Arizona State University

Clinical Psychology Program Handbook

A Guide to Policies and Procedures for Students and Faculty

Academic Year: 2024-2025

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Section 1: Program Guidelines and Curriculum

I.   Mission Statement

Our program is based on a clinical science model of training. Our mission is to prepare students (a) for professional careers in a variety of settings where they engage in research, teaching, or clinical supervision, and (b) who make contributions to clinical science by disseminating research findings and scholarship. Within this general mission of providing high-quality, science-based training, we strive to prepare a significant number of graduates who establish careers in academia and research institutes where they have primary responsibilities for conducting research that advances clinical science and for teaching new generations of clinical scientists.

The program operates on the principle that scientific training is critically important—not only for preparing students for academic and research careers but also for preparing students for professional practice that is grounded in clinical science research foundations. In turn, sound clinical and prevention research must be based on experience in practice. Because of this inherent reciprocal relation between clinical science and practice, we maintain a commitment to integrated training in both the scientific and professional aspects of clinical psychology. This is a core value in our clinical science training model. With the program's accreditation by the Psychological Clinical Science Accreditation System (PCSAS) in December 2011, we affirmed our commitment to clinical science training that emphasizes the conduct of clinical research, the dissemination of research findings, and the application of evidence-based interventions. A critical aspect of our training philosophy is that science-centered training in clinical psychology involves the sequenced coordination of faculty mentorship, coursework, supervised research, and supervised clinical experience. In addition to coursework, milestone research projects, and clinical training experiences, we strongly believe in the importance of active engagement with the program, department, university, and broader community. Active engagement includes efforts to directly contribute to the department and university (e.g., committee involvement) and the broader community (e.g., volunteer clinical services to community agencies). We hope that these experiences will instill values that will continue to engender commitment to and engagement with the community among our graduates.

Our graduates establish successful careers in academia, professional practice, and other research settings where they use the clinical science training they pursued as graduate students. Outcomes of a recent alumni survey (students at least five years post-graduation) in 2020 provide support for our success in achieving Clinical Science outcomes, with 37 of 38 (97.4%) making scholarly/research contributions since graduation. Our data on graduates from the past 10 years also show diversity in professional activities that is consistent with our clinical science training model. Among those beyond postdoctoral training (n = 54), 40.7% are in academic settings, 33.3% are in clinical or combined research and clinical positions in medical schools/centers, VA hospitals, or other hospital settings, 22.2% are in other practice environments such as mental health centers or private practices, and 3.7% are in government settings (e.g., public health, DoD). These data suggest that our training leads to career trajectories that are consistent with the program's philosophy and goals. Our graduates also report a diverse range of activities including psychotherapy (64%), research (57%), supervision (48%), consultation (46%), teaching (43%),

administration (39%), assessment (36%), and preventive interventions (14%). Over half (55%) of our graduates work with children, 68% work with health care recipients, and 80% serve ethnic minorities. These numbers reveal the rich professional lives of our graduates.

II.   Areas of Focus

The Clinical Training Program has three areas of focus in which students may elect to participate: health psychology, child clinical psychology, and community/prevention. An area of focus differs from a specialty as defined by the Council of Specialties in Professional Psychology. More information can be found at https://www.cospp.org/.

It has been our experience that most of our students will choose one of the three focus areas which represent domains of faculty interest as well as clinical or preventive specialties for which an employment demand now exists. However, specialized training in one of these focus areas is not a program requirement. Some students might begin a particular focus but later decide to move in a different direction. Thus, the descriptions that follow are designed to give you an idea of the curricular choices available. A formal declaration of a focus is not necessary.

The Health Psychology Area of Focus

Clinical students with interests centering on the interface of psychology and medicine may select Health Psychology as an area of focus. In our program, health psychology is broadly interpreted to encompass the theoretical, methodological, and/or procedural (treatment and prevention) contributions from contemporary psychology that bear upon the existing and emerging problems of modern medicine.

Such areas of study include (but are not limited to): patient noncompliance, chronic illness management, analysis and modification of lifestyle and thinking patterns that place individuals at risk for serious illness, physiological correlates of maladaptive behavior patterns, psychosocial assessment and/or screening of medical patients, assessment and treatment of acute and chronic pain, the analysis of life stress in disease, psychosocial factors in immunologic functioning, and the role of psychosocial moderators/ mediators in stress-illness relations (including such factors as social support, temperament, goal systems, etc.). These topics and others represent the current interests of full-time and adjunct faculty in clinical psychology as well as those in graduate programs in social psychology and behavioral neurosciences.

Some features of the health psychology area include:

(1) training students to develop skills and knowledge in dealing with life-span biopsychosocial issues. Active research on health-relevant topics currently exists with children, adults, and aging populations as target groups;

(2) a strong commitment to a preventive focus. Early identification of groups at risk constitutes an important domain of research for a number of our faculty;

(3) excellent support from the local Phoenix community in terms of the availability of hospitals, clinics, and private medical practitioners willing to assist ASU faculty and students in their research pursuits.

Students electing to focus on health psychology are advised to take graduate course offerings related to health psychology (e.g., advanced treatment method course on Mindfulness) as dictated by their own interests and course availability. It is advisable to pursue both MA and PhD research in the domain of health psychology, as well as to complete the one-year, APA-approved internship at a site permitting further development of intervention/diagnostic skills with medical populations. Over the years, graduates of our program who have emphasized health psychology have found employment both in academic and in health-care settings.

The Child Clinical Area of Focus

The child clinical area of focus provides training in the etiology, assessment, treatment and prevention of childhood disorders. A major focus is on the prevention of child mental health problems among children and families under stress. Thus, most of our child clinical faculty also participate in our community-prevention area of focus.

Training is provided through formal courses, faculty- supervised research projects, in-house clinical practica, placements at mental health agencies in the community, and outreach efforts with local schools. Students have an opportunity to work with faculty who are studying topics such as: the influence of stress and coping on children's mental health, children of divorce, effects of bereavement, minority mental health, family and contextual influences on risk and resilience, longitudinal studies linking child risk and resilience to later life outcomes, the development and intergenerational transmission of substance use disorders, outcomes for serious juvenile offenders, and the development and evaluation of prevention programs for children and their families. We emphasize the importance of a developmental perspective and students have opportunities to work with faculty in Developmental Psychology.

In addition to clinical core courses, several additional courses and experiences are recommended for students with child clinical interests. Students are required to take Developmental Psychopathology and Child and Family Therapy. For their two ATM courses, students are encouraged to select those that focus on children and families. For the cognitive, affective, and social bases requirements, students are encouraged to take courses in social, emotional, and cognitive development. Also, students are encouraged to select child clinical topics for their master's and dissertation projects. It is recommended that students complete a clinical placement and internship at child clinical sites.

Relevant Course Offerings in the Psychology Department. Over and above our core clinical curriculum, graduate courses in the Psychology Department that are focused on child clinical psychology include: Developmental Psychopathology, Child and Family Therapy, Social Development, and Seminar in Prevention Research, and Statistics in Prevention Research.

Other Relevant Resources. Child clinical training at ASU benefits from the presence of the ASU Research and Education Advancing Children's Health (REACH) Institute, which provides research assistantships in a variety of large-scale field projects and intervention trials focused on the prevention of mental health problems for children and families under stress. In addition, students are eligible for pre-doctoral fellowships in our NIDA-funded prevention and implementation training grant. All clinical students are invited to attend the weekly seminar meetings of this training program to discuss topics in child mental health and primary prevention. In addition, our in-house

training clinic provides opportunities for practicum classes in child assessment and treatment, and work with local schools. The Psychology Department also houses a Child Study Laboratory with programs for preschool children and research opportunities. The Quantitative program within the Psychology Department provides training in the methodologies necessary for longitudinal studies of developmental trajectories and for evaluating the effects of intervention on those trajectories.

Outside of the Psychology Department, faculty from ASU's School of Social and Family Dynamics teach a variety of relevant courses and offer research opportunities for our students.

Child clinical placements in the community. Interested students can complete their required clinical placements in community settings that deliver services to children and families such as Phoenix Children's Hospital and Southwest Human Development. In addition, placements are available within the child and family team of our in-house training clinic, including work with child assessment and treatment, and outreach work with local schools.

The Community/Prevention Area of Focus

We define the community/preventive area of focus to include theory, research methods, and interventions that are designed to prevent the occurrence of mental health, substance use or other problems, and to promote healthy adaptation in a range of social environments. Students study theoretical issues such as the influence of stress and coping, family processes, acculturation and cross-cultural issues, neighborhood influences, and economic hardship on the development of mental health or substance abuse problems. Students also become involved in the development, implementation, and evaluation of preventive interventions to promote healthy adaptation for children in a range of high-risk situations. Foci of preventive interventions include children of divorce, inner-city ethnic minority children, bereaved children, and school-based programs.

Some features of particular strength of the community/prevention area at ASU include the opportunity for students to be involved in the development, implementation, and evaluation of preventive interventions in close collaboration with the faculty. Our prevention program emphasizes a close integration between theory, intervention development and evaluation, and methodology. Students also have the opportunity to be involved with research projects that have focused on the study of child and family adaptation to high-stress situations such as divorce, bereavement, and acculturation; and the development, implementation, and evaluation of preventive interventions.

Students with a focus on Community/Prevention are strongly encouraged to attend the weekly informal seminar in Prevention Research. Students are also advised to take Advanced Treatment Methods courses in which they get hands-on experience in the development and implementation of preventive intervention programs and to take methodology courses, which provide skills in the analysis of community-based studies. It is also recommended that students become involved in field placements in community-based agencies and conduct their MA and PhD research in prevention or community research.

III.   Timeline for Satisfactory Progress

To maintain satisfactory standing, students should maintain a B average in courses, complete milestones in a timely fashion, and show good progress in the development of professional competencies.

The timeline for students entering without an approved master's degree and thesis:

- I.   Master's thesis prospectus: before second year
- II.   Master's thesis data meeting: spring semester, second year
- III.   Master's thesis defense: prior to the start of the fall semester, third year
  - a. In order to defend during the summer, you must register for summer courses at your expense
  - b. Your thesis must be approved by your committee chair, your committee, and the Graduate College
- IV.   Comprehensive exam submission: first day of classes, fall semester, fourth year
- V.   Dissertation prospectus: October 1, fifth year; prospectus defense by October 15
- VI.   Internship readiness: October 15, fifth year

Students who are admitted with a master's degree and thesis that are approved as equivalent to the department's requirements have the following timeline:

- Comprehensive exam submission: first day of fall semester, third year in residence
- Dissertation prospectus: October 1, fourth year; prospectus defense by October 15
- Internship readiness: October 15, fourth year

A petition to modify the above timelines must be submitted, in collaboration with the student's advisor, to the Area Head prior to the due date of the milestone.

Satisfactory progress in clinical training is evaluated in all practicum courses, clinical placements, and internships. Work as a teaching assistant or research assistant is evaluated annually by supervisors.

Students' annual reviews by the clinical faculty coincide with the milestones timeline shown above. Coursework, research, and professional training (clinical work and teaching) are evaluated during annual reviews. Students receive letters from the Area Head and Directors of Clinical Training that describe the results of annual evaluations.

IV. Doctoral Program Requirements

To obtain the PhD, a minimum of 84 hours is required. The basic training activities within the clinical program include:

- Required Core Courses (27 hours [adult track], 30 hours [child track]): Courses covering the scientific and technical foundations of clinical psychology, as well as clinical practica are required:
  - PSY 530   Analysis of Variance (Intermediate Statistics)
  - PSY 531   Multiple Regression
  - PSY 573   Psychopathology
  - PSY 578   Developmental Psychopathology (required for child emphasis only)
  - PSY 600   Clinical Research Methods
  - PSY 574/591   Psychotherapy or Child and Family Therapy
  - PSY 780   Assessment ATM
  - PSY 598   Clinical Interviewing and Ethics
  - PSY 680   Clinical Practicum I
  - PSY 680   Clinical Practicum II
- Core Couse Required by the Department (3 hours)
  - PSY 502   Professional Issues in Psychology
- Elective Courses (6-27 hours): Various courses, seminars, and practica of the students' choosing are included in this category and are used to satisfy additional program requirements.
- Substantive Curriculum Courses (6-27 hours): Two Advanced Treatment Methods (ATM) courses are required, one of which must be the Assessment ATM. A second ATM involves integrated science-professional training and is taught by departmental faculty in timely and specific clinical and community modalities. *ATMs taken in other departments require prior approval of clinical faculty for use to satisfy requirements.*
  - PSY 780   All topics listed as ATMs in Psychology. The Assessment ATM also meets the requirement for Psychological Assessment
  - PSY 501   Supervised Teaching (can count for 1 of 2 ATMs)
- Master's Thesis and Research Courses (12 hours). The master's is a master's in passing. The Master's Thesis must be an empirical investigation. A three-person thesis committee is required, including one person from outside the clinical training area or outside the topic area. An oral defense is required.
  - PSY 592   Master's Research (6 credit hours) Independent study in which a student, under the supervision of a faculty member, conducts research that is expected to lead to a thesis or dissertation, report, or publication. Assignments might include data collection, experimental work, data analysis, or preparation of a manuscript.
  - PSY 599   Master's Thesis (6 credit hours) Supervised research focused on preparation of thesis, including literature review, research, data collection and analysis, and writing.
- Dissertation and Research Courses (18 hours). The dissertation must be an empirical investigation and includes an oral defense. A four-person thesis committee is required. One

person must be from outside the clinical training area or outside the topic area. It is expected that the student will have completed analysis of dissertation data prior to leaving on internship.

- o PSY 792   Dissertation Research (6 credit hours) Independent study in which a student, under the supervision of a faculty member, conducts research that is expected to lead to a specific project such as a dissertation, report, or publication. Assignments might include data collection, experimental work, data analysis, or preparation of a manuscript.
- o PSY 799   Dissertation (12 Credit Hours) Supervised research focused on preparation of dissertation, including literature review, research, data collection and analysis, and writing.

- Required Accreditation Courses (6-27 hours)

  To satisfy requirements for program accreditation, students are required to:

  (1) demonstrate **foundational** knowledge in Biological Bases of Behavior, Social Bases of Behavior, Cognitive Bases of Behavior, Affective Bases of Behavior, Human Development, and History and Systems. Foundational knowledge in these areas can be demonstrated through undergraduate courses, GRE subject scores, or graduate courses. Undergraduate courses taken prior to matriculating to the doctoral program and GRE subject scores must be submitted for review and approval by the Area Head. To obtain approval, send a copy of the undergraduate course syllabus and transcript showing a grade B or better in the course or send GRE subject scores to the Area Head. (Students who want to take an undergraduate course while enrolled in the doctoral program should send the undergraduate syllabi for approval before enrolling in the course.)

  (2) demonstrate graduate knowledge in all areas except History and Systems (i.e., Bio, Social, Cognitive, Affective, Human Development).

  (3) demonstrate advanced integrative knowledge by completing at least one graduate course that covers two or more of five areas (Bio, Social, Cognitive, Affective, Human Development)in an integrated format. More detail about required accreditation courses is provided in Section 1 - V. Required Accreditation Courses of this handbook.

Supervised clinical placements: Beginning in the third year, students may engage in supervised clinical work as a Resident Therapist (RT) at the CPC or with a community clinical service agency. Community placements are coordinated by a faculty committee. Two years of quarter-time (10 hours per week) or one year of half-time (20 hours per week) of placement training are required. All students are required to complete one year as an RT at the CPC (i.e., 10 hours per week for one year). Supervised clinical placements to do not have a course associated with it. The one exception is 2nd year Prac (PSY 680).

Comprehensive Examination. Students are required to successfully pass a comprehensive examination prior to initiating dissertation research. To qualify for the comprehensive examination, students must complete a master's thesis, maintain a minimum of a B average in all required coursework, and have overall "satisfactory" ratings in their clinical/professional activities. Students write either a critical systematic review/meta-analysis of a substantive area of clinical psychology or a grant application similar to those that seek funding for dissertation research. The comprehensive exam includes an oral defense. For students who are admitted without a master's

degree, comprehensive examination papers are submitted on the first day of the fall semester of the fourth year. For students who are admitted with a master's degree and thesis that are approved as equivalent to the department's requirements, comprehensive examination papers are submitted on the first day of the fall semester of the third year.

Full-time Internship. An APA-approved internship is required for graduation in Clinical Psychology. Students must submit a dissertation prospectus by October 1 of the fall semester in which they apply for an internship and pass a prospectus defense by October 15. Students are required to enroll in one hour of internship credit each semester (fall and spring) that they are on internship and during the semester they graduate. This is explained in more detail in the handbook section on internship, Section 7 - II.

Curricular coverage of diversity issues is another important aspect of graduate training that is achieved in our core courses and other required courses. Students are exposed to diversity issues, through the infusion of this material throughout our core curriculum. In addition, students can participate in numerous research projects that are concerned with diversity in age, ethnicity, and gender. Specific course requirements are outlined on the following pages.

In addition to required coursework, research milestones, and clinical practica, students are expected to actively engage with the departmental, university, and broader communities. This includes regular attendance at the Prevention Seminar, involvement in departmental committee work, and engagement in service to the community.

Required Courses for Students who enter with a Master's Degree
For students who enter our program with prior graduate training, our policy is to evaluate their prior training to determine if it is equivalent to what we offer in our required courses. The student's advisor coordinates this process with the assistance of the Area Head. The student is asked to submit a request for the class requirement(s) that he/she wishes to have waived, and to submit the syllabi for their previous equivalent classes. Our instructors review these syllabi to judge whether they are equivalent. If so, that course requirement is waived. If any of the student's previous coursework is accepted, the student may transfer up to 30 credit hours from their master's degree. However, only the specific courses that are waived will count toward requirements of the clinical area and toward APA requirements and licensure.

V.   Required Accreditation Courses

To meet requirements for training in discipline specific knowledge (DSK) based on the Commission on Accreditation's Standards on Accreditation (SoA) in 2017, students must demonstrate foundational and graduate-level knowledge as outlined below:

- **History and Systems of Psychology** –demonstrate foundational knowledge.
- **Basic Content Areas in Scientific Psychology** – demonstrate foundational knowledge and graduate-level knowledge in each of:
  - **Affective Aspects of Behavior**, including topics such as affect, mood, and emotion. Psychopathology and mood disorders do not by themselves fulfill this category.

- **Biological Aspects of Behavior**, including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology can be included in this category, they do not, by themselves, fulfill this category.
- **Cognitive Aspects of Behavior**, including topics such as learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do not, by themselves, fulfill this category.
- **Developmental Aspects of Behavior**, including transitions, growth, and development across an individual's life. A coverage limited to one developmental period (e.g., infancy, childhood, adolescence, adulthood, or late life) is not sufficient.
- **Social Aspects of Behavior**, including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.

Students must also demonstrate **Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas**, including graduate-level scientific knowledge that entails integration of multiple basic discipline-specific content areas (i.e., integration of at least two of: affective, biological, cognitive, social, or developmental aspects of behavior). Students must take at least one graduate course that integrates multiple content areas.

There are a number of ways that students can demonstrate meeting DSK requirements, and the way each student will meet requirements depends on how much foundational knowledge the student accrued prior to matriculation to the doctoral program.

- The History and Systems of Psychology requirement could be demonstrated via (i) an undergraduate course prior to matriculation to the doctoral program, (ii) an undergraduate course after matriculation to the doctoral program, (iii) a graduate course after matriculation to the doctoral program.
- The Five Basic Content Areas (Affective, Bio, Cognitive, Developmental, Social) require foundational and graduate-level knowledge.
    - Foundational knowledge for a domain (Affective, Bio, etc.) can be demonstrated through (i) an undergraduate course prior to matriculation to the doctoral program, (ii) a Psychology GRE score of 70 or better in that domain, or (iii) a graduate-level course that provides both foundational and graduate knowledge in that domain. (Note that advanced integrative courses generally do not cover foundational material. The one exception is that by taking two advanced integrative courses that each cover Affective Bases, this can count as foundational and graduate-level knowledge for the Affective Domain, since students get affective training in each course.)
    - Graduate-level knowledge for a domain can be demonstrated by (i) a graduate course in that domain, or (ii) for students with foundational knowledge in a particular domain, a graduate-level integrative course that addresses that domain.
- The Advanced Integrative requirement can be demonstrated by taking at least one graduate level course that integrates multiple domains. For example, students can take:
    - NEU 598 Brain and Emotion, which integrates Biological, Cognitive, and Affective domains

- o PSY 542 Social Development, which integrates Social, Affective, and Human Development domains.
- o PSY 591 Neurobiology of Social Behavior, which integrates Biological, Social, Cognitive, and Affective domains

Various ways of meeting the DSK are shown in examples below. (Note: Students must obtain approval from the Area Head for counting undergraduate coursework and the Psych GRE towards foundational requirements. To do this, send a copy of the syllabi and your transcript showing a grade of B or better in each course you want to count towards foundational requirements. Send a copy of the Psych GRE showing a score of 70 or better in the domain you want to count towards foundational requirements. If you are enrolled in the doctoral program and want to take an undergraduate course to count towards your foundational requirements, send the syllabus to the Area Head for approval prior to enrolling in the course.)

Although two specific examples of how to meet the DSK requirements are shown below, a general strategy that will work for the most students, is to:

1. Enroll in PSY 591 History of Psychology (if a similar course is not taken prior to matriculation to the doctoral program)
2. For any of the 5 domains (Affective, Bio, Social, Cognitive, Human Development) for which a student does NOT have approved coursework prior to matriculation to the doctoral program OR for which a student does NOT have a Psych GRE score of 70 or better, enroll in a graduate course for that domain. For example, if you do not have a foundational undergraduate course in the Cognitive domain, enroll in PSY 535 Cognitive Processes, which will count towards foundational and graduate-level knowledge. The one exception to this guidance is the domain of Affective Bases of Behavior. Students who enroll in the two advanced integrative courses (Brain and Emotion, Social Development) do not need a separate course on Affective Bases, because the two advanced integrative courses together can count towards foundational and graduate requirements for Affective Bases.
3. Enroll in two advanced integrative courses (i.e., NEU 598 Brain and Emotion and PSY 542 Social Development). One of these courses can be counted towards the advanced integrative requirement; the two courses together will build on foundational knowledge in all five domains; and the two courses together will count as foundational and graduate-level knowledge in Affective Bases, since both integrative courses cover affective knowledge.

The following courses are examples of ASU graduate courses that meet the requirements for each content area. If a course is not listed here, please submit the course syllabus to the Area Head for approval prior to enrolling in the course.

- **Biological Bases of Behavior**
    - o NEU 598 Brain and Emotion
- **Social Bases of Behavior**
    - o PSY 550 Advanced Social Psychology: Interpersonal Process
    - o PSY 551 Advanced Social Psychology: Intrapersonal Process
- **Cognitive Bases of Behavior**
    - o PSY 535 Cognitive Processes

- o PSY 591 Current Issues in Cognitive Science
- o PSY 598 Cognitive Neuroscience
- **Affective Bases on Behavior**
  - o PSY 591 Emotions
  - o PSY 542 Social Development
- **Human Development**
  - o PSY 542 Social Development
  - o PSY 598 Developmental Transitions
  - o PSY 591 Theories of Development
- **History and Systems**
  - o PSY 591 History of Psychology
- **Integrative Coursework in 2 or more DSK Areas**
  - o NEU 598 Brain and Emotion (integrates Biological, Cognitive, Affective)
  - o PSY 542 Social Development (integrates Social, Affective, Human Development)
  - o PSY 591 Neurobiology of Social Behavior (integrates Biological, Social, Cognitive, and Affective)

The chart below, entitled "DSK Tracking," is designed to aid students in documenting how they meet DSK requirements.

DSK Course Tracking			
DSK Requirement	**Column A** (Complete this column if you have a Psych GRE Score of 70+ OR an Undergrad Course with a Grade of A or B AND Approval from Area Head to Count the Course/GRE Score Towards the Requirement)	**Column B** (Complete this column only if Column A is NOT blank)	**Column C** (Complete this column only if Column A IS blank)
I. Five Domains	**Foundational Knowledge[a]** (Psych GRE Score OR Undergraduate Course Name and Number)	**Graduate Knowledge that Builds on Foundational Knowledge[b]** (Graduate Course Name and Number)	**Foundational + Graduate Knowledge[c]** (Graduate Course Name and Number)
Affective Bases			
Biological Bases			
Cognitive Bases			
Human Development			
Social Bases			
	Course Name and Number		
II. Advanced Integrative (1 course)			
II. History and Systems[d] (1 course)			

Note. a. Can be an undergraduate course prior to matriculating to doctoral program, an undergraduate course taken after matriculating to doctoral program, a graduate course, or a Psych GRE score of 70 or better. b. This will be an advanced integrative course. c. Typically, this will be a graduate course in a particular domain (e.g., Cognitive Processes). An exception is that for the affective domain, students who take two advanced integrative courses that touch on the affective domain could count those two courses towards foundational and graduate knowledge in affective. d. History and Systems can be an undergraduate course prior to or after matriculating to doctoral program or a graduate course.

Examples of how to complete the table and meet DSK requirements are shown below. Examples are not exhaustive.

In general, most students in the doctoral program will enter the doctoral program with some undergraduate psychology courses and/or a Psychology GRE score that count towards foundational requirements. Most of these students will still need to (i) take an undergraduate or graduate course in History and Systems of Psychology while enrolled in the doctoral program at ASU, (ii) meet foundational requirements in one or more basic content areas (Biological Bases, Cognitive Bases, etc.) through undergraduate or graduate coursework after matriculation to the doctoral program, and (iii) meet graduate-level requirements through taking two advanced integrative courses that build on foundational knowledge (assuming the student has demonstrated foundational knowledge in that domain) or through taking a graduate course in the domain for which they lack foundational knowledge. **Prior to enrolling in an undergraduate course as a doctoral student, seek approval for the course by emailing the syllabus to the Area Head.**

Example A

> A student with Area-Head approved undergraduate coursework or sufficient Psych GRE Scores in biological, cognitive, social, and human development will meet foundational requirements in these domains. The student enrolls in two advanced integrative courses to cover graduate knowledge in those domains -- NEU 598 Brain and Emotion (which covers graduate knowledge in Biological Bases, Cognitive Bases, and Affective Bases) and PSY 542 Social Development (which covers graduate knowledge in Social Bases, Affective Bases, and Human Development). Note that the student did NOT have foundational knowledge in Affective Bases (i.e., no undergraduate course, no Psych GRE on Affective Bases). However, the combination of Brain and Emotion and Social Development fulfills foundational and graduate knowledge requirements for affective because these two courses both touch on affective bases of behavior.

EXAMPLE A: For the student who has an undergraduate course or Psych GRE in four of the five domains. Red font=course taken at ASU.

DSK Requirement	Column A (Complete this column if you have a Psych GRE Score of 70+ OR an Undergrad Course with a Grade of A or B AND Approval from Area Head to Count the Course/GRE Score Towards the Requirement)	Column B (Complete this column only if Column A is NOT blank)	Column C (Complete this column only if Column A IS blank)
I. Five Domains	**Foundational Knowledge[a]** (Psych GRE Score OR Undergraduate Course Name and Number)	**Graduate Knowledge that Builds on Foundational Knowledge[b]** (Graduate Course Name and Number)	**Foundational + Graduate Knowledge[c]** (Graduate Course Name and Number)
Affective Bases			The combination of NEU 598 Brain and Emotion and PSY 542 Social Development will meet foundational and graduate knowledge for Affective, because both courses touch on affective bases.
Biological Bases	PSY 201 Biological Psychology	NEU 598 Brain and Emotion	N/A (met by columns A/B)
Cognitive Bases	PSY 200 Cognitive Psychology	NEU 598 Brain and Emotion	N/A (met by columns A/B)
Human Development	PSY 208 Developmental Psychology	PSY 542 Social Development	N/A (met by columns A/B)
Social Bases	PSY 205 Social Psychology	PSY 542 Social Development	N/A (met by columns A/B)
	Course Name and Number		
II. Advanced Integrative	PSY 542 Social Development		
II. History and Systems[b]	PSY 591 History and Systems		

Note. a. Can be an undergraduate course prior to matriculating to doctoral program, an undergraduate course taken after matriculating to doctoral program, a graduate course, or a Psych GRE score of 70 or better. b. This will be an advanced integrative course. c. Typically, this will be a graduate course in a particular domain (e.g., Cognitive Processes). An exception is that for the affective domain, students who take two advanced integrative courses that touch on the affective domain could count those two courses towards foundational and graduate knowledge in affective. d. History and Systems can be an undergraduate course prior to or after matriculating to doctoral program or a graduate course.

Example B

For students who have few foundational requirements met upon matriculating to the doctoral program (i.e., have not demonstrated foundational knowledge in numerous areas at the undergraduate level through coursework or through the Psych GRE), it is possible to do so while enrolled in the doctoral program through completion of additional undergraduate OR graduate-level coursework. For example, consider a student who, prior to matriculating to the doctoral program, has demonstrated foundational knowledge in Biological and Social bases of behavior, but not Affective, Cognitive, or Human development. This student could take two undergraduate courses (i.e., in Cognitive Bases and Human Development – obtain Area Head approval before enrolling) and take the two advanced integrative courses (Brain and Emotion, Social Development). The two advanced integrative courses together cover Affective bases twice, which will count towards foundational and graduate-level knowledge in Affective bases. Further, the two integrative courses will build on foundational knowledge in Biological and Social bases. Alternatively, the student could take two graduate courses (in Cognitive Bases and Human Development) plus the two advanced integrative courses (Brain and Emotion, Social Development) to fulfill all foundational and graduate knowledge requirements.

EXAMPLE B: For the student who has an undergraduate course in only two of five domains. Red font=course taken at ASU.

DSK Requirement	Column A (Complete this column if you have a Psych GRE Score of 70+ OR an Undergrad Course with a Grade of A or B AND Approval from Area Head to Count the Course/GRE Score Towards the Requirement)	Column B (Complete this column only if Column A is NOT blank)	Column C (Complete this column only if Column A IS blank)
I. Five Domains	**Foundational Knowledge[a]** (Psych GRE Score OR Undergraduate Course Name and Number)	**Graduate Knowledge that Builds on Foundational Knowledge[b]** (Graduate Course Name and Number)	**Foundational + Graduate Knowledge[c]** (Graduate Course Name and Number)
Affective Bases			The combination of NEU 598 Brain and Emotion and PSY 542 Social Development will meet foundational and graduate knowledge for Affective, because both courses touch on affective bases.
Biological Bases	PSY 201 Biological Psychology	NEU 598 Brain and Emotion	N/A (met by columns A/B)
Cognitive Bases			PSY 535 Cognitive Processes
Human Development			PSY 598 Developmental Transitions
Social Bases	PSY 205 Social Psychology	PSY 542 Social Development	N/A (met by columns A/B)
		Course Name and Number	
II. Advanced Integrative		PSY 542 Social Development	
II. History and Systems[b]		PSY 591 History of Psychology	

Note. a. Can be an undergraduate course prior to matriculating to doctoral program, an undergraduate course taken after matriculating to doctoral program, a graduate course, or a Psych GRE score of 70 or better. b. This will be an advanced integrative course. c. Typically, this will be a graduate course in a particular domain (e.g., Cognitive Processes). An exception is that for the affective domain, students who take two advanced integrative courses that touch on the affective domain could count those two courses towards foundational and graduate knowledge in affective. d. History and Systems can be an undergraduate course prior to or after matriculating to doctoral program or a graduate course.

VI. Sample General and Child Focused Schedules for Option 1

SAMPLE SCHEDULE: GENERAL

Listed below is a sample schedule. Note that, although we outline a five-year sequence in which the degree can be completed, most students finish the degree in six years including internship.

Year One	**Year One**
Fall (15 credits)	Spring (12 credits)
• Analysis of Variance	• Multiple Regression
• Psychotherapy (if offered)	• Clinical Interviewing and Ethics
• History and Systems (if no Psychotherapy)	• Clinical Research Methods
• Psychopathology	• Research (3)
• Research (3)	
• Professional Issues in Psychology	
Year Two	**Year Two**
Fall (12 credits)	Spring (12 credits)
• MA Thesis (3)	• MA Thesis (3)
• Clinical Practicum I	• Clinical Practicum II
• Multivariate Statistics	• Elective (Biological Bases of Behavior)
• Psychotherapy (if not offered in Year 1)	• Assessment ATM
• History & Systems (if Psychotherapy in Year 1)	
Year Three	**Year Three**
Fall (12 credits)	Spring (12 credits)
○ Elective (Cognitive Bases of Behavior)	• Elective (Human Development)
○ Elective (Affective Bases of Behavior)	• ATM
○ Research (3)	• Research (3)
○ Dissertation Research (3)	• Dissertation Research (3)
○ (1/4-time clinical placement)	• (1/4-time clinical placement)
Year Four	**Year Four**
Fall (9 credits)	Spring (9 credits)
• Elective (Social Bases of Behavior)	• ATM
• Dissertation Research (3)	• Dissertation Research (3)
• Elective	• Elective
• (1/4-time clinical placement)	• (1/4-time clinical placement)
Year Five	**Year Five**
Fall (1 credit)	Spring (1 credit)
• Internship	• Internship

SAMPLE SCHEDULE: CHILD CLINICAL EMPHASIS

Listed below is a sample schedule for students who chose a child clinical emphasis. Note that, although we outline a five-year sequence in which the degree can be completed, most students finish the degree in six years including internship.

Year One	**Year One**
Fall (15 credits)	Spring (12 credits)
• Analysis of Variance • Child and Family Therapy (if offered) • Developmental Psychopathology (If Child and Family Therapy not offered) • Psychopathology • Research (3) • Professional Issues in Psychology	• Multiple Regression • Clinical Interviewing and Ethics • Clinical Research Methods • Research (3)
Year Two	**Year Two**
Fall (12 credits)	Spring (12 credits)
• MA Thesis (3) • Clinical Practicum I • Multivariate Statistics • Developmental Psychopathology **OR** Child and Family Therapy (whichever was not taken in Year One)	• MA Thesis (3) • Clinical Practicum II • Elective (Affective Bases of Behavior) • Assessment ATM
Year Three	**Year Three**
Fall (12 credits)	Spring (12 credits)
• Elective (Biological Bases of Behavior) • Elective (History and Systems) • Research (3) • Dissertation Research (3) • (1/4-time clinical placement)	• Elective (Human Development) • ATM • Research (3) • Dissertation Research (3) • (1/4-time clinical placement)
Year Four	**Year Four**
Fall (9 credits)	Spring (9 credits)
• Elective (Social Bases of Behavior) • Elective (Cognitive Bases of Behavior) • Dissertation Research (3) • (1/4-time clinical placement)	• ATM • Dissertation Research (3) • Elective • (1/4-time clinical placement)
Year Five	**Year Five**
Fall (1 credit)	Spring (1 credit)
• Internship	• Internship

Section 2: Program Policies and Procedures

I.   Financial Support

Tuition and Fees

ASU posts current and past tuition rates on the Tuition and Fees Schedule. Rates for graduate students are broken into three categories: resident, non-resident, and international. Students who wish to change their status to resident (for tuition purposes) must work with the Registrar's Office, which has a webpage dedicated to Residency for Tuition Purposes. Updating the status may be a lengthy and complex process.

Financial Support

We strive to fund all students throughout their course of study but resources are finite. To be fair to all students, we use a system of prioritization to make best use of funds to benefit both students and the department. The following priorities govern use of TA lines only (not RAs):

1.   Students in years 1-5 will have priority. Students in years 6 and above will drop in priority. Sometimes, exceptions may be made. Some exceptions might be:
    a.   Students in good academic standing who have written successful fellowship/grant proposals will not be "penalized" for those years. Similarly, requests from students in good standing can be considered past the 5th year when they have previously supported themselves through mechanisms not associated with the Psychology Department.
    b.   In rare circumstances, a particular specialized skill might be required (e.g., Quant TA). If no student in years 1-5 can be identified to fill that need, then a more advanced student may be given higher priority.
    c.   In some circumstances, Area Heads might propose different timetables for students (e.g., those who enter with a master's degree).
2.   Students who have satisfactory or better ratings in their TA or RA performance will have higher priority. Students who receive unsatisfactory ratings in either TA or RA performance will have lower priority.
3.   Students in good standing in their programs will have priority. Students who have received ratings of "not making satisfactory progress" in their annual evaluations will have lower priority.
4.   These department priorities override area allocation. That is, an area will not use a TA line to fund a "low priority" student if another area has an unfunded "high priority" student.

Whom to Consult Concerning Financial Support

Funding may come from various sources. It is the student's responsibility to work closely with their mentor to inform them of continued needed support, especially for summer. The mentors work with their program's Area Head to convey this information. The Area Head is primarily responsible for the pattern of student support for their area. The Area Head works closely with the Director of Graduate Studies and the Department Chair with respect to long-range planning of stipend support.

Questions concerning appointments inside or outside of the university should be directed to the Area Head or Department Chair. Questions about applying for grants should be directed to both Research Advancement and the Director of Graduate Studies before pursuing the opportunity.

Departmental Graduate Assistantships (TAs and RAs)

Graduate assistantships are technically categorized as one of the following:

1. **Teaching Assistant**: Works in a classroom setting with an assigned instructor. Funded by the department.
2. **Research Assistant**: Works in a research setting with a faculty member. Funded by the faculty member's grant.

The Director of Graduate Studies assigns the duties of graduate assistants in consultation with the department Business Manager and the area directors. Graduate assistants are:

1. Assigned to work under the direct supervision of one faculty member (but it may be more) who will determine the details of the student's responsibility.
2. Considered to be on half-time (20 hours per week) or one quarter time (10 hours per week) appointments for the academic year.
3. Expected to begin their assistantship responsibilities before classes begin by attending the appropriate TA orientations and meeting with their supervising faculty member (see the TA Expectations and Required TA Orientation sections below). Exact dates change annually.
4. Expected to adhere to the policies and procedures within the ASU TA/RA Handbook.

TA and RA Tuition and Health Benefits

TA and RA positions are usually 20 hour a week jobs, which come with a stipend, 100% tuition waiver for the semester, and 100% health insurance coverage (for the individual student only; requires the student to enroll in a health insurance plan unless the student is international, in which case they are automatically enrolled in a health insurance plan). Some TA and RA positions are only 10 hour a week jobs, which come with a stipend, 50% tuition waiver for the semester, and 50% health insurance coverage (for the individual student only). Tuition waivers do not cover miscellaneous fees, which are the responsibility of the student to pay. Students who do not see the tuition waiver applied to their bill should make sure they are enrolled in at least 6 credits for the semester. If so, then they should contact the PSY graduate advising office to ensure the waiver has been entered in the system. See the Resources section for contact information.

Pay Schedule

Teaching assistants and research assistants receive 20 equal paychecks over the academic year. Payroll is run bi-weekly and the pay date is every other Friday.

Arrangements for direct deposit to a bank may be done online but HR paperwork must be completed and submitted at least a week before direct deposit can be set up. Employees can also do the W4 paperwork online. Paper paychecks can be picked up in the PSY Main Office. Paychecks will not be released to anyone other than the designated payee unless prior arrangements have been made. A signature is required for paper check pick-up.

Extra Work/ Outside Work

Summary: Students are encouraged to discuss with their advisor and/or training Area Head before choosing to work an outside job or engage in another opportunity that requires a substantial time commitment. This is in no way intended to prohibit or discourage graduate students from outside work.

The Psychology Department, the College, and the Graduate College strive to ensure that students are financially supported throughout their time in the program. Students are typically supported through teaching assistantships, research assistantships, grant funds, or fellowships. In assistantship positions, students are limited to a maximum of 20 hours per week of assistantship work during the academic year in order to have sufficient time to focus on their academic progress. This is consistent with ASU policy as stated in the ASU TA/RA Handbook (available on the Graduate College website). For students with 20-hour assignments, it is expected that they will not need to seek additional outside work to support themselves. If students need additional financial assistance, they are encouraged to consult with their advisor and/or Area Head to explore possibilities for seeking additional support within or outside of the department. Knowledge of outside work (including positions, hours, or compensation) will not be included in annual student evaluations and will not affect eligibility to receive TA/RA positions in the department during the academic year.

Students are encouraged to discuss with their advisor and/or training Area Head before choosing to work an outside job or engage in another opportunity that requires a substantial time commitment. Advanced consultation with the faculty mentor and/or the Area Head can protect the student from possible negative consequences of outside employment such as over-commitment or potential ethical violations such as a possible conflict with the constraints of existing student fellowships. Such consultation can also provide students with ideas for obtaining additional support through the university or outside funding mechanisms. Finally, faculty advisors or Area Heads may be able to help coordinate outside work responsibilities with TA/RA responsibilities.

Students who are funded on training grants (T-32, NRSA, NSF, etc.) have restrictions on the amount of time that can be dedicated to additional employment. "NIH recognizes that student or postdoctoral trainees may seek part-time employment coincidental to their training program to further offset their expenses. Fellows and trainees may spend on average, an additional 25% of their time (e.g., 10 hours per week) in part time research, teaching, or clinical employment, so long as those activities do not interfere with, or lengthen, the duration of their training."

The situation in which students absolutely must disclose outside employment to their mentor and/or Area Head is when a student chooses work within psychological practice (i.e., clinical counseling work). In this case, the student must obtain written permission from the Director of Clinical Training. This policy is to protect both the student and university from liability stemming from the level of training a student has achieved. The program is responsible for overseeing all practice-related activities of clinical psychology students, as they are not licensed to practice independently in the state of Arizona. **International students also need to consult the International Student and Scholars Center (ISSC) to make sure that they are in compliance with federal government regulations on work policies for international students**. Students on F-

1 or J-1 visas must be limited to 20 hours of work per week while school is in session (summer sessions are voluntary and international students can work up to 40 hours a week).

When students are not supported by the Department (i.e., they do not have either RA or TA support or Fellowship support), we expect that in most cases the student will seek outside work. In these cases, we also encourage the work to be limited to about 20 hours per week so that students may continue to pursue full-time doctoral studies.

Summer Employment

Students are supported in the summer in several ways. The Department has a small number of hourly worker positions to support the educational mission. Announcement of (and applications for) these positions usually occur in mid to late spring (around March).

Students are also employed during the summer as RAs on faculty grants. Those students must be enrolled for at least one semester hour during the summer work period. The work period needs to align with the session dates of the course enrollment. A summer RA position at 20 hours a week comes with a 100% tuition waiver; 10 hour a week positions come with a 50% waiver.

Many students also use UGF distributed during the spring semester to save for summer support.

Fellowships, Scholarships, and Student Loans

The Graduate College offers a number of fellowships and scholarships. Students interested in these awards should see the Director of Graduate Studies, since the department sends nominations to the Graduate College; the student does not apply directly. Details on the various opportunities are on the Graduate College's [Fellowships and Awards](#) webpage. Self-nominations are welcome and should be sent to the Director of Graduate Studies.

The Financial Aid Office offers a series of brochures regarding scholarships, fellowships, grants, loans, etc. Students applying for need-based awards must have a Free Application for Federal Student Aid (FAFSA) on file for the academic year to be eligible. Any need-based aid awarded to students can be impacted, such as taken away, if the student's need changes due to receiving an additional source of funding. Taking out student loans may impact the eligibility to receive or continue receiving a need-based award. Additionally, students must meet qualifications to continue receiving student loans or work with the PSY graduate advising office to fill out a Satisfactory Academic Progress plan (SAP plan) for consideration of future loan awards. Students can contact the Financial Aid Office for questions and information on various opportunities. Contact information is listed in the [Resources](#) section of the Psychology Graduate Resources page. If a student wishes to apply for a grant or a fellowship outside of ASU, they should consult with the Director of Graduate Studies and the Research Advancement Office.

Graduate Student Travel Funding

Graduate students are able to request funds to help support travel to present a poster or talk at a professional conference. Funds may come from one or more sources, all of which may have their own application, eligibility requirements, deadlines, etc. An overview of the most common funding

sources for graduate students, and other pertinent details are on the [Psychology Graduate Resources](#) webpage. Questions should be directed to the PSY graduate advising office.

II.   Student Responsibilities

It is the responsibility of each student to understand and observe all procedures and requirements specified by the ASU Graduate College, The College, the Department of Psychology, and the Clinical Program. It is a requirement for all students to read and understand the Graduate Handbook and the ASU [Academic Catalog](#) and to adhere to the [Student Code of Conduct](#). Faculty and staff provide academic advice and assistance, but the ultimate responsibility for meeting degree and other requirements remains with the student. Students should frequently check their MyASU account.

ASU Email

All ASU students are required to have an active ASU email address. Students may forward their ASU email to another preferred account. It is important that students check their ASU email frequently, so they do not miss important notices. Arizona State University, The College, and the Department of Psychology conduct their business and official communications via ASU email only.

Registration/ Continuous Enrollment

Students are expected to register prior to the start of each semester and adhere to the Continuous Enrollment policy. See the Policy in the [Graduate Handbook](#) for additional details on the Registration Enrollment and the Continuous Enrollment policies.

Culture of Respect

ASU is a community and a professional work environment. Graduate students are expected to treat peers, teachers, students, staff, and members of the ASU community with respect and to work with them in a professional manner, both in person and online. Psychology graduate students are representatives of the Department of Psychology and the university. The department expects its students to be good representatives who recognize that poor behavior by one student impacts others by creating a negative perception of the department.

Relations with the Public

The department has relations with the lay public, members of allied professions, governmental officials, and psychologists outside the department. Each of these is a large and varied group. The lay public, for instance, includes our undergraduate students clients of the [Clinical Psychology Center](#) and Child Study Laboratory, research subjects, visitors to the department, and citizens of regions who may know of us only very intermittently through the publicity given to one or another of the department's programs. As members of a state university, we quite properly have a direct responsibility to, and accountability to, the citizens and government of Arizona. We also clearly have responsibilities to the national organizations and professional

associations with which we are affiliated, and our concept of public relations extends to these bodies also.

All graduate students involved in professional activities with undergraduate students or clients are requested to carry out their duties just as if they were the official representatives of the department to the public, which is, of course, very often exactly how you will be perceived. The department views entry into graduate training as in many ways quite disjunctive with the patterns of the undergraduate life which immediately preceded it. Modes of social interaction, dress, and oral expression which were appropriate to social relationships prior to graduate training will in many instances not transfer readily to the professional roles which accompany graduate training. While in many respects the professional roles of graduate students must evolve slowly over the course of the PhD program, it is nevertheless true that individuals outside the department will view you essentially as professionals from the moment you join the department. Furthermore, they are not apt to make fine distinctions as to when you are in or out of a professional role, regardless of the context of the interaction.

For these several reasons, all graduate students are requested at all times to consider the possible impact of their behavior upon the perceptions and attitudes of the non-psychologists with whom they interact, not only in explicitly professional interactions, but also in other places and situations in which non-psychologists are likely to perceive you as professionals. While the latter consideration applies to all areas of specialization, it is perhaps most obvious in the clinical area, where the undergraduate student who observes you at a distance in the library one day may turn out to be your client the next day.

Similarly, in any area of human research, it is clear that the participant's view of you as a scientific investigator may be facilitated or impaired according to their observations of you in other situations. As a general guideline, it is requested that graduate students consider the professional role implications of their style of interaction, speech, and dress when acting in any assigned professional capacity or in any situation likely to be perceived by a non-psychologist.

It should be noted that the issues discussed above do not bear upon the civil rights of graduate students but upon their professional obligations. Further, the faculty will usually assume that good judgment regarding professional conduct is not something they should have to teach explicitly, and therefore prefer usually to leave such matters to the student's discretion.

There is, however, a particular category of professional interaction in which the department will take a very specific interest—those situations in which stipend support or training appointments are provided by non-university agencies which set explicit, advance requirements concerning the behavior of graduate students when working with the agency or its clients or wards. Agencies are quite free under the Constitution to set requirements, during working hours, regarding styles of interaction, speech, or dress (including grooming). When graduate students accept non-university appointments with advance knowledge of such requirements, it is essential that the requirements be complied with. If they do not appear to be appropriate requirements in the graduate student's view, the question should be raised with the Area Head or the Department Chair before accepting the appointment.

Sexual Harassment and Discrimination

The university prohibits sexual harassment by employees and students and will not tolerate sexual harassment that interferes with an individual's work or educational performance or creates an intimidating, hostile, or offensive working, learning, or residential environment. Please visit ASU's [Sexual Violence Awareness and Response](#) site to learn more about rights and responsibilities, how to report an incident and how to get immediate assistance and confidential support.

The Chair of the Department is available to hear any complaint of alleged discrimination in employment, educational programs or activities because of race, color, national origin, religion, sex, sexual orientation, age, disability, or Vietnam era veteran status. If a person feels discomfort talking to the Department Chair, Area Head, faculty mentor, or anyone else in the department, then a complaint may be filed with the [Office of Equal Opportunity/ Affirmative Action](#) for investigation and resolution.

Student Code of Conduct

The [Arizona Board of Regents (ABOR) Student Code of Conduct](#) sets forth the standards of conduct expected of students who join the university community. Students who violate such standards will be subject to disciplinary sanctions in order to promote personal development, protect the university community, and maintain order and stability on campus and in associated learning environments.

In addition to the university's Academic Integrity and Student Code of Conduct policies, the department also expects graduate students to abide by the [APA ethical code of conduct](#).

Academic Integrity

Academic integrity is a fundamental value because violations of it cause harm to students and their peers, the university, and future employers, clients, or patients. Psychology students are expected to be ethical in their multiple roles as students, researchers, and representatives of the university. When in doubt about appropriate conduct, students should review ASU [Academic Integrity Policies and Resources](#), review [The College's Academic Integrity](#) webpage, and consult an instructor or advisor to seek clarification as needed.

Newly admitted graduate students will receive a "priority task" in MyASU directing them to complete an online module on academic integrity. The module consists of a PowerPoint that outlines academic integrity and students must take a quiz and pass with an 80% or higher.

As outlined by ASU policy, a student may be found to have engaged in academic dishonesty if, in connection with any Academic Evaluation or academic or research assignment (including a paid research position), he or she:

- Engages in any form of academic deceit, such as fabricating data or information;
- Refers to materials or sources or uses devices (e.g., memory cards or drives, audio recorders, camera phones, text messages, crib sheets, calculators, solution manuals,

materials from previous classes, or commercial research services) not authorized by the instructor for use during the Academic Evaluation or assignment;

- Possesses, reviews, buys, sells, obtains, or uses, without appropriate authorization, any materials intended to be used for an Academic Evaluation or assignment in advance of its administration;
- Acts as a substitute for another person in any Academic Evaluation or assignment;
- Uses a substitute in any Academic Evaluation or assignment;
- Depends on the aid of others, including other students or tutors, in connection with any Academic Evaluation or assignment to the extent that the work is not representative of the student's abilities;
- Provides inappropriate aid to another person in connection with any Academic Evaluation or assignment, including the unauthorized use of camera phones, text messages, photocopies, notes, or other means to copy or photograph materials used or intended for Academic Evaluation;
- Engages in any form of plagiarism, including self-plagiarism (the act of taking work or ideas, passing them off as one's own and/or not giving credit to the source);
- Uses materials from the Internet or any other source without full and appropriate attribution;
- Permits their work to be submitted by another person in connection with any Academic Evaluation or assignment, without authorization;
- Claims credit for or submits work done by another;
- Signs an attendance sheet for another student, allows another student to sign on the student's behalf, or otherwise participates in gaining credit for attendance for oneself or another without actually attending;
- Falsifying or misrepresenting hours or activities in relationship to an internship, externship, field experience, clinical activity, or similar activity; or
- Attempts to influence or change any Academic Evaluation, assignment or academic record for reasons having no relevance to academic achievement.

Academic honesty is expected of all students in all examinations, papers, academic transactions, and records. Possible sanctions for academic dishonesty include but are not limited to the following: appropriate grade penalties, loss of registration privileges, disqualification, and dismissal.

Students have the responsibility to understand and uphold the highest standards of academic integrity. The department has a zero-tolerance policy for any form of academic dishonesty and follows the university's policies and procedures when responding to an academic integrity complaint and determining sanctions.

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Research Projects and Activities

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Much of graduate training is essentially a research apprenticeship, and students should plan their programs with great care. At certain points in the graduate program, the student may feel some conflict over the time to be devoted to the several activities they are engaged in. In resolving these scheduling conflicts, it is essential that the schedule which is worked out does

not interfere with the student's ongoing research activities. While the doctoral dissertation is typically the most important single piece of research the student accomplishes; its success is dependent upon the cumulative research apprentice training received from the beginning of graduate study.

Although the research training usually involves intensive work with one faculty supervisor at a time, departmental regulations allow working with two or more faculty supervisors simultaneously as well as students' working independently or with other students. If no faculty member is providing administrative supervision or space, the Area Head or Director of Graduate Studies or Department Chair should be consulted to ensure that all university regulations concerning research are followed.

All research with human subjects, whether of an experimental character or not, must be approved in advance by the ASU IRB. If, at any stage of the research, a legal, ethical, or public relations issue becomes apparent, it is the responsibility of the investigator immediately to inform the Department Chair, and, in the case of graduate students, the faculty supervisor.

The department also takes very seriously the adherence to ethical guidelines in the treatment of animals. Statements concerning the care and research use of animals are posted in the animal laboratories, and graduate students are expected to be fully informed about them. The Chair of the Animal Care Committee is administratively responsible for ensuring the appropriateness of research use of animals, and any questions on this topic should be addressed to them.

III.   Non-Discrimination Policy

Arizona State University is committed to providing an environment free of discrimination, harassment, or retaliation for the entire university community, including all students, faculty members, staff employees, and guests. ASU expressly prohibits discrimination, harassment, and retaliation by employees, students, contractors, or agents of the university based on any protected status: race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, genetic information and Title IX sexual harassment.

Inappropriate conduct need not rise to the level of a violation of federal or state law to constitute a violation of this policy and to warrant disciplinary action/sanctions.

All individuals identified in the Applicability section of this policy are responsible for participating in and assisting with creating and maintaining an environment at ASU free from all forms of prohibited discrimination, including harassment and retaliation. All individuals identified in the Applicability section of this policy are required to cooperate with any investigation of allegations of violations of this policy.

Providing false or misleading information or failure to cooperate may result in disciplinary action.

IV. Values and Expectations for Graduate Student Mentoring

Mutual Expectations

The fundamental goal of a mentoring relationship is to benefit the student and a good faculty mentor is important to a student's success. Good mentors act as role models and provide advice, resources and opportunities, support, and feedback. The mentor-student relationship is bidirectional. The student is responsible for meeting milestones and for being active in seeking advice, information, and feedback. If desired, the student can receive mentoring from multiple faculty members and should not feel constrained by the limits of a single faculty advisor/chair. Students and mentors, if they wish, can create a mentoring contract to outline expectations and goals. A sample mentoring contract is provided below.

Respect for Students

Whether providing academic support or related services, a mentor should create a respectful learning environment that helps the student achieve professional and career goals. The faculty mentor strives to be supportive, equitable, accessible, encouraging, and respectful. The mentor fosters the graduate student's professional confidence and encourages critical thinking and creativity, providing an environment that is intellectually stimulating, emotionally supportive, safe, and free of harassment. The mentor adheres to the following:

- APA ethical principles and code of conduct (http://www.apa.org/ethics/code/index.aspx);
- ASU policies Title IX: https://www.asu.edu/titleIX/ policies; and
- ASU Academic Affairs Manual: https://www.asu.edu/aad/manuals/acd/).

The mentor recognizes that the student's interests and goals can change and supports the student in changing mentors as needed.

Diversity

The faculty mentor nurtures and builds community for students from historically underrepresented groups and for international students. The faculty mentor welcomes students' perspectives on diversity issues, while understanding that their viewpoints are their own. The mentor recognizes each student's unique strengths and scholarly promise, and this helps eliminate stereotypes.

Meeting on a Regular Basis

The faculty mentor asks the graduate student to develop and share a work plan that includes short-term and long-term goals, as well as a timeframe for achieving those goals. They make sure the student's plan is feasible and meets the program's requirements. The mentor and student discuss the plan to help the student balance the competing demands of multiple roles. The mentor communicates with the student regarding how frequently they can meet, with an understanding that it is the student's responsibility to arrange and take the lead in these meetings. Faculty mentors let students know if they have a busy travel schedule, are about to take a sabbatical, or will be assuming an administrative position. The mentor is explicit about the components of successful meetings. The mentor lets the student know whether the student may contact the mentor at home, and under what circumstances, and asks for the student's preferences as well. The mentor and

student discuss how often assessments of student progress will occur and what type of feedback will be given. The student is informed of the mentor's typical response time to student work and how the student can best prompt the mentor if a response has not been received within that specified time.

Program Milestones

The mentor guides the student through the requirements and deadlines of the graduate program. This includes course selection and strategies for successful completion, selection of thesis/comps/dissertation committee members, and facilitation of timely committee meetings as articulated in the graduate handbook (or more frequent committee meetings if needed).

Intellectual Contributions

Intellectual policy issues are discussed in the initial phase of each project. The mentor discusses authorship policies regarding papers with the student. The mentor explains upfront the approach to handling authorship before any work is done. The faculty mentor is explicit about the amount of work the student is expected to complete. The mentor acknowledges the student's contributions to projects and works with the student to publish their joint work in a timely manner.

Career Goals

The mentor facilitates the training of the student in skills needed to be a successful professional. The mentor provides career advice and assists in finding a position for the student after graduation, in accordance with the student's career goals. The mentor provides honest letters of recommendation and is available to give advice and feedback on the student's goals. If additional expertise is needed, the mentor helps the student identify relevant sources of information and advice about achieving these goals.

Graduate Students as Members of Faculty Research Teams

The graduate student is expected to share common research responsibilities in the research group/lab and to utilize resources carefully and frugally. The mentor is committed to the student's research projects in that the mentor helps plan and direct those projects, sets reasonable and attainable goals, and establishes a timeline for completion. There is great variability across types of laboratories and projects in terms of the time required; the mentor discusses expectations for student workload and work schedule (e.g., expectations for holidays/vacations). The mentor recognizes the possibility of conflicts between the interests of the mentor's own larger research program and the particular research goals of the student. Although it may not always be possible to accommodate the student's research goals within a particular lab (for example due to financial constraints), the mentor always attempts to support the student's pursuit of their own research.

Graduate Students as TAs/RAs

Graduate students have a responsibility to fulfill their contractual obligations as TAs or RAs. The student informs the mentor of the number of hours dedicated to teaching and/or research obligations; the mentor encourages the student not to exceed the number of hours stipulated in the contract. The student is responsible for informing the TA/RA supervisor(s) and mentor of any

changes or circumstances that would interfere with carrying out these obligations. The student always attempts to ensure stability and continuity for faculty, programs, and departments. The student has a responsibility to seek accurate information about the conditions of TA/RA employment (e.g., asking faculty supervisors about how to handle sick leave, vacation, and professional development opportunities). If the student has a concern, the student should discuss it with the mentor, Area Head, or other appropriate faculty member (e.g., Director of Graduate Studies, Chair of the Department). Students in these roles also need to follow policies in the TA/RA Handbook. Additionally, TAs need to follow expectations listed in the Departmental Graduate Assistantships (TAs and RAs) section.

Graduate Students as Future Members of the Scholarly Community

The mentor leads by example, modeling best practices in the following areas: oral and written communication, grant writing, lab management, participant research policies, ethical conduct in research, and scientific professionalism. The mentor participates in and encourages the student to attend area, departmental, and professional meetings and help the student network with others during such activities.

Addressing Problems in the Mentoring Relationship

As in any relationship, problems or conflicts may arise. When this occurs, the goal is to address the problem openly in a context of mutual respect. The student can reach out to the mentor, and the mentor should be open and receptive to such discussion. If a student feels the need for additional support for such a discussion, the student should consult with other faculty members, including the DCT, Director of Graduate Studies, Department Chair, or Department Mentoring Committee. These individuals can provide advice and/or offer to meet with the student and the mentor to resolve the problem. Other graduate students can also be valuable resources, including the Graduate Student Council, who are student representatives to the Graduate Studies Committee. We encourage students to have these difficult conversations, when necessary, even though we recognize that students may be apprehensive and that they may have concerns about potential negative impacts on them. We want students to know that the Psychology Department faculty are committed to ensuring that there will be no negative repercussions for students who express concerns.

V.   Sample Mentor and Graduate Student Contract

Graduate Student Mentoring

Entering students are each assigned to a clinical faculty member who, on the basis of the initial match of interests, serves as a temporary academic/research advisor. During the student's first year, there are ample opportunities to get to know other faculty and their respective interests. By year two, a student will have selected their master's thesis committee and major advisor. The advisor serves as the student's primary consultant in matters such as course selection, placement and internship choices, and general career development.

Below is a draft of a contract for those who wish to use one. It has been adapted from the Interdisciplinary Research Colloquium at ASU. The mentor-student relationship in graduate school

can be described as a personal relationship in which a faculty member acts as a guide, role model, teacher, and sponsor of a graduate student. Investment in this relationship is voluntary and based on the belief that if the relationship is no longer beneficial, both faculty member and student agree to significantly redefine or terminate the relationship. The following are relevant components of this mentor-student relationship:

Frequency of Face-to-Face Contact to Discuss the Student's Progress and/or Goals

- We agree to meet at this frequency:

Specific Expectations for Workload in the Lab

- What work will be done? Scheduling issues? How to handle vacations/ holidays/ illness? Are the expectations reasonable given course load, additional RA/TA responsibilities?
- These are expectations concerning workload in the lab:

Short-Term Goals

- What type of guidance does the student need in order to learn and contribute most effectively (e.g., independent vs. one-on-one work)? What type of guidance does the faculty member typically provide?
- These are our agreed-upon, short-term goals:

Long-Term Goals

- Faculty need to evaluate what they can provide and what the student needs. Students need to be realistic about what is possible and proactively get information about their mentor's expectations, developing a balance between seeking help and taking on more responsibility as the relationship progresses.
- These are our agreed-upon, long-term goals:

Expectations Regarding Communication and Confidentiality

- Discuss preferred means of communication (email, cell phone) and response times. Be clear about the level of confidentiality that you will have.
- This is our agreement regarding levels of communication:

Frequency of Evaluation of the Relationship, Goals, and Objectives

- We agree to this frequency of evaluations:

Any Other Specific Roles and Expectations of the Faculty Mentor

- These are other specific roles and expectations the student has for the mentor:

Any Other Specific Roles and Expectations of the Student

- These are other specific roles and expectations the mentor has for the student:

By signing this agreement, both the faculty mentor and graduate student are affirming they have reviewed the above and are willing to support this mentoring relationship.

Faculty Mentor Signature: Graduate Student Signature:

Date: Date:

References: Johnson, W.B., & Huwe, J.M. (2003). Getting Mentored in Graduate School, 111, 163

Mentoring: A Guide for Students: http://grad.washington.edu/mentoring/students/getting-started.shtml

VI.   Clinical Policy on Students Living Away from the Program

The clinical faculty believes strongly that students should remain geographically in residence until they leave for internship. Indeed, students are required to remain full time in the program and have an approved dissertation proposal by October 1 of the fall semester in the year that they apply for internship. We hold this as a strong value believing that it is in the best interests of both the student and the program. When students are in residence it facilitates their training, their interactions with faculty mentors, and thus their progress through program "milestones," It also facilitates a strong training environment for the program, ensuring that there is a critical mass of students and faculty engaged in intellectual exchange and in research and clinical training. Thus, as policy, we assume that all students will remain in residence until their internship year.

In rare cases, however, we recognize that it may be in the student's best interest to relocate before the internship year. In these rare cases, the clinical faculty will entertain a student's written petition to relocate. However, given our strong values for students to remain in residence, these petitions will face a "high bar" and **students must be in residence for a minimum of two years before they may apply to live away from the program. In addition, petitions will only be accepted for consideration after the student has successfully passed their comprehensive examination.** Before that time, students wishing to leave the area should apply for a leave of absence until they are able to return.

Each case will be evaluated on its own merits. To help maximize the likelihood that the student can continue to make timely progress even at a geographically distant site, the following factors will be considered:

- A petition is likely to be viewed favorably only if the student has an approved dissertation proposal at the time that he/she leaves and has completed all required coursework.
- A petition is likely to be viewed favorably if there is clear training benefit to the student. For example, the student may be doing a dissertation using data gathered at another site or in collaboration with researchers at a geographically distant laboratory; or the student may have access to their study population only at another site.
- The student must present a clear, specific, and detailed plan and timetable for how the dissertation will be completed at long distance, particularly with regard to methodological and statistical consultation.

- The student's record of and potential for timely completion of program requirements will be considered as a predictor of future timely progress.
- Individual factors about the dissertation project will also be considered (e.g., Will the data be collected in Arizona? Is the Chair supportive of a long-distance mentoring arrangement?)
- A petition must be approved by the student's mentor and is then submitted to the Area Head for faculty review. Each case will be approved for one year and time past that period requires a new petition.

VII.   Grievance Procedures and Due Process

I.   **Grievances**

In the event that a problem arises, whether it is personal, academic, or professional, the recommended procedure is:

1. Talk to your advisor.
2. If your advisor is part of the problem, talk to your area director.
3. If that doesn't create resolution, talk to the Director of Graduate Studies.
4. If the problem is still unresolved, make an appointment to talk to the Chair of the Department.
5. If necessary, the issue would be directed to the Dean's Office in The College.

You may enter this procedure at any one of the steps (e.g., #4 first, #2 First).

There are two additional sources of help:

- Student Life Office
- Division of Graduate Studies: see the Division of Graduate Studies website for detailed instructions on submitting an appeal for an unresolved grievance.

Graduate College Policy Manual (p. 7): Expressing Concerns and Resolving Conflicts
https://graduate.asu.edu/sites/default/files/2023-08/graduate_college_policy_manual_2023-24.pdf

II.   **Due Process**

Due process procedures can be found in two locations. The Arizona Board of Regents Policy Manual describes Student Code of Conduct procedures at https://graduate.asu.edu/sites/default/files/satisfactory-academic-progress-guidelines-and-dismissal-processes_1.pdf. The university Student Code of Conduct procedures can be found at https://eoss.asu.edu/sites/default/files/student_conduct_procedures_rev_6-23-2021_Cleryfinal.pdf

VIII.   Clinical Psychology Student Liaisons

Conflicts between students and faculty often do not reach the formal grievance process as they are issues that can be addressed before they rise to this level. Student liaisons play an important role in

helping resolve such issues by facilitating communication between students and faculty, particularly surrounding concerns around mentoring or other issues related to faculty/student relations. Student liaisons are graduate students in the clinical program elected by their peers. Students are asked to identify potential liaisons who they feel they can go to with concerns about the program and/or difficulties they are encountering with faculty members.

<u>Responsibilities</u>

- Serving as a student liaison will fulfill the requirement of serving on a committee
- Student liaisons will meet monthly with the Area Head
- Student liaisons will be responsible for being a supportive resource for students facing issues with faculty and will be expected to advocate for the best interests of the students
- Student liaisons will have knowledge of processes for students to navigate issues they may experience while in the program, and the proper channel through which to address these issues, either through the psychology department or outside the department if necessary
- Student liaisons will be expected to reach out to incoming students and inform them of their roles
- Student liaisons will be responsible for coordinating the selection of the next year's student liaisons

<u>Process for Selecting Student Liaisons</u>

- One student liaison will be selected from each cohort.
- At the end of the spring semester, students will be asked to volunteer for the role of student liaison.

If students are not comfortable with any of the student liaisons elected, they can still go directly to the Area Head. The student liaisons are not the only way for students to advocate for themselves. At most, they are intended to be a source of support, protection, and a student-led source of accountability for faculty and at the very least they are another resource for students in the program.

IX.   Area Head Office Hours

The Area Head, Madeline Meier, will hold regular office hours during the fall and spring semesters for at least one hour each week. Given the size of the student body, it will rarely be possible to find office hours that accommodate all students. However, office hours will always be set to accommodate the schedules of the 3 student Liaisons. This will ensure that any student concerns make it to the Area Head quickly so that issues can be addressed expeditiously. In addition, the Area Head is always available to schedule meetings with students outside of these office hours. Office hours are simply meant to be a low barrier means to facilitate communication between the students and the Area Head. At least once per semester, the office hours will be held in a larger venue to allow for all interested students to attend. This will provide an opportunity for the Area Head to provide information to the students about any changes within the program, as well as a means for the Area Head to assess the general climate of the program.

X. Participation in May Commencement Prior to Completion of Internship

Memorandum of Understanding

To: Keith Crnic, Chair, Department of Psychology

From: Maria T. Allison, Dean, Graduate College

Re: Commencement Participation for Clinical Psychology PhD Students Preliminary Policy

Date: April 28, 2009

Clinical Psychology doctoral students may only participate in Commencement ceremonies if they have applied for graduation and completed all degree requirements by the posted deadlines for the semester they plan to participate. This agreement outlines an exception to the standard commencement participation requirements for Clinical Psychology students completing an internship during the summer.

Requirements

Students who will graduate in a summer term (August) may submit a petition to participate in the spring semester Commencement ceremony immediately preceding the summer term they expect to graduate if the following conditions are met:

- The student has applied for graduation for the summer term.
- The student has completed all requirements for graduation by the end of the Spring semester with the exception of completion of an internship.
- The student will complete the internship prior to the bookstore deadlines to graduate for the summer term.
- Consistent with university guidelines, the student must register for a minimum of one credit hour of appropriate graduate level credit during one of the summer sessions (effective Summer 2010).

The only graduation requirements that may be completed after Commencement are the completion of the internship, grading for the internship, dean's signature on the pass/fail form, and presentation of the dissertation at the bookstore for binding (in accordance with the graduation deadlines for the summer term).

Procedure

The student must submit a petition through their academic unit to The Graduate College requesting participation in the commencement ceremony. The petition must include the beginning and ending dates of the internship and confirm that the student is in satisfactory standing at the present time.

Following the successful completion of the internship, the department must submit a memo identifying each student (and ID number) who has completed the internship requirements and is eligible for summer graduation. (The department is responsible for all communication between the internship training directors regarding a student's performance). The department should submit

separate memos for each student completing student so that documents may be scanned into the respective student electronic file.

This MOU replaces any previous arrangements developed to address the internship/commencement relationship for the Clinical Psychology program.

XI.   Graduate Student Resources

There is a wide array of campus resources that are available to graduate students. Links to many of them are provided on the Graduate College web page.

https://students.asu.edu/graduate/resources

- Campus Health Service
- Career Services
- Child and Family Services (e.g., child care)
- Counseling and Consultation Center
- Credit Union
- Student Accessibility and Inclusive Learning Center
- Financial Aid Office
- Housing Office
- International Student Office
- Multicultural Student Center
- Preparing Future Faculty
- Student Legal Assistance
- Writing Center

Online descriptions of these resources can be found easily by using the ASU search engine on the ASU homepage.

Please contact Psychology Graduate Support (psychgrad@asu.edu) if you need any assistance.

XII.   Arizona State Licensure Laws

Arizona State Licensure laws can be found at this website: https://psychboard.az.gov/

Information about licensure in other states can be found on ASU's licensure disclosure webpage: https://admission.asu.edu/academics/licensure

Section 3: Evaluation of Student Progress

I.   Schedule of Student Evaluations of Progress

The clinical faculty reviews students near the time that important milestone events should occur:

1. First-year curriculum completion: first-year class, end of spring semester
2. Master's thesis prospectus defense: second-year class, end of fall semester
3. Master's thesis completion: third-year class, end of fall semester
4. Comprehensive exam completion: fourth-year class, middle of fall semester
5. Dissertation prospectus/internship readiness: fifth-year class, after Oct. 1

Students update their Clinical Student Progress Report and Supplementary Discipline Specific Knowledge form (for students entering in Fall 2017 or later) prior to these evaluations to provide a complete picture of the student's activities. Following evaluations, the Director of Clinical Training will write each student a letter that summarizes the faculty's discussion. Any areas of concern will be identified in the letter. If major concerns are identified, a formal remediation plan will be developed with specific actions and outcomes that must be met in order to remain in good standing within the program.

We want students and advisors to be aware of this timetable and the expectations that are associated with them. Students and advisors should talk about any issues concerned with student progress.

Research competencies are evaluated upon completion of the dissertation using the Dissertation Rubric Form.

Clinically relevant profession-wide competencies are evaluated in second year practicum and all community clinical placements. A full evaluation of profession-wide competencies (research, clinical, professional values, and communication skills) is conducted upon completion of internship.

II. Clinical Student Progress Report

Student Name	
Date of Report	
Year Admitted	
Undergraduate School	
Designated Doctoral Area of Emphasis (child, adult, none)	
Current academic advisor	

Source of Support/Placement		
Year	Semester	Source
1	Fall	
	Spring	
2	Fall	
	Spring	
3	Fall	
	Spring	
4	Fall	
	Spring	
5	Fall	
	Spring	

Core Required Coursework			
Course	Not Taken	In Progress	Completed/Grade
530 ANOVA			
531 Multiple Regression			
573 Psychopathology			
578 Developmental Psychopathology (required for child emphasis only)			
600 Clinical Research Methods			
574 Psychotherapy **OR** 591 Child & Family Therapy			
780 Assessment ATM			
598 Clinical Interviewing & Ethics			
680 Clinical Practicum I			
680 Clinical Practicum II			
502 Professional Issues in Psychology			

Advanced Treatment Methods			
Course Name	Not Taken	In Progress	Completed/Grade

Electives or Specialty Courses		
Course Name	When Taken	Grade

Domain Specific Knowledge Course Tracking			
DSK Requirement	**Column A** (Complete this column if you have a Psych GRE Score of 70+ OR an Undergrad Course with a Grade of A or B AND Approval from Area Head to Count the Course/GRE Score Towards the Requirement)	**Column B** (Complete this column only if Column A is NOT blank)	**Column C** (Complete this column only if Column A IS blank)
I. Five Domains	**Foundational Knowledge[a]** (Psych GRE Score OR Undergraduate Course Name and Number)	**Graduate Knowledge that Builds on Foundational Knowledge[b]** (Graduate Course Name and Number)	**Foundational + Graduate Knowledge[c]** (Graduate Course Name and Number)
Affective Bases			
Biological Bases			
Cognitive Bases			
Human Development			
Social Bases			
	Course Name and Number		
II. Advanced Integrative (1 course)			
II. History and Systems[d] (1 course)			
Note. a. Can be an undergraduate course prior to matriculating to doctoral program, an undergraduate course taken after matriculating to doctoral program, a graduate course, or a Psych GRE score of 70 or better. b. This will be an advanced integrative course. c. Typically, this will be a graduate course in a particular domain (e.g., Cognitive Processes). An exception is that for the affective domain, students who take two advanced integrative courses that touch on the affective domain could count those two courses towards foundational and graduate knowledge in affective. d. History and Systems can be an undergraduate course prior to or after matriculating to doctoral program or a graduate course.			

Master's Thesis	
Committee	
Chair	
Member 1	
Member 2	
Title	
Dates	
Committee Filed	
Proposal Approved	
Data Meeting	
Final Draft Submitted	
Oral Defense (pass/fail and date(s))	
Master's Program of Study Filed	
Number of Master's Credit Hours	

Comprehensive Exam	
Eligibility (yes/no)	
Master's Thesis Defended	
3.0 GPA	
Satisfactory Clinical Ratings	
Program of Study Filed	
Committee	
Chair	
Member 1 (inside)	
Member 2 (inside)	
Member 3 (outside)	
Title	
Dates	
Paper Submitted	
Oral Defense (pass/fail and date(s))	

Dissertation	
Committee	
Chair	
Member 1 (inside)	
Member 2 (inside)	
Member 3 (outside)	
Title	
Dates	
Committee Filed	
Proposal Meeting	
Proposal Approved	

Data Meeting	
Final Draft Submitted	
Oral Defense (pass/fail and date(s))	
Number of Dissertation Credit s	

Clinical Experience				
Year	Placement	Supervisor	Feedback Form Completed (yes/no)	Funded (yes/no)
2	CPC		n/a	n/a
3				
4				
5				
Other				

Internship	
Application Submitted (date)	
Prerequisites Confirmed (yes/no)	
Matched Internship Site	
Internship Address	

Other Data

1. **Please list memberships in professional society (e.g., APA) since you entered the doctoral program.**

2. **Honors or commendations:**

3. **Awards and scholarships:**

4. **Grants:**

5. **Publications (cite):**

6. **Conference Presentations (cite):**

7. **Service:**

8. **Dates of any formal leave(s) of absence from the program.**

Keeping track of Clinical Practicum Hours for Internships

You should begin tracking your clinical hours as soon as you begin clinical work. You can track your hours using an Excel Spreadsheet or a software program like Time2Track https://time2track.com (note that the cost is about $40 per year for this software).

Please complete this table with the number of clinical hours you've completed each year in the program.

Year in Program	Name of Placement	Intervention Hours	Assessment Hours	Supervision Hours	Support Hours	Total Hours
2nd	2nd Year Prac – CPC					
3rd						
4th						
5th						
6th						
Totals						

III.   Dissertation Evaluation Form

Evaluation of Student Mastery of Research Methodology Using Doctoral Dissertation:

A. Please use the following rubric to describe the student's ability to critically and comprehensively evaluate existing research literature as evidenced in the **Literature Review Section** of their doctoral dissertation.

Please circle the choice that best describes the student's literature review.

1=does not appropriately characterize psychological research literature; substantial inaccuracy or incomplete

2=weak and inconsistent use of psychological theory or research

3=generally appropriate characterization of psychological research literature; only minor inaccuracies or omissions

4=strong analysis; no inaccuracies or omissions, comparable to publications in a solid journal in the field

5=outstanding analysis; no inaccuracies and an exceptionally sophisticated and comprehensive analysis, comparable to publications in a top-tier journal in the field

B. Please use the following rubric to describe the student's ability to produce methodologically strong research as evidenced in the **Methods Section** of their doctoral dissertation (including data analytic methods).

Please circle the choice that best describes the student's methods section (including data analytic methods).

1=study design is not methodologically strong; major weaknesses that prevent conclusions from being drawn

2=moderate methodological weaknesses

3=generally well-designed, but has minor methodological weaknesses

4=strong methodology, comparable to publications in a solid journal in the field

5=outstanding methodology; exceeds expectations, exceptionally sophisticated or innovative methodology; comparable to publications in a top-tier journal in the field

IV.   Evaluation of Profession-Wide Competencies

PROFESSION-WIDE COMPETENCIES IN PROFESSIONAL HEALTH SERVICE
Psychology Doctoral Level Rating Form

Trainee Name: _____

Name of Placement: _____

Dates of Training Experience this Review Covers: _____

Date Evaluation Completed: _____

Name of Person Completing Form (please include   Licensed Psychologist: Yes   No
highest degree earned): _____

Was this trainee supervised by individuals also under
your supervision?   Yes   No

Type of Review:

Initial Review   Mid-term review   Final Review   Other (please describe):
                                                                                                    _____

    _____   _____   _____

Each practicum evaluation must be based in part on direct observation of the practicum student
and her/his developing skills (either live or electronically). Was this trainee directly observed
during this evaluation period?   Yes   No

Training Level of Person Being Assessed: Year in Doctoral Program: _____

Based on specific expectations for competency at this level of training, rate each item by responding to the following question using the scale below:

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

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

This rating scale has been adapted from the American Psychological Association Commission on Accreditation, Implementing Regulations – Section C: IRs Related to the *Standards of Accreditation*, 2017.

Not at All/Slightly = 0   Somewhat = 1   Moderately = 2   Mostly= 3   Very = 4   No Opp. = [N/O]

PROFESSION-WIDE COMPETENCIES

I. RESEARCH

Demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices.						
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 scientific, psychological, or professional knowledge base.	0	1	2	3	4	[N/O]
Conduct research or other scholarly activities.	0	1	2	3	4	[N/O]
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.	0	1	2	3	4	[N/O]

II. ETHICAL AND LEGAL STANDARDS

Respond professionally in increasingly complex situations with a greater degree of independence across levels of training.						
Be knowledgeable of and act in accordance with each of the following:						
The current version of the APA Ethical Principles of Psychologists and Code of Conduct	0	1	2	3	4	[N/O]
Relevant laws, regulations, rules, and policies governing health services psychology at the organizational, local, state, regional, and federal levels	0	1	2	3	4	[N/O]

Relevant professional standards and guidelines	0	1	2	3	4	[N/O]
Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.	0	1	2	3	4	[N/O]
Conduct self in an ethical manner in all professional activities.	0	1	2	3	4	[N/O]

III. INDIVIDUAL AND CULTURAL DIVERSITY

Develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.						
Demonstrate an understanding of how one's own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	0	1	2	3	4	[N/O]
Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service	0	1	2	3	4	[N/O]
Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). 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 conflict with their own.	0	1	2	3	4	[N/O]
Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse	0	1	2	3	4	[N/O]

individuals and groups, and apply this approach effectively in their professional work.

IV. PROFESSIONAL VALUES AND ATTITUDES

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.						
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.	0	1	2	3	4	[N/O]
Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.	0	1	2	3	4	[N/O]
Actively seek and demonstrate openness and responsiveness to feedback and supervision.	0	1	2	3	4	[N/O]
Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	0	1	2	3	4	[N/O]

V. COMMUNICATION AND INTERPERSONAL SKILLS

Communication and interpersonal skills are foundational to education, training, and practice in health services psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.						
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	0	1	2	3	4	[N/O]
Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated;	0	1	2	3	4	[N/O]

demonstrate a thorough grasp of professional language and concepts.						
Demonstrate effective interpersonal skills and the ability to manage difficult communication well.	0	1	2	3	4	[N/O]

VI. ASSESSMENT

Demonstrate competence in conducting evidence-based assessment consistent with the scope of health service psychology.						
Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	0	1	2	3	4	[N/O]
Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural).	0	1	2	3	4	[N/O]
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	0	1	2	3	4	[N/O]
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.	0	1	2	3	4	[N/O]
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.	0	1	2	3	4	[N/O]
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.	0	1	2	3	4	[N/O]

VII. INTERVENTION

Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, an organization, a community, a population or other systems.

Establish And maintain effective relationships with the recipients of psychological services.	0	1	2	3	4	[N/O]
Develop evidence-based intervention plans specific to the service delivery goals.	0	1	2	3	4	[N/O]
Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	0	1	2	3	4	[N/O]
Demonstrate the ability to apply the relevant research literature to clinical decision making.	0	1	2	3	4	[N/O]
Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.	0	1	2	3	4	[N/O]
Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.	0	1	2	3	4	[N/O]

VIII. SUPERVISION

Supervision is grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.

Demonstrate knowledge of supervision models.	0	1	2	3	4	[N/O]
Demonstrate knowledge of supervision practices.	0	1	2	3	4	[N/O]

IX. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.						
Demonstrate knowledge and respect for the roles and perspectives of other professions.	0	1	2	3	4	[N/O]
Demonstrate knowledge of consultation models and practices.	0	1	2	3	4	[N/O]

Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?
- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?

- If applicable, is the trainee ready to move to the next level of training?

SIGNATURES

_____   _____

(Supervisor signature)   Date

_____   _____

(Trainee signature)   Date

Section 4: Master's Thesis and Dissertation

I.   Nature, Scope, and Timing of the Master's Thesis

A Guide for Students and Advisors

These suggestions are offered as a way to facilitate timely and positive progress through the master's process.

- **Keep the timing and deadlines salient. Break the process down into the schedule of each step. Here is a suggested schedule.**
  - **Have a proposal meeting by May or August of First Year.**
    - Use the Clinical Research Methods course structure to help. The paper for Clinical Research Methods should be a draft of a proposal and efficiently combines a course requirement with a master's requirement.
    - Note that there are important reasons why the prospectus should be defended before second year starts. The demands of clinical work in second year practicum and/or advanced stat classes make second year a hard time to come up with a master's project. The first year Clinical Research Methods course is designed to set aside time for the proposal.
  - **Do a one meeting a semester schedule for second year – data meeting by February, orals by May or data meeting by May and orals by August.**
    - Note that there are important advantages to finishing the master's before third year starts. It allows time in the third year for clinical placement, which is particularly important for students who wish to do an unpaid placement (adding 10 hours per week to their workloads). It allows plenty of time in the third year for choosing a comps topic and writing comps.
- **Keep the scope and ambition at a reasonable level.**
  - Work with your thesis chair and committee to help you determine the size and scope of the project. At times, thesis projects have been too ambitious.
  - There is agreement among faculty that the project should be viewed as research skill development. It is a process to learn and sharpen skills to conceptualize a problem, design a study, analyze, and interpret data. The master's should NOT be viewed as some final career commitment or major research breakthrough.
  - There are some mistaken beliefs that seem to have slowed people down in terms of the study design and requirement.
    - Community or clinical samples are NOT necessary. Secondary data analysis and/or PGS 100 subjects are just fine.
    - The master's should be designed to fit within the set of skills that students will reasonably have by the end of second year. Both qualitative and quantitative projects are fine but neither type of project should require advanced coursework or data collection that cannot be

accomplished during the second year. Advanced statistical methods are NOT necessary.

- **Students must prioritize master's activities in choosing among competing activities in the first two years.**
    - o The master's process fits best within the program curriculum if it is completed during the timeline outlined above (i.e., the Proposal completed before clinical demands of practicum are required; project completed before clinical demands of placement are required).
    - o When students are thinking about taking on extra clinical/community involvement/coursework demands, these should be thought of as post-master's activities. If the master's is completed by the end of the second year, then the third and fourth and fifth years should have adequate room for additional commitments to research/lab commitments, coursework, clinical and community activities.
    - o Students should meet regularly with their research advisors to discuss their master's projects. That person may or may not be the advisor that we initially assigned. The goal is for the student to meet regularly with the faculty member who seems like the best fit to chair their master's project idea. If the initial advisor assignment was not a good fit for a master's project, then the student should actively seek another faculty member to serve as chair of the master's.

II.   Advice About Committee Composition

Regulations concerning committee composition are provided in the Department Graduate Handbook (see "Resources" link).

Master's thesis committees. A master's thesis committee consists of 3 faculty members-two inside members and an outside member. An inside member is defined as a faculty member from either within the student's training area or within the topic area of the project. Faculty members from other Departments may serve on the committee. Non-tenure track faculty (e.g., adjunct faculty etc.) require special permission.

Can I have a thesis chair who is outside of the clinical area? Students may have a non-clinical faculty member chair their master's thesis committee. However, in these cases, students must have a clinical co-chair who can assure that clinical policies and standards are maintained.

Comprehensive examination and dissertation committees. For comprehensive examinations and dissertations, the committee consists of 4 faculty members-three inside members and an outside member. An inside member is defined as a faculty member from either within the student's training area or within the topic area of the project. Faculty members from other Departments may serve on the committee. Non-tenure track faculty (e.g., adjunct faculty etc.) require special permission.

Can I have a comps or dissertation chair who is outside the clinical area? Students may have a non-clinical faculty member chair their comprehensive examination or dissertation committee. However, in these cases, students must have a clinical co-chair who can assure that clinical policies and standards are maintained.

Note on secondary data analyses: Note that for dissertations using secondary data, the supervisory committee should maintain independence from the research project (see policy on use of secondary data).

Note: Students are always free to have more than the required number of committee members.

III.   Master's Thesis Step-by-Step

For up-to-date procedures on navigating the Department's and the Graduate College's required steps, please see the Department's Graduate Handbook: https://psychology.asu.edu/student-life/the-graduate-experience/graduate-resources

Also visit the Graduate College website for deadlines and procedures: https://graduate.asu.edu

IV.   Applying for Doctoral Candidacy

The dean of the Division of Graduate Studies admits students to candidacy. PhD students must pass the comprehensive examination and defend the dissertation prospectus before admission to candidacy. Letters are sent when the Division of Graduate Studies receives the forms indicating when students have completed these degree requirements.

There are separate forms to document that you passed the comprehensive exam and that you successfully defended the dissertation prospectus. These documents are titled "Report of Doctoral Comprehensive Examinations" and "Results of the Doctoral Dissertation Proposal/Prospectus" respectively and they are available for download in the Graduate Student section of the departmental web page: https://psychology.clas.asu.edu/student-life/the-graduate-experience/graduate-resources

Each form has a place for faculty to sign verifying that the degree requirement has been met. The Department Chair must also sign. Graduate Student Support Coordinators will see that they are sent to the Division of Graduate Studies.

V.   The Use of Secondary Data Sets for Dissertations

The committee discussed four sets of issues that guide evaluations of dissertations in general, that seem especially important to considering the appropriateness of secondary data sets for dissertation projects within our program. The issues so raised actually are not unique to secondary data sets. Rather, they are applicable to all dissertation projects to some degree and may simply become particularly salient in the context of secondary data sets. Regarding each issue, the committee has formulated a suggestion of policy, procedure, or general guiding principle.

- <u>Data collection as an essential skill</u>. The issue that the committee saw as most directly applicable to secondary data sets was whether the collection of new empirical data is a necessary part of a PhD project. This point of view has been

expressed in terms of a view of the dissertation project as one that encompasses the entire research endeavor "from soup to nuts."

The committee felt that students should have experience (and hopefully competence) with five broad domains of research activity as part of their PhD training:

- Conceptualizing research questions.
- Research design and operationalization of constructs.
- Implementation of data collection.
- Data reduction and analysis.
- Interpretation of results and dissemination of it.

In reviewing these domains, it would not be necessary that each were part of the dissertation. However, if a secondary data set were to be used in a dissertation, then at some other point in the student's training, they should have experience with the conduct of data collection.

It would be useful for some measure of progress within these domains be established prior to the formation of a dissertation committee, to provide the basic information for the student (and subsequently the committee) to know about the appropriateness of a secondary data set for a dissertation project.

To serve this function, we recommend that, at the comps committee review of the general progress of the student in our program, the committee establish the demonstrated research strengths (and weaknesses) of the student vis-à-vis the five domains of research competence listed above. While NOT establishing a fixed decision for the dissertation (as to the appropriateness of a secondary data set), this would provide a specific statement as to the student's experiences to date (more like a review than an editorial decision). Obviously, further activity or information might be brought to bear to influence the chair and the student to go ahead with a dissertation project using a secondary data set, even if that was not accomplished by the time of the comps review.

The implementation of such a review of strengths (see items 1 and 5) would need to be worked out by the faculty. In theory, this would be in parallel with the evaluation of students in terms of professional training.

- Ownership/independence of student work. The committee saw no difference, in principle, between projects involving primary data sets and secondary data sets in this regard. In all dissertation projects, the student is expected to make an independent contribution to psychological science and is expected to "own" a rather complex project in the sense of being responsible for the conceptual and methodological decisions involved in the research endeavor as well as the conceptual implications of the findings. If those decisions pre-dated the specific project (as in a secondary data set), the student is responsible for knowing the decisions that were made as to particular methodologies, and why (e.g., how missing data was handled, what was done for an interrupted interview, were family interviews in same or different rooms). If that information is not available, then they should know the potential alternatives and the cost/benefit trade-offs for the alternatives.

The faculty may also wish to discuss whether there are general expectations of dissertation projects in terms of authorship (e.g., the level of contribution for a dissertation is that usually associated with being first author).

- <u>Existing data sets as constraints on the project</u>. A potential concern with secondary data sets is that the operationalizations are limited to the existing data. This pre-existing constraint may compromise the quality of the project, which would lead to a data-driven rather than an idea-driven or question-driven endeavor that would be less than ideal.

The committee felt that the standards for the acceptability of operationalization are general for all dissertations. Although with secondary data sets the committee has somewhat fewer degrees of freedom, we should expect that the finished project would result in a publishable contribution to the literature. Further, additional data collection to supplement analysis of secondary data may be a realistic option for some proposals. Thus, we can apply the standard of an editor recognizing that there will always be a trade-off between the uniqueness of the data set or importance of the question and the expense of alternatives and quality of operationalization.

- <u>Heterogeneity of dissertation committees</u>. The committee felt it is important for all dissertations to separate the training function of a supervisory committee from the "research group" function of collaborators in a joint project. As a training committee, the dissertation committee should be independent enough of the project so that the training function would never be compromised (or appear to be compromised) The committee felt that all dissertation committees should have at least two members who are not directly connected to the data set itself.

Section 5: Comprehensive Examination

I.   Guidelines for Comprehensive Examinations in Clinical Psychology

Approved by Clinical Faculty, May 4, 2001
Additions/Revisions, November 2001, March 2007, April 2010, December 2023

General Policies

The comprehensive exam requires the student to demonstrate a thorough understanding of research and theoretical issues in clinical psychology through written work and in an oral defense with members of the student's supervisory committee. Comprehensives are taken after a student has completed their master's thesis and before submission of the dissertation prospectus.

To fulfill the comprehensive examination requirement in clinical psychology, eligible students will elect to write either a critical systematic review/meta-analysis paper or a grant application. Scoping reviews are discouraged unless there is a strong rationale for conducting a scoping review. Students wishing to conduct a scoping review must get prior approval from their committee. Papers and grant proposals can address any topic related to clinical psychology. As a general guide,

comprehensive examination projects can be concerned with any topic that would be suitable for a dissertation in our program.

A student who chooses to write a systematic review/meta-analysis should identify a topic in the empirical literature that has not been the topic of a recent review. Papers should conform to APA style and should follow PRISMA guidelines. The text of the student's paper should be at least 30 pages, excluding the title page, abstract, references, and tables/figures. Students must pre-register the systematic review/meta-analysis through PROSPERO.

Grant proposals should conform to one of the existing formats that are used to fund dissertation research in psychology (e.g., National Research Service Award). If yours deviates from this format, consult the faculty about its appropriateness (Brief fellowship applications that focus on the credentials of the applicant and the mentoring environment are not appropriate for comps). If you are unsure whether or not your format would be appropriate, please check with your comprehensive exam chair and/or with the Area Head. Grant proposals should include all required components except for letters of recommendation and actual IRB approval (the human subjects section is required). Students whose grants draw from a faculty mentor's parent grant should not use "canned" sections from the parent grant. Students must write all sections. **For grant applications (such as NRSAs) that are less than 10 single-spaced pages, a 10–15-page supplement (double-spaced, 11 pt Arial font) is required. The supplement will contain a selective review and analysis of prior research that provides the context for the significance of the proposed research and its innovativeness. The supplement is meant to provide students with the opportunity to showcase important theory, context, and other relevant material; it is not to be a repeat of sections of the grant application. Students will submit the supplement with the grant application at the appropriate deadline.**

Comprehensive Examination Committee

Students will have a 4-person supervisory committee that will evaluate the written product and conduct an oral examination. Orals can be conducted if 3 committee members are physically present, and the 4th member sends in questions.

Collaboration

Students can consult with committee members about their comprehensive examination projects at any time. The committee chair or co-chair (one or the other) is allowed to read one draft and provide written high-level feedback. This is true for both the systematic review/meta-analysis and the grant proposal. High-level feedback is feedback on the overall effectiveness; logical cohesion; and extent to which claims are backed by evidence. It points out what is and is not working without being prescriptive. A copy of the draft with high level feedback must be submitted to the committee at the time of submission of the final product.

Eligibility for Taking Comprehensive Examinations

Students must have a successfully defended master's thesis, at least a B average in coursework, and an overall satisfactory rating in clinical practica and placements.

Timing

Comprehensive exams must be submitted by the first day of classes in the fall semester of the student's fourth year of the doctoral program. Students who are admitted with a master's degree and thesis that are approved as equivalent to the department's requirements will submit comprehensive exams by the first day of the fall semester of their third year in residence. Students who want to complete comprehensive examinations before their fourth year of graduate study (or, for students who enter the program with an approved master's and want to complete their exam before their third year) should meet with their advisor to select a submission date, which can occur at any time during the semester that comes before the formal deadline.

Students will distribute copies of the completed exam to all committee members and to the Administrative Secretary for the Clinical Psychology Graduate Program.

In the rare event that an examination is not submitted on the due date, it will receive a failing grade. The Graduate College allows students to re-take comprehensive examinations once, but no earlier than three months after the first examination. Students who fail to meet the fall deadline will submit their examinations on the first day of classes in the spring semester of the fourth year.

Oral Evaluation

Oral examinations should be scheduled as soon as possible after the submission deadlines, but definitely before October 1 for fall submission and before March 1 for spring submissions. If at least three of the four-committee members determine that the written product and oral examination were satisfactory, the student will have passed the exam.

Students should begin trying to schedule their orals as early as possible. If possible, students should hand in to the Graduate Secretary along with their comps paper, the names of the committee members and the date of the oral. If scheduling is still unknown at the time of the paper submission, please inform the Doctoral Program Coordinator of the orals date as soon as possible.

NOTE: An oral can be conducted with only 3 committee members physically present, and the 4th member sending in questions. Orals should not require any more than 1 ½ hours.

If students do not pass, supervisory committees can allow them to apply to the Division of Graduate Studies for a second examination at the next available deadline.

In rare circumstances, students may pass with minor revisions. These revisions must be submitted by November 1 for fall submissions and by April 1 for spring submission and will be evaluated by the committee chair.

Petitions for Timeline Adjustments

The faculty recognizes that there might be rare and unpredictable circumstances (e.g., a serious illness) that might prevent a student from adhering to the regular timeline. Students may petition the faculty to request an adjustment to the timeline. The petition should be submitted to the Area Head as soon as it is apparent that progress on the comprehensive exam is so seriously compromised that it is unrealistic to adhere to the regular timeline. The clinical faculty as a whole will consider each petition and render a judgment.

These guidelines affect students who were admitted in the fall, 2001 and thereafter.

Comprehensive Exam: Student-Faculty Chair Contract

The comprehensive exam requires the student to demonstrate a thorough understanding of research and theoretical issues in clinical psychology through written work and in an oral defense with members of the student's supervisory committee. Comprehensive exams are taken after a student has completed their master's thesis and before submission of the dissertation prospectus. To be eligible for the exam, students must have successfully defended their master's thesis, have at least a B average in coursework, and have an overall satisfactory rating in clinical practica and placements.

To fulfill the comprehensive examination requirement in clinical psychology, eligible students will elect to write either a critical systematic review/meta-analysis paper or a grant application. Scoping reviews are discouraged unless there is a strong rationale for conducting a scoping review. Students wishing to conduct a scoping review must get prior approval from their committee. Papers and grant proposals can address any topic related to clinical psychology. As a general guide, comprehensive examination projects can be concerned with any topic that would be suitable for a dissertation in our program.

A student who chooses to write a systematic review/meta-analysis should identify a topic in the empirical literature that has not been the topic of a recent review. Papers should conform to APA style and should follow PRISMA guidelines. **The text of the student's paper should be at least 30 pages, excluding the title page, abstract, references, and tables/figures**. Students must pre-register the systematic review/meta-analysis through PROSPERO.

Grant proposals should conform to one of the existing formats that are used to fund dissertation research in psychology (e.g., National Research Service Award). If yours deviates from this format, consult the faculty about its appropriateness. (Brief fellowship applications that focus on the credentials of the applicant and the mentoring environment are not appropriate for comps.) If you are unsure whether or not your format would be appropriate, please check with your comprehensive exam chair and/or with the Clinical Area Head. Grant proposals should include all required components except for letters of recommendation/support and actual IRB approval. The human subjects section is required. The IRB application is not required. Students whose grants draw from a faculty mentor's parent grant should not use "canned" sections from the parent grant. Students must write all sections. **For grant applications (such as NRSAs) that are less than 10 single-spaced pages, a 10–15-page supplement (double-spaced, 11 pt Arial font) is required. The supplement will contain a selective review and analysis of prior research that provides the context for the significance of the proposed research and its innovativeness. The supplement is meant to provide students with the opportunity to showcase important theory, context, and other relevant material; it is not to be a repeat of sections of the grant application. Students will submit the supplement with the grant application at the appropriate deadline.**

Eligibility (All are required)

☐ Master's Thesis Completed

☐ 3.0 GPA

☐ Clinical ratings satisfactory

Exam (Select one)

☐ Systematic Review or Meta-analysis (~30 pages of text)

☐ Grant Application (and if less than 10 single-spaced pages, a 10–15-page supplement)

Comprehensive Examination Committee

Students will have a 4-person supervisory committee that will evaluate the written product and conduct an oral examination. The committee consists of three inside members and an outside member. An inside member is defined as a faculty member from either within the student's training area or within the topic area of the project. Faculty members from other Departments may serve on the committee. Non-tenure track faculty (e.g., adjunct faculty) require special permission.

Role	Faculty Name	Faculty Dept/Area
Chair (inside)		
Committee Member (inside)		
Committee Member (inside)		
Committee Member (outside)		

Policies (Student and faculty chair, please initial each policy)

_____ _____ 1. **Collaboration**. Students can consult with committee members about their comprehensive examination projects at any time. The **committee chair *or* co-chair** (one or the other) is allowed to read **one draft** and provide written high-level feedback. This is true for both the systematic review/meta-analysis and the grant proposal. High-level feedback is feedback on the overall effectiveness; logical cohesion; and extent to which claims are backed by evidence. It points out what is and is not working without being prescriptive. A copy of the draft with high level feedback must be submitted to the committee at the time of submission of the final product.

_____ _____ 2. **Exam submission deadline.** Comprehensive exams must be submitted by the first day of classes in the fall semester of the student's fourth year of the doctoral program. Students who are admitted with a master's degree and thesis that are approved as equivalent to the department's requirements will submit comprehensive exams by the first day of the fall semester of their third year in residence. Students who want to complete comprehensive examinations before their fourth year of graduate study (or, for students who enter the program with an approved master's and want to complete their exam before their third year) should meet with their advisor to select a submission date, which can occur at any time during the semester that comes before the formal deadline.

_____ _____ 3. **Oral defense deadline.** Oral examinations should be scheduled as soon as possible after the exam submission deadlines. An oral exam can be conducted with only 3 committee members physically present, and the 4th member sending in questions. Orals should not require any more than 1 ½ hours. Students must be enrolled at ASU during the semester of the defense. A

summer defense is possible if the student is enrolled in the summer semester, but a summer defense is subject to the approval and availability of the committee.

____ ____ 4. **Petition for alternate exam submission deadline.** The faculty recognize that there might be rare and unpredictable circumstances (e.g., a serious illness) that might prevent a student from adhering to the regular timeline. Students may petition the faculty to request an adjustment to the timeline. The petition should be submitted to the Clinical Area Head as soon as it is apparent that progress on the comprehensive exam is so seriously compromised that it is unrealistic to adhere to the regular timeline. The clinical faculty as a whole will consider each petition and respond.

____ ____ 5. **Missed exam submission deadline.** In the rare event that an examination is not submitted on the due date, it will receive a failing grade. The Graduate College allows students to re-take comprehensive examinations once, but no earlier than three months after the first examination. Students who fail to meet the fall deadline will submit their examinations by the first day of classes in the spring semester.

____ ____ 6. **Passing grade.** If at least three of the four-committee members determine that the written product and oral examination were satisfactory, the student will have passed the exam. If students do not pass, supervisory committees can allow them to apply to the Division of Graduate Studies for a second examination at the next available deadline. In rare circumstances, students may pass with revisions. Revisions will be requested by the committee at the time of the oral defense. These revisions must be submitted by November 1 for fall submissions and by April 1 for spring submission and will be evaluated by the committee chair. For students who receive permission for an alternate exam submission deadline, the revisions are due to the committee within 10 weeks of the due date.

____ ____ 7. **Documentation.** By the exam submission deadline, **students** will distribute copies of the completed written exam to all committee members and to the Administrative Assistant for the Clinical Psychology Graduate Program. Along with their comprehensive exam, students should submit to the Graduate Administrative Assistant the names of the committee members and the date of the oral defense. If scheduling of the oral defense is still unknown at the time of the exam submission, please inform the Graduate Administrative Assistant of the orals date as soon as possible. **Faculty committee members** will submit exam results on My ASU's Graduate Faculty iPOS review following the oral defense.

Recommended Timeline

The clinical faculty recommend that students dedicate one year to completing the comprehensive exam, from the completion of the master's thesis by the fall of year three to the comprehensive exam submission deadline in the fall of year 4.

Student Name   Signature   Date

Faculty Name   Signature   Date

Section 6: Clinical Placements

I.   Clinical Placement Policies

This document describes the policies and procedures on clinical placements. The policies and procedures are influenced by a number of factors such as American Psychological Association (APA) guidelines, licensure laws, the realities and constraints of our particular university and city, and the policies of our own department.

It is a policy of the clinical training program that every student must complete a 20-hour per week clinical placement for one year, or 10-hour per week placements for two years. Clinical placements occur in settings where the primary focus is on the provision of direct services to a client population. One 10-hour placement must be at the CPC as a Resident Therapist.

Primary Supervisor

Important aspects of doctoral training in clinical psychology are based on an apprenticeship model in which faculty members and other psychologists serve as models for students in their acquisition of knowledge and skills in research and practice. Thus, a primary component of any placement should be the active presence of a licensed psychologist who possesses the knowledge and models the skills that we want students to acquire. A clinical placement should have one or more full-time psychologists who provide clinical training to students. The presence of a psychologist on a part-time basis, or a psychologist whose training and background is different from what we would prefer are examples of variations that we might consider on a case-by-case basis because of a setting's unique training opportunities. In order for placement training to count toward licensure in Arizona (and several other states), no more than 25% of the supervision a student receives can be provided by an allied mental health professional. In accordance with program standards, there shall be at least 1 hour per week of regularly scheduled contemporaneous face-to-face individual supervision provided to the graduate student per 10 hours of supervised pre-internship professional experience that addresses direct psychological services provided by the student (e.g., therapy, assessment, interviews, documentation, case-presentations, seminars on applied issues, group supervision, consultation, etc.).

Placement Activities

The primary purpose of a clinical placement is graduate student training. It is also recognized that for many placement sites, one of the facts of life in accepting one of our graduate students is that this must be economically feasible from the agency's viewpoint. In fact, a significant aspect of training for the student can be the exposure to the "real world" with its necessity for being accountable for specific tasks. Thus, the following guidelines attempt to strike a balance between a direct training function and service requirements.

The placement agency should understand that a graduate student position within that agency must emphasize training, and the agency should abide by the requirements for adequate training as outlined in this document.

The graduate student's clinical activities within the agency should be consistent with the nature and level of the student's training. Thus, students should participate in an organized, sequential series of supervised experiences of increasing complexity and should not be expected to engage in activities that psychologists ordinarily do not do. Similarly, graduate students should not be asked to engage in tasks that are beyond their current level of competence. By contrast, a graduate student should serve as an apprentice to the supervisor in completing clinical tasks that constitute an integral part of the clinical services offered by that agency.

In addition, none of the above is intended to preclude the student from serving as a resource to the placement agency such as in generating new knowledge, or in developing a new clinical or treatment program. Indeed, the availability of the student as a resource and a liaison with the university is often seen as one of the benefits that an agency gains by making training opportunities available.

Seminars, workshops, case conferences, and in-service training sessions are other modalities available within placements to develop the skills student trainees need to function adequately in the clinical setting, although these do not replace the value of clinical training activities that involve direct contact with clients.

Stipends

Some clinical placements are able to offer student training stipends. Those financial arrangements should be discussed with the Director of Clinical Training and the Director of the Clinical Psychology Center before the availability of the placement is advertised and prospective trainees are interviewed.

Students who are funded on training grants (T-32, NRSA, NSF, etc.) have restrictions on the amount of time that can be dedicated to additional employment. "NIH recognizes that student or postdoctoral trainees may seek part-time employment coincidental to their training program to further offset their expenses. Fellows and trainees may spend on average, an additional 25% of their time (e.g., 10 hours per week) in part time research, teaching, or clinical employment, so long as those activities do not interfere with, or lengthen, the duration of their training."

Schedules

In many placement agencies, graduate students will become an integral part of the service team; this experience is a useful aspect of the student's training. However, the primary agency commitment to the graduate student is expected to be to training. Thus, students should be permitted to negotiate their schedules so that it is possible for them to meet the requirements of their university work (classes, lab meetings, clinical seminars, etc.). It is also expected that students will not be pressured in any way to work more than the quarter-time/half-time agreement (10/20 hours in an ordinary working week).

The total number of field placement hours is limited to no more than 20 hours per week if the student has no TA or RA support, or to no more than 10-12 hours per week if the student has a 20-hour per week TA or RA position. Once a student has passed the comprehensive exam, and with approval from their advisor, a student may submit a petition to engage in more than 20 hours of

clinical practicum per week. A petition is submitted to the Area Head for review with the clinical faculty.

II. Clinical Placement Procedures

Our goal is to develop stable, long-term relationships with high-quality training agencies. We will be flexible in collaborating with sites to develop training opportunities that meet students' needs and that are feasible from the site's perspective.

External Placements

In early January of each year, the Placement and Clinic Policy Committee (PCPC) of the Clinical Psychology Program checks with current placement sites regarding the potential availability of placements for the following year (Placement years run from July 1 through June 30). Previous student evaluations of placements and supervisors are reviewed for ongoing quality assurance. Information regarding Placements is then included in a comprehensive listing (i.e., "The Grid") that informs graduate students of available field placements for the coming year.

The PCPC also considers possible new sites and ascertains their suitability. As part of this process, potential supervisors are advised of our general policies and of the process of student selection, as described below. Each proposed new placement opportunity must be submitted to the Director of Clinical Training, the Director of the Clinical Psychology Center, or the Chair of the PCPC. The PCPC will then determine the appropriateness and viability of that proposed placement. As a first step in establishing a new field placement, the representative of the prospective placement should submit to the PCPC the Placement Information Form and the vitae of potential supervisors. The Director of the Clinical Psychology Center, or the Chair of the PCPC will review the site information and supervisors' credentials and will offer a recommendation regarding the placement. Pending this initial review, the proposal will be submitted to the whole PCPC for approval. Additional information will be gathered, if necessary, and the placement considered.

The decision to offer a new placement is based on three criteria: 1.) the extent to which a placement is consistent with the program's clinical scientist training model (i.e., use of evidence-based psychological treatments, ongoing evaluation of treatment effectiveness, opportunity to conduct research on treatment effectiveness or dissemination & implementation of evidence-based treatments, etc.); 2.) the extent to which the treatment setting and clientele served are beneficial to students' training; and 3.) the qualifications of the supervising psychologist(s).

Student Selection

In early February, a list is circulated to all clinical students that describes the placements that are available for the coming year. One or more members of the PCPC then meet with students to discuss this list and to answer questions. In addition, students are asked to become familiar with any existing placements in which they might be interested by talking with students who trained in those settings. Students then may call the supervisors of those placements in which they are interested to arrange for an interview. A deadline is set on interviews.

Students and site supervisors rank order their preferences and submit them to the CPC secretary. Similar to the APPIC procedure, students and sites are then notified of their match. There is the

possibility that all available placement slots will not be filled, just as it is possible that students will not find a placement. In either case, supervisors and students should contact the Director of the CPC to determine what alternate arrangements can be made.

We have established a policy that limits students to one and only one year in a particular clinical placement. Here we recognize that there exist only a limited number of clinical field placements within the Phoenix metropolitan area, each with unique features that have special training value. For example, only one or two local sites might offer clinical training in forensic evaluation, assessment and therapy with children, inpatient treatment, or clinical work with ethnic minority clientele. If certain students remained in a training site for multiple years, it would deprive other students of experiencing that setting and its unique training opportunities.

Student Placement Agreement

ASU requires that students who participate in an external placement must complete a Student Placement Agreement. The Agreement must be signed by the external agency, student, DCT, and Dean, prior to beginning the placement. This agreement is required for ASU to cover students under the university's professional liability insurance policy.

Training Plans

On June 30, 2009, the Arizona legislature passed House Bill 2206, revising the manner in which psychologists can become licensed in Arizona. Part of the law calls for each applicant to document pre-internship clinical training experiences through the use of a training plan. Therefore, each trainee should develop a written training plan with the professional training site and the clinical program. The training plan for each supervised pre-internship training site must designate an allotment of time for each training activity and must assure the quality, breadth, and depth of training experience through specification of goals and objectives of the supervised experience, the methods of evaluation of the student, and supervisory experiences. Model training plans will be provided to assist placements in developing plans for each trainee.

Evaluation of Student Performance

Placement supervisors are encouraged to communicate with supervisees and program faculty on a regular basis. Formal evaluation is conducted at the mid-term (December-January) and end point (June-July) of the placement. Midway through the placement, the Director of the Clinic will conduct a brief evaluation with that student's clinical placement supervisor. A brief evaluation checklist will be provided to the supervisor to indicate the quality of the student's performance. It will be the responsibility of the CPC Secretary to monitor the completion of these brief evaluation checklists.

Toward the end of the placement, the Director of the CPC and the PCP Committee request from the field placement supervisor a written end-of-year evaluation of the graduate student's progress. This evaluation uses the Clinical Training Program's standard evaluation form. It is the responsibility of the CPC Secretary, under the guidance of the Director of the CPC, to coordinate the distribution, collection, and processing of these end-of-year evaluation forms. As part of this process of evaluation, each graduate student is also asked to follow-up with their placement supervisor to ensure that the supervisor's evaluation is completed and submitted in a timely manner.

Our current evaluation form provides for ratings over a number of different categories, for comments, and for the signature of both the supervisor and the student to indicate that the form has been utilized for feedback purposes to the student. These forms are returned to the Director of the Clinical Psychology Center who places the evaluations in the students' permanent files. The Director provides information to the faculty regarding student evaluations in clinical placements during annual reviews that are conducted by the full clinical faculty for each student.

Evaluation of Placement Experiences

All field placements are evaluated by the student each year using the Placement Evaluation Form and the Student Evaluation of Supervisors Form, distributed and collected by the CPC Secretary. Especially for new field placements, graduate students are encouraged to provide early feedback regarding the strengths and limitations of their new field placement experience. The CPC Director, Director of Clinical Training, and PCPC review the evaluation forms and alert the full clinical faculty when evaluations raise concerns about any of the community placements.

Addressing Student or Placement Concerns

Students and supervisors are encouraged to first attempt to resolve concerns informally through discussion. If concerns cannot be resolved directly, or if a party does not feel they are able to directly discuss the problem, the student or supervisor should speak with the Director of Clinical Training. The DCT will attempt to mediate concerns between the student and supervisor. If problems cannot be resolved at this point, the matter will be brought to the CPCP or clinical faculty.

If student concerns are identified, the student's advisor will be notified, and a Performance Improvement Plan will be implemented. If the student is unable to address identified concerns, the student may be removed from the placement and suspended from providing clinical services. The student will be reviewed by the clinical faculty to determine the next steps.

If problems are identified with the placement, the Director of Clinical Training will work with the supervisor and placement staff to attempt to resolve identified concerns. If problems are not resolved in a timely manner, the student will be removed from the placement and will complete their remaining time at the Clinical Psychology Center. The placement will be reviewed by the CPCP and may be removed from future inclusion as an external placement.

Section 7: Internship

I.   Dissertation Prospectus and Internship Readiness

Students must submit the dissertation prospectus by October 1 and hold the prospectus defense by October 15 of the fall that they wish to apply for internships. This policy will apply to the class admitted in 2004 and those that follow.

Other information for the APPI:

- required for participation in the AAPIC match—master's thesis, comps, dissertation prospectus.

- required to attend an internship--complete all academic coursework, comps, master's thesis, dissertation prospectus.
- completion of dissertation data analyses and dissertation defense are not required before attending an internship, but highly recommended.

II.   Registering for Course Credit during Internship

The clinical psychology program requires that students enroll for one hour of internship credit (PSY 784) during the fall and spring semesters of the internship year. Those credits must appear on the program of study. Because you will not be receiving a stipend from the department while on internship, the cost of tuition will be your responsibility. **For this reason, we strongly encourage all students to apply for in-state residency well in advance of the internship year. Further, although any existing loans will be deferred since you will be continuously enrolled for course credit, you will not be able to take out new loans during the internship year as you will not be enrolled full time (at least 5 hours). So, if paying the one hour of tuition during the fall and spring semesters of internship will create financial difficulties, you should plan in advance (and consult the financial aid office) about how you might save funds to cover the tuition costs during internship.**

Under some circumstances, the fall and spring internship credit tuition costs can be reduced. Students are eligible for this benefit if, **before** their fall tuition bill is due, they have completed all of their coursework, successfully defended their dissertation (i.e., passed their orals and completed all needed revisions), and completed a petition for GRD 595 that is signed by the Department Chair and approved by the Graduate College. With approval of that petition, students can register for their internship credits at reduced cost.

Students must also register for at least one credit during the term in which they graduate. For example, if a student has defended the dissertation, completes the internship by June 30th and is eligible to graduate in the second summer session, that student should enroll in one credit (e.g., continuing enrollment PSY 795) during the second summer session. If a student's internship ends after the August graduation deadline, that student would apply for fall semester graduation and would enroll in one credit for that fall semester. Students may receive only two semesters of reduced credit. So, if a student registers for GRD 595 in the fall and spring semesters of their internship year, they will be responsible for the cost of one full credit hour during the semester they graduate (summer or fall).

The Graduate College requires that you formally apply for graduation. The necessary materials should be obtained from them.

III.   Petitioning for a Non-APA Accredited Internship

Students are required to complete a one-year clinical internship at an APA-approved facility. The faculty recognizes that on very rare occasions, a student might have reasons to consider a non-APA accredited internship. Students who want to apply for non-accredited internships may petition the

clinical faculty. The petition must show that the proposed internship site is a member of APPIC or meets APPIC guidelines (see internship checklist).

The petition should include the following elements:

1. The reasons for considering a non-APA internship.
2. A description of the proposed internship including training activities and supervisors.
3. Vita of supervisors who are licensed psychologists.
4. A letter from the internship director that indicates that the facility is an APPIC member, the start and stop dates of the internship, and the stipend and benefits the intern will receive. If the facility is not a member of APPIC, the letter must be accompanied by the internship checklist (that is modeled after APPIC requirements).

In addition, the student must provide evidence that the internship training program meets the standards outlined by APPIC including the following:

1. The psychology internship is an organized training program, with a defined curriculum, that provides interns with a planned sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training. The internship has a written statement that provides a clear description of the nature of the training program and is made available to prospective interns.
2. The internship program has a clearly designated doctoral level staff psychologist who is responsible for the integrity and quality of the training program. This person is actively licensed, certified, or registered by the Board of Examiners in the jurisdiction where the program exists and is present at the training facility for a minimum of 20 hours per week.
3. Regularly scheduled individual supervision is provided by one or more doctoral level licensed psychologists, at a ratio of no less than one hour of supervision for every 20 internship hours.
4. The internship provides training in a range of psychological assessment and intervention activities conducted directly with recipients of psychological services.
5. The internship must provide at least two hours per week in didactic activities such as case conferences, seminars, in-service training, or grand rounds.
6. Internship training is at the post-clerkship, post-practicum, and post-externship level, and precedes the granting of the doctoral degree.
7. The internship agency has a minimum of two internship positions at the doctoral level of training. These interns must be at least half-time (i.e., 20 hours per week).
8. The internship experience (minimum 1500 hours) must be completed in no less than 9 months and no more than 24 months. Only school psychology programs will be allowed to participate in the Match with 1500 hours or 9–10-month internships.
9. The internship program provides training that meets the requirements for licensure eligibility in the state, province, territory, or jurisdiction in which it is located.
10. At least twice a year the internship program conducts formal written evaluations of each trainee's performance.
11. A stipend is paid that is reasonable for the institutional and regional context and stated clearly in advance.

Appendix: The Clinical Psychology Center Handbook

HOW TO MAP PERSONAL DEVICE TO Share Drive

Mac - CPC (8/21) smb//psy.fsx.asu.edu/share/1728/Lab/Clinic

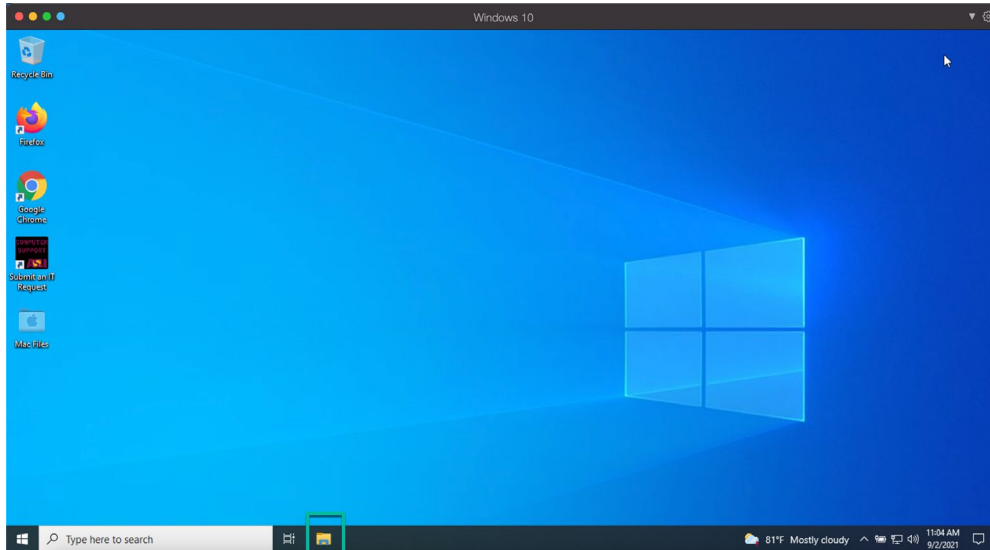1. Select Finder from the Task Bar. Once selected use the "Go" menu at the top of the screen,

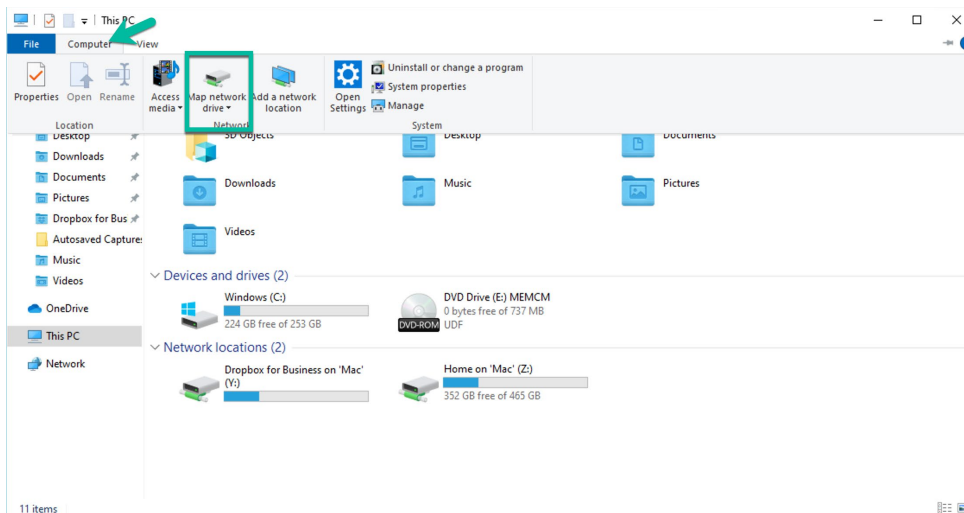2. Under the "Go" menu select "Connect to server…" at the bottom,

HOW TO MAP PERSONAL DEVICE TO SHARE DRIVE: CPC CLINIC (8/21) PC: \\psy.fsx.asu.edu\share\1728\Lab\Clinic
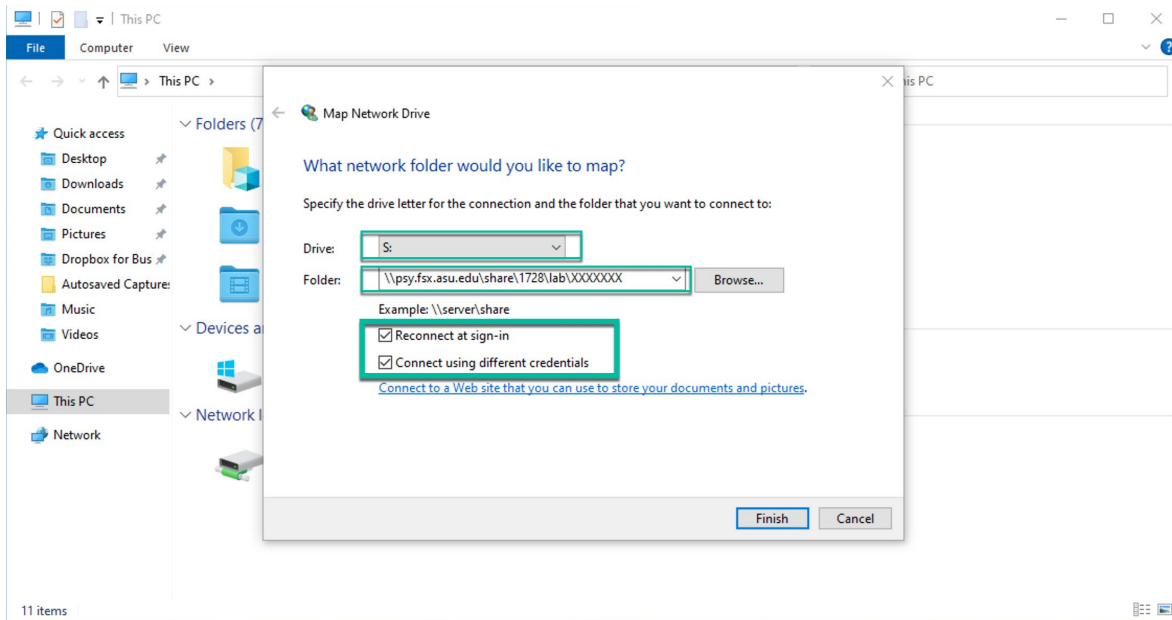
1. Open File Explorer,

2. Once File Explorer is open hit the "Computer" tab at the top. Then select "Map network drive"

On the next screen you will need to select the drive letter, Enter the folder path, and check the two checkboxes as shown below. Make sure to use the path for your specific folder.

\\psy.fsx.asu.edu\share\1728\Lab\Clinic

3.

4. The next screen will ask for your credentials. Please enter your ASURITE ID and ASU Password in the format shown below. Some positions such as TA's and RA's may have to use the second format.
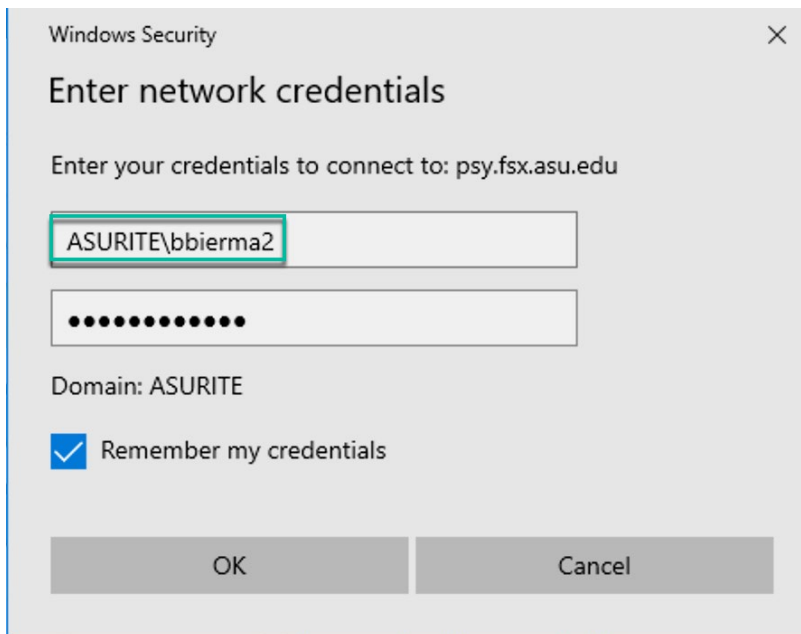
3. On the "Connect to Server" window enter the path to your specific folder. Add the server to your favorites by hitting the + button. Hit connect and it will map the share drive.
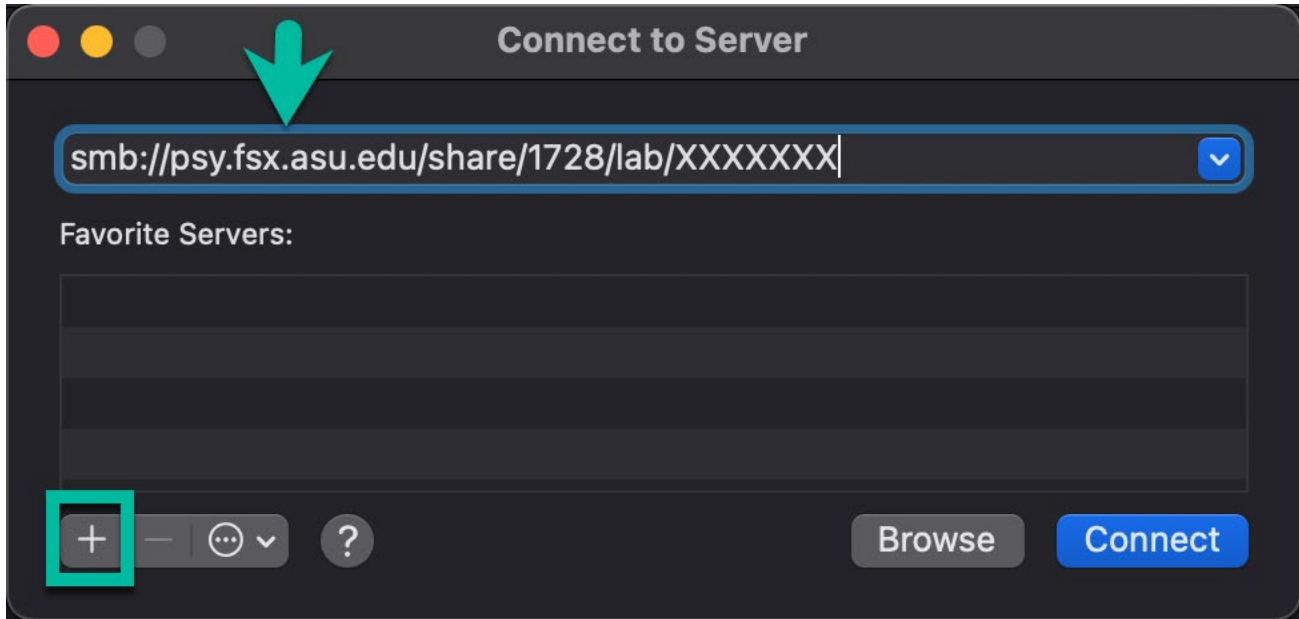
4. Once you hit Connect it will ask for your credentials. Enter your ASURITE ID and your ASU password. Some positions such as TA's and RA's may have to use the format asuad\ASURITE ID.
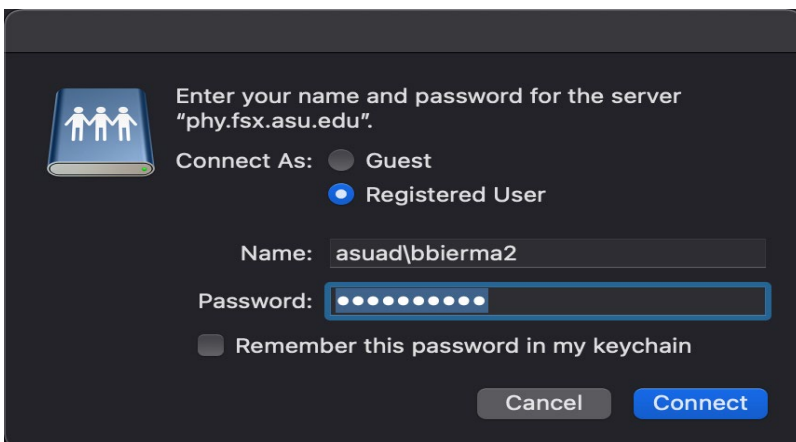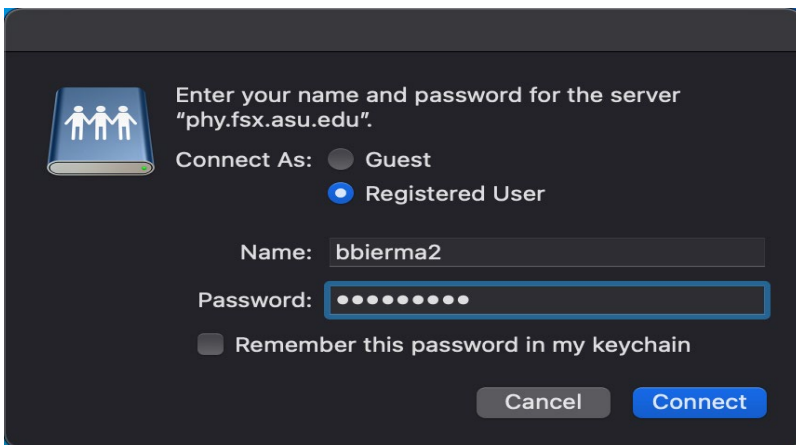
If you restart your machine or logout you will need to use "Connect to Server" and hit connect again.

NEW CLIENT SCHEUDLE PROCEDURE – AS OF SPRING 2024

1. **When assigned a case**, therapist will checkout (take) the digital case file (client contact sheet) from corresponding waitlist folder and move to individual folder (**CLINIC USERS) and** *complete the checkout process* by making notation on excel file **PRACTICUM/ADVANCED THERAPY ASSIGNMENT TRACKING LIST CURRENT (2022-23)**

2. As soon as you confirm w/ new client: <mark>EMAIL coordinator with details – client initials/day/date/time (AL/Tue, June 14 @ 6pm</mark>) which prompts the following:

   - **Create Client record**/account in Titanium and assign Case # (not auto generated in system, done manually).
   - **Create new appointment** and assign therapist in Ti (done simultaneously when creating new client record).
   - **Create OQ account** (if I do not have DOB on contact sheet, Default DOB is 01/01/2001)
   - **Email Confirmation to New Client (**intake packet + directions). Therapists will always be bcc'd on communications with clients.
   - Once all of the above is complete, I will **update the contact sheet** with Case Number.

   - It is always a good idea to **double check your schedule on Titanium** and if you do NOT receive a confirmation email within (1-2) business days - PLEASE circle back and ensure I received your message.

      ➢ **PLEASE DO NOT ADD NEW CLIENT APPOINTMENTS TO TITANIUM**. If you must, add as a 'placeholder' and I will replace it with actual session.

      ➢ If you schedule an appointment **LESS THAN 24 HOURS** (by NOON day prior is good rule of thumb) in advance, please email me ***immediately*** with a head's up; I run schedule report in the morning and usually double check it before making calls in the afternoon, but life happens and some get missed; this method ensures NO ONE misses a reminder call. 😊

<mark>If you LEAVE A MESSAGE</mark> with client please send me details along with a short list of your availability (if not already in Titanium or providing additional times) so I am best prepared when client returns your call.

Please include day of week, date and times in one-hour increments – PLEASE DO NOT USE RANGES OF TIME (**see example**). *Including the day of the week is paramount in avoiding potential hiccups (it happens!) and helps me when I get inundated with requests.* 😊

<mark>I prefer you to type out month (JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC) to avoid additional confusion please and thank you!</mark>

   o Thu, JUN 16: 9am, 10am, 11am, 3pm, 4pm, 5pm
   o Fri, JUN 17: 11am, 2pm, 4pm
   o Mon, JUN 20: 9am, 10am, 11am, 12pm, 1pm, 2pm, 3pm

ASU **Department of Psychology**
Arizona State University

CLINICAL PSYCHOLOGY CENTER

FOR OFFICE USE ONLY

Last Name:_____

Case #: _____

1st Appointment/Therapist:
_____/_____

CLIENT'S INFORMED CONSENT - ASSESSMENT (ADULT)

I have chosen to receive a psychological evaluation at the Clinical Psychology Center. My choice has been voluntary. I understand that there is no assurance that the evaluation will produce any particular results, such as a particular diagnosis. Because evaluation is a cooperative effort between my assessor, and myself, I will work with my assessor in a cooperative and honest manner to find answers to my evaluation questions. I understand that during the course of my evaluation, material may be discussed which will be upsetting in nature and that this may be necessary to conclude a comprehensive evaluation.

I understand that state and local laws require that my assessor report all cases of physical or sexual abuse or neglect of minors or the elderly. I understand that state and local laws require that my assessor report all cases in which there exists a danger to self or other.

These are the basic rights of individuals obtaining service from the Clinical Psychology Center. The rights include:

1. The right to be informed of the various steps and terms involved in evaluation prior to receiving the evaluation.
2. The right to confidentiality under federal and state laws relating to the receipt of services.
3. The right to have full and complete knowledge of the assessor's qualifications and training.
4. The right to refuse or terminate the evaluation at any time.
5. The right to discuss my evaluation with my attorney, psychologist, or anyone else.
6. The right to request a summary of my record or have information shared with another party, given my written consent.
7. The right to speak to my assessor's supervisor or professional organization if I am concerned about our work together.

I have read and understand the above. (Please initial here) _____

By signing below, you consent to possible observation, videotaping or audiotape recording of you contacts at Arizona State University Clinical Psychology Center. This consent permits the confidential use of such recording for the graduate training and research programs of the Center.

You also give permission to the staff of the Clinical Psychology Center to mail you a questionnaire, evaluating your experience during evaluation, if it is not completed at the final session. The information will be used to improve the quality of services provided by the Clinical Psychology Center.

_____
Client's Signature

_____
Witness's Signature (Therapist/Coordinator)

_____
Client's Name (Please Print)

_____
Witness's Name (Please Print)

_____
Date Signed

_____
Date Signed

ASU Department of Psychology
Arizona State University

CLIENT'S INFORMED CONSENT - TELEPSYCHOLOGY SERVICES

Telepsychology uses telecommunication technologies (phone, email, & video conferencing) to provide psychotherapy remotely. There are both benefits and limitations to telepsychology that differ from in-person services. You and your therapist may choose to use telepsychology if you and your therapist agree that it is in your best interest.

Confidentiality
You have the right to confidentiality under federal and state laws relating to the receipt of psychological services. Confidentiality applies to telepsychology services, and sessions will not be recorded or observed without your permission. However, there are some limits to confidentiality. State and local laws require therapists to report all cases of physical or sexual abuse, exploitation, or neglect of children and vulnerable persons. State and local laws require therapists to report all cases in which there exists a danger to self or others. Additionally, judges can subpoena client records in some situations. Finally, therapists-in-training must be supervised by a licensed psychologist, who will review recorded sessions and/or join sessions live to ensure high quality of care. Supervisors will also have access to clinical records. There are inherent risks to privacy and confidentiality when using technology. Any internet-based communication is not 100% guaranteed to be secure/confidential. To minimize risk to confidentiality, it is important to be in a private space during the session and use a secure internet connection rather than public/free Wi-Fi. Email and text communications are not secure and will not be used to communicate with you, with the exception of occasional encrypted emails for scheduling and transfer of documents.

Telepsychology Procedures
Telepsychology services will be provided using secure transmission through either phone or video conferencing using Zoom which employs end-to-end encryption. If you and your therapist choose to use Zoom, your therapist will give you detailed directions regarding how to log in securely and use this video conference system. Additional instructions and guidance can be found at (https://uto.asu.edu/zoom). All appointments will be made by phone or encrypted emails. Prior to your scheduled session, your therapist will call you to provide information for you to log into the Zoom session. When using the phone to conduct telepsychology, verification of your identify will require you to provide your birth date. In order to participate in telepsychology services, you agree to develop a plan to obtain local face-to-face services if you experience a suicidal or homicidal crisis or other emergency.

I understand the following limitations of telepsychology:

- Telepsychology is an innovative method for providing psychotherapy. Telepsychology does not have the same level of research supporting its effectiveness compared to in-person therapy. However, available evidence indicates telepsychology is an effective form of psychological treatment.
- Any internet-based communication is not 100% guaranteed to be secure/confidential, and the Clinical Psychology Center cannot guarantee confidentiality when using telepsychology.
- Technical problems can occur, which could disrupt the therapy session. In the case of interruption, your therapist will call you at your preferred phone number. If your therapist cannot re-establish contact during the scheduled session time, please call the main clinic office to schedule additional contact.
- Telepsychology is not recommended for all clients. Your therapist may determine that telepsychology is not the best treatment option for you. Or, you may decide that telepsychology is not meeting your needs. If this occurs, you will be provided in-person therapy or a referral to another provider.

I have read, understand, and agree to the above.

_____   _____
Client Name (Please Print)   Parent/Guardian Name (if applicable)

_____   _____
Client/Parent/Guardian Signature   Witness (therapist/coordinator) Signature

_____   _____
Date Signed   Date Signed

ASU Department of Psychology
Arizona State University

CLIENT INTAKE DATA FORM

In order to best meet your needs, we would like to know a little bit more about you. Please read "Client Rights" before completing this data sheet. ***Please complete one client data sheet for each adult being seen.***

TODAY'S DATE: _____ **DATE OF BIRTH: (mm/dd/yy)** ____ /____/ ____ **AGE**: _____

CLIENT NAME: _____

PARENT NAME (If not client): _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

CELL PHONE: (_____) _____ **WORK/OTHER PHONE**: (_____) _____

EMAIL ADDRESS: _____

OCCUPATION: _____ **ASU STUDENT? Yes** _____ **NO** ____

GENDER (circle one): Male | Female | Transgender | Non-Binary | Other _____

ORIENTATION: Heterosexual ___ Gay/Lesbian ___ Bisexual ___ Not Sure/Questioning ____

DISABLED: Yes_____ No _____ Not Sure ____

NATURE OF DISABILITY:

REASON FOR CONTACTING THE CLINIC (PROBLEM):

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____

HOME/CELL PHONE: _____ **WORK/OTHER PHONE:** _____

Have you ever received psychological or psychiatric services before? Yes ___ No _____
(***If yes, please answer below***)
    A. Number of different psychologists/psychiatrists/ therapists seen: _____
    B. Nature of previous services

_____
_____
_____
_____
_____

Are you seeing anyone else now for psychological concerns?   YES ___   NO ____ *(If yes, please answer below)*

A.   Nature of services you are presently receiving:

B. Name of Provider:

EMPLOYMENT STATUS: Employed ____   Unemployed ____   If employed, how many hours per week? _____

Total Family Annual/Yearly Income (Gross)D

___ 0-$5,000	___$5,001 - $10,000	___ $10,001 - $20,000
___ $20,001 -$35,000	___ $35,001 - $60,000	___ $60,001 and up

---

PRIMARY RACE/ETHNIC ORIGIN: *(Check one only)*

___White (not Hispanic)

___ Hispanic

___ Black (not Hispanic)

___ Asian or Pacific Islander

___ Native American: Specify tribal affiliation_____

LIVING SITUATION: (*Check one only*)

___Live alone	___Live with roommate(s)
___Live with spouse/mate	___Live with spouse/mate & children
___Live with children	___Live with parents
___live with other	

RELIGIOUS PREFERENCE CATAGORIES

___ No religion (includes atheist, agnostic)

___ Catholic

___ Jewish

___ Latter Day Saints

___ Jehovah's Witness

___ Christian (Please specify) _____

___ Islamic/Muslim

___ Hindu

___ Buddhist

___ Greek Orthodox

___Other religion not mentioned above (Please specify) _____

Is there anything else we should know about you that would better enable us to meet your needs?

Alcohol screening questionnaire (AUDIT)

Our clinic asks all patients about alcohol use at least once a year. Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

CLIENT NAME: _____

CASE #: _____

One drink equals: 12 oz. beer | 5 oz. wine | 1.5 oz. liquor (one shot)

Question					
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drining or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	2	3	4

Have you ever been in treatment for an alcohol problem? ☐ Never ☐ Currently ☐ In the past

	I	II	III	IV
M:	0-4	5-14	15-19	20+
W:	0-3	4-12	13-19	20+

Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

CLIENT NAME: _____

CASE #: _____

Which recreational drugs have you used in the past year? (Check all that apply)

☐ methamphetamines (speed, crystal)   ☐ cocaine

☐ cannabis (marijuana, pot)   ☐ narcotics (heroin, oxycodone, methadone, etc.)

☐ inhalants (paint thinner, aerosol, glue)   ☐ hallucinogens (LSD, mushrooms)

☐ tranquilizers (valium)   ☐ other _____

How often have you used these drugs?   ☐ Monthly or less   ☐ Weekly   ☐ Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse (use) more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes
	0	1

Do you inject drugs?   No ☐   Yes ☐

Have you ever been in treatment for a drug problem?   No ☐   Yes ☐

I	II	III	IV
0	1-2	3-5	6

CLINICAL PSYCHOLOGY CENTER

ASU® Department of Psychology
Arizona State University

FEE CONTRACT (ASSESSMENT)

Client's name: _____

Parent/Legal Guardian (if different): _____

FINANCIAL AGREEMENT

I (We) agree to pay $ _____ for _____testing/evaluation.

I (We) also understand that a $25 fee may be charged for sessions missed, unless cancellation is made at least (4) hours before scheduled time. _____ (Please Initial).

I (We) understand that this treatment facility is self-supporting rather than University supported, and I (we) acknowledge its right to charge fees. **Consequently, I (we) acknowledge the right of the evaluator to automatically terminate the evaluation process should I (we) fail to keep two out of four scheduled appointments without adequate notice or excuse.**

I (We) agree to pay at the time of the appointment, unless other arrangements have been made. **Any balance to my account is to be paid before the final feedback session.**

I (We) understand that the students at the CPC are not licensed and are, therefore, not members of any insurance panels. I (We) understand that managed care companies (HMOs, PPOs, etc.) will not reimburse for services provided by students and that the supervisor cannot be substituted as the provider.

I (We) have read and understand the above agreement and accept the conditions contained within.

Client/Legal Guardian Signature _____ Date_____

Client/Legal Guardian Signature _____ Date _____

Therapist/Witness Signature _____ Date _____

ASU Department of Psychology
Arizona State University

CLINICAL PSYCHOLOGY CENTER

CLIENT'S INFORMED CONSENT - THERAPY (CHILD)

I have chosen to receive a psychological evaluation at the Clinical Psychology Center. My choice has been voluntary. I understand that there is no assurance that the evaluation will produce any particular results, such as a particular diagnosis. Because evaluation is a cooperative effort between my assessor, and myself, I will work with my assessor in a cooperative and honest manner to find answers to my evaluation questions. I understand that during the course of my evaluation, material may be discussed which will be upsetting in nature and that this may be necessary to conclude a comprehensive evaluation.

I understand that state and local laws require that my assessor report all cases of physical or sexual abuse or neglect of minors or the elderly. I understand that state and local laws require that my assessor report all cases in which there exists a danger to self or other.

These are the basic rights of individuals obtaining service from the Clinical Psychology Center. The rights include:
1. The right to be informed of the various steps and terms involved in evaluation prior to receiving the evaluation.
2. The right to confidentiality under federal and state laws relating to the receipt of services.
3. The right to have full and complete knowledge of the assessor's qualifications and training.
4. The right to refuse or terminate the evaluation at any time.
5. The right to discuss my evaluation with my attorney, psychologist, or anyone else.
6. The right to request a summary of my record or have information shared with another party, given my written consent.
7. The right to speak to my assessor's supervisor or professional organization if I am concerned about our work together.

By signing below, you consent to possible observation, videotaping or audiotape recording of you contacts at Arizona State University Clinical Psychology Center. This consent permits the confidential use of such recording for the graduate training and research programs of the Center.

You also give permission to the staff of the Clinical Psychology Center to mail you a questionnaire, evaluating your experience during evaluation, if it is not completed at the final session. The information will be used to improve the quality of services provided by the Clinical Psychology Center.

_____
Print Name of Parent/Guardian

_____
Print Name of Parent/Guardian

_____
Signature of Parent/Guardian

_____
Signature of Parent/Guardian

_____
Today's Date

_____
Today's Date

_____
Signature of Witness

_____
Today's Date

ASU Department of Psychology

Arizona State University

CLIENT'S INFORMED CONSENT (TELEPSYCHOLOGY SERVICES)

Telepsychology uses telecommunication technologies (phone, email, & video conferencing) to provide psychotherapy remotely. There are both benefits and limitations to telepsychology that differ from in-person services. You and your therapist may choose to use telepsychology if you and your therapist agree that it is in your best interest.

Confidentiality
You have the right to confidentiality under federal and state laws relating to the receipt of psychological services. Confidentiality applies to telepsychology services, and sessions will not be recorded or observed without your permission. However, there are some limits to confidentiality. State and local laws require therapists to report all cases of physical or sexual abuse, exploitation, or neglect of children and vulnerable persons. State and local laws require therapists to report all cases in which there exists a danger to self or others. Additionally, judges can subpoena client records in some situations. Finally, therapists-in-training must be supervised by a licensed psychologist, who will review recorded sessions and/or join sessions live to ensure high quality of care. Supervisors will also have access to clinical records. There are inherent risks to privacy and confidentiality when using technology. Any internet-based communication is not 100% guaranteed to be secure/confidential. To minimize risk to confidentiality, it is important to be in a private space during the session and use a secure internet connection rather than public/free Wi-Fi. Email and text communications are not secure and will not be used to communicate with you, with the exception of occasional encrypted emails for scheduling and transfer of documents.

Telepsychology Procedures
Telepsychology services will be provided using secure transmission through either phone or video conferencing using Zoom which employs end-to-end encryption. If you and your therapist choose to use Zoom, your therapist will give you detailed directions regarding how to log in securely and use this video conference system. Additional instructions and guidance can be found at (https://uto.asu.edu/zoom). All appointments will be made by phone or encrypted emails. Prior to your scheduled session, your therapist will call you to provide information for you to log into the Zoom session. When using the phone to conduct telepsychology, verification of your identify will require you to provide your birth date. In order to participate in telepsychology services, you agree to develop a plan to obtain local face-to-face services if you experience a suicidal or homicidal crisis or other emergency.

I understand the following limitations of telepsychology:

- Telepsychology is an innovative method for providing psychotherapy. Telepsychology does not have the same level of research supporting its effectiveness compared to in-person therapy. However, available evidence indicates telepsychology is an effective form of psychological treatment.
- Any internet-based communication is not 100% guaranteed to be secure/confidential, and the Clinical Psychology Center cannot guarantee confidentiality when using telepsychology.
- Technical problems can occur, which could disrupt the therapy session. In the case of interruption, your therapist will call you at your preferred phone number. If your therapist cannot re-establish contact during the scheduled session time, please call the main clinic office to schedule additional contact.
- Telepsychology is not recommended for all clients. Your therapist may determine that telepsychology is not the best treatment option for you. Or, you may decide that telepsychology is not meeting your needs. If this occurs, you will be provided in-person therapy or a referral to another provider.

_____
Print Name of Parent/Guardian

_____
Print Name of Parent/Guardian

_____
Signature of Parent/Guardian

_____
Signature of Parent/Guardian

_____
Today's Date

_____
Today's Date

_____
Signature of Witness (Therapist/Coordinator)

_____
Today's Date

CLINICAL PSYCHOLOGY CENTER

ASU **Department of Psychology**

Arizona State University

CASE #: _____

CLIENT INTAKE DATA FORM

In order to best meet your needs, we would like to know a little bit more about you. Please read "Client Rights" before completing this data sheet. ***Please complete one client data sheet for each adult being seen***.

TODAY'S DATE: _____   **DATE OF BIRTH: (mm/dd/yy)** ____ /____ / ____ **AGE**: _____

CLIENT NAME: _____

PARENT NAME IF NOT CLIENT: _____

HOME ADDRESS (CITY/STATE/ZIP): _____

_____

CELL PHONE: (_____) _____   **WORK/OTHER PHONE**: (_____) _____

OCCUPATION: _____   **ASU STUDENT?** YES ____ NO ____

GENDER (circle one): MALE | FEMALE | TRANSGENDER | NON-BINARY | OTHER_____

ORIENTATION: HETEROSEXUAL ___ GAY/LESBIAN ___ BISEXUAL ___ NOT SURE/QUESTIONING ____

DISABLED: YES_____ NO _____ NOT SURE ____

NATURE OF DISABILITY:

REASON FOR CONTACTING THE CLINIC (PROBLEM):

EMERGENCY CONTACT: _____   **RELATIONSHIP:** _____

HOME/CELL PHONE: _____   **WORK/OTHER PHONE:** _____

Have you ever received psychological or psychiatric services before? Yes ___ No _____
(***If yes, please answer below***)
    A. Number of different psychologists/psychiatrists/ therapists seen: _____
    B. Nature of previous services

_____

_____

_____

_____

_____

Are you seeing anyone else now for psychological concerns?   YES ___ NO ____ *(If yes, please answer below)*

A.   Nature of services you are presently receiving:

B. Name of Provider:

EMPLOYMENT STATUS: Employed _____   Unemployed _____   If employed, how many hours per week? _____

Total Family Annual/Yearly Income (Gross)D

___ 0-$5,000	___ $5,001 - $10,000	___ $10,001 - $20,000
___ $20,001 -$35,000	___ $35,001 - $60,000	___ $60,001 and up

---

PRIMARY RACE/ETHNIC ORIGIN: *(Check one only)*

___White (not Hispanic)

___ Hispanic

___ Black (not Hispanic)

___ Asian or Pacific Islander

___ Native American: Specify tribal affiliation_____

LIVING SITUATION: (*Check one only*)

___Live alone   ___Live with roommate(s)

___Live with spouse/mate   ___Live with spouse/mate & children

___Live with children   ___Live with parents

___live with other

RELIGIOUS PREFERENCE CATAGORIES

___ No religion (includes atheist, agnostic)

___ Catholic

___ Jewish

___ Latter Day Saints

___ Jehovah's Witness

___ Christian (Please specify) _____

___ Islamic/Muslim

___ Hindu

___ Buddhist

___ Greek Orthodox

___Other religion not mentioned above (Please specify) _____

Is there anything else we should know about you that would better enable us to meet your needs?

ASU Department of Psychology

Arizona State University

CASE #: _____

AUTHORIZATION TO TREAT A MINOR

CLIENT (CHILD) FULL NAME: _____**DATE OF BIRTH**: _____

In order to treat or evaluate a minor, we require parental consent. When married, either parent can give consent.

As the parent or legal guardian with the authority to consent on behalf of minor child named above, I hereby give my consent for the minor to receive psychological services with the ASU Clinical Psychology Center.

Please select one of the following that best describes your current situation.

☐ MARRIED. Child's biological parents are married to each other.

☐ DIVORCED – JOINT CUSTODY. **Both parents must consent**.

☐ DIVORCED – SOLE CUSTODY. As documented in the court record provided. My authority is documented in attached divorce decree, separate parenting plan, or custody agreement, as needed.

☐ NEVER MARRIED. Mother is the custodian, until court determines otherwise.

PLEASE NOTE: *a non-custodial parent does have the legal right to <u>access</u> their child (children's) files, unless the court finds access would seriously endanger the child's custodial parent's physical, mental, moral or emotional health. (ARS 25-408L).*

If someone other than parent/legal guardian is authorized on behalf of minor child, please complete below.	
NAME:	
ADDRESS:	
PHONE:	
RELATIONSHIP TO MINOR CHILD:	
NAME:	
ADDRESS:	
PHONE:	
RELATIONSHIP TO MINOR CHILD:	

_____
Print Name of Parent/Guardian

_____
Signature of Parent/Guardian

_____
Today's Date

_____
Print Name of Parent/Guardian

_____
Signature of Parent/Guardian

_____
Today's Date

_____
Signature of Witness

_____
Today's Date

CLINICAL PSYCHOLOGY CENTER

ASU **Department**
of Psychology
Arizona State University

FEE CONTRACT

Client's Name: _____

GROSS MONTHLY INCOME   ALLOWABLE EXPENSES

Self: _____   Child care expenses: _____
                                          (Necessary for employment)

Spouse: _____

                                          Monthly medical expenses: _____
Other: _____   (Not covered by insurance)

                                          Child Support Payments: _____

                                          Tuition: _____

TOTAL INCOME: _____   TOTAL EXPENSES: _____

NET ADJUSTED INCOME (Total income minus total expense.) _____

****

****BELOW TO BE COMPLETED WITH THERAPIST AT THE END OF INTAKE SESSION****

I (we) agree to pay $_____ per hour of professional service. Since fees are based on current financial status, I (we) will report any changes in my (our) financial status to the Clinical Psychology Center so fee adjustment can be made if necessary.

I (we) also understand that the agreed upon fee will be charged for session missed, unless cancellation is made at least 24 hours before the time scheduled for that session. _____ (Please initial.)

I(we) also understand that this treatment facility is self-supporting rather than University supported, and I (we) acknowledge its right to charge fees. **Consequently, I (we) acknowledge the right of the therapist to automatically terminate treatment should I (we) fail to keep three out of six consecutive scheduled appointments without 24 hour notice.**

I (we) agree to pay at the time of the appointment, unless other arrangements have been made.

I (we) have read and understand the above agreement and accept the conditions contained within. I (we) affirm that the above information is accurate to the best of my (our) knowledge.

Client's Signature: _____   Date: _____

Client's Name (print): _____   Date: _____

Therapist/ Witness's Signature: _____   Date: _____

ASU CLINICAL PSYCHOLOGY CENTER
FEE SCHEDULE (Individual Therapy) as of Fall 2023
GROUP SESSION DISCOUNT RATE = $15 | ASU STUDENT DISCOUNT RATE = $20

TOTAL FAMILY INCOME PER MONTH	FAMILY SIZE		
	1-2	3-4	5+
$ 0-500	$20.00	$20.00	$20.00
$ 501-600	$22.00	$20.00	$20.00
$ 601-700	$24.00	$22.00	$21.00
$ 701-800	$26.00	$24.00	$22.00
$ 801-900	$28.00	$25.00	$24.00
$ 901-1000	$30.00	$27.00	$25.00
$ 1001-1100	$32.00	$29.00	$27.00
$ 1101-1200	$34.00	$31.00	$28.00
$ 1201-1300	$38.00	$32.00	$30.00
$ 1301-1400	$40.00	$34.00	$31.00
$ 1401-1500	$43.00	$38.00	$33.00
$ 1501-1600	$45.00	$40.00	$34.00
$ 1601-1700	$47.00	$42.00	$38.00
$ 1701-1800	$49.00	$43.00	$39.00
$ 1801-1900	$51.00	$45.00	$41.00
$ 1901-2000	$53.00	$47.00	$43.00
$ 2001-2100	$56.00	$49.00	$44.00
$ 2101-2200	$61.00	$51.00	$46.00
$ 2201-2300	$64.00	$96.00	$47.00
$ 2301-2400	$66.00	$55.00	$49.00
$ 2401-2500	$68.00	$60.00	$51.00
$ 2501-2600	$71.00	$62.00	$52.00
$ 2601-2700	$73.00	$64.00	$54.00
$ 2701-2800	$75.00	$66.00	$56.00
$ 2801-2900	$78.00	$68.00	$61.00
$ 2901-3000	$80.00	$70.00	$63.00
$ 3001-3100	$80.00	$72.00	$64.00
$ 3101-3200	$80.00	$74.00	$66.00
$ 3201-3300	$85.00	$76.00	$68.00
$ 3301-3400	$85.00	$78.00	$70.00
$ 3401-3500	$90.00	$80.00	$71.00
$ 3501-3600	$90.00	$80.00	$73.00
$ 3601-3700	$95.00	$80.00	$75.00
$ 3701-3800	$95.00	$80.00	$77.00
$ 3901 +	$95.00	$80.00	$78.00
$ 3901 +	$95.00	$80.00	$80.00