation of Supervisor:** (Choose one)

Return completed form to Dr. Susan McCammon, Director of Clinical Training, at mccammons@ecu.edu.

QUALIFYING EXAMINATION CASE SELECTION FORM

**** This form is due within the first two weeks of the semester that you plan to take your quals to the Director of Clinical Training. ****

CLINICAL PSYCHOLOGY CASE

Client Characteristics

Age

Gender

Ethnicity

Reason For Referral *(space or character limit?)*

Diagnostic Impressions *(can be Provisional)*

Assessments Used *(if any, other than clinical interview)*

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Case Supervisor Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Case Supervisor Signature
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Faculty Mentor Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Graduate Student Signature

Student Name: _____ Date _____



East Carolina University®

Department of Psychology
Health Psychology Program

104 Rawl Building | Greenville, NC 27858-4353

QUALIF

RM

From the student handbook:

The Qualifying Examination committee for each student will consist of 3 members. Two members will be core clinical faculty who are licensed clinical psychologists. The third committee member may be a non-clinician faculty member. While there is no prohibition against recommending a primary mentor as a committee member, it is recommended that students speak to their primary mentor before including him or her in their list of desired qualifying exam committee members. Also, students are strongly encouraged to not include supervisors of the cases they are submitting for the qualifying exam in their list of desired qualifying exam committee members. However, because of extenuating circumstance (e.g., faculty specialization, etc.), at times, clinical supervisors may be assigned as a qualifying exam committee member at the discretion of the clinical health psychology concentration faculty.

Students can select 1 member of their committee by submitting 3 names with rank order of preference. Faculty members will be approached in the order of preference listed by the student and will be confirmed to the committee based on their availability and willingness to serve. The remaining 2 committee members will be selected by the clinical health faculty. The Director of Clinical Training will notify students of their assigned Qualifying Examination committee when all committee members are confirmed.

This form is due within the first two weeks of semester that you will be taking the qualifying exam to the Director of Clinical Training along with the Qualifying Examination Case Selection Form.

1st choice: _____

2nd choice: _____

3rd choice: _____

Student Name: _____

Date: _____

General Written and Oral Case Competency Rubric

	<p>Meets or exceeds expectation for doctoral candidacy</p>	<p>Needs improvement in key areas</p>	<p>Fails to meet expectation for doctoral candidacy</p> <p><i>For each domain, any one of the following examples would likely result in an inadequate rating</i></p>
<p>1. Cognitive skills (e.g., critical thinking, flexibility)</p> <p>Definition: This criterion assesses the student’s ability to logically and coherently present their case in a manner that demonstrates critical thinking, cognitive flexibility, and problem-solving skills.</p>	<ul style="list-style-type: none"> • Case presentation is logically presented; all parts make sense together with few or no significant contradictions. • Case presentation reflects critical analysis and decision making to distinguish significant aspects of the case from those aspects that are more trivial; few or no superficial or trivial details irrelevant to the case are observed. • Case presentation reflects an ability to problem-solve or think creatively or with flexibility in response to challenging or unusual aspects of a case 	<ul style="list-style-type: none"> • Some notable contradictions or missing details, but case presentation is logically presented • Case presentation reflects critical analysis, but contains a number of superficial and trivial details irrelevant to or distracting from coherent case presentation • Potentially unusual or challenging aspects of the case are briefly addressed, but case presentation would benefit from additional reflection that more adequately demonstrates flexibility or problem solving 	<ul style="list-style-type: none"> • Case presentation is logically flawed and/or support for major theses is inadequate • Case presentation largely consists of superficial and trivial details which reflect compilation of detail without critical analysis • Challenging or unusual aspects of the case are absent from case presentation or only superficially noted without connection to the remainder of the case presentation

<p>2. Written expression skills</p> <p>Definition: This criterion assesses the student's ability to present, utilizing appropriate grammar and writing skills, a clear and organized qualifying exam.</p>	<ul style="list-style-type: none"> • Overall organization is sound, with strong page, paragraph, and sentence structure • Clarity in the presentation and explanation of ideas and concepts with no vague or ambiguous statements • No or few typos or missing/extra words • Space is used thoughtfully to convey the case to the reader with little to no excess redundancy and strict adherence to page limits. 	<ul style="list-style-type: none"> • Organization or structure could benefit from additional fine tuning to enhance document cohesion, but organizational structure is evident • Writing is relatively clear, but some instances of vague or ambiguous statements that detract from overall clarity • Numerous typos or missing/extra words are noted, but the majority of the document contains complete sentences • Instances of excess redundancy resulting in missed opportunities for elaboration of key aspects of the case 	<ul style="list-style-type: none"> • Gross problems with organization in the form of page, paragraph, and/or sentence structure • Ideas and concepts are frequently unclear and often lack sufficient elaboration • Typos and missing/extra words greatly interfere with the document's clarity. • Nonadherence to page limits and/or margins/font size are used to give student additional space/unfair advantage; underutilization of space allotted would also contribute to failing to meet the standard for this criteria.
<p>3. Literature review</p> <p>Definition: This criterion assesses the student's ability to provide a comprehensive, but targeted literature review tailored to the client's unique background, demographics, diagnosis (es).</p>	<ul style="list-style-type: none"> • Literature review reflects body of evidence and theory <u>most</u> relevant to diagnosing, conceptualizing, assessing and treating the particular combination of problems/disorders relevant to the case • Literature review reflects body of evidence and theory most relevant to demographic, cultural, and clinical factors of the case. 	<ul style="list-style-type: none"> • Literature review is comprehensive, but occasionally lacks appropriate depth in areas relevant to diagnosing, conceptualizing, assessing and treating • Literature review reflects only superficial inclusion of body of evidence and theory most relevant to demographic, cultural, and clinical factors of the case. • Literature review is relevant to the case presentation but not all 	<ul style="list-style-type: none"> • The vast majority of the literature review is out of scope/irrelevant to the case being presented or is overly broad and lacks precision relative to the case presentation • Important elements of literature review are missing (e.g. no literature review about the primary diagnosis) or frequently lack appropriate depth • Literature review and case presentation are entirely

	<ul style="list-style-type: none"> Literature review is appropriately referenced throughout the case. 	aspects are adequately integrated	separate sections with little connection or attempt at integration of information
<p>4. Assessment: Baseline, Interim, and Outcome</p> <p>Definition: This criterion assesses the student's ability to conduct baseline, interim and outcome assessment (formal or informal) and to use assessments to appropriately inform a coherent treatment plan. This includes the ability to integrate initial and ongoing assessment findings into a coherent understanding of the presenting problem(s), including precipitating and maintaining factors.</p>	<ul style="list-style-type: none"> Discusses assessment measures with attention to issues of reliability and validity Discusses how assessment measures are appropriate to answer the diagnostic question Consideration of appropriateness of assessment, mode of administration, and frequency of administration for specific client concern, demographics, education history, etc. Evaluates treatment progress, including the use of established interim assessment measures, and modifies treatment planning or case conceptualization as indicated Results of outcome assessment are discussed relative to treatment goals or empirically-derived standards or outcomes. Errors and omissions are acknowledged with accompanying rationale. 	<ul style="list-style-type: none"> Psychometrics of assessment instruments are superficially considered/described. Only superficially discusses how assessment measures are appropriate to answer the diagnostic question There appears to be limited consideration of appropriateness of assessment, mode of administration, and frequency of administration for specific client concern, demographics, education history, etc. While treatment progress is evaluated, including the use of established interim assessment measures, its relationship to modifications to treatment planning or case conceptualization is missing. Results of outcome assessment are discussed but poorly linked to treatment goals or empirically-derived standards or outcomes. 	<ul style="list-style-type: none"> Psychometrics of assessment instruments are not considered or described within the case presentation Assessment tools are not an appropriate match for the diagnostic question, or common practice and no explanation is provided. Consideration of appropriateness of assessment, mode of administration, and frequency of administration for specific client concern, demographics, education history, etc. is absent There is no evidence of the formal or informal evaluation of treatment progress. Assessment data is not connected to case conceptualization or evaluation of treatment progress Results of outcome assessment are not discussed relative to treatment goals or empirically-derived standards or outcomes. Errors and omissions are not acknowledged.

		<ul style="list-style-type: none"> • Errors and omissions are acknowledged, but a rationale is not provided. 	
<p>5. Case conceptualization skills / Diagnostic formulation skills: Diagnosis and Coherence</p> <p>Definition: This criterion assesses the student’s ability to gather appropriate information to make an appropriate diagnosis, including rule-outs, and to construct an organized and coherent case conceptualization.</p>	<ul style="list-style-type: none"> • Applies critical information collected via systematic assessment to inform diagnosis and case conceptualization. • Formulation reflects the logic followed to arrive at the diagnosis (es) that are the focus of treatment, including consideration of rule-out diagnosis (es), when appropriate. • Conceptualization is aided by diagrams, additional documents etc. that are relevant to case conceptualization and appropriately referred to and discussed in the body of the document. Examples of additional documents include summary of assessment outcomes, substantive medication list, etc. 	<ul style="list-style-type: none"> • Case presentation is missing some data that, had it been collected, may have altered the diagnostic formulation/case conceptualization. However, what is presented is consistent with the diagnostic formulation proposed • Selected diagnosis is appropriate based on presented information, but case does not reflect logic followed to arrive at diagnosis (es) and rule-out diagnoses are superficial and/or not fully considered. • Diagrams and additional documents are referred to in cursory fashion but not discussed in body of the document. 	<ul style="list-style-type: none"> • Key details in the case presentation are inconsistent with diagnostic formulation, or glaring oversights in data collection resulting in misdiagnosis or superficial case presentation • Formulation is illogical with minimal or no consideration of rule-out diagnoses • No diagrams or additional documents provided when they would clearly aid in presenting case conceptualization.
<p>6. Diagnostic formulation skills / Case conceptualization</p>	<ul style="list-style-type: none"> • Applies concepts of normal/abnormal behavior to case conceptualization and diagnosis in the context of 	<ul style="list-style-type: none"> • Concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development 	<ul style="list-style-type: none"> • Concepts of normal/abnormal behavior are not applied or inappropriately applied to the diagnosis; diagnosis or case

<p>skills: Empirical and theoretical underpinnings</p> <p>Definition: This criterion assesses the student's ability to provide a theoretically and empirically based explanation or conceptualization based on information obtained from a clinical assessment.</p>	<p>stages of human development and diversity</p> <ul style="list-style-type: none"> • Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation • Demonstrates ability to integrate psychological literature into case conceptualization and treatment plan. 	<p>and diversity are acknowledged but applied superficially.</p> <ul style="list-style-type: none"> • Reference to theoretical orientation in formulation/conceptualizations, but integration is somewhat limited. • Psychological literature is mostly relevant to the case conceptualization or treatment, but is only superficially applied to case 	<p>conceptualization is inconsistent with stage of human development or diversity</p> <ul style="list-style-type: none"> • Fails to reference a theoretical orientation (s) • Fails to demonstrate ability to adequately integrate psychological literature into case conceptualization or treatment
<p>7. Treatment plan: Implementation/ adjustment, and adherence</p> <p>Definition: This criterion assesses the student's ability to develop and adhere to a treatment plan (i.e., set goals and tasks of treatment that take into consideration the unique patient, the</p>	<ul style="list-style-type: none"> • Treatment plan proposed is consistent with the literature on treatment of the disorder, and includes the major components necessary for effective treatment of the disorder • The overall course of treatment is described; this may include a brief session-by-session plan as it occurred or a natural grouping of sessions based on treatment foci, etc. for cases of longer duration. 	<ul style="list-style-type: none"> • Treatment plan proposed is missing an important element that is consistent with the literature on treatment of the disorder, and the omission is not explained in the document, but the treatment plan is largely appropriate with most of the major components necessary for adequate treatment of the disorder • The overall course of treatment is described, but occasionally lacks detail or organization 	<ul style="list-style-type: none"> • Treatment plan is inappropriate/inconsistent with evidence base/best practices relevant to the treatment of this disorder • The overall course of treatment is superficially described such that important details are omitted, or so exhaustively described as to be disproportionate to overall case presentation • Rationale for treatment priorities is inappropriate given severity of other concerns or inconsistent with literature on

<p>nature of the patient's problems and concerns, the likely prognosis and expected benefits of treatment, and available resources)</p>	<ul style="list-style-type: none"> • Provides a rationale for treatment priorities • When treatment plan changes, some explanation is provided based on clinical judgement, empirical guidelines or both • When treatment ends prematurely, aspects of treatment plan that were not administered are discussed. 	<ul style="list-style-type: none"> • Rationale for treatment priorities is limited and could benefit from additional detail • Treatment plan changes are noted, but no explanation is provided based on clinical judgement, empirical guidelines or both • When treatment ends prematurely, aspects of the treatment plan that were not administered are listed but no further explanation is provided 	<p>treatment of comorbidities relevant to the presented diagnoses</p> <ul style="list-style-type: none"> • Treatment ends prematurely and no additional information is presented regarding aspects of the treatment plan that were not administered
<p>8. Treatment plan: Empirical and theoretical basis</p> <p>Definition: This criterion assesses the student's ability to develop and articulate an empirical and theoretical basis of the treatment plan</p>	<ul style="list-style-type: none"> • Empirical or theoretical rationale for treatment plan and specific treatment targets is provided. • Any empirical evidence for the treatment targets and methods chosen to achieve outcomes is referenced (<i>this evidence should be included in the integrated literature review</i>) • Evidence for implementation of chosen evidence-based interventions is demonstrated. 	<ul style="list-style-type: none"> • Treatment plan and treatment targets need stronger justification based on empirical or theoretical grounds • Empirical evidence for treatment targets and methods is alluded to but relevant literature is not specifically referenced • Limited evidence is presented in the case presentation that demonstrates the intervention was implemented according to evidence base 	<ul style="list-style-type: none"> • No empirical or theoretical rationale or evidence provided for treatment selection or treatment targets. • Inappropriate implementation of the evidence-based intervention or obvious failure to implement key features of the evidence-based intervention necessary for adequate treatment
<p>9. Ethical decision-making skills</p>	<ul style="list-style-type: none"> • Case presentation demonstrates broad, accurate self-assessment of competence, including 	<ul style="list-style-type: none"> • Case presentation contains evidence that the therapist did not appropriately reflect on their own competence or skill 	<ul style="list-style-type: none"> • Case presentation contains evidence that the therapist lacked competence in an

<p>Definition: This criterion assesses the student’s ability to apply ethical decision making in their professional judgment in the context of assessment and treatment.</p>	<p>consistent monitoring and evaluation of practice activities; recognition of limits of knowledge/skills, and efforts to enhance knowledge/skills</p> <ul style="list-style-type: none"> • Demonstrates knowledge and application of a systematic approach to ethical decision-making, as appropriate; applies relevant elements of ethical decision making to case. • Integrates and mentions own moral principles/ethical values in professional conduct, if appropriate, with depth appropriate to stage of training • Applies specific, relevant standards of the APA ethics code to the case; also acknowledges specific legal duties per North Carolina Practice Act, HIPAA, and PASS clinic rules and regulations, when appropriate. 	<p>and could benefit from additional work to enhance self-assessment of competence</p> <ul style="list-style-type: none"> • Ethical decision making is applied to the case, but with less depth than expected at this stage of training. • Indication of some self-reflection related to one’s own moral principles/ethical values with less depth than would be expected at this stage of training • Relevant ethics codes, legal duties, and clinic policies are cursorily stated with little attention to specific application to the case 	<p>important domain with little or no insight or reflection.</p> <ul style="list-style-type: none"> • No indication of consideration of ethical issues or inadequate resolution of an ethical dilemma or ethical violation • No reflection on one’s own moral principles/ethical values as applicable to the case • Attention to ethical decision making does not extend beyond APA standards, legal duties, and clinic policies stipulated by clinical supervisors (e.g., informed consent for treatment. agreement on fees, etc.)
<p>10. Client and therapist beliefs, values, culture, individual differences</p>	<ul style="list-style-type: none"> • Case presentation discusses how cultural factors and client beliefs may be relevant to assessment (e.g., measures used, limitations) treatment 	<ul style="list-style-type: none"> • Case presentation mentions cultural factors or client beliefs relevant to assessment, treatment, or outcomes, but without substantive discussion 	<ul style="list-style-type: none"> • Failure to identify cultural factors or client beliefs that appear important to the assessment, treatment, or outcomes

<p>Definition: This criterion assesses the student’s awareness of how cultural factors as well as individual client beliefs and values affect treatment. In addition, this category assesses the student’s awareness of how therapist individual differences, and the interaction of therapist – client individual differences affect diagnostic decision making, treatment plan, and/or therapist-client interactions. <i>Merely pointing out obvious individual differences (e.g., age, race, gender) is not sufficient to demonstrate competency in this category.</i></p>	<p>(plan implemented, process issues issues), or outcomes (e.g., treatment effectiveness).</p> <ul style="list-style-type: none"> • Therapist identifies <u>key</u> individual differences between therapist and client including differences in demographic and cultural characteristics, and life experiences and discusses relevance to clinical approach. • Therapist reflects on how their own cultural beliefs may have influenced assessment or treatment 	<ul style="list-style-type: none"> • Therapist points out overt individual differences without consideration of relevance to clinical approach • Therapist acknowledges own cultural beliefs relevant to the case but without consideration of how these beliefs may have influenced the assessment or treatment of the client 	<ul style="list-style-type: none"> • Individual differences between the client and therapist are not noted • Therapist failed to reflect on their own cultural beliefs relevant to the case; this lack of reflection may have negatively influenced the assessment or treatment of the client
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Additional Health Competencies			
<p>11. Biopsychosocial model, medical literature, and case conceptualization</p> <p>Definition: This criterion assesses the student's knowledge of roles of biological, psychological and social factors in health and illness as well as the student's ability to integrate medical literature into case conceptualization and treatment plan</p>	<ul style="list-style-type: none"> • Includes awareness of biopsychosocial issues in the case conceptualization related to the client's primary health issues that are the focus of intervention • Medical literature most relevant to client's health issues is described in the literature review and referenced in case conceptualization and psychological treatment plan • Medication/medical treatment side-effects and adherence issues are considered when relevant. • Health behavior/lifestyle change issues as they relate to achieving optimal disease outcomes and psychosocial outcomes are discussed when relevant. 	<ul style="list-style-type: none"> • General awareness of biopsychosocial model is reflected in case presentation, but biopsychosocial model not integrated into case conceptualization • Relevant medical literature is reviewed, but may not be adequately integrated and referenced in case conceptualization, assessment, and treatment plan • Therapist acknowledges one or more medication/medical treatment side effects without consideration of possible influences on assessment or treatment processes or outcomes • Therapist identifies health behavior target when relevant, but did not reflect on their relationship to optimal disease and psychosocial outcomes in the case presentation document 	<ul style="list-style-type: none"> • Therapist fails to demonstrate awareness of the biopsychosocial model, • Relevant medical literature is missing or misapplied to the case presentation • Therapist fails to acknowledge medication/medical treatment side effects relevant to the case • Important potential areas of health behavior change(s) that could have optimized disease and psychosocial outcomes are completely overlooked.
<p>12. Client health and treatment</p>	<ul style="list-style-type: none"> • Substantive consideration of medical diagnoses, physical symptoms, or medication use issues as possible motivation 	<ul style="list-style-type: none"> • Limited consideration of medical diagnoses, physical symptoms, or medication use issues as motivation for 	<ul style="list-style-type: none"> • Case presentation is lacking in discussion of the relevant literature regarding medical diagnoses, physical symptoms,

<p>Definition: This criterion assesses the student's knowledge and awareness of how client's health issues affect treatment</p>	<p>for treatment or as factors that might interfere or conflict with psychological treatment process or outcomes.</p> <ul style="list-style-type: none"> • Demonstrates understanding of how psychological factors might affect physical symptoms, medical diagnosis, and adherence to medical treatment. • Case presentation includes consultation/referral/integrated treatment plan with colleagues in other disciplines when appropriate; case presentation explains why consultation/referral/integrated care plan was important/necessary 	<p>treatment or as factors that might interfere or conflict with psychological treatment process or outcomes; the therapist would benefit from bolstering knowledge base in this area</p> <ul style="list-style-type: none"> • Case presentation suggests that the therapist is aware of the general influence of psychological factors on physical symptoms, medical diagnosis, and adherence to medical treatment, but the case presentation did not apply this information more thoroughly to the specific case being presented • Appropriate consultation/referral/integrated treatment plan is made, but without explanation of why important/necessary in this particular case 	<p>or medication use issues as motivation or factors that might influence treatment</p> <ul style="list-style-type: none"> • Case presentation contains evidence that the therapist is unaware of one or more psychological factors which may have influenced the client's physical symptoms, adherence to treatment, and medical diagnosis • Consultation/referral/integrated treatment plan appears important/necessary but is not pursued or discussed.
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Qualifying Exam Score Sheet

Student Name:

Semester:

Time Taken Exam:

1. Student failed to take qualifying exam during the regular examination schedule (attempt registered as a Fail)

2. **Written Exam**

a. **Written Competency**

i. Overall, the evaluation of the student's performance on this case recommendation

 /3 Pass /3 Enhanced Training Plan /3 Fail

Proceeded to Oral Exam:

3. **Oral Exam**

a. **Oral Competency and handling of structured and unstructured questions/inquiries**

i. Overall, the evaluation of the student's overall performance on the oral examination recommendation?

 /3 Pass /3 Enhanced Training Plan /3 Fail

4. **Enhanced training plan required**

 YES NO

Area(s) of enhanced Training: _____

5. **Overall Recommendation:**

Students that receive a passing score by at least 2 of the 3 faculty evaluators on the Written Case as well as the Oral Examination

are judged to have achieved clinical competency as indicated in the **Qualifying Exam Competency Rubric**. A student may **PASS** the written and oral qualifying examination, but be asked to participate in enhanced training to bolster areas of relative weakness exposed in the process of the examination.

Comments:

Chair of Committee:

Name

Signature

Date

Student Name: _____

Qualifying Examination Profession Wide Competencies Assessment Student Feedback

Yes No

Student meets or exceeds expected competency in Ethical & Legal Standards for promotion to doctoral candidacy.

1.	Student was knowledgeable of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.
2.	Student was knowledgeable of and acts in accordance with relevant laws, regulations, rules, a policies governing health service psychology at the organizational, local, state, regional, and federal levels.
3.	Student was knowledgeable of and acts in accordance with relevant professional standards and guidelines.
4.	Student recognized ethical dilemmas as they arose and applied ethical decision-making processes in order to resolve the dilemmas.
5.	Student conducted self in an ethical manner in all professional activities related to client care.

Comments:

Yes No

Student meets or exceeds expected competency in individual differences for promotion to doctoral candidacy.

1.	Student understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
2.	Student knowledgeable of the current theoretical and empirical knowledge base as it relates to addressing individual differences in all professional activities including research, training, supervision/consultation, and service.
3.	Student demonstrated awareness and knowledge of individual and cultural differences in the conduct of of this case. Student demonstrated the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
4.	Student demonstrated the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and applied this approach effectively in their case.

Comments:

Yes No

Student meets or exceeds expected competency in Assessment competency for promotion to doctoral candidacy.

1.	Student selected and applied assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collected relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant individual difference characteristics of the service recipient.
2.	Student interpreted assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
3.	Student communicated orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Comments:

Yes No

Student meets or exceeds expected competency in Interventions competency for promotion to doctoral candidacy.

1	Student established and maintained effective relationships with the recipient of psychological services.
2	Student developed evidence-based intervention plans specific to the service delivery goals.
3	Student implemented interventions informed by the current scientific literature, assessment findings, individual difference characteristics, and contextual variables.
4	Student demonstrated the ability to apply the relevant research literature to clinical decision making.
5	Student modified and adapted evidence-based approaches effectively when a clear evidence-base was lacking.
6	Student evaluated intervention effectiveness, and adapted intervention goals and methods consistent with ongoing evaluation.

Comments:

Yes No

Student meets or exceeds expected competency in Research and Scholarship application competency for promotion to doctoral candidacy.

1.	Student demonstrated ability to critically evaluate research and to apply it to the clinical case
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Comments:

Yes No

Student meets or exceeds expected competency in Health Psychology competency for promotion to doctoral candidacy (Health Case).

1.	Student demonstrated knowledge of the foundations of clinical health psychology
2.	Student demonstrated assessment and intervention skills in the practice of clinical health psychology

Comments:

PRACTICUM EVALUATION OF COMPETENCY DEVELOPMENT

Student: _____
Practicum Site: _____

Semester & Dates of Practicum _____
Supervisor: _____

Needs Improvement (NI): Competency is deficient for expected developmental level needing remediation.

Novice (N): Novices have limited knowledge and understanding of topic or skill.

Intermediate or Developing at Expected Level (I): Psychology students at the intermediate level of competence demonstrate some skills in the area but not to a level of independent application.

Competent (C): At this level, students demonstrate a level of skill to proceed to internship.

Not applicable (NA): At this time, the student has had no opportunity to demonstrate this characteristic.

Competencies	Rating
<u>I. Personality Characteristics, Intellectual and Personal Skills</u>	
^{PIP1} Interpersonal skills: listens and is empathic with others; respect for/interest in others' cultures, experiences, values, points of view, goals and desires, fears, etc. These skills include verbal as well as non-verbal domains.	
^{PIP2} Cognitive skills: critical thinking, organized reasoning, intellectual curiosity and flexibility.	
^{PIP3} Affective skills: affect tolerance; tolerance/understanding of interpersonal conflict; tolerance of ambiguity and uncertainty.	
^{PIP4} Personality/Attitudes: desire to help others; openness to new ideas; honesty/integrity/valuing of ethical behavior.	
^{PIP5} Expressive skills: communicates one's ideas appropriately, feelings and information in verbal and non-verbal channels.	
^{PIP6} Reflective skills: examines and considers one's own motives, attitudes, behaviors and one's effect on others.	
^{PIP7} Personal skills: personal organization, personal hygiene, appropriate dress.	
^{PIP8} Awareness of one's own beliefs and values as they relate to and impact professional practice and activity.	
OVERALL RATING:	

<u>II. Communication/Relationship/Interpersonal Skills</u>	
With patients/clients/families:	
C ¹ Takes a respectful, helpful professional approach to patients/clients/families.	
C ² Forms a working alliance.	
C ³ Deals with conflict, negotiates differences.	
C ⁴ Understands and maintains appropriate professional boundaries.	
With colleagues:	
C ⁵ Works collegially with fellow professionals.	
C ⁶ Supports others and their work and gains support for one's own work.	
C ⁷ Provides helpful feedback to peers and receives such feedback non-defensively from peers.	
With supervisors, the ability to make effective use of supervision, including:	
C ⁸ Works collaboratively with the supervisor.	
C ⁹ Willingness to prepare for supervision.	
C ¹⁰ Willingness to accept supervisory input, including direction; willingness to follow through on recommendations; willingness to negotiate needs for autonomy from and dependency on supervisors.	
C ¹¹ Self-reflects and self-evaluates regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is necessary.	
With support staff:	
C ¹² Is respectful of support staff roles and persons.	
For the practicum site itself:	
C ¹³ Understands and observes agency's operating procedures.	
C ¹⁴ Participates in furthering the work and mission of the practicum site.	
C ¹⁵ Contributes in ways that will enrich the site as a practicum experience for future students.	
C ¹⁶ Produces and comprehends oral, nonverbal, and written communication that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.	
OVERALL RATING:	

III. <u>Psychological Assessment and Case Formulation Skills</u>	
A ¹ Knowledge regarding psychopathology related to the population(s) served by the practicum sites.	
A ² Knowledge of scientific, theoretical, empirical and contextual bases of psychological assessment.	
A ³ Knowledge of test construction, validity, score reliability and related assessment psychometrics.	
A ⁴ Skills in principles and practice of systematic administration, data-gathering and interpretation for assessment, including identifying problems, formulating diagnoses, goals and case conceptualizations; understanding the relationship between assessment and intervention, assessment of treatment progress and outcome.	
A ⁵ Utilizes systematic approaches to gathering data to inform clinical decision-making.	
A ⁶ Interprets and integrates assessment data from different sources for diagnostic purposes, guarding against decision-making biases	
A ⁷ Appropriately formulates and conceptualizes cases.	
A ⁸ Formulates and applies diagnoses; understands the strengths and limitations of current diagnostic approaches.	
A ⁹ Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)	
OVERALL RATING:	
IV. <u>Intervention Skills</u>	
I ¹ Knowledge of scientific, theoretical, empirical and contextual bases of intervention.	
I ² Skills in basic clinical skills, such as empathic listening, framing problems, etc.	
I ³ Skills in assessment of treatment progress and outcome.	
I ⁴ Demonstrates general psychotherapy or process skills.	
I ⁵ Develops, implements, and revises evidence-based treatment plans.	
I ⁶ Ability to implement evidence-based interventions, covering a wide range of developmental, preventive and “remedial” interventions, depending on the focus and scope of the practicum site.	
I ⁷ Modify and adapt evidence-based approaches effectively when a clear evidence base is lacking.	
I ⁸ Engages in ongoing evaluation and monitoring of intervention outcomes.	

¹⁹ Crisis management skills and responding to psychological/ psychiatric emergencies.	
¹¹⁰ Demonstrates the ability to apply the relevant research literature to clinical decision-making.	
OVERALL RATING:	
<u>V.</u> Professional Development:	
^{PD1} Evidences sufficient commitment to practicum training (i.e., time, effort, reading).	
^{PD2} Timeliness: completing professional tasks in allotted/appropriate time (e.g., evaluations, notes, reports); arriving promptly at meetings and appointments.	
^{PD3} Developing an organized, disciplined approach to writing and maintaining notes and records.	
^{PD1} Negotiating / managing fees and payments.	
^{PD4} Organizing and presenting case material; preparing professional reports for health care providers; agencies etc.	
^{PD5} Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	
^{PD6} Responds professionally in increasingly complex situations with a greater degree of independence as they progress throughout the practica.	
OVERALL RATING:	
<u>VI.</u> Ethical and Legal:	
^{E1} Knowledge of principles of ethical practice and decision making (APA, 2002).	
^{E2} Legal knowledge related to the practice of psychology [Federal (e.g., HIPAA), State law]	
^{E3} Knowledge of and acts in accordance with relevant professional standards and guidelines	
^{E4} Recognizes and analyzes ethical and legal issues across the range of professional activities in the practicum setting.	
^{E5} Recognizes and understands the ethical dimensions/features of own attitudes and practice in the clinical setting.	

E ⁶ Seeks appropriate information and consultation when faced with ethical issues.	
E ⁷ Practices appropriate professional assertiveness related to ethical issues (e.g., by raising issues when they become apparent to the student).	
E ⁸ Recognizes ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.	
OVERALL RATING:	
<u>VII.</u> <u>Individual and Cultural Diversity:</u>	
I ^{CD1} Understands one’s own situation (e.g., one’s ethnic/racial, socioeconomic, gender, sexual orientation; one’s attitudes towards diverse others) relative to the dimensions of ICD (e.g., class, race, physical disability, etc.).	
I ^{CD2} Knowledge of the current theoretical and empirical knowledge base as it relates to addressing ICD issues in professional psychology work (e.g., assessment, treatment, research, relationships with colleagues, etc.).	
I ^{CD3} Demonstrates awareness/understanding of their identity (e.g., one’s ethnic/racial, socioeconomic, gender, sexual orientation; one’s attitudes towards diverse others) relative to the dimensions of ICD (e.g., class, race, physical disability, etc.).	
I ^{CD4} Considers ICD issues in professional psychology work (e.g., assessment, treatment, research, relationships, etc.).	
I ^{CD5} Demonstrates the ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.	
OVERALL RATING:	
<u>VIII.</u> <u>Collaboration and Consultation Skills/Inter-Professional Collaborations:</u>	
C ^{I1} Knowledge of the unique roles of other professionals.	
C ^{I2} Effectively relates and works collaboratively with other professionals.	
C ^{I3} Understands the consultant’s role as an information provider to the decision makers.	
C ^{I4} Communicates clearly with minimal psychological jargon.	

^{CI5} Uses appropriate assessment tools to answer referral questions.	
^{CI6} Implements a systematic approach to data collection in a consultative role.	
^{CI7} Organizes reports that are succinct and provide useful and relevant recommendations to other professionals.	
OVERALL RATING:	

<u>IX. Health Psychology:</u>	
^{HP1} Knowledge of biological, psychological, and social determinants of health and illness.	
^{HP2} Knowledge and skills in implementing appropriate assessment tools and strategies when working with individuals with illness or who are engaging in unhealthy behaviors.	
^{HP3} Integrates assessment data from different sources for diagnostic and treatment purposes when working with individuals with illness or who are engaging in unhealthy behaviors	
^{HP4} Appropriately formulates and conceptualizes cases of individuals with illness or who are engaging in unhealthy behaviors	
^{HP5} Knowledge and skills in implementing and evaluating evidence-based health promotion strategies and methods.	
^{HP6} Organizes reports that are succinct and provide useful and relevant recommendations for medical professionals.	
OVERALL RATING:	

Check: ___ As supervisor, I attest that this evaluation was based on my working with student trainee including direct observations

Written Comments (including suggestions for further growth):

Date this evaluation was discussed between student and supervisor _____

Supervisor _____

Assessment Items Key

SOA

E-Ethics and Legal Standards

ICD-Individual and Cultural Diversity

PD-Professional Values, Attitudes, and Behaviors

C-Communication and Interpersonal Skills

A-Assessment

I-Intervention

S-Supervision

CI- Consultation and Interpersonal / Interdisciplinary Skills

Other

PIP-Personality Characteristics, Intellectual and Personal Skills

HP- Health Psychology

Council of University Directors of Clinical Psychology Expectations for Internship Eligibility

1. Trainee meets or exceeds foundational and functional competencies as outlined by the Assessment of Competency Benchmarks Work Group.
2. Trainee successfully completed a master's thesis (or equivalent).
3. Trainee passed program's comprehensive or qualifying exams (or equivalent).
4. Trainee's dissertation proposal has been accepted at the time of application to the internship.
5. Trainee successfully completed all required course work for the doctoral degree prior to starting the internship (except hours for dissertation and internship).
6. Trainee completed an organized, sequential series of practicum experiences supervised by at least two different clinical psychologists that involve formalized practicum experience in evidence-based assessment and therapy. The Trainee completed at least 450 face-to-face hours of assessment/intervention and at least 150 hours of supervision by a clinical psychologist who routinely employed individual and/or group supervision models and at least one or more of the following intensive supervision methods (e.g., direct observation, co-therapy, audio/videotape review). During early formative years, the ratio of face-to-face hours to supervision hours approximated 1:1 and increased to around 4:1 as the Trainee developed intermediate to advanced clinical skills.
7. Trainee has contributed to the scientific knowledge within psychology, as evidenced by:
 - a. Publishing an article in a refereed journal or a book chapter as an author or co-author, or
 - b. Presenting at least three papers/posters/workshops at regional, national, or international professional conferences or meetings.
8. Trainee was enrolled in a program that conducts formal annual evaluations of each student for purposes of monitoring trainees' developing competencies and assuring that only students making satisfactory progress are retained and recommended for doctoral candidacy and entry into the profession. This annual program review of each student utilizes evaluations obtained from different faculty and supervisors and covers the full range of competencies including academic, research, clinical skills, and ethical professional behavior. Trainee has been rated as meeting expectations and possessing the required competencies at the time of applying for internship.

Adopted January 22, 2011



XXXX, 20XX

Dr. Thomas McConnell,
Associate Dean, Graduate School
East Carolina University

Dear Dean McConnell,

This letter serves as a formal request to confer Graduate Teaching Faculty status upon Dr. XXXX. Conferral of this status will enable Dr. XXX to serve on thesis and dissertation committees of graduate students in the department of Psychology, including the dissertation committee of YYYY.

Dr. XXX is a psychologist who earned her Ph.D. in Psychology from XXXXX. Dr. XXX currently serves as XXX. In that role, she XXX. In addition, she also YYY. Her scholarship XXXX. Finally, Dr. XXX takes a leadership role in XXXX. In summary, Dr. XXX has the terminal degree in the field, as well as provides graduate teaching, supervision, and mentoring to students in Psychology and other departments. Dr. XXX also has an active program of scholarship XXX. As such, she more than meets the criteria for Graduate Teaching Faculty status.

Thank you for considering this request.

Sincerely,

YYYY, Ph.D.

DISSERTATION DEFENSE AND MANUSCRIPT APPROVAL FORM

First name: _____ Last name: _____

Title:

Appendix 7

The Apprenticeship Junior Colleague Model

In the East Carolina University Clinical Health Psychology training program, we treat our students as “junior colleagues.” This means that students are given a level of both respect and responsibility similar to that of a less-experienced psychologist colleague. Student expectations and responsibilities increase as they gain experience with the program, whereas collegial levels of professional respect and behavior are expected from students at all developmental levels. Similarly, mentors are expected to show students a similar level of respect as they do their PhD-level colleagues. Though this student-colleague dual role can sometimes be difficult to navigate, we at the ECU CHP program feel that this is the most effective way to create strong, collegial, and confident health psychologists.

The value of graduate student colleagues in our program

Graduate student colleagues represent added value to our program. They enhance the quality and quantity of their primary mentor’s research and clinical endeavors by contributing as research assistants and clinicians. When acting in the role of research assistant, students are asked and expected to contribute intellectually to faculty projects (e.g., suggestions about how to run a study more efficiently or recruit more participants) in addition to fulfilling the more pragmatic roles of participant contact, data collection, and entry. As developing health services providers, student clinicians actively contribute to their practicum training and supervision. They “own” the program training goals of increasing both functional (e.g., assessment, intervention skills) and foundational (e.g., ethics and professionalism, multicultural) competencies. In other words, graduate student colleagues are not simply passive recipients of knowledge, they actively develop their research and clinical skills by working under their mentors as an “apprentice” as they are gradually shaped to take more active and independent roles.

Whereas graduate student colleagues often serve as research assistants to their primary mentor, they are encouraged to develop their own program of research, typically inspired by or related to their primary mentor’s work. Students typically gain most of their content-specific research training from their primary mentor, but they also collaborate with other researchers across the department, the college, the university, and even the country. In this way, graduate student colleagues develop their own unique blend of research interests, which puts them on a path to becoming independent investigators. Graduate student colleagues typically seek the advice of their primary mentor before seeking out cross-collaborations in order to help them decide if taking on additional duties will inhibit their ability to meet their milestones and matriculate through the program.

Graduate student colleagues are also a necessary part of our program and participate in various committees and groups that are responsible for guiding the future of the ECU CHP program including:

- Graduate admissions committee
- Graduate student representative at the CHP faculty meetings
- New faculty search committees

- Annual student evaluation of faculty/program survey
- Visiting day, where students interview the applicants that will form the next CHP class

Graduate student colleagues also organize and manage several groups with little dependence on faculty assistance. In fact, some of these groups represent student efforts in which faculty are participants. These groups include:

- Resources for Education, Advocacy, and Community for Clinical Health (REACCH), which are highly valued professional development meetings attended by faculty and students.
- Psychology Graduate Student Organization (PGSO)
- First Mates, a program through which more advanced students mentor new graduate students and assist them with the transition to graduate school

As part of the Junior Colleague Model of training at the ECU CHP, advanced graduate student colleagues are provided with the opportunity to mentor and foster the development of more junior graduate student colleagues and undergraduate students in both clinical and research endeavors. This arrangement provides graduate student colleagues with the opportunity to develop their own mentoring skills while still in easy reach of the close support of CHP professors.

Clinical experience from various mentors in various settings.

Students begin practicum training in the clinic and typically transition to community practica setting in their third year. Within practicum training, students are expected to demonstrate increasing professionalism, autonomy, case conceptualization skills, and reflective practice, as developmentally appropriate. Externs and community practicum students are introduced and treated as skilled clinical psychologists being trained in new settings, and not as mere students shadowing their clinical supervisor. Clinical supervisors take into account prior experiences and proficiency, providing students with the appropriate degree of autonomy based on their demonstrated competencies. In addition to showing initiative, advanced students bring to these roles and supervision their awareness of what they have mastered and what they do not yet know. They recognize that supervision is about personal development as well as learning professional skills, such that they readily discuss their areas of both strength and weakness so that their mentor can help them seek opportunities to bolster both. As they obtain greater therapeutic skill, graduate student colleagues are given the opportunity to provide mid-level supervision to students who are earlier in their training. This provides graduate student colleagues with an opportunity to develop their own supervisory skills.

Throughout their time in the program, graduate student colleagues will complete a range of practicum experiences both in traditional mental health and health settings and will have multiple clinical supervisors, both core faculty members and CHP program affiliates. As junior colleagues, they are comfortable seeking consultation from multiple sources but are also respectful of their primary clinical supervisor for their current practicum.

Graduate student colleagues work together with their supervisors and the Director of Clinical Training (DCT) to construct a clinical training plan within and across practica consistent with their internship and career goals. Both range and depth of experience in evidence-based practice are important. Clinical health psychologists serve various clinical populations in various settings; an individualized clinical training plan involving complimentary clinical and health psychology experiences is necessary to produce competent psychology health service professionals equipped for the future.

Expectations for professional behavior and openness

Graduate student colleagues are expected to display the same level of professionalism expected of early-career health psychologists and development of this level of professionalism is nurtured throughout graduate training. They are to treat their mentors as colleagues in the sense that they collaborate on projects, while at the same time acting as students in that they take each opportunity as a learning experience such that they are responsive to, and considerate of, feedback. When teaching, treating patients, and meeting with other researchers and other graduate student colleagues, students are expected to show professional courtesy and make their ideas known in an appropriately collaborative manner. However, students are not expected to function at the expert professional level, and they must be responsive to the frequent and thoughtful feedback from their mentors and other CHP faculty regarding their professional behavior.

At the same time, mentors are expected to treat students with respect in both verbal and written communication and feedback. Though students are considered junior colleagues, mentors must be cautious in expecting less-senior students to behave like full-fledged professionals. Mentors are expected to shape students in both academic and professional behavior throughout their time in the ECU CHP. Divergence from appropriate academic and professional behavior is seen as an opportunity for teaching and learning as opposed to a failure to meet expectations.

Graduate student colleagues are expected to be open and honest about their strengths and weaknesses. Students should no longer be primarily concerned with impressing the instructor or supervisor in order to achieve a high grade or a positive evaluation. Emphasis should be on becoming the best health psychologist possible by seeking to understand both their strengths and weaknesses in order to enhance strengths and bolster weaknesses to an acceptable level of competency. This is one of the major distinctions between being a student and being a junior colleague. Students are concerned with grades and endeavor to look confident and proficient. Junior colleagues appreciate their own strengths but are also open about their weaknesses with their mentors and supervisors in order to tailor their training experiences to make them the best health psychologist they can possibly be prior to going on internship. Mentors and clinical supervisors, in turn, value and explicitly reinforce the students' strengths as well as provide a nurturing environment for students to discuss, explore, and bolster their weaknesses.

Relationships between faculty and students

Contact between graduate student colleagues and faculty members is frequent and often informal. Mentors and graduate student colleagues alike work to cultivate a relationship in which students feel comfortable coming to their mentors for help and advice when they are having

difficulty. Sometimes this may mean discussing personal difficulties that are affecting the student's work, but the mentor will never take on the role of therapist or confidante.

As graduate student colleagues and mentors are working closely together to treat patients and complete research projects as they would any other colleague, they may refer to each other on a first-name basis. This varies by situation and by mentor, so this should be discussed with each mentor individually.

The dual role of both graduate student and junior colleague results in both firm boundaries on faculty student interactions but also lends itself to friendly and informal interactions that allow graduate student colleagues to get to know faculty outside of their role as teachers and supervisors. Faculty often have contact with students outside of ECU's campus including start-of-semester gatherings at faculty's homes, celebrations with faculty and their advisees, and an annual banquet with the entire Health Psychology Graduate Program. Faculty also interact with students at national conferences in their areas of interest. In these settings faculty treat students like junior colleagues in that they introduce them to other professionals and facilitate networking opportunities. Some faculty also interact with students by virtue of both being members of community organizations or events; however, faculty-student boundaries apply. Faculty and students are discouraged from spending large amounts of their recreational time together to avoid real or perceived bias and favoritism in their student evaluations. This arrangement allows faculty and students to get to know each other better and form a strong working relationship without crossing important boundaries and intruding on each other's personal lives. It also allows for conversations about factors (both personal and professional) that faculty members weighed in their decisions about their lifestyle and career choices, and how they achieve work-life balance. This provides students with a unique opportunity to learn about the personal and professional paths their colleagues have taken. Faculty and graduate student colleagues are encouraged to discuss their personal boundaries openly and frequently in order to maintain a healthy, collegial relationship.

Approved 9-11-14

Appendix 8
Doctoral Student Checklist

Prior to First Year	
See the Graduate School site for admissions checklist: https://gradschool.ecu.edu/wp-content/uploads/sites/118/2020/02/GRADUATE-SCHOOL-CHECKLIST-2021.pdf	
Attend PASS clinic orientation Attend clinical concentration orientation	
Begin NC Residency application and requirements <ul style="list-style-type: none"> • Lease or rent property in NC; Begin 12 months of continuous residency • Register to vote in NC • Obtain a NC driver's license • Register vehicle in NC 	
If entering with MA/MS <ul style="list-style-type: none"> • Discuss transfer of course credit with program director • Provide course syllabi and relevant materials • If applicable, submit MA/MS thesis for consideration 	
First Year	
Enroll for courses each semester through PiratePort <ul style="list-style-type: none"> • See program requirements for sequence of required courses for your cohort and year • For the fall of the first year, students will be registered by department 	
Obtain lab keys from Rawl 104	
Identify thesis topic and participate in thesis course	
By the end of first year, students may <ul style="list-style-type: none"> • Create timeline for thesis progress • Make progress on literature review 	

<ul style="list-style-type: none"> • Make progress on proposed methods/data analysis plan 	
Apply for NC residency by August before your second year	
Complete semester evaluations and anonymous student survey	
Second Year	
Enroll for courses each semester through PiratePort	
Participate in assigned 2 nd -year practicum	
Propose Master's thesis by end of Fall semester and complete thesis preapproval form	
Present clinical case at brownbag meeting	
If applicable, participate in teaching practicum for teaching assistantship	
Submit rankings for possible 3 rd -year practicum placements	
Complete semester evaluations and anonymous student survey	
Third Year	
Enroll for courses each semester through PiratePort	
Participate in assigned 3 rd -year practicum placement	
If applicable, defend thesis and submit final document to ECU Graduate School, no later than exams Fall semester	
If applicable, apply for Master's degree through ECU Graduate School	
Qualifying Exams <ul style="list-style-type: none"> • Qualifying exams may be completed in the fall or spring of third year, but <i>must</i> be completed by end of the spring semester • Identify qualifying case and submit committee member preferences by 2nd week of the semester • Submit written qualifying exam to committee two weeks before Reading Day • Complete oral defense of qualifying exam on Reading Day 	
Submit rankings for possible 4 th -year practicum placements	

Complete semester evaluations and anonymous student survey	
Fourth Year	
Enroll for courses each semester through PiratePort	
Participate in assigned 4 th year practicum placement	
Develop dissertation plans <ul style="list-style-type: none"> • Identify dissertation topic • If you want to apply for internship, propose dissertation by September 15th 	
After you propose dissertation complete doctoral candidacy form	
If approved, participate in internship seminar and apply for internship	
Participate in supervision course and obtain peer supervisory experience	
Complete Psychological Foundations and required Concentration courses by the end of the fourth year	
Complete PASS Clinic exit interview	
During Internship Year	
Complete and defend dissertation as well as related paperwork and submission requirements	
Apply for graduation	
Make sure all requirements in Degree Works have been successfully completed	