

Student Handbook

Psy.D. Program

Department of Psychology

Marshall University

**Department of Psychology
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Clinical Psychology (Psy.D.) Program Mission

The primary mission of the Clinical Psychology (Psy.D.) Program at Marshall University is to train doctoral-level psychologists who are highly-skilled generalists. Training within the program will foster an appreciation for the importance of critical inquiry at all levels of clinical practice. There is a specific emphasis on developing a sensitivity to the needs of rural and underserved people.

Model and Goals

The philosophy of the program follows a practitioner-scholar model of education and training; consequently, graduates of the program are trained as practitioners of clinical psychology as an empirically informed field. Education and training within the program emphasize the importance of critical inquiry at all levels of clinical practice, including treatment planning for individual clients, assessment of program outcomes, and the design and execution of rigorous research. The program is dedicated to educating students for professional practice careers; therefore, the Psy.D. degree is offered. The program faculty has set forth several pertinent goals and objectives to be obtained by students during their time in the program. These goals and objectives are founded on the core competencies of clinical education and training stated by the National Council of Schools in Professional Psychology (NCSPP).

The program exposes students to the following primary clinical orientations: integrative, behavioral, cognitive behavioral, and psychodynamic. In the context of this exposure, we encourage each student to develop an orientation that is best suited to his or her style and situation. We endeavor to support students in their development, whether they prefer to remain eclectic or choose to invest in a particular theoretical orientation. The fact that the faculty represents a variety of orientations fits well with this model. Although the perspectives of clinical faculty vary, they share a common mission to provide education and training that is solidly grounded empirically. We also emphasize that multiple systemic and individual factors must be considered in developing a cooperative relationship between client and therapist that will ultimately lead to more positive life experiences for the client. There is a sharp focus on the impacts of community and culture from a biopsychosocial model of influence on human development. As such, the generalist orientation of the program serves as a model to students that the field of clinical psychology is as diverse as the human population it serves.

Education and Training Goals and Objectives

1. The primary goal of the program is to provide high quality graduate education and training in clinical psychology with an emphasis on the role of empirical knowledge as it pertains to clinical practice. As such, students will develop the specific competencies that are the foundation of the education and training model developed by NCSPP.

Objective 1.1: Relationship competence: Students are expected to develop the ability to form productive partnerships with clients, peers, supervisors, faculty, and community members.

Objective 1.2: Assessment competence: Students are expected to develop competency in clinical assessment as evidenced by knowledge of basic psychometric theory and sound test administration and interpretation skills. In addition, students should be able to demonstrate the use of sound assessment methodologies that allow them to describe their client as a fully functioning person, to plan a course of intervention, and to assess intervention outcomes.

Objective 1.3: Intervention competence: Students are expected to demonstrate the ability to form a coherent, theoretically based, empirically-supported treatment plan that is refined during the course of intervention.

Objective 1.4. Research and evaluation competence: Students must demonstrate the ability to conceptualize an appropriate, logical research question, frame it in terms of an operational definition, and develop a sound method for addressing the question. Students must be able to execute the plan and analyze the quantitative and/or

qualitative data in a rigorous and systematic manner.

Objective 1.5: Consultation and education competence: A rural behavioral health practitioner may often find that the most important function s/he can serve is as a consultant within existing systems. Students will demonstrate competence in distinguishing various types of consultation from direct intervention.

Objective 1.6: Management and supervision competence: Students will become knowledgeable in the areas of organization and supervision of psychological services. Students will demonstrate this knowledge in their ability to provide formal and information supervision to less experienced students. They will also demonstrate this knowledge in their ability to function professionally in at least two different agency settings.

Objective 1.7: Legal and Ethical competence: Students are expected to understand and abide by the APA Code of Ethics in all professional and academic settings.

Objective 1.8: Cultural/Diversity competence: Students will understand the significant impact cultural differences have on clinical practice and be able to articulate those impacts in reference to specific clinical cases. Students will be able to identify cultural differences in an academic sense and demonstrate through program planning and service delivery that the differences are appreciated.

2. The second goal is to ensure that the clinical training of students is thoroughly grounded in the broad scientific areas of psychology.

Objective 2.1: Students will demonstrate knowledge in the following broad areas of scientific psychology: biological aspects of behavior; cognitive and affective aspects of behavior; social aspects of behavior; history and systems of psychology; psychological measurement; research methodology; and techniques of data analysis;

Objective 2.2: Students will demonstrate knowledge in the following scientific, methodological, and theoretical areas of psychology: individual differences in behavior, human development, dysfunctional behavior and analysis, and professional standards of ethics.

3. Rural areas are characterized by unique needs that are not often met by service delivery models and therapeutic modalities developed primarily in urban settings. Therefore, a third goal is to promote an understanding regarding the impact of rural culture on clinical practice.

Objective 3.1: Students will develop an understanding of the diverse forces at work in rural areas that can and do impact various aspects of human development and community functioning.

Objective 3.2: Students will be able to articulate alternative service delivery models that may improve access and use of behavioral health services in rural areas.

Objective 3.3: Students will be encouraged to seek internships in settings that serve rural populations.

4. Finally, the program seeks to nurture in students the spirit of lifelong learning. In the service of this goal, the faculty strives to create an atmosphere of inquiry in which students are encouraged to utilize a variety of means to answer complex questions related to human nature.

Objective 4.1: Faculty and students will regularly engage in formal and informal discussions of current literature and pertinent research issues.

Objective 4.2: Faculty and students will be encouraged to regularly attend conferences and workshops that promote critical thinking regarding issues pertinent to the broad field of psychology.

Program Goals and Objectives

1. The primary program goal is to enhance the scope and quality of services available in rural areas by increasing the likelihood that doctoral students graduating the program will choose to work in rural and underserved regions, particularly those regions in West Virginia.

Objective 1.1: As research has shown that students who are native to rural areas and who train there are more likely to return to those areas to practice, the department has determined that 50% of the slots be reserved within the program for residents of West Virginia and the surrounding region.

Objective 1.2: Quality practicum placements are cultivated in rural settings to allow students to be trained in alternative service delivery models.

2. The second program goal is to promote an understanding of the impact(s) of rural culture, particularly Appalachian culture, on human behavior and behavioral health needs.

Objective 2.1: Faculty and students are encouraged to develop research projects that permit the examination of the impact of rural/Appalachian culture.

Objective 2.2: Faculty and students are encouraged to present their work in conferences and workshops that address issues pertinent to rural populations.

Accreditation

The program is accredited by the American Psychological Association. It has also been recognized as a designated program by the National Register/Association of State and Provincial Boards of Professional Psychology. Marshall University is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools (30 North LaSalle Street, Suite 2400, Chicago, IL 60602-2504).

Faculty Research and Teaching Interests

Martin J. Amerikaner, Ph.D., (Community Practicum Coordinator), University of Florida, Professor. Psychotherapy models and processes, clinical supervision, legal/ethical issues.

Massimo Bardi, Ph.D. University of Pisa, Biological bases of behavior, comparative psychology.

Keith Beard, Psy.D., (Clinic Director), Wright State University, Assistant Professor. Internet addiction, men's issue, psychological issues in media.

Tony Goudy, Ph.D., Pennsylvania State University, Assistant Professor. Ethics, forensic psychology.

Keelon Hinton, Ph.D. Howard University, Assistant Professor. Racial Socialization, Racial Identity, and Ethnic Identity Issues in development.

Christopher W. LeGrow, Ph.D., Ohio University, Associate Professor. Performance appraisal, personnel psychology, sexual harassment, employee dating issues, affirmative action.

Marc A. Lindberg, Ph.D., Ohio State University, Professor. Developmental changes in eyewitness testimony, adult and adolescent attachment and their relationship to psychopathology, addictions.

Marianna Linz, Ph.D., (Psy.D. Program Director), University of North Carolina, Associate Professor. Cognitive development, applications of developmental psychology to social issues, infant/toddler/preschool mental health issues, Appalachian families.

Thomas D. Linz, Ph.D., (M.A. Clinical Coordinator), University of Georgia, Associate Professor, Child-clinical psychotherapy and assessment. pediatric neuropsychology, attention and executive function, learning disorders, models of psychotherapy/

Steven P. Mewaldt, Ph.D., (Department Chairperson), University of Iowa, Professor. Human memory and cognition, psychopharmacology.

Pamela Mulder, Ph.D., California School of Professional Psychology, Professor,. Psychodynamic psychotherapy, rural/frontier psychology, cross-cultural psychology.

Paige Muellerleile, Ph.D. Syracuse University. Social psychology, quantitative methods, meta-analysis.

Stephen L. O'Keefe, Ph.D., (M.A. Program Director), Peabody College of Vanderbilt University, Professor. Children, schools and families.

Jennifer Tiano, Ph.D. West Virginia University, Child-clinical psychology, Parent-child interaction training, preschool behavior problems.

Robert A. Wilson, Ph.D., University of Houston, Professor. Quantitative methods, physiological psychology, industrial psychology.

W. Joseph Wyatt, Ph.D., West Virginia University, Professor. Behavior analysis, forensic psychology, children and classrooms.

Departmental Administrative Staff

Connie Zirkle, M.A. Marshall University, Office Manager and Sr. Administrative Assistant.

Okey Napier, M.A., Marshall University, Sr. Administrative Psy.D. Assistant.

Faculty Roles

The faculty and staff at Marshall University are dedicated to student welfare and strive to maintain a standard of fair and equitable treatment for all. In the event that a student experiences a problem with a faculty person, the student should first discuss the matter with the faculty member in question. Should this fail or should the student feel uncomfortable in talking with the faculty person, the student should discuss the matter with her or his faculty advisor. The faculty advisor should make every effort to resolve the issue with the faculty member in question. Should resolution fail at the level of the faculty advisor, the Psy.D. Coordinator and/or the Chair of the Department of Psychology should be consulted. If resolution is not achieved at this level, the student should contact the Dean of the College of Liberal Arts and or the Dean of the Graduate School for information concerning appropriate measures that may be taken.

Dean, Graduate School

Donna Spindel, Ph.D. is the Dean of the Graduate School. Her office is located in Old Main. Dr. Spindel provides oversight to all graduate programs on campus. Dr. Spindel's office helps to facilitate funding for graduate assistantships and approves curriculum plans and plans for graduation. Dr. Spindel is also available to assist in matters that cannot be resolved at the departmental level. Students with concerns should begin by discussing concerns with their faculty advisor. When necessary, the Program Director and Department Chairperson may be consulted as needed.

Dean of the College of Liberal Arts

David Pittenger, Ph.D. is the Dean of the academic unit in which the Department of Psychology is housed. His office is located in Old Main. Dr. Pittenger is responsible for the oversight of all academic units and provides important support for requests made by the Department of Psychology. Dean Pittenger is also available to assist in matters that cannot be resolved at the departmental level. Students with concerns should begin by discussing concerns with their faculty advisor. When necessary the Program Director and Department Chairperson may be consulted as needed.

Chair, Department of Psychology

Steve Mewaldt, Ph.D. is the Chair of the Department of Psychology. All faculty report directly to Dr. Mewaldt. He provides final approval for all graduate assistantships within the Department and is responsible for the general oversight of all programs and curricula within the Department of Psychology.

Faculty Advisor

Upon admission, each student is assigned a faculty advisor based on the student's stated clinical and academic interests. The faculty advisor will work closely with the student to provide assistance in registering for classes, requesting practicum placements, and refining career goals. The relationship between faculty advisor and student is extremely important. Any concerns a student has regarding the program should be discussed with the faculty advisor to determine appropriate action.

Program Director, Clinical Psychology (Psy.D.) Program

Marianna Footo Linz, Ph.D. is the coordinator for the doctoral program in clinical psychology. She is responsible for the oversight of the curriculum in the clinical program, the assignment of advisors, and the recruitment of new students. In conjunction with the practicum coordinator and the faculty advisors, Dr. Linz is also responsible for assignment of students to practicum placements and for certifying students for internship application. She also assists students with their Plans of Study. Dr. Linz also oversees the placement of students for rural practicum.

Director of the Marshall University Psychology Training Clinic/Internship Preparation Coordinator

Keith Beard, Psy.D. is the director of the training clinic in the Department of Psychology. Dr. Beard is responsible for the day-to-day operations of the clinic, the maintenance and assignment of client load, and the management of clinic resources. Dr. Beard will meet periodically with all students who have clinic responsibilities and should be consulted regarding any difficulties related to clinic operations. Dr. Beard also assists with the curriculum in the clinical program, the assignment of advisors, and the recruitment of new students.

Community Practicum Coordinator

Marty Amerikaner, Ph.D. The practicum coordinator is responsible for organizing practicum experiences. The practicum coordinator will maintain contact with off-campus sites and assess their willingness to accept students for training at the beginning of each semester. The coordinator will also act as a liaison between the program and the sites to troubleshoot any technical problems that may arise. The coordinator will also collect and record student practicum logs and evaluations from on-campus and off-campus supervisors.

The City of Huntington

Huntington, West Virginia is located on the Ohio River in the West Virginia-Ohio-Kentucky tri-state area. With a population of about 50,000, Huntington is an historic railroad and riverboat town with broad avenues and numerous parks. The climate is moderate and variable with summer daily high temperatures averaging in the mid to upper 80s and winter highs averaging in the upper 30s. Huntington enjoys numerous cultural events and sights including a museum, art gallery, and community theater as well as several traveling concerts and theater productions each year. Shopping is available at several locations including downtown Huntington, a mall that features 150 stores, and the west end's Old Town antique and flea market area. Skiing and other outdoor activities are available at West Virginia's many resort parks including Winterplace and Snowshoe, within two to four hour's drive. For those who desire a getaway to a larger town, Huntington lies two hours east of Lexington, Kentucky, three hours southeast of Columbus, Ohio, and is about seven hours west of large east coast cities such as Baltimore and Washington, DC.

Marshall University

Marshall University, a state-supported, public university, was formally incorporated and established as Marshall Academy in 1837. It was expanded to include both undergraduate and graduate programs by 1948 and was renamed Marshall College. University status was conferred in 1961 and a medical school was established in 1977. Marshall University has been continuously accredited by North Central Association since 1928.

The enrollment at Marshall University is typically around 10,000 students, including approximately 4,000 students enrolled in graduate and professional programs. Following the merger with West Virginia College of Graduate Studies in 1997, Marshall University now serves graduate students on two campuses located in Huntington and Charleston, West Virginia. A total of 660 full-time faculty and 455 part-time faculty are employed at Marshall University, which contains a total of 12 colleges and offers a total of 126 undergraduate and graduate degree programs. Of these 126, 35 are certificate or associates programs, 68 are undergraduate degree programs, 43 are master's or specialist degree programs, 3 are doctoral programs, and one is a first professional or MD degree.

The Joan C. Edwards School of Medicine, originally established as Marshall University School of Medicine in 1977, is nationally recognized as a leader in rural health care medical education. In addition to the medical school, Marshall University awards a total of three doctoral degrees, including the Psy.D. Marshall University was authorized to award the Ph.D. in Biomedical Sciences in 1992. In 2001 the Psy.D. degree became the second independent doctoral program to be administered at Marshall University. The third doctoral program, a doctorate in Education (Ed.D.) offered through the College of Education and Human Services, began as a jointly offered degree cooperatively administered between Marshall University and West Virginia University in 1980. Marshall University began offering the degree independently in 2002, with a major in Educational leadership. The major in Curriculum and Instruction was added in 2005.

Housing

The Huntington campus offers several housing options for students. All halls are within a three-minute walk of Harris Hall, which houses the Department of Psychology. The Department of Residence Services is committed to the academic and personal development and success of Marshall University students. For more information about housing and residence halls available to all graduate students, please contact the Department of Residence Services at (304)696-6765 or 1-800-438-5391, e-mail residenceservices@marshall.edu or visit the web at www.marshall.edu/residence-services

Parking

There are a number of parking lots on-campus convenient to Harris Hall. Contact the Office of Parking at (304) 696-6684 to obtain an application for on-campus parking. Note that there is generally a wait in order to secure a space. There are a number of small privately owned lots in the campus area, usually at a premium rental on a semester basis. Typically there are ads for those spaces in the Huntington daily newspaper, the *Herald-Dispatch*, or those lots may be found by taking notice of signs posted on the streets.

Temporary parking passes may be obtained for campus visits by contacting the Welcome Center upon arrival. The Welcome Center is located at the corner of 18th Street and 5th Avenue. Campus maps and tours of the campus can also be arranged through the Welcome Center. More information is available at their website:

<http://www.marshall.edu/admissions/welcome-center.html> .

Financial Aid and Students' Financial Obligations

The Department of Psychology strives to provide some type of financial assistance through graduate assistantships, though funding is not guaranteed and is subject to the availability of funds. Graduate assistantships are typically available, either in the Department of Psychology or elsewhere on campus, and provide a partial tuition benefit plus an additional stipend. An up-to-date list of graduate assistantship opportunities can be found at www.marshall.edu/graduate .

Within the Department of Psychology teaching assistantships are frequently available for advanced students (those beyond the first year) who have completed the seminar on the teaching of psychology. Once students have received the master's degree—typically after the first two years full-time, or equivalent—additional assistantship money may be available based on placement in off-campus practica sites.

More information may be obtained from the office of the Chair of the Department of Psychology (304-696-6446) or the office of the Graduate Dean (304-696-2818). Additionally, financial assistance may be obtained in the form of graduate fellowships, work-study opportunities, loans, and others. For information about those programs contact the Office of Student Financial Assistance (304-696-3162).

Marshall University Libraries

The Marshall University Library System consists of the John Deaver Drinko Library, the James E. Morrow Library, the Health Science Library at the Cabell-Huntington Hospital location, the Music Library in Smith Music Hall, the Hoback Chemistry Library in the Science Building, and the Marshall University Graduate College Library in South Charleston. Together, the University Libraries' holdings support graduate level research needs, with more than 1.7 million volumes and access to more than 7,000 periodical titles.

Students may use monographs, periodicals, documents, CD-ROMS, videocassettes, sound recordings, electronic journals, online reference materials and microforms. Access to electronic resources is available via the University Libraries' Web pages. Each library operates as part of the university system and provides unique service to the clientele and program(s) with which it is associated. The libraries play an essential role in the educational and research activities of the individual university programs. Using the library as a gateway, graduate students have access to the tools to search multiple resources and obtain materials from a variety of sources. A dynamic interlibrary loan and document delivery program provides materials from other libraries in electronic or print form, often in a matter of days. Courier services also enhance turnaround time and overcome geographical limitations.

The John Deaver Drinko Library houses more than 383,000 volumes, current subscriptions, a 24-hour computer lab, multimedia presentation facilities, an assistive technology center for the visually impaired, faculty and student instructional technology rooms, and a fully wired auditorium. Circulation, Reference, and Media are located in the Drinko Library, with extensive collections and a team of qualified personnel. The Drinko Library, opened in 1998, is a state-of-the-art facility which also houses University Computing Services and University Telecommunications.

The James E. Morrow Library, situated between Smith Hall and the Science Building, houses Special Collections, Government Documents, and shelving for approximately 380,000 volumes. Special Collections features the University archives, West Virginia Collection of state and regional materials, and the distinctive Hoffman and Blake collections. Government Documents, a federal depository collection, contains more than 900,000 items and provides materials in electronic, microform, and paper formats.

The Health Science Library, specializing in medical resources for the schools of medicine and nursing, maintains a current collection of medical monographs, periodicals and electronic resources. Staff provide a variety of document delivery services and searches on medical-related databases. The library is located in the Rural Health Center, next to the Cabell-Huntington Hospital, on Hal Greer Boulevard.

The Music Library, supporting the instruction and research needs of the Music Department, includes more than 14,000 sound recordings (tape, LP, and CD formats), 10,500 scores, music education materials, the electronic version of the *Grove Dictionary of Music and Musicians*, and a sizeable reference collection. The library is located on the first floor of Smith Music Hall.

The Hoback Chemistry Library, consisting of chemistry journals and monographs, is accessible to students and faculty in the Chemistry department in the Science Building. Maintained by a chemistry faculty member, access is by arrangement only and handled by department personnel (696-2430).

The Graduate College Library in South Charleston is located in the Robert C. Byrd Academic and Technology Center. The library contains 7,400 books and 272 current journal subscriptions with additional online access to more than 7,000 periodical titles. There are eight public computer terminals where users can access the integrated Marshall library catalog, bibliographic and full-text-journal databases, and the wide range of other resources available over the Internet. Because of the Marshall University Graduate College's commitment to support students in distant locations, some non-traditional services are offered. These services include delivery of books and copies of journal articles directly to the student and e-mailing of articles when possible. These services are available to Marshall University Graduate College students only, and can be requested from the Graduate College library's home page or by contacting the library service office. Items held in the libraries on the Huntington campus can be retrieved through a daily courier service and by the electronic transmission of journal articles between the sites. Traditional interlibrary loan services are also available.

Computer Accounts

As a Marshall student you are automatically entitled to a computer account on MUnet at no extra cost. You should pick up the information you need to activate your account as soon as you have registered. Just follow these steps:

- Take your Marshall University ID to one of these University Computing Facilities: Corbly Hall 331, Smith Hall 211, Harris Hall 444, the Drinko Library and Information Center, or the South Charleston Computing Services office;
- Tell one of the assistants that you would like your Computer Account;
- The assistant will print an account sheet that activates your account. The account sheet will contain details about your MUnet Account, which will consist of your last name followed by a

number [e.g., SMITH12, JONES1, or HENDERSON1 (the first account assigned to a student with the last name of HENDERSON)]. The pre-assigned user-id and password contained on the account sheet will give you access to everything you need to make full use of the campus network and the Internet.

Student Health Service

The purpose of the Student Health Service is to provide health care services for acute and limited chronic illnesses to students.

The Student Health facilities are located at the Cabell-Huntington Hospital. To locate the office, please enter on the first floor and go up one floor to the family practice area. Transportation is provided to students to the Student Health facilities free of charge by asking for a city bus ticket at the front desk of the Welcome Center. Students are seen by appointment. Students may simply show up to see a doctor, but an appointment is strongly recommended so as to avoid a lengthy wait. Many prescriptions are filled through CVS Pharmacy at 20th Street and 8th Avenue, and students are required to only pay a \$3 co-pay. (Medication must be prescribed through Student Health and be part of the Student Health Drug Formulary)

Summary of Services:

I. Diagnosis and treatment services:

- diagnosis of acute and chronic illnesses
- treatment is provided for acute illnesses, with limited services for chronic conditions
- gynecological exams, including PAP smear
- routine non-surgical procedures conducted in the office

II. Limited laboratory procedures, as ordered by the medical staff, are provided.

III. Limited radiographic procedures (X-Ray), as ordered by the medical staff, are provided.

IV. Other

- A. Prescription medications, as ordered by the medical staff, are provided from a formulary with a \$3 co-payment.
- B. Mental health services are supported, including liaison with the Counseling Services staff in cooperation with the Student Health/Family Practice physicians.
- C. Prevention and education, including AIDS awareness, STDs, health eating and other issues.
- D. Dependent and spousal care is provided free of charge as a service to students through the Department of Family and Community Health clinic. (Lab and X-Ray not included)
- E. Continuity care is provided to students with chronic medical conditions such as diabetes, seizure disorder, or quadriplegia, when these students would benefit from establishing a continuing relationship with the same physician for that condition. Physical exams are provided by appointment.

- F. Testing, such as TB, is provided.
- G. Cold packs, which are over-the-counter medications for the self treatment of colds, are provided to students upon request.
- H. Orthopedic supply loan program provides crutches, wheelchairs, splints, and other supplies on a loan basis.
- I. Allergy shots: medication is administered but not provided.
- J. Specialist referral: such as endocrinologist, dermatology.
- K. Sports medicine clinic, one afternoon per week treats injuries and conditions related to sports and exercise.

Restrictions on participation for full-time or part-time:

- Students who are registered for 6 hours or more, are fully eligible for services.
- Students registered for 1-5 hours are assessed a fee of \$20 per visit.

Graduate Student Council

The Graduate Student Council is an organization open to all graduate students. Meetings are designed to discuss problems common to graduate students and propose their administrative solutions. Probably the most attractive aspect of the GSC is its ability to initiate administrative changes favorable to graduate students. GSC appoints representatives to a number of Faculty Senate standing committees and to the Graduate Council. A second and related goal of the GSC is to provide an environment in which contact with graduate students in other disciplines is expanded. Above all, the GSC is concerned with enriching the academic and personal lives of its members. The council can be reached at

<http://www.marshall.edu/graduate/gsc/>

Professional Liability Insurance

Students who are properly enrolled are covered by the university's professional liability insurance while engaging in any activity that is part of their formal coursework and other training. This includes seeing clients in the campus clinic and in off-campus practicum sites as well as conducting research that has been approved through appropriate university channels. Students who desire additional coverage may wish to consider enrolling in the special liability insurance for students offered by the American Psychological Association

Affirmative Action Policy Statement

It is the policy of Marshall University to provide equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, color, sex, religion, age, handicap, national origin, or sexual orientation. This nondiscrimination policy also applies to all programs and activities covered under Title IX, which prohibits sex discrimination in higher education. Marshall University strives to provide educational opportunities for minorities and women in the graduate student body which reflect the interest, individual merit and availability of such individuals. The University ensures equality of opportunity and treatment in all areas related

to student admissions, instructions, employment, placement accommodations, financial assistance programs and other services.

Marshall University also neither affiliates with nor grants recognition to any individual, group, or organization having policies that discriminate on the basis of race, sex, religion, age, sexual orientation, disability, or national origin. Information on the implementation of the policy and/or the Title IX Amendment should be addressed to: Director of Equity Programs, Old Main, Marshall University, Huntington, West Virginia 25755, (304) 696-2592.

Disciplinary Policies

Students enrolled in the PsyD program at Marshall University should be aware that there are two avenues of review with respect to behavioral infractions in the doctoral program. The first avenue of review is the university wide review process which is governed by the Code of Student Conduct and the related policies and procedures. The second avenue of review, which is separate from and in addition to the university wide policies related to student conduct and discipline, is the *PsyD Program Ethical Review Board Policy*.

Infractions / violations of any rules, regulations, ethics and/or standards may be subject to review under one or both sets of discipline policies. The decisions made by both of these bodies are binding, but they are entirely separate and additive. A decision under one set of policies will not automatically influence or be binding upon a decision under the other set of policies. However, findings from one review may be used as evidence or for information purposes during the review by the other.

University-wide review

According to the university wide policy, all Marshall University students are bound by all of the rules and regulations of the university as described in the Student Handbook and in the university catalog which can be found at www.marshall.edu/catalog/Graduate . Violations of any university rules and/or regulations will involve processing through that system as described in the relevant policies.

Excerpted from the Marshall University Catalog:

For Marshall University to function effectively as an educational institution, students must assume full responsibility for their actions and behavior. Students are expected to respect the rights of others, to respect public and private property, and to obey constituted authority. A student's registration constitutes acceptance of these responsibilities and standards; thus registration serves as an agreement between the student and the University. Failure to adhere to the policies and conduct regulations of the University places the student in violation of the Marshall University Code of Conduct (as published in the *Student Handbook*) and may, therefore, subject the student to disciplinary action such as disciplinary warning, a period and degree of probation, suspension, or expulsion. All registered students are subject to the Code at all times while on or about university-owned property, or at university sponsored events.

Students are expected to be thoroughly familiar with the rights, regulations, and policies outlined by the Board of Trustees and all University rules and regulations as expressed in this catalog and in *The Student Handbook*. Copies of *The Student Handbook* are available in the Student Affairs office or by visiting the following website: www.marshall.edu/studentaffairs

A copy of the policies related to academic behavior is included in this handbook; this is not the entire policy and should not be assumed to be complete or the most current version. Please refer to the university catalog and *The Student Handbook* for the fullest and most accurate information.

The PsyD Program Ethical Review Board Policy

All students enrolled in the PsyD program are subject to the Code of Ethics of the American Psychological Association and to all rules, regulations and policies related to the practice of psychology in the State of West Virginia. Infractions / violations of the ethical and/or state standards for practice are considered to be extremely serious even if the violation does not involve breaking any university rule or regulation. All issues, concerns and information related to alleged ethical or professional standards will be subject to review under the PsyD Program Ethical Review Board Policy.

It is the expectation of the faculty that all students and faculty members will conduct themselves in accordance with the ethical guidelines set forth by the American Psychological Association. During orientation, students will be required to sign a document noting that they have received a copy of these guidelines and that they understand that they are responsible for becoming familiar with these guidelines and for adhering to them. When in doubt as to the ethical nature of some aspect of their behavior or the behavior of others, students are advised to seek the opinion of a psychology faculty member.

It should be noted that serious ethical infractions on the part of students can result in suspension or formal expulsion from the program.

In the event that a student is accused of an ethical infraction, the following steps will be taken:

1. Initially, the infraction will be discussed with the student and with the student's advisor by the faculty member noting or responding to the report of an infraction. If the student's advisor is also the faculty member reporting the infraction, then the second faculty member present for this initial discussion will be either the PsyD Director or the chair of the department. Actions which may be taken by the faculty involved in the disciplinary discussion include the following:
 - a. If the two attending faculty members determine that an infraction /violation has taken place but agree that the infraction / violation was minor in nature and that informal remediation / correction / instruction will resolve the matter, then no formal remediation will be required. The student's advisor will, however, document that a disciplinary issue was discussed and this documentation will be placed in the student's file.
 - b. If the two attending faculty members determine that an infraction /violation has taken place but agree that the infraction / violation was minor in nature but that formal written remediation is needed to resolve the matter, the faculty members will prepare the remediation plan, sign it themselves, review it with the student and have the student add his/her signature to denote his/her agreement to abide by the requirements of the remediation plan. The formal remediation plan must also be approved by, and include the signatures of, the PsyD Program Director and the department chair. The formal remediation plan will be kept in the student's file. This remediation plan will be available for review by any / all of the psychology department faculty.
 - c. If the two attending faculty members determine that no infraction /violation has taken place, then no remediation or documentation of the discussion will be required.
 - d. If the two attending faculty members believe that client safety or confidentiality is potentially threatened by allowing the student to continue to provide services at his or her practicum site, the faculty may require that the student cease their practicum activities immediately pending the convening of an Ethical Review Board. In this case, the faculty members will provide written documentation to the PsyD Program Director and the department chair for a final decision on the issue of resuming practice. The PsyD Program Director or department chair can rescind the requirement. If the requirement to cease practice is upheld, documentation of this decision and any relevant information about the length of time that practice

must be suspended shall be included in the formal written remediation plan. A student who continues to practice after being told to cease will be engaging in a “serious infraction / violation” and will be immediately dismissed from the program. There will be no reimbursement of tuition or special arrangements to students who are required to cease practice.

2. Documentation of a third disciplinary discussion within one year will automatically constitute “a serious infraction / violation” and may result in suspension or dismissal from the program.
3. A student who feels that he or she has been treated unfairly in the course of this initial discussion process may appeal the decision of the two faculty members by submitting a formal written appeal to the chair of the department within 10 business days after being informed of the decision reached.
4. Provided that the initial disciplinary discussion does not require the convening of the Ethical Review Board, the chair’s decision on an appeal may also be appealed by either the student or the faculty members by submitting a formal written appeal to the Dean of the Graduate School within 10 business days following the announcement of the chair’s response to the appeal.
5. The **Ethical Review Board** will be convened in the event that the faculty members attending the initial meeting with the student
 - a. agree that the infraction / violation was of a serious nature or
 - b. do not agree that the infraction / violation was minor or
 - c. do not agree on the need for formal written remediation or
 - d. do not agree on the requirements to be included in a remediation plan or
 - e. find that there is already documentation of 3 or more disciplinary discussions within one year or
 - f. find that there is documentation of a previous remediation plan that included future convening of the Ethical Review Board as a condition of remediation
 - g. find that there is documentation of one or more previous “serious infractions / violations” in the student’s file.
6. The Ethical Review Board will consist of
 - a. at least 3 full-time tenure track faculty members in the department of psychology
 - b. two of the three faculty members who will serve on the Ethical Review Board members will be determined by the chair of the department
 - c. all full-time tenure track faculty members in the department of psychology who are willing to state that they believe they can render an objective and unbiased opinion are eligible for membership on the Ethical Review Board
 - d. the third faculty member of the Ethical Review Board will be selected by the student who has been accused of an infraction / violation

- e. In certain rare circumstances, the department chair may appoint Review Board members from outside the department if the chair believes that this is necessary to ensure an objective and unbiased review.
7. Whenever the student who has been accused of an infraction / violation is appearing before the Ethical Review Board, he or she may be accompanied by / advised by a person of their choice provided this individual is not themselves involved in the incident(s) under review. This person may be a fellow student, a friend or another faculty member. This person may confer with the student during the proceedings but will not speak for or on behalf of the student. This person may not provide evidence or information or respond to incident related questions posed by the Ethical Review Board. This individual may not be performing the professional duties of an attorney during the Review process regardless of their actual training or credentialing.
8. The student who has been accused of an infraction / violation has the right to be present whenever any evidence or information is being presented to the Ethics Review Board by individuals who are not on the board itself. Scheduling must be done in a manner which does not deprive the student of this right. This right does not extend to attendance at deliberations that are limited to the three members of the Ethical Review Board.
9. The student will have the right to review all evidence and information provided to the Ethical Review Board. The student must be given a reasonable amount of time, no less than one full week, to review all written documentation or evidence.
10. Material witnesses may be asked to appear and be interviewed by the Ethics Review Board and by the student who is under review. During any particular session, witnesses invited by the Ethics Review Board will be interviewed first and witnesses invited by the student will be interviewed thereafter. Witnesses will first be questioned / interviewed by whoever invited them to attend (either the student or the Board members) until that party has asked all the questions they want to ask. The other party (student or Board members) will then have time to ask questions of the witness until their questions have been answered. Although the initial interviewing will be conducted in this order, after both parties have completed a round of questions, the witness can be questioned by either party until all questions have been asked and answered. Witnesses will be expected to remain in the vicinity, but not necessarily in the room where the Review is occurring, for the full anticipated meeting time. Following all of the initial interviews, witnesses may be asked, by the Board members or by the student, to return to answer additional questions or to provide additional information which may corroborate or refute the information / evidence provided by others.
11. The interviews and questions will continue until all parties (student and the Board members) state that they have no more questions. This process may require more than one session.
12. The student accused of an infraction / violation may choose to speak on his / her own behalf but this is not required. If the student does choose to speak on his / her own behalf then the Board members may ask questions and interview the student as they would any other witness.
13. The final decision of the Ethical Review Board will reflect the majority view – at least two of the Board members must agree on the findings with regard to
 - a. The actual nature of the infraction / violation (if one has, in fact, been found to have occurred) and
 - b. The nature of remediation / response recommended by the Board
14. The majority decision will be written by a Board member who agreed with the majority perspective.
15. The written decision(s) and the recommendations for remediation / response will be submitted to the chair of the department for implementation.

16. The remediation / response recommended by the Ethical Review Board may include, but is not limited to, dismissal of the allegations, preparation and implementation of a remediation plan, suspension and/or expulsion from the program and from the university.
17. Should the student feel that he or she has been treated unfairly during the Ethical Review process, they may file a written appeal with the University Provost within 10 business days. In case of appeal, the Provost's decision will be final.

Student Report of Infractions / Violations:

All students in the program should be aware of their responsibilities for addressing unethical behavior in others, be they fellow students or faculty members. When students note ethical infractions / violations on the part of fellow students or faculty members that are of a minor nature, they are advised to attempt to remediate the problem informally by discussing it with the party in question.

For infractions / violations of a more serious nature or that involve situations where the student may not be comfortable approaching the party in question, students are advised to discuss the situation with their advisor, the program director or the department chairperson. In cases where a student is uncertain as to the severity of the infraction, s/he should confer with a faculty member.

It is very important that students understand the full scope of responsibilities related to reporting infractions / violations. For the sake of client safety, it is important for students to address ethical violations and infractions either through informal discussion with the party in question or by bringing their concerns to the attention of their advisor or the PsyD Program Director or the department chair.

However, when carrying out this responsibility to address infractions / violations, it is important that students understand the following:

1. Accused students have the right to face their accusers and examine evidence related to their situation
2. Disciplinary action can only be taken if allegations are shown to be true. Substantiation / evidence will be required before any disciplinary action takes place. In some cases, the only substantiation possible may be the account of a credible witness. Anonymous statements are not considered to be credible evidence. Students witnessing and reporting infractions / violations will probably be expected to provide credible substantiation in the form of written and signed statements and/or by providing information in person.
3. Spreading unfounded or unsubstantiated allegations among students, faculty or others is itself an ethical violation. Students should not involve themselves in unofficial discussions about disciplinary (or other harmful) matters and they should be especially careful not to discuss matters about which they have only limited, not first hand, knowledge.
4. In the sincere spirit of facilitating mental well being for all, the program faculty and staff want to be available to students and open to frank discussions about concerns and issues of many types, including both professional and personal matters. However, faculty and staff cannot promise any student complete confidentiality at any time when discussing such concerns. Faculty and staff may have to act upon information which implies a threat to the program or to persons involved with the program, including students, clients, colleagues, etc. Because we are committed to the healthiest possible development of all of our students, faculty and staff will try to act in the best interests of all parties, including both the accuser and the accused.

5. Faculty and staff are not likely to be at liberty to share information about past, present or current disciplinary actions. The fact that students may not learn about the outcomes of all discipline related decisions and activities does not mean that these issues are not being addressed or that student concerns are being ignored.

Student Impairment

According to the APA Code of Ethics, Section 2.06:

1. Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.
2. When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties

In recognition of this guideline, the Psy.D. Program at Marshall University recognizes its responsibility to the profession and to the clients served by its students to respond to issues that may impair clinical performance. Students who are experiencing any type of hardship that may impair their ability to progress through the program are treated with respect and compassion. They are encouraged to seek out assistance and support from the faculty and fellow students as a means of preventing situations in which impairments reach a point where they interfere with academic and clinical performance. When prevention fails and the impairment comes to the attention of the faculty, the following policy should be utilized.

For the purpose of this section, impairment will be defined as a set of factors related to a physical or mental health condition that significantly interfere with the student's ability to function at an acceptable level in academic and/or clinical training settings. Examples may include but are not limited to physical challenges, emotional difficulties, stress, chemical dependency or abuse, and mental disorders. The presence of difficulties such as those just mentioned does not, in and of itself, indicate impairment. Impairment, instead, is a set of difficulties that may arise from these conditions.

The well-being of the student and the clients served by the student should be central to all decisions made regarding the procedures for handling student impairment. Students should also realize that faculty are available to talk with the student regarding difficulties that may arise. Although faculty cannot guarantee complete confidentiality of all information shared with them, they should handle information as discreetly as possible and always exercise sound professional judgment. With the exception of very rare circumstances where fellow students may be directly affected, faculty should never disclose information to fellow students.

When impairment is observed in others, faculty will make every effort to discuss the issue with the student to discuss remediation of the problem. Students are encouraged to approach their colleagues who appear to be suffering impairment as well. In the cases where this is not possible, or the impaired individual is unwilling to discuss remediation or seek assistance, students should report concerns directly to the Program Director and Department Chairperson who will then discuss appropriate action with the Core Program Faculty.

In cases where the Core Program Faculty agrees (by simple majority) that a student is exhibiting significant impairment, the student's faculty advisor will be asked to meet with the student and express the concerns of the faculty and develop a remediation plan. The plan may include seeking evaluation and/or treatment and ongoing monitoring of program progress. The remediation plan must be developed and put in writing. The student, his or her advisor, the Program Director, and Departmental Chairperson must approve the plan and it will be placed in the student's file.

As long as the student is compliant with the remediation plan, he or she will remain enrolled in the Psy.D. Program, even if a leave of absence is part of the remediation plan. Should the student fail to comply with the remediation plan, he or she

may be removed from the program if the nature of the impairment is such that it may endanger the student, other students or staff, or clients seen by the student. Once the plan is complete, a student must maintain fitness to continue. Should he or she fail to do so, an additional remediation plan may be recommended or the student may be removed from the program.

In case of an emergency where a student's behavior is disruptive to the academic process or such behavior threatens the welfare of others, the Core Program Faculty may elect to request an emergency suspension from the Dean of the Graduate College. In such a case, the student will not be permitted to participate in classroom or program activities or continue practicum placements until the issue is deemed resolved by the program faculty.

Should the student feel he or she has been treated unfairly, he or she should first discuss the situation with the Department Chair. If the situation remains unresolved, the student can file a formal grievance with the Graduate College by contacting the office of the Dean.

GRADE APPEAL POLICY, ACADEMIC PROBATION, INELIGIBILITY FOR SCHOLASTIC DEFICIENCIES, AND ACADEMIC DISHONESTY

For Marshall University to function effectively as an educational institution, students must assume full responsibility for their actions and behavior. Students are expected to respect the rights of others, to respect public and private property, and to obey constituted authority. A student's registration constitutes acceptance of these responsibilities and standards; thus registration serves as an agreement between the student and the University. Failure to adhere to the policies and conduct regulations of the University places the student in violation of the Marshall University Code of Conduct (as published in the *Student Handbook*) and may, therefore, subject the student to disciplinary action such as disciplinary warning, a period and degree of probation, suspension, or expulsion. All registered students are subject to the Code at all times while on or about university-owned property, or at university sponsored events.

Students are expected to be thoroughly familiar with the rights, regulations, and policies outlined by the Board of Trustees and all University rules and regulations as expressed in this catalog and in *The Student Handbook*. Copies of *The Student Handbook* are available in the Student Affairs office or by visiting the following website:
www.marshall.edu/studentaffairs

Applying to the Psy.D. Program

Prerequisite Coursework. Applicants must have a minimum of a bachelor's degree from a regionally accredited institution in order to apply. In addition, applicants must have completed a minimum of 18 undergraduate semester hours of psychology, including statistics, experimental psychology, personality, abnormal psychology, and psychometrics in order to be considered.

Application Deadline. Students are only admitted to the Psy.D. Program for classes starting in the Fall semester. Completed applications, along with all supporting materials, must be received by the preceding January 15th. In years where January 15th falls on a Sunday, materials must be postmarked no later than January 15th. Late applications will not be considered.

Application Materials. Students must complete two application forms. One form is to acquire admission into the Marshall University Graduate College. In addition, a Supplemental Application Form must be completed for the Psy.D. program.

To be considered for admission to the Psy.D. Program the applicant must submit the following materials by January 15th of the year in which the applicant wishes to enter the program: official transcripts of all previous coursework, official report of Graduate Record Examination score on the general section, three letters of recommendation, and completed application forms (the Psy.D. Program Supplemental Application Form and Marshall University Graduate School Application Form) including a statement of professional goals. These materials can be obtained by visiting the web site at: www.marshall.edu/psych or by contacting the Marshall University Department of Psychology, 1 John Marshall Drive, Huntington, WV 25755 (304) 696-6446.

Application Review Process. Because the program has a primary goal of training practitioners to serve the state, a specified number of slots will be designated for qualified applicants from West Virginia and the region surrounding Huntington, West Virginia. This should not discourage applications from other qualified applicants from other areas and admission is not based solely on residency status. The Department of Psychology maintains a commitment to recruiting a diverse student body.

Admission to the program is academically competitive. The average GRE scores for the successful group of applications

are 545 and 558 for the Verbal and Quantitative sections respectively. The average GPA for students admitted directly out of their undergraduate program is 3.44. The Graduate GPA for those already possessing a master's degree is 3.82.

Preference is given to applicants with a commitment to delivering services in West Virginia and other rural areas as evidenced by current practice in, or other meaningful connection to, such areas. However, the Department anticipates annually admitting students who represent a wide range of geographic backgrounds and interests.

It is anticipated that the review and interview process will take approximately six weeks from the application deadline (January 15th). Final acceptances of admission by all students to whom offers are made should be completed by April 15th.

Applicants who are not in the initially accepted group will be advised around early March as to whether they are on the "wait list" or have been denied admission.

Application for Advanced Standing

In addition to traditional entry with a bachelor's degree, students who already have a Masters degree in psychology can apply for advanced standing in the Psy.D. program. In order to apply for advanced standing, a student must have completed a Masters Degree in psychology from a regionally accredited institution that includes practical clinical training. Students who are admitted with advanced standing must select to enter in either a full-time track or a part-time track by the end of their first semester of enrollment. These tracks are described below:

Full-time track: Students who apply for advanced standing and the full-time track must be able to document coursework and practicum equivalencies equal to approximately 36 hours of coursework required in the Psy.D. Program at Marshall University. Review of equivalencies is described in the next section. Students in the full-time track must commit to a minimum of 9 hours of coursework and practica per semester during the entire time of their enrollment. They must also commit to taking summer coursework as needed. As such, these students can anticipate completing the program in approximately four years. This would assume 5-6 semesters of coursework and a full year for the pre-doctoral internship. Students admitted to the full-time track can apply to change to the part-time track if their circumstances warrant such a change. Although students with extenuating circumstances may drop below full-time for a given semester without changing tracks, they should recognize that this change may impact the time it will take to complete the program. Students in this track desiring to attend part time for more than one semester may be required to switch formally to the part-time track.

Part-time track: Students who apply for advanced standing and the part-time track are not required to document equivalencies at any particular level, although they must still possess a Masters degree in psychology from an accredited institution. Students in the part-time track may enroll either full-time or part-time in any given semester with the exception of the Residency Year, described in the next section. During the Residency Year, full-time enrollment is required. Students in this track should anticipate completing the program in no less than 5 years and no more than 7 years from the date of enrollment.

Orientation and Registration for Classes

Orientation. Students who have been accepted into the program will be given a full orientation to Marshall University and to the Psy.D. program prior to the start of classes. The orientation is typically the week before the start of classes in late August. Attendance at orientation is mandatory for all new Psy.D. students, unless the student has received permission from the Program Director or Associate Coordinator to be absent.

Registration. Registration for the first semester's courses will be done on orientation day, with the assistance of the advisor or Program Director.

Textbooks & materials. Textbooks and other materials may be purchased at the Marshall University Bookstore, located in the Memorial Student Center about one block from the Department of Psychology.

Assignment of Academic Advisor. Initially each new student will be assigned an advisor. However, as the first year progresses it is expected that some students will seek out other advisors based on perceived match of academic interest or for other reasons. A change of advisors is generally accomplished if the student approaches a given faculty member and requests advisee status. If the faculty member approves, the student will then request that the Program Director approve the change. The change is rarely not approved.

Student outside employment. Although students are free to obtain outside employment, it is the student's responsibility to accommodate his or her work schedule to meet the needs of the Psy.D. program. Students who are enrolled full-time are discouraged from outside employment that demands more than 20 hours per week of their time. Those who are enrolled on a part-time basis are reminded that outside employment may impede progress in the program if the student's employer is not able to schedule work hours in a suitably flexible manner.

Tuition and Fees. Tuition and fees are assessed by the Bursar's Office at Marshall University. Because of the frequent changes in the tuition and fee structure, students are encouraged to consult the Bursar's Office regarding current charges. It should be noted that, in addition to general tuition and fees, a special doctoral fee is also assessed. The Bursar's Office website can be accessed at www.marshall.edu/bursar.

Curriculum and Plan of Study

Core Program Competencies. The faculty in the Department of Psychology have set forth specific core competencies which must be attained during the course of study in the Psy.D. program. These core competencies reflect the ideas stated by the National Council of Schools in Professional Psychology (NCSPP). The faculty have adopted the core competencies laid out by NCSPP, with some modification to remain in keeping with the major mission of the program. The core competencies are as follows:

1. ***Relationship competency:*** This competency provides an important foundation for the field of clinical practice. Competency is demonstrated by the ability to form productive partnerships with clients, peers, supervisors, faculty, and community members.
2. ***Assessment competency:*** Assessment is a clinical skill that extends well beyond the routinized administration of standardized tests. While tests provide important tools with which to measure certain sample behaviors, they make good clinical sense within the larger context of a multi-trait, multi-method framework of assessment. Competency in this realm will be demonstrated by knowledge of basic psychometric theory and sound test administration skills. In addition, students should be able to demonstrate the use of sound assessment methodologies that allow them to describe their client as a fully functioning person, to plan a course of intervention, and to assess intervention outcomes.
3. ***Intervention competency:*** All activities related to clinical practice should have the goal to promote positive functioning. It is important for students to be able to 1) demonstrate the ability to develop a coherent theoretically-based intervention plan, 2) follow and carefully refine the process of the plan during therapy, and 3) provide outcome measures of the interventions' impact that are consistent with the case conceptualization.
4. ***Research and Evaluation Competency:*** It is important for scholar-practitioners to understand the empiricism that underlies the field of psychology. Psychology is a field that is founded on sound scientific methodology. As such, students must demonstrate the ability to conceptualize a logical research question, frame it in terms of an operational definition, and develop a sound method for addressing the question. In addition, students must be able to execute the

plan and analyze the quantitative or qualitative data in a systematic manner. Such skills form the basis for lifelong learning.

5. **Consultation and Education Competency:** In order to be a competent practitioner in rural areas, is it crucial to be able to work within the systems present in a community. A rural mental health practitioner may often find that the most important function s/he can serve is as a consultant within existing systems.
6. **Management and Supervision Competency:** The ability to organize psychological services and to assist in the structure of services provided by less experienced practitioners are worthwhile skills. Both supervisory and management skills will allow the practitioner to function in a variety of settings.
7. **Legal and Ethical Competency:** In order to be an effective practitioner, it is imperative that students understand the legal and ethical issues that are pertinent to mental health practice and psychological research. These include major legal decisions pertaining to the practice of psychology as well as the APA Code of Ethics.
8. **Cultural/Diversity competency:** The unique challenges in the field of rural mental health underscore the need to understand the significant impact cultural differences have on clinical practice. The competent clinician will not only be able to identify cultural differences in an academic sense, but will be able to demonstrate through program planning and service delivery that the differences are appreciated. The development of this competency will be modeled, taught, nurtured, and evaluated throughout all phases of the program.

Curriculum. Provided below is a listing of courses necessary for completion of the Psy.D. This list is subject to change based on the student's previously-taken graduate coursework that may be submitted for equivalency consideration. A final list of course requirements will be distributed along with Plans of Study. *Below is a model curriculum representing all required courses. The timing of the course offerings may vary depending on year of admission.*

Model Year 1

Fall

PSY 706 – Integrated Assessment I (3)
 PSY 707 – Integrated Assessment I Practicum (1)
 PSY 732 – Behavior Therapy (3)
 PSY 608 – Differential Diagnosis/Treatment Planning (3)
 PSY 615 – Advanced Developmental Psychology (3)
 PSY 701 – New Student Seminar (1)

Spring

PSY 708 – Integrated Assessment II (3)
 PSY 709 – Integrated Assessment II Practicum (1)
 PSY 733 – Cognitive Psychotherapy (3)
 PSY 633 – Individual Psychotherapy/Interviewing (3)
 PSY 600 – Teaching in Psychology (3)

Summer

PSY 605 – Ethical, Legal, and Professional Issues in Psychology (3)
 PSY 731 – Psychodynamic Therapy (3)
 PSY 672 – Cognitive Psychology (3)

Model Year 2

Fall

PSY 670 – Clinical Practicum (3)
 PSY 713 – Advanced Assessment Practicum (2)
 PSY 517 – Intermediate Behavioral Statistics (3)
 PSY 502 – Advanced Social Psychology (3)
 PSY 674 – Biological Bases of Behavior (3)

Spring

PSY 671 – Clinical Practicum (3)
 PSY 714 – Advanced Assessment Practicum (2)
 PSY 723 – Clinical Research Methods (3)
 PSY 635 – Child and Family Diagnosis/Therapy (3)
 PSY 764 – Advanced Studies in Human Sexuality (3)

Summer

PSY 560 – History and Systems of Psychology (3)

PSY 769 – Practicum in Clinical Psychology (3) *ADVANCED STANDING MAY REGISTER FOR 769 EARLIER*

PSY 618 – Psychopharmacology (1)

Model Year 3

Fall

Spring

PSY 712 - Geropsychology (3)

PSY 634 – Group Therapy (3)

PSY 770 – Advanced Practicum Clinical Psychology (3) PSY 755 – Rural/Community Psychology II (3)

PSY 752 – Rural/Community Psychology I (3)

PSY 771 – Advanced Practicum Clinical Psychology (3)

PSY 750 – Behavioral Health Psychology (3)

PSY 791-796 – Seminar in Clinical Psychology (3)

Summer

PSY 726 - Cross Cultural Psychology (3)

Model Year 4

Fall

Spring

PSY 772 – Rural Practicum I (3)

PSY 773 – Rural Practicum II (3)

PSY 753 - Supervision in Clinical Psychology (3)

Choose one:

PSY 726 - Cross Cultural Psychology (3)

*PSY 7__- Seminar: Advanced Quantitative Methods (3)

PSY 791-796 – Seminar in Clinical Psychology (3)

EDF 625 – Qualitative Research Methods (3)

Model Year 5

PSY 780-783 Pre-doctoral Internship (3-9)

PSY 799 – Doctoral Research Project (3) *CAN REGISTER FOR DURING ANY SEMESTER*

Plan of Study. Every student must have a formal plan of study in place by the end of the first year in the program. This will be addressed during the orientation prior to the start of classes in August.

Equivalency Review. Equivalency reviews are designed to permit students who have earned a Master's degree in psychology to request that certain coursework be waived in consideration of similar previously completed coursework. Formal equivalency reviews are conducted after a student is officially admitted to the doctoral program. Students considering requesting Advanced Standing may talk informally with the Program Director prior to admission about previous coursework, but these discussions are not binding. Equivalencies can only be granted by the faculty responsible for the actual course for which equivalency is requested.

During the first semester of admission, the Program Director will meet with students who have applied for Advanced Standing and will discuss with them previous coursework for which they may request equivalency. Students must have a course on their transcripts from a regionally-accredited institution that they consider equivalent to a required

course in order to request a waiver. The student is responsible for compiling a collection of materials such as syllabi, previous coursework and papers, and practicum logs that will assist faculty in the decisions regarding the equivalency of coursework previously done to coursework required in the Psy.D. Program at Marshall University. All equivalency requests must be submitted to the Program Director at one time. The student must submit two bound copies containing all materials relevant to their equivalency requests. The Program Director will distribute the requests to the appropriate faculty for review. Students may discuss their requests with faculty members if they so choose. Individual faculty members will be responsible for final decisions on equivalency requests and will deliver their decisions to the Program Director in writing. The equivalencies will then be noted in the student's Plan of Study which will be filed only after all equivalency requests have been reviewed. Students should note that only up to the equivalent of one year of credits may be waived. No student is waived from participating in the practicum sequences without approval from the full Psy.D. Curriculum Committee. See next section for further discussion of clinical coursework waivers.

Credit for Previous Clinical Practica and Clinical Coursework. It is very difficult to assess a student's level of clinical skill by review of syllabi and written product alone. Therefore, all students entering with a Masters degree will be required to demonstrate clinical skills that are developed at least to the level of a typical student completing the second year of the doctoral program. In order to do this, the following procedures must be followed:

1. As noted, students must have specific courses or experiences noted formally on a transcript in order to request a waiver. The course must have been taken at the graduate level from a regionally-accredited institution. Essentially, all students are required to first demonstrate sufficient skills in assessment and psychotherapy to permit them to see clients in the MU Psychology Training Clinic. Once in the clinic, their skills will be observed by the clinical faculty and they will be given assistance, where necessary, in developing the skills that will permit them to move on to more advanced practicum placements in the surrounding community and ultimately into practica in rural areas.
2. For assessment coursework, students must submit the appropriate course information as well as a child and adult work sample. Students are also required to write two complete battery reports using protocols and formats provided by faculty teaching the assessment sequence. If the student's skills are appropriate to permit them to see clients in the MU Psychology Training Clinic, they will be given a waiver for the first two courses in the assessment sequence (PSY 610 and PSY 611 along with associated practica). Students must then demonstrate further competence in the assessment of actual clients while in the training clinic before being permitted to move on to more advanced practica.
3. For coursework in psychotherapy and interviewing, students are required to submit appropriate course information. They are also required to attend and participate in PSY 633 Individual Psychotherapy and Interviewing during their initial enrollment. They will be given assignments and instructions for completion of those assignments from the responsible faculty member regarding the types of skills they must demonstrate in order to receive credit for PSY 633. These will include being able to demonstrate adequate skills in therapeutic interviewing through the use of practice clients as well as an understanding of the therapeutic relationship. Once students are able to demonstrate these skills, they will be given a waiver for the PSY 633 class and will be permitted to see clients in the MU Psychology Training Clinic. Their work with clients in the clinic will be carefully supervised and when these skills appear sound, students will be permitted to enroll in third year practica.
4. Final decisions regarding waivers of assessment and psychotherapy courses as well as clinical practica will be made only after the student has completed at least one semester of clinical practicum in the Marshall University Psychology Training Clinic. These decisions will take into account the portfolio materials submitted as well as the student's level of skill demonstrated in practice and supervision.
5. In rare cases, students have been waived from participating in a segment of the practicum sequences because of their extensive work history in the field. It should be noted that a waiver is the exception and not the rule. This practicum credit is only done if the student can demonstrate that the goals and objectives for the segment of clinical practicum is being petitioned for waiver has been met, adequately supervised, and evaluated during their work experience. Likewise, there must be evidence that other potential practicum placements do not offer any new training opportunity for the student.

Students must also be aware that waiving any part of their practicum experience could negatively impact their hours for pre-doctoral internship applications hinder chances for an pre-doctoral internship placement. Understanding and acceptance of this consequence must be obtained in writing. Waiver of a portion of the practicum cannot be done without approval from the full Psy.D. Program Committee. Additionally, since the Psy.D. program emphasizes a rural focus, no part of the Rural Practicum can be waived.

Residency Year Requirement. Although the program is designed to meet the needs of both full-time and part-time students, all students will be required to spend at least one year (fall and spring semesters) “in residency.” The fourth year is designated a 'residency year' for all students in order to be certain that this requirement is met. For those attending in the part-time option, the ‘fourth year’ is designated as the year that the student is enrolled in the Rural Practicum experience. During the residency year students must complete a minimum of 9 credit hours in specified courses during each semester.

Clinical Seminars. A series of seminars (PSY 791-796) will be required at the start of the third year. These seminars will cover a series of rotating topics including professional practice issues, cutting-edge clinical topics, and other topics relevant to the field of rural clinical psychology.

Practicum Experiences

Philosophy of Practicum Training. The practicum sequence is a series of graded, developmentally organized experiences, in which students begin by learning basic skills under close supervision and gradually move on to settings in which they learn more complex skills and are able to function more autonomously. In this competence-oriented program, students must demonstrate fundamental competencies before they are allowed to move to the next level. This applies equally to students who enter the program with master’s degrees and prior clinical experience. These “post-master’s” students are required to enroll in practicum in the department clinic (PSY 769) during their first semester in the program, where the faculty will determine whether the student has the requisite skills to enter a community practicum placement or needs to spend additional time in the clinic to work on fundamentals.

The initial practicum placement in the Marshall University Psychology Training Clinic requires students in their second year to begin seeing clients in a closely supervised setting. Students are expected to carry an active client load of at least five ongoing therapy clients and one active assessment. Students also participate in consultation with the local Head Start program and a diverse range of campus groups. This follows their initial classroom education and training in basic interviewing/counseling skills and assessment techniques and various psychotherapeutic orientations. The second placement in a community agency allows students to expand their experiences and follow specific interests. At the same time, they are being exposed to coursework in rural and community psychology. In the third and final placement, students are provided with experiences in a non-traditional, rural setting.

The practicum sequence is organized around the concept of a Multi-level Team, in which students with various levels of education and training and experience participate in the same supervisory environment. The intent is to give less experienced students exposure to students with more experience. All students enrolled in the Psy.D. program are part of a Multi-level Team. Each team consists of a faculty clinical supervisor and students enrolled in all phases of training. The teams are loosely organized according to the orientation and expertise of the faculty advisor. Students participate in at least two different Multi-level Teams while enrolled in the program.

Multi-level Teams meet for group supervision for 90 minutes each week. This group supervision is not meant to take the place of individual supervision. A minimum of 60 minutes of face-to-face individual supervision is required each week for students at any practicum placement. The purpose of the group supervision meetings is to allow students to present and discuss cases on which they are working at their various practicum sites described below. Students in their first year of the program who are not in formal practica are allowed to move among all Multi-level Teams during the year in order to gain exposure to various types of clients and various intervention techniques. This occurs while they are taking their initial coursework in psychotherapy and assessment and serves to provide specific ‘real world’ exemplars to go along

with their coursework. More advanced students present the cases with which they are working and more experienced student serve as role models and ‘co-supervisors’ to students just beginning their practicum work. This model allows new students to become exposed to the practicum experiences that they will have as they progress through the program.

The experiences of the students on the Multi-level Team will vary according to their level of education and training in the program. The different experiences are detailed in the practicum descriptions below:

First Year Students:

Students begin their clinical education and training by taking introductory clinical coursework in assessment and psychotherapy and by participating in the Multi-level Teams. First year students are encouraged to rotate among the Teams to gain exposure to various types of case conceptualizations and practicum experiences. They are encouraged to actively participate in discussions of clients and treatment approaches.

Second Year Students:

In the second year, students begin carrying a caseload of clients in the **Marshall University Psychology Clinic**. They select their clinical supervision team in consultation with their faculty advisor based on orientation and description provided by team supervisors. The clinic is located in the same building as the Psychology Department, so consultation and close clinical supervision are available at all times. Students are intensely supervised by clinical faculty through the use of live supervision (e.g., bug-in-the-ear) and traditional supervision with the use of videotape review. Clinical activities include provision of psychotherapy, psychological assessment, and consultation in the local Head Start program and on-campus student groups. Students are required to work with both child and adult clients. Varied modalities are stressed including individual psychotherapy, group work, and family intervention. The second year practicum runs over the course of three semesters, including one summer semester. All doctoral-level, licensed clinical faculty in the Department of Psychology can serve as supervisors. The primary psychotherapy supervisor is the faculty member leading the Multi-level Team to which the student has been assigned. The primary assessment supervisor is the faculty member responsible for supervising the Assessment Lab for the year. Students enroll separately in the psychotherapy and assessment practica and grades are assigned by the respective faculty members.

General Goals of Second Year Practicum

1. Application of knowledge gained in previous coursework to the assessment and treatment of client problems.
2. Development of assessment skills including problem definition, battery selection, test interpretation, and report writing.
3. Development of clinical record keeping skills through the writing of intakes, progress notes and treatment plans for each therapy client.
4. Development of an understanding of the application of the APA Ethical Standards to their work and cases.
5. Development of case conceptualization and therapeutic skills appropriate to client’s concerns and consistent with the supervisor’s orientation.

Completion of the second year practicum will be determined by the clinical supervisor, based on the acquisition of competencies outlined in the **Practicum Performance Evaluation Form** (See Appendix A). Students must reach an average rating of 2 (Adequate) across all the major competency areas in order to be considered ready to move on to the Third Year Practicum.

Requirements

1. Students are expected to carry a caseload of at least five active therapy clients and one ongoing assessment case at a time.
2. Students are required to meet with their clinical supervisor for a minimum of one hour of individual, face-to-face supervision per week and 90 minutes of group supervision. Missing more than one individual and one group supervision sessions is grounds for failing practicum that semester and will require additional remediation which could include requiring the student to successfully complete an additional semester of practicum. If a student misses supervision because

of a university excused absence, then documentation must be obtained and approval received by the Dean of Student Affairs.

3. Students are required to adhere to the policies outlined in the Clinic Handbook. (See MU Psychology Clinic Policies and Procedures Manual).
4. Students are expected to accumulate a total of 60 hours of face-to-face client contact per semester and a minimum of 30 hours of supervision. A minimum target during the first semester would be 3 clients seen over an average of 5 sessions each. Ideally, students aim for a total of 10 clients seen for an average of 5 sessions each by the end of the second year practicum.
5. Successful completion of the second year practicum will be determined by the clinical supervisor, based on the acquisition of competencies outlined in the practicum performance evaluation form (See Appendix A of the Student Handbook). Students must reach an average rating of 2 (Adequate) across all the major competency areas.

Third Year Students:

In the third year, local/regional placements are stressed. Rotations in this third year vary based on the student's individual education and training goals and their training needs as assessed by the clinical faculty. Activities during the third year include direct provision of services with planned rotations in outpatient and inpatient settings. Students are still on a Multi-level Team with an on-campus supervisor and will meet with the team once per week. Individual clinical supervision is provided by an on-site supervisor at each clinical placement. Participation in the assessment practicum depends on the amount of assessment experience being acquired at the off-campus site. Students present cases on which they are working at Multi-level Team meetings. The purpose of the presentations is to provide students with practice in conceptualizing cases and to allow students in earlier stages of the program to learn more about the off-campus sites.

General Goals of Third Year Practicum

1. Expansion of prior student experiences to include additional education and training with a wider variety of clients regarding:
 - a. Outpatient therapy
 - b. Assessment of children and adults
 - c. Inpatient experiences
2. Exposure to specialty types of treatments, such as:
 - a. Group therapy
 - b. Couple/marital therapy
 - c. Empirically-supported therapies
 - d. Treatment of substance-related disorders
 - e. Hospital consultation
 - f. Forensic settings
 - g. Inpatient psychiatric treatment
3. Provision of experiences that will expose students to populations not typically seen in the university training clinic:
 - a. Children, adults, geriatric
 - b. Diverse socioeconomic and cultural groups
 - c. Substance abuse and severe, persistent mental disorders
 - d. Adjudicated populations
4. Opportunity to participate in off-campus didactic experiences.
5. Exposure to a variety of work settings and models of service delivery.

Requirements

1. Participation in at least 12 hours per week of practicum-related work, at least half of which is client contact for two semesters.

2. Participation in at least one hour of face-to-face supervision per week with a licensed psychologist and 90 minutes of group supervision as part of the Multi-level Team placement. Missing more than one individual and one group supervision sessions is grounds for failing practicum that semester and will require additional remediation which could include requiring the student to successfully complete an additional semester of practicum. If a student misses supervision because of a university excused absence, then documentation must be obtained and approval received by the Dean of Student Affairs.
3. Students may be expected to carry an active therapy and/or assessment client in the training clinic, depending on the student's education and training needs and the flow of clients through the clinic.
4. A minimum of 60 hours of client contact per semester is expected along with a minimum of 30 hours of supervision.
5. Successful completion of the third year practicum will be determined by the clinical supervisor, based on the acquisition of competencies outlined in the practicum performance evaluation form (See Appendix A of the Student Handbook). Students must reach an average rating of 2 (Adequate) across all the major competency areas.

Current Third Year Placements

Riverpark Hospital: Riverpark Hospital is a general inpatient psychiatric hospital, serving children, adolescents, adults, and the elderly. Students may participate in experiences working with all types of populations including those with substance abuse issues, dementias, and conduct disorders. Background checks and immunizations are required.

University Pediatrics: This is an integrated behavioral health experience where students attend general clinics with residents and medical students to provide consultation, assessment and intervention to pediatric patients in an outpatient setting. Background checks and immunizations are required.

Edwards Comprehensive Cancer Center: This placement is an integrated behavioral health experience where students provide therapeutic interventions to oncology patients. Students also provide general consultation to medical staff when needed. Background checks and immunizations are required.

Cabell-Huntington Neurology Clinic: This placement exposes students to working with patients with a variety of neurological issues. Students will gain experience in neuropsychological assessment, hospital consultation, and psychotherapy with neurology patients. Background checks and immunizations are required.

Prester Center: This is a general outpatient, community behavioral health placement. Experiences are available working with children, adolescents, adults, and crisis clients. Background checks are required.

Marshall University Community Clinic: This is a general outpatient clinic providing experience in working with children, adolescents, and adults in an outpatient setting. Both psychotherapy and assessment experiences are available as is a specialized experience with MR/DD clients.

Veterans Administration Hospital. This is a general outpatient placement, involving primarily the treatment of Post-Traumatic Stress Disorder in adult males. Students receive on-site supervision from a licensed psychologist. They participate in group therapy sessions and also conduct individual psychotherapy.

Federal Corrections Institute, Ashland, KY. FCI, operated by the Federal Bureau of Prisons, is a minimum security institution housing adult male inmates, with a satellite camp that houses minimum security inmates. The Bureau provides a full range of psychological services to inmates with a variety of behavioral health and substance use disorders. Opportunities include assessment, individual and group psychotherapy, and psychological evaluation and testing. Supervision is provided by Dr. Doug Lemon who is also the Chief Psychologist

Joan C. Edwards School of Medicine, Internal Medicine Clinics: In this placement, students are integrated into the clinics within the Internal Medicine Department. A primary focus is on working with patients with endocrine disorders though multiple opportunities for education, consultation, intervention, and assessment.

Cabell Huntington Hospital Neurology Clinic: In this placement, students complete full neuropsychological assessments on patients with a variety of CNS-related illnesses and injuries. Intervention with patients is also part of this rotation. Immunizations are required.

Fourth Year Students:

In the fourth year, students participate in rural placements. It is understood that practice in rural areas differs substantially from clinical practice at urban sites. Therefore, the activities that students are encouraged to pursue differ somewhat from typical practicum experiences. Student activities include provision of direct clinical services to rural populations, community projects, consultation, clinical research, program development, program implementation and participation in planned interdisciplinary in-service training / case conferences. At this point in their education and training, students will have a broad base of knowledge pertinent to the practice of clinical psychology. In addition, they will have completed specialized coursework in rural and community psychology to sensitize them to the issues relevant to rural practice. Finally, students will have completed their research and statistics sequence that will allow them to identify specific opportunities for research in their rural placements. Students remain part of a Multi-level Team during this year. They do not carry active therapy clients in the campus training clinic but participate in the Clinical Supervision course and assist with the supervision of less experienced students.

General Goals of Fourth Year Practicum

1. Develop familiarity with the issues pertinent to rural clinical practice.
2. Develop skills necessary for successful clinical work in underserved areas.
3. Contribute to services available in underserved areas.

Requirements

1. Site must be determined to be "rural" either by a federal definition or by determination by the clinical faculty following a site visit.
2. A minimum of 12 hours per week during the rotation is required, at least half of which must involve client contact for two semesters. A minimum of 60 hours of client contact per semester is required in addition to a minimum of 30 hours of clinical supervision per semester.
3. Participation in at least one hour of face-to-face supervision per week with a licensed psychologist and 90 minutes of group supervision as part of the Multi-level Team placement. Missing more than one individual and one group supervision sessions is grounds for failing practicum that semester and will require additional remediation which could include requiring the student to successfully complete an additional semester of practicum. If a student misses supervision because of a university excused absence, then documentation must be obtained and approval received by the Dean of Student Affairs.
4. Where necessary, due to long distances from the campus, sites must provide overnight accommodations or the student must waive this.
5. Students must participate in a community psychology-oriented project during the rural placement. This project may be developed in conjunction with their clinical placement or in cooperation with a faculty member on campus. A brief report of the project, including a log of hours, must be submitted at the end of the second semester.
6. On-site oversight by a licensed health care professional responsible for the agency / staff / site is absolutely required while direct clinical supervision may be provided by an off-campus affiliated faculty member.
7. Completion of the fourth year practicum will be determined by the clinical supervisor, based on the acquisition of competencies outlined in the practicum performance evaluation form (See Appendix A of the Student Handbook). Students must reach an average rating of 2 (Adequate) across all the major competency areas along.

Current Fourth Year Placements

West Virginia Children's Health Project: Students in this rotation deliver therapeutic and consultative services to three schools in one of the more rural areas of West Virginia. Students also participate in community projects through an agency known as ABLE Families which provides services to low-SES families in a rural county in West Virginia. Students have access to an appropriate preceptor at each site, as well as access to a supervisor by phone at all times.

Pretera Center: Pretera Center is the community mental health center for several counties surrounding Marshall University. Pretera operates several community mental health centers in the more rural areas of the state, including centers in Wayne and Lincoln Counties. In addition to outpatient therapy and assessment, these centers also provide special services such as school-based behavioral health and services in primary care settings. Background checks are required.

Tug River Health Clinic: This is an integrated behavioral health placement that includes experiences in telehealth and community program planning. McDowell County is located approximately three hours from Marshall and this placement requires travel and overnight stays. Background checks are required.

Lincoln Primary Care Center: This is an integrated behavioral health placement that includes experiences in consultation and psychotherapy. Work with community agencies is also emphasized.

Cabin Creek Health Systems: Students in this rotation function in an integrated behavioral health capacity in one of two outpatient health clinics. Consultation, intervention, and assessment opportunities are provided with a variety of patient populations in this highly rural setting.

Woodlands Community Mental Health Center: This mental health agency serves several counties in eastern Ohio. In addition to outpatient therapy and assessment, these centers also provide special services such as school-based behavioral health and services in primary care settings. Background checks are required.

Veterans Administration Clinic - Prestonsburg, KY: This clinic provides services to veterans in rural eastern Kentucky. Students receive training in a variety of interventions and modalities, including telehealth interventions.

Evaluation of Skill Development Across Practica

Students are expected to complete or demonstrate the equivalency of approximately 750 practicum hours. Practicum hours are defined as time spent in direct service delivery to clients either in group or individual psychotherapy and assessment and time spent in formal supervision. Paperwork, travel time, and community service hours should also be logged but will be considered separate from the requisite 750 practicum hours. Of this 750, at least 400 should be direct service hours.

Students will be evaluated once per semester by their faculty supervisor and by their off-campus supervisor (where applicable) concerning their progress in developing the competencies pertinent to the practicum experience. Faculty members will maintain regular contact with off-campus supervisors to assess student progress and the adequacy of the student's experience. Once per semester, the supervising faculty person will visit the off-campus site where the student is placed. It is the student's responsibility to keep all log sheets concerning practicum experiences up to date and appropriately logged with the faculty supervisor. Failure to do so will result in the student failing to receive a grade in the clinical practicum.

Full Year, Pre-Doctoral Internship. All students are required to complete the equivalent of a full-year, pre-doctoral internship. Some slots will be available at captive internship sites connected to the Marshall University Psy.D. Program. Other students may decide to seek internships at one of the APA-approved and/or APPIC-member sites that are available nationally. The internship is undertaken only after all coursework is completed, doctoral research project has been proposed and approved, and comprehensive exams are successfully passed.

Assessment of Student Development in the Psy.D. Program

The development of skills within the Psy.D. program is a sequential process in which the students and the faculty are both mutually involved, therefore the evaluation process developed for the students in the Psy.D. program at Marshall University follows a similar developmental philosophy. The process begins as potential applicants are evaluated in terms of the base of acquired knowledge they bring from their undergraduate curriculum. After students are admitted to the program, there is an expansion of this base of knowledge as students are exposed to basic therapeutic and assessment issues in the first year. The first applications of this growing knowledge occur in the second year with the first practicum experience. As students progress through the program, it is expected that the scope of their knowledge will expand and they will be exposed to wider applications of that knowledge through their practicum experiences.

The evaluation process mirrors this sequential development of skills by providing students with constructive feedback at all levels of their training experience. The feedback is conscientiously designed to be commensurate with the student's level of skill development. All components of the evaluation process are designed to assist the student in developing the competencies previously described and, subsequently in reaching their individually chosen professional career goals.

The Role of the Competencies in the Assessment Process. As the knowledge base of the students grows and their acquired skills broaden, it is anticipated that the competencies described in the previous section will develop accordingly. Therefore, it is the intention of the faculty to emphasize the competencies at all points in training, with the emphasis and scope being commensurate with the level of development of the individual student.

The Role of the Program Faculty in the Assessment Process. In addition to providing fair and consistent feedback during the completion of all courses, faculty who teach courses in the Psy.D. program are responsible for participating in the annual review process. Faculty will meet in early April of each year to discuss the academic and clinical progress of all students. Faculty who have responsibility for teaching courses in the program should be present at this review or should provide any concerns in writing to the Program Director prior to the meeting.

The Role of the Academic Advisor in the Assessment Process. The academic advisor will meet with the student on an informal basis regularly. It is the responsibility of each advisor to a) remain up-to-date on curricular changes that affect specific students, b) keep apprised of the student's progress in the program, c) discuss any significant difficulties that arise in the student's performance in a timely manner and d) assist the student in preparation for the evaluative process at all levels. The academic advisor is also responsible for working with the student to develop any necessary remediation plans to address specific weaknesses in the student's performance. Such remediation plans must be approved by the clinical faculty.

The Role of the Program Director in the Assessment Process. The Program Director will review the general progress of all students on a yearly basis as part of the annual review process. The Program Director will not become involved in dealing with specific performance issues unless some combination of the responsible faculty member, the academic advisor, and the student fail to reach consensus regarding a particular problem. In such a case, the Program Director will meet with both the advisor and the student to attempt to mediate a compromise. Failing this, the problem will be addressed by the Department Chair and, at his/her discretion, the clinical curriculum committee.

Overview of Student Assessment. Assessment of the individual student is an ongoing, developmental process. Each piece of the assessment experience is meant to provide constructive feedback to the student as s/he continues the task of building and expanding the application of her/his psychological expertise. As such, the following components will comprise the assessment of students within the Psy.D. program at Marshall University:

1. **Course grades:** Assignment grades will provide the most immediate feedback to students. Students who earn a grade of 'C' or lower in a course will be made aware that this is unacceptable performance. A second grade of a 'C' or lower will result in dismissal from the Psy.D. program. Students must re-take any course in which they receive a 'D' or an 'F'. The student must earn a satisfactory grade in the course (B or better) or be dismissed from the program. If a satisfactory grade is earned, the student may continue in the program but a second unsatisfactory grade (C or lower) will result in dismissal. In a course graded as Credit/No Credit (CR/NC) or Progress (PR), obtaining a grade of NC is equivalent to failing the course and the above guidelines apply.
2. **Annual Evaluations:** Faculty will meet yearly to discuss the progress of all students. Academic advisors will be responsible for summarizing in writing the faculty feedback for their students. The advisors will meet individually with each of their student advisees to discuss the feedback. The feedback form is structured to assess each of the areas of competency stressed in the program. Students will be provided with a written copy of the feedback and will be asked to sign the form indicating whether they agree or disagree with the feedback. In the case of a negative evaluation, the student and their faculty advisor will devise an improvement plan that will be submitted to the clinical faculty for approval. Once approved, the improvement plan must be carried out within the specified time frame in order for the student to remain in the program.
3. **Practicum Performance Evaluations:** Evaluation of performance in the practicum placement will provide feedback on the student's growing competence in the areas of assessment and intervention. Evaluation of performance in practicum will vary somewhat with the student's placement as follows:

During placement in the Marshall University Psychology Clinic, students will receive intense supervision from clinical faculty within the Psychology Department. They will receive consistent feedback during weekly supervision sessions. In addition, students will receive a written evaluation from their clinical supervisor at the end of each semester of practicum experience. These evaluations will be reviewed by the student's academic advisor and the academic advisor will review them with the student.

When the practicum placement is off-campus, the practicum coordinator will contact each site supervisor informally at least twice during the course of each semester to ascertain the student's progress at the practicum placement. In addition, site supervisors will complete a written evaluation of the student's progress at the end of each semester of placement. The feedback will be discussed between the practicum advisor and the student and will be shared with the student's academic advisor.

In the case of negative feedback from a practicum supervisor, the student and his/her academic advisor will develop a remediation plan and submit it for approval to the clinical faculty. Once approved, the remediation plan must be carried out within the specified time frame in order for the student to remain in the program. Serious breaches of ethics may be cause for dismissal from the program.

4. **Evaluation for Admission for Candidacy to the Masters Degree in Psychology and Receipt of M.A. degree:** All students entering the Psy.D. program at Marshall University following the receipt of their bachelor's degree will earn a Master of Arts (M.A.) degree in Psychology. After students have completed a total of at least 48 semester hours or their equivalent, including PSY 670 and 671 and maintained a GPA of at least 3.0., they will be permitted to file an Application for Candidacy for the M.A. degree in psychology. Once admitted to candidacy, students will be permitted to take a written comprehensive examination that will cover the coursework completed to date. Once a student has successfully passed the examination and has a GPA of 3.0 or better, she or he will be awarded an M.A. in Psychology. Students who fail the examination will be permitted to take the examination a second time. A second failure will result in termination from the program without receipt of the Masters degree.
5. **Evaluation for Admission to Candidacy for the Doctoral Degree:** The evaluation process for admission to candidacy for the doctoral degree is a three-part process that involves the approval of the doctoral research project proposal, evaluation of the doctoral portfolio, and an oral examination. Before initiating the formal evaluation

process, the student must have completed the equivalent of three years of coursework, including PSY 670, 671, 769, 770, and 771.

6. ***Evaluation for Admission to Candidacy for the Doctoral Degree:*** The evaluation process for admission to candidacy for the doctoral degree is a three-part process that involves the approval of the dissertation proposal, evaluation of the doctoral portfolio, and an oral examination. Before initiating the formal evaluation process, the student must have completed all appropriate coursework as outlined in the Student Handbook under which the student entered.

The three part process is as follows:

- A. *Approval of Dissertation Proposal:* In order to demonstrate competence in research and evaluation, students must develop and have approved their proposal for the dissertation project. A further discussion of this project can be found in the Dissertation Guidelines.
- B. *Portfolio Evaluation:* After a student has successfully completed their examination for the masters degree, they will begin working on their portfolio. The purpose of the portfolio is to document the student's development of the competencies laid out by NCSPP that underlie the program. Evaluation of the portfolio will be grounded in the attainment of Developmental Achievement Levels suggested at the 2007 NCSPP conference. These benchmarks will serve as a framework for the evaluation of the evidence the student presents in their portfolio, See Appendix B for a copy of the Developmental Achievement Levels (DALs) suggested by NCSPP.

The portfolio will be reviewed and an oral examination of the portfolio conducted by a committee consisting of the student's academic advisor and two other faculty who hold full-time tenure track appointments in the Department of Psychology at Marshall University.

The portfolio should be organized according to the 8 competency areas that outline the program. Each section should include the following in order:

1. Narrative describing the competency area and the student's understanding of the importance of the competency in clinical practice. The narrative should also discuss the evidence the student will be presenting to support the strength of their competence in the specific area.
2. Any specific data regarding the development of the competency such as transcripts, annual evaluations, practicum evaluations, etc.
3. Any relevant or required work samples.

NOTE: The significance of each included item should be explained in the narrative so that its presence will be understood by the evaluating faculty members.

1. Relationship competency: This section should demonstrate the student's competency in understanding the development of various types of relationships pertinent to the practice of clinical psychology as well as the student's success in forming effective relationships. This may be documented by the student's practicum evaluations and a narrative written by the student regarding a clinical case that they believe illustrates their ability to establish appropriate therapeutic relationships. In addition to the portfolio, this competency is also assessed as it pertains to various types of relationship skills throughout the training program.

2. *Cultural competency*: This is an area of significant importance in the Psy.D. program at Marshall University. In addition to sensitivity to ethnic diversity, students must also demonstrate a clear understanding of the impact of culture on various aspects of behavior and development. This competence may be documented in the portfolio by a case conceptualization that illustrates the importance of culture on the clinical formulation. The summary project from the Rural or Community Psychology class should be included as documentation of the student's understanding of the role of rural/Appalachian culture in impacting mental health issues.

3. *Assessment competency*: Because students are being trained as generalists, they should include in their portfolio a range of assessment reports to document their proficiency. At a minimum, students should include one assessment of a child and one assessment of an adult and one additional assessment of the student's choice. The reports should be of sufficient depth and breadth that the student's competencies in cognitive and social-emotional assessment are evident. In addition, the student should demonstrate a well-developed skill for articulating a referral question and building a logical base of evidence from which to provide appropriate diagnosis and recommendations.

4. *Intervention competency*: In order to demonstrate this competency, students should include a minimum of 3 case conceptualizations of clients they have seen during clinical training. In addition to the conceptualizations of each case, please include the intake and termination summary as well as any pertinent case notes and a treatment summary describing the course of the case from intake to termination. The range of clients should include child and adult cases, as well as at least one case that represent an area of interest for the student. Cases that are included should be clients who were seen for a minimum of six sessions.

Students should be able to articulate their preferred model for conceptualizing client issues and should be able to discuss the relationship between their preferred model, their chosen intervention, and relevant literature on clinical theory and research. In addition, students should be prepared to discuss their method for documenting client progress.

5. *Research and Evaluation Competency*: This competency will be demonstrated in the student's ability to conceptualize a successful dissertation proposal. The proposal should be included in the portfolio along with the narrative. The committee may ask specific questions regarding the proposal but will not have latitude to suggest specific conceptual or methodological changes.

6. *Legal and Ethical Competency*: This competency will be demonstrated by the student's ability to address legal and or ethical issues that arise in cases that are presented as part of the portfolio. Students should also be prepared to respond to ethical dilemmas presented as part of the oral examination of the portfolio.

7. *Consultation and Education Competency*: In this section, students should discuss how they have grown in the role of educator and consultant. Work products from Head Start consultation and Campus Outreach activities are appropriate here.

8. *Supervision and Management Competency*: In this section, students should reflect upon what they have learned regarding the supervisory relationship from the vantage point of the supervisee and what it has taught them about their role as a supervisor.

The student's academic advisor will work actively with the student to prepare the portfolio but it will ultimately be the student's responsibility for preparing the final product. As noted previously, the preparation of the portfolio should begin as soon as the student has successfully completed the masters level candidacy examination. For students entering with a completed masters degree, work on the portfolio should begin immediately after admission.

C. Oral Examination: Students should be prepared to address questions from their portfolio evaluation committee within any area covered by the documentation contained in their portfolio. Questions may be far-ranging in nature and all material presented in the portfolio can be examined. In addition, students should be prepared to answer standard questions related to general competence in all areas, regardless of whether the material is contained in the portfolio or not. The following are a list of sample questions that are asked in all oral examinations:

1. How was the understanding of culture relevant to your case conceptualization?
2. Discuss an ethical dilemma you have encountered in your practicum work.
3. Why did you choose these specific instruments to address the particular presenting problem?
4. Are there certain psychometric issues regarding the instruments you used that are important to consider?
5. Were there any relevant cultural issues to consider during this assessment?

Students must successfully pass all areas of evaluation prior to being approved to apply for internship. A student who fails the portfolio component or the oral examination will be allowed to develop a plan for remediation with their academic advisor. Such a plan must be approved by the clinical faculty and executed within the designated time frame in order for the student to maintain their standing in the program. Failure to complete an appropriate remediation can result in dismissal from the program.

Certification for Internship

In order to be eligible to apply for internship, students must have documentation of the following: 1) successful completion of all aspects of the comprehensive portfolio process, including formal committee approval for the doctoral research project; 2) a clear plan to complete all coursework and practica prior to the earliest possible start dates for the internship sites to which they wish to apply, and 3) successful completion of any open remediation plans that may have been instituted and an acceptable evaluation from the faculty.

Once a student has successfully passed all aspects of the comprehensive evaluation process, she or he will be eligible to apply for internship certification. This is assuming that all coursework can be completed prior to the commencement of internship. In addition, no student can be certified for internship if a remediation plan is active which still contains portions of requirements that have not been successfully met. All criteria for certification of internship eligibility must be in place prior to requesting certification from the Program Director. This request must be made no later than 10 days before the first application deadline.

Training for University Teaching

For those interested, the Department of Psychology at Marshall University offers the opportunity to obtain course credit for training in the university-level teaching of psychology. Students may opt to take a three-hour course in the teaching of psychology. Students who complete this course successfully are then eligible to apply for teaching assistantships for introductory-level psychology classes. These assistantships carry with them a tuition waiver and a university stipend. The student will also gain valuable training and experience in the skills necessary for teaching at the university level.

Drop/Withdrawal

Dropping of courses. Dropping of individual courses after the schedule adjustment period requires that a drop form bearing the instructor's signature be submitted to the Registrar's Office. Students on academic probation must have the Dean's approval to drop a course. Students should be aware that dropping even individual courses during the Psy.D. program can significantly impede progress.

Withdrawal from the Psy.D. program. Withdrawal is defined as dropping all classes for which the student is registered. A withdrawal form must be submitted to the Registrar's Office.

Grades assigned for dropped or withdrawn courses. Dropped and withdrawn courses will receive a grade of "W," which has no bearing on the student's GPA. Students who drop without approval, or who do not follow the regulations provided above, will receive a grade of "F." See the University Academic Calendar, which is published routinely as part of each semester's Schedule of Courses, for drop/withdrawal dates.

Leave of Absence. The Psy.D. Program faculty understand that on occasion it may be necessary for a student to request a leave of absence from the program. Usually such a request is made due to a personal, medical, or family situation. Such a request must be made in writing to the Program Director and must include the rationale and requested dates of the leave of absence. Rarely is such a leave approved for more than one year.

Grades

GPA. Assignment of grades provides the most immediate feedback regarding student performance. Students must maintain a 3.0 grade point average in order to remain in the program and to graduate. GPA is computed on a quality point basis. A grade of "A" in a 3 hr. course receives 12 quality points, and so on. No more than one grade of "C" or lower is permitted during the program. Any student receiving a second grade of "C" or lower will not be permitted to continue in the program.

Grade Appeals. Grade appeals will follow the policy described in the Marshall University Graduate Catalog. In general terms, the process is as follows: The student should first attempt a resolution with the course instructor. If a satisfactory result is not achieved, the process goes to the Department Chair, the Dean of the Graduate College, and finally to the chair of the Graduate Council who shall, at the recommendation of the Graduate Council, appoint a Hearing Panel to resolve the matter. The appeal process has time lines that must be followed at each level. See the Graduate Catalog for complete details.

Application for Graduation

Application for graduation must be filed in the Office of the Graduate Dean no later than the "deadline" date printed in the calendar for the semester in which the student will complete graduation requirements. See the *Graduate Catalog* for information regarding fees and procedures.

Memberships in Professional Organizations.

Students are encouraged to join one or more professional organizations such as the West Virginia Psychological Association, the American Psychological Association, or others. Typically student membership rates are nominal. Memberships in such organizations have numerous benefits to students as they become doctoral-level professional psychologists. These include subscriptions to journals and newsletters that keep students abreast of important happenings in the field that may not be addressed in coursework, opportunities to attend, or even present, scholarly papers at conferences, networking with other professionals who belong to such organizations, and more.

Professional Conduct of Students and Faculty

Expected values. Students and faculty are held to high standards of conduct and values. They are expected to demonstrate integrity, honesty and respect. They must demonstrate a work ethic that includes initiative, self-motivation, interest, and openness to experience. They must demonstrate an appreciation for diversity and good citizenship in all matters, both within and outside the department.

APA Ethical Standards. All students and faculty must adhere to the American Psychological Association's ethical standards. Specific violations of APA ethical standards constitute grounds for serious consequences within the program. Consequences will depend on the seriousness of the infraction and may range from an informal reprimand to dismissal from the program.

Harassment Policy. Harassment of any kind by faculty or students is not tolerated. Any student who feels they have been a victim of harassment should file a formal complaint with the Chair of the Department of Psychology and the Office of Student Affairs. Any student found guilty of routinely engaging in harassment of fellow students, faculty, or staff will be subject to disciplinary action which may include dismissal from the program.

Complaint resolution. In keeping with guidelines provided by the American Psychological Association, grievance should be resolved solely between the parties involved wherever possible. However, it is clear that faculty and administrators very often are perceived by students as being higher in positions of power and this unevenness in rank may hinder students from feeling that they can adequately mediate conflicts involving those persons. When student complaints regarding faculty arise, other than those regarding grades, the following steps should be taken:

1. Where possible, the student is encouraged to attempt to informally resolve the matter by meeting with the other party, be it faculty or student.
2. If the matter cannot resolved informally, the student should meet with her or his Academic Advisor and discuss possible means to settle the problem.
3. If the Academic Advisor is the person with whom the student has a complaint or if the Academic Advisor is unable to rectify the situation, the Program Director should be consulted.
4. If the Program Director is unable to resolve the issue, the Chair of the Psychology Department should be informed. Also, if the complaint involves the Program Director, the Chair of the Psychology Department should be consulted.
5. If the student is not at ease with any of these, he or she may go to the Graduate Dean or the Dean of Student Affairs for assistance. If the student is not at ease with any of the above avenues he or she may follow the formal policy outlined in the *Graduate Catalog*.

When a student complaint involves another student and informal resolutions fail, the same hierarchy of resolution should be followed, beginning with the Academic Advisor and following the procedure as outlined above.

Diversity Statement

Marshall University and the Department of Psychology maintain a strong commitment to diversity. Through its course content, application review process, faculty hiring process, committee functions and other activities the University and the Department actively work to promote the fundamental value of human differences. We value positive acceptance of and respect for individual and cultural differences in race, ethnicity, gender, socioeconomic status, religion, sexual orientation, age, physical challenge and learning difficulties. In addition, we value the prevention of marginality.

Doctoral Research Project

Development of Research Competency Psy.D. Program at Marshall University

The development of Research Competency is one of the major cornerstones of the PsyD training program. The choices made by the student with respect to the experience should be undertaken carefully with an eye toward participating in an experience that will assist the student in developing a set of research skills that will further their career goals. Given that the PsyD program has adopted the scholar-practitioner training model, the purpose of the Doctoral research project within the program differs somewhat from the traditional purpose of Doctoral research projects in more research-focused programs. In addition, the Psy.D.program also endorses the importance of the conceptualization of the professional psychologists as a local clinical scientist (Trierweiler and Stricker, 1998). As noted by McHolland, Peterson, and Brown (1987):

We endorse a view of the professional psychologist as a local clinical scientist: An investigator of local psychological phenomena who engages in the rigorous, critical, and disciplined thought engendered in striving toward scientific goals. (p. 164)

Also, as noted at the 2007 Conference for the National Council of Schools and Programs in Professional Psychology (NCSPP), "...the psychologist trained in this framework is competent to evaluate different research methodologies as they support evidence-based practice of psychology, and to contribute to the knowledge base for evidence-based practice."

In its development of Competency Developmental Achievement Levels (DALs) for professional clinical training, NCSPP has noted that an important skill-based competency within the scope of Research Competency for those completing the doctoral degree is the ability to design and execute a scholarly project. As such, the PsyD program at Marshall University requires the completion of a Doctoral Research Project in order to demonstrate this skill.

Phases of the Development of Research Competency

Developing research competency within the PsyD program involves the growth of a number of specific skills and abilities and the development of a broad knowledge base. These benchmarks have been discussed by NCSPP extensively and are provided in Attachment A. The Doctoral Research Project is the culmination of three developmental phases of training related to the development of competency in the area of research. The phases of completion are as follows:

There are four developmental phases of training related to the development of competency in the area of research. More detail about each phase is provided below. In brief, the phases of completion are as follows:

Phase I: Completion of specific coursework focused on research design, evaluation of relevant literature and data analyses.

Phase II: Two semesters of active, hands on, contracted participation in research with a faculty member culminating in a written product (as described below). This report will become part of the student's formal Doctoral Portfolio Examination (which occurs in the fall of the fourth year curriculum).

Phase III: Completion of a formal written proposal, including a substantial review of the literature on a topic with clinical applicability and a proposed methodology.

Phase IV: Defense of the proposal required in Phase III before a committee of 3 qualified reviewers comprising the Doctoral Research Project Committee (described in greater detail below).

Students are welcome to complete additional research experiences beyond what is required, should they choose to do so.

Phase I-Coursework

This phase involves the completion of a two-semester sequence in research methods and data analysis. The courses most likely will be a combination of the current coursework in intermediate statistics, clinical research methods, and advanced quantitative methods. The current plan is to combine information from intermediate stats and clinical research methods into one course and retain the advanced quantitative course.

Phase II-Hands-on Lab Experience

This phase will involve research experience working directly with a faculty member with an active line of research. Each student must work a minimum of two semesters on the research team of a faculty member, getting more in-depth hands-on experience conducting research. Each student will work with the faculty member to design a plan for experience that will be carried out over the course of two semesters and will detail the specific experiences and responsibilities that will be accomplished. This plan will become part of the student's doctoral portfolio examination. During the examination, the committee will review the document and the student will be asked to discuss how her experiences have helped her to develop the competencies designated in the plan. Students are welcome to complete additional research experiences beyond what is required, should they choose to do so.

Faculty members will have a section of a research lab course each semester for which students can register. This will allow faculty to track the students that work with them for the purpose of annual reports and promotion and tenure applications. These courses will not count in load and will be similar in nature to the Research in Psychology course. Therefore, faculty should be mindful of the number of students that they can work with and provide with good quality research experiences. It is strongly encouraged that faculty consider scheduling regular team/lab meetings to encourage progress on projects as well as collaboration among students. This will also permit incoming students to become acquainted with the types of projects going on in various labs as they make their decision about where to complete this requirement.

Phase III-Literature Review

Students must complete an extensive, comprehensive literature review on a topic relevant to the field of clinical psychology. This thorough, comprehensive literature review must be reviewed by a committee of 3, which will be chaired by a faculty member who is knowledgeable in the area. This literature review and proposal may be connected to the previously described research experience in a faculty member's lab/research team, but it can be separate as well. If the student and the committee agree, then the paper can incorporate a shorter introduction and include a results and discussion section typical of APA scientific publications. Faculty are also encouraged to have students complete an IRB application for the project in order to gain experience with this particular aspect of research.

The scope of the paper must be commensurate with the culmination of a doctoral degree in clinical psychology and must represent a student's original work. In addition, the subject matter of the literature review must reflect some aspect of the field of clinical psychology and should have some connection to clinical application that can be clearly stated within the Doctoral Research Project document.

Doctoral Research Projects are to be written in current APA format. Doctoral research projects must use standard, academically-acceptable English, free of sentence fragments, punctuation errors, spelling errors, and other evidence of

lack of care. Doctoral Research Projects must also conform to all APA and Marshall University regulations and procedures for the treatment of research participants.

Students must register with their chair under the appropriate section of Doctoral Research. This will allow faculty to track the students that work with them for the purpose of annual reports and promotion and tenure applications. These courses will not count in load and will be similar in nature to the Research in Psychology course. Therefore, faculty should be mindful of the number of students that they can work with and provide with good quality research experiences.

Phase IV – Defense of the Doctoral Research Project

The final defense meeting will include (1) a formal oral presentation by the student, (2) questions posed by the members of the Doctoral Research Committee members, and (3) questions from non-committee members attending the public defense (at the discretion of the Doctoral Research Committee Chair). Details about the composition of the Doctoral Research Project Committee are presented in the next section.

The student will provide a presentation on the literature review previously described. The student should be prepared to respond to any relevant questions that a committee member may have regarding the project or the background of the issue that was researched. Committee members should confine their questions to the content of the project.

The defense meeting is open to the public and suitable notices will be posted by the Doctoral Research Project Chair to offer interested parties the opportunity to attend.

Optional Dissertation Project

The doctoral research project as described above may not meet the typical expectations of a doctoral dissertation perhaps because the project does not necessarily involve collection of data and analysis and interpretation of new data. As such these projects will not be submitted to the Graduate College for final approval and will not be submitted as an electronic dissertation. However, should a student wish to complete a dissertation and his/her committee approves the student may submit the project as a Doctoral Dissertation. In these cases completed projects must be submitted electronically according to GraduateSchool guidelines. These guidelines can be accessed at www.marshall.edu/graduate . Students should review these guidelines well in advance of the completion of the project.

Doctoral Research Project Contract

This contract is to be completed and filed within the first semester of research experience that is to count towards the completion of the doctoral research project. Counting prior semesters must be approved by the program director.

Student's Name: _____

Student ID Number: _____

Faculty Advisor: _____

Project components to be completed (check all that apply):

_____ Literature review

_____ Research experience

If the Literature Review Component is to be completed under the above faculty member, specify two other committee members:

Title of Literature Review (if appropriate):

Initial semester of research experience: _____

_____ date/initial when complete

Second semester of research experience: _____

_____ date/initial when complete

The following section is for the detailed notation of activities that must be completed by the student in order for the Doctoral Research Project to be declared complete. Please list in detail all activities that must be completed and a clear set of expectations for what is required. Each contract should endeavor to expose students to a wide variety

of research experiences, including review of literature, writing, instrument design, data collection, and data analysis. All students must either present or publish their work at the local/state/regional/national/or international level. The mode of presentation/publication is to be determined by the faculty advisor and specified in the list of activities provided.

List of contracted activities which must be completed:

Activity

Initial/date when complete

Activity

Initial/date when complete

By signing below, both the student and the faculty advisor agree to the contracted activities noted in this document. In order for the student to receive credit for the doctoral research project component, the student must present and defend a literature review of their choice and all of the activities noted in this contract. Student and faculty advisor indicate agreement by signing below:

Student signature and date

Faculty signature and date

Once the contract has been fulfilled, complete the section below:

I _____ certify that _____ has completed all the contracted requirements of the doctoral research project. The mode of presentation of the project was as follows:

As the faculty advisor for this student, I verify that the Doctoral Research Contract outlined previously has been completed:

Faculty signature and date

STUDENT'S PLAN OF STUDY
PSY.D. DEGREE IN CLINICAL PSYCHOLOGY
Revised 9-09

Student's Name: _____	Student's Number: _____
Address: _____	
Phone Number _____	E-Mail _____
Advisor: _____	Anticipated date of Masters completion: _____
	Anticipated date of PsyD completion: _____

Those entering the PsyD program with an bachelor's degree must complete all MA and PsyD requirements below. program with a master's degree or work experience may petition for course equivalency based on previous course

Student Entering the Program has (Check One):

_____ **Bachelor's degree and both MA and PsyD requirements MUST be completed**

_____ **Somegraduate work from an accredited institution, so hours can be waived as equivalent coursework/degree/experience**

NOTE for Equivalency: Documentation must be submitted by student to PsyD Director for waiver & approved Faculty. TRANSFER CREDIT MUST BE DONE AT THE TIME OF THE INITIAL PLAN OF STUDY and in the grade/substitution/waived/equivalent column.

NOTE for Substitution or Waived: When required courses are not offered, a course may be substituted. If no substitution course requirement may be waived. Course substitutions will be indicated as "Substitution" in the grade/substitution/waived/equivalent column and waived requirements will be indicated as "Waived" in the grade/substitution/waived/equivalent column.

General MA Requirements for Psy.D.

Course Number	Course Title	Credit Hours	Content Area	<u>Grade/</u> <u>Substitution/Waived</u> <u>Equivalent</u>
PSY 502	Advanced Social Psychology	3	Social Aspects of Behavior	G / S / W / E
PSY 517	Intermediate Behavioral Statistics	3	Research Methodology and Data Analysis	G / S / W / E
PSY 560 (App. Alt for PSY 690)	History and Systems (Approved Alternative for Research Seminar)	3	History and Systems of Behavior	G / S / W / E
PSY 605	Ethics and Legal Issues	3	Professional Standards and Ethics	G / S / W / E
PSY 608	Differential Diagnosis and Treatment Planning	3	Psychopathology	G / S / W / E

PSY 615	Advanced Developmental Psychology	3	Human Development and Individual Differences	G / S / W / E
PSY 618	Psychopharmacology	1	Biological Bases of Behavior	G / S / W / E
PSY 620	Adult Assessment Practicum	1	Foundational Assessment	G / S / W / E
PSY 621	Child Assessment Practicum	3	Foundational Assessment	G / S / W / E
PSY 633	Individual Interviewing & Psychotherapy	3	Foundational Psychotherapy	G / S / W / E
PSY 635	Child and family Psychotherapy	3	Advanced Psychotherapy	G / S / W / E
PSY 670	Practicum I	3	Clinical Practica	G / S / W / E
PSY 671	Practicum II	3	Clinical Practica	G / S / W / E
PSY 672	Cognitive Psychology	3	Cognitive and Affective Aspects of Psychology	G / S / W / E
PSY 674	Biological Bases of Behavior	3	Biological Bases of Behavior	G / S / W / E
PSY 690	New Student Seminar	1	Orientation to University & PsyD Program	G / S / W / E
PSY 706	Integrated Assessment I	3	Foundational Assessment	G / S / W / E
PSY 707	Integrated Assessment I Practicum	1	Foundational Assessment	G / S / W / E
PSY 708 (App Alt for PSY 506)	Integrated Assessment II (Approved Alternative for Psychometrics)	3	Foundational Assessment	G / S / W / E
PSY 709	Integrated Assessment II Practicum	1	Foundational Assessment	G / S / W / E
PSY 713	Advanced Assessment Practicum	3	Clinical Practica	G / S / W / E
PSY 714	Advanced Assessment Practicum	3	Clinical Practica	G / S / W / E
PSY 723	Clinical Research Methods	3	Research Methodology and Data Analysis	G / S / W / E
PSY 731	Psychodynamic Psychotherapy	3	Advanced Psychotherapy	G / S / W / E
PSY 732	Behavior Therapy	3	Advanced Psychotherapy	G / S / W / E
PSY 733	Cognitive Behavioral Psychotherapy	3	Advanced Psychotherapy	G / S / W / E
PSY 769	Clinic Practicum	3	Clinical Practica	G / S / W / E
<i>optional</i>				
PSY 600	Teaching Seminar	3	Teaching Experience	G / S / W / E

<i>other requirements</i>	Written Comprehensive Examination	Pass / Fail		
	Total Hours Required	71 + pass comps		
			Total Hours Waived/Equivalent	
			Total Hours Earned	
			TOTAL HOUR	/ 71

PsyD STUDENTS MUST APPLY FOR GENERAL MASTERS DEGREE ONCE ALL THE ABOVE REQUIREMENTS HAVE BEEN MET OR WAIVED.

ESTIMATED DATE FOR APPLYING FOR MASTERS DEGREE IN GENERAL PSYCHOLOGY: _____

Endorsement for Graduation with Master's Degree: _____

Advisor Signature/Date

Program Director Signature/Date



Psy.D. Degree Program Requirement

all of the above Master's Requirements must be fulfilled along with the following requirements in order to obtain Psy. D. Degree.

Course Number	Course Title	Credit Hours	Content Area	Grade or Equivalent*
PSY 634	Group Psychotherapy	3	Advanced Psychotherapy	G / S / W / E
PSY 717 OR EDF 625	Advanced Quantitative Methods Qualitative Research in Education	3	Research Methodology and Data Analysis	G / S / W / E
PSY 712	Geropsychology	3	Human Development and Individual Differences	G / S / W / E
PSY 726	Cross-Cultural Psychology	3	Cultural and Individual Diversity	G / S / W / E
PSY 750	Behavioral Health Psychology	3	Biological Bases of Behavior	G / S / W / E
PSY 752	Rural/Community Psychology I	3	Cultural and Individual Diversity	G / S / W / E
PSY 753	Rural /Community Psychology II	3	Advanced Psychotherapy	G / S / W / E
PSY 755	Supervision in Clinical Psychology	3	Consultation and Supervision	G / S / W / E
PSY 764	Human Sexuality and Dysfunction	3	Human Development and Individual Differences	G / S / W / E
PSY 770	Advanced Community Practicum	3	Clinical Practica	G / S / W / E

PSY 771	Advanced Community Practicum	3	Clinical Practica	G / S / W / E
PSY 772	Rural Practicum	3	Clinical Practica	G / S / W / E
PSY 773	Rural Practicum	3	Clinical Practica	G / S / W / E
PSY 780-783	Pre-Doctoral Internship	3-9	Internship	G / S / W / E
PSY 790-796	Clinical Seminar	3 (2 required – 6 hrs. total)	Clinical Seminar	G / S / W / E
PSY 799	Doctoral Research Project	3-9	Research Methodology and Data Analysis	G / S / W / E
<i>optional</i>				
PSY 710	Advanced Assessment	3		G / S / W / E
<i>other requirements</i>	Oral/Portfolio Comprehensive Examination	Pass / Fail		
	Total Hours Required (in addition to the MA requirements)	48 to 60 + pass comps		
			Total Hours Waived/Equivalent	
			Total Hours Earned	
			TOTAL HOURS	/ 119-131

Student Signature/Date

Advisor Signature/Date

Program Director Signature/Date

Dean Signature/Date

Endorsement for Graduation: _____

Advisor Signature/Date

Program Director Signature/Date

If this Plan of Study is later revised, the Program Director must approve the change by signing and dating here and attaching the revised plan:

Program Director Signature/Date

Annual Student Evaluation and Feedback

Student Name: _____ Date: _____

Student Number: _____

Year of program entry: _____ Hours attempted: _____

Hours completed: _____ Grade Point Average: _____

Areas of Evaluation: (1=Poor, 2=Adequate, 3=Excellent: Ratings of 1 require a specific details and written plan for remediation. A rating of Excellent should be given for exceptional progress only.) A rating of N/A may be given for an area that a student has not yet begun to pursue.

_____ Academic progress _____ Ethics

_____ Therapeutic skill development (as evidenced in practicum placement or specific class performance)

_____ Assessment skill development (as evidenced in practicum placement or specific class performance)

_____ Research progress _____ Progress in hours toward degree

Narrative summary and faculty comments:

Summary of plans for remediation of concerns: (Completion of Remediation Plan necessary)

Faculty:

By my signature, I indicate that I have reviewed the above evaluation and agree with its contents.

Academic Advisor, date

Psy.D. Coordinator, date

Department Chair, date

Student:

By my signature, I indicate that I have read and reviewed the above evaluation with the Psy.D. Program Director. By my signature, I indicate my agreement or disagreement with the conclusions of the evaluation.

Agree (date)

Disagree (date)*

*If disagreement is noted, please submit a formal letter to the Psy.D. coordinator indicating reasons for disagreement.

APPENDIX A
MARSHALL UNIVERSITY PSYCHOLOGY DEPARTMENT
PRACTICUM CLINICAL PERFORMANCE EVALUATION

NAME OF STUDENT: _____

PRACTICUM SITE: _____

DATES OF WORK: **FROM:** _____ **TO:** _____

NAME OF SUPERVISOR: _____

I. Practicum Experience Details

Placement Area/Program: _____

Population (Check all applicable):

____ Child ____ Adolescent ____ Adult ____ Geriatric
____ Developmentally disabled ____ Inpatient ____ Outpatient

Modality (Check all that apply):

____ Individual therapy ____ Group therapy ____ Family therapy
____ Couples Therapy ____ School counseling ____ Agency consultation
____ Assessment ____ Hospital consultation
____ Substance Abuse intervention

A. Please indicate types of cases seen, including presenting problems:

B. Please indicate types of assessment instruments, intervention, and procedures used:

C. What type(s) of supervision methods were used (audiotape, videotape, direct observation, individual, group, etc.) and how often?

II. Performance Evaluation

1	Below level expected at this training stage
2	Meets level expected at this training stage
3	Exceeds level expected at this training stage
N/A	Not applicable

A. Relationship Competency

1.	Appears comfortable interacting with clients	1	2	3	N/A
2.	Communicates effectively with clients	1	2	3	N/A
3.	Establishes rapport & builds environment of trust	1	2	3	N/A
4.	Demonstrates ability to attend & respond to client feelings	1	2	3	N/A
5.	Establishes working alliance that promotes purposeful change	1	2	3	N/A
6.	Appears comfortable interacting with other staff members	1	2	3	N/A
7.	Communicates effectively with other staff	1	2	3	N/A
8.	Effectively conveys & receives feedback from co-workers	1	2	3	N/A

Comments:

B. Cultural Competency

9.	Is sensitive to cultural differences	1	2	3	N/A
10.	Is sensitive to issues of rural/urban differences	1	2	3	N/A
11.	Is sensitive to issues of racial differences	1	2	3	N/A
12.	Is sensitive to issues of gender differences	1	2	3	N/A
13.	Relates well with diverse clients	1	2	3	N/A

Comments:

C. Assessment Competency

14.	Understands referral concerns & plans assessment batteries to address identified needs	1	2	3	N/A
15.	Demonstrates effective focused interviewing & client observation skills	1	2	3	N/A
16.	Integrates assessment data from various sources into a clear diagnostic framework	1	2	3	N/A
17.	Interprets standardized and other test results by effectively communicating results orally & in writing	1	2	3	N/A
18.	Develops a treatment plan with realistic goals that are reflective of a theoretically driven formulation	1	2	3	N/A

Comments:

D. Intervention Competency

19.	Demonstrates appropriate use of generally accepted approaches to individual psychotherapy	1	2	3	N/A
20.	Demonstrates appropriate use of generally accepted approaches to group interaction	1	2	3	N/A
21.	Manages crisis situations effectively	1	2	3	N/A
22.	Works to gain knowledge of treatment approaches	1	2	3	N/A
23.	Applies new information in clinical setting	1	2	3	N/A
24.	Demonstrates ability to assess process of change & refine the plan of care accordingly	1	2	3	N/A

Comments:

E. Consultation Competency

26.	Demonstrates ability to work effectively within available community resources/networks	1	2	3	N/A
27.	Demonstrates awareness of services that can be provided by the agency & those requiring referral	1	2	3	N/A
28.	Successfully consults with supervisor, co-workers, and outside agencies	1	2	3	N/A
29.	Willing to provide outreach talks to groups	1	2	3	N/A

Comments:

F. Ethical Competency

30.	Demonstrates knowledge of general ethical principles	1	2	3	N/A
31.	Consistently engages in ethical practices	1	2	3	N/A
32.	Consults about ethical issues when necessary & uses appropriate steps to resolve ethical dilemmas	1	2	3	N/A

Comments:

G. Response to Supervision

33.	Actively seeks supervision when necessary	1	2	3	N/A
34.	Receptive to feedback & suggestions from supervisor	1	2	3	N/A
35.	Successfully implements suggestions from supervisor	1	2	3	N/A
36.	Is willing to explore personal & professional strengths & developmental issues	1	2	3	N/A

Comments:

H. Basic Work Requirements

37.	Arrives on time & completes required number of hours on site	1	2	3	N/A
38.	Uses time well & manages cases effectively	1	2	3	N/A
39.	Reliably completes requested or assigned tasks on time	1	2	3	N/A
40.	Writes & presents reports in professional manner	1	2	3	N/A
41.	Adheres to the policies & procedures of the work setting	1	2	3	N/A

Comments:

I. Please comment on specific knowledge/skills areas in which the student has shown notable strength or progress:

J. Please comment on specific knowledge/skills areas in need of continued attention:

Student signature

Date

Supervisor Signature

Date

Thank you for your assistance. We appreciate your commitment to providing a quality learning experience for our student.

Please return completed form to:

**Okey Napier
Department of Psychology
Marshall University
Huntington, WV 25755-2672**

APPENDIX B

Case Conceptualization

A “**case conceptualization**” is an attempt to pull together what otherwise might be a disparate set of data into a coherent and appropriately complex understanding of the client and his or her problems. You might consider it as the “intersect” between your theory- and research- based understanding of therapy more generally with the specific data, history and concerns of this specific client. The conceptualization is (hopefully) a basis for considering how best to work with the client, and for anticipating and understanding some difficulties or challenges to the therapy relationship and to therapeutic progress that may occur, as well as to understanding the strengths and assets that the client brings to the therapeutic process. There are a variety of approaches to case conceptualization- and these vary by theoretical orientation and by the training and experience of teachers/supervisors. You don’t need to feel restricted to this exact format if you are more familiar with or comfortable with a different one. The important thing is that you provide an organized presentation of your understanding of the client’s clinical problems, intra- and interpersonal functioning and of the data you use to support this.

This approach is probably best thought of as “integrative” or multi-modal. In other words, this format, encourages the student to think about a client’s presenting problems in the context of varied “domains” of functioning that consistently interact with and influence one another in all of which exist in a developmental context as well as within a current social, economic, and cultural “reality” that ought to be considered carefully in trying to understand the client’s concerns.

Typical Contributing Elements to a Case Conceptualization : (This data is frequently consistent with what is learned via initial interviews, intakes, and/or psychological evaluations.)

Problem list: Be as thorough, concrete and specific as possible- this list can include problems specifically mentioned by client (e.g. “I can’t make myself get out of bed in the morning”) as well as problems that you observe or believe are contributors, though not articulated by the client (e.g. cognitive distortions, anger management, avoidance of particular topics or situations). Consider what these (or some of these) may have in common in terms of the domains below.

Current Stressors: What are the elements or aspects of the client’s current life situation that may be exacerbating the situation(s) or making previously adequate (or at least more adequate) coping strategies and relationship patterns less effective?

Key Developmental Concerns/Issues: What early experiences, patterns of attachment and interaction with family and/or peers and others, personality traits, developmental challenges, etc. may contribute to the client’s current problems? How might these (at least tentatively) help you understand the client’s current patterns of thinking, feeling, behaving, and interacting with others?

Current Patterns of Functioning:

Cognition

Core and/or implicit beliefs (if appropriate, tie to relevant developmental experiences); Conditional assumptions/beliefs/rules: negative and positive; Automatic thoughts; “Private logic;” Cognitive distortions, irrational beliefs; Unconscious cognitive processes; Positive beliefs and related cognitive strengths/assets

Behavior:

Compensatory strategies (tied to “conditional assumption/beliefs/rules” in Cognitive section) Problematic traits, and behavior patterns, particularly those which may be a focus for development or change; antecedents and consequences of problematic behaviors; Useful and/or successful behavior patterns to be built upon; compensatory strategies tied to “conditional assumptions/beliefs/rules” noted in cognitive section above;

Affect:

Dominant or problematic emotional states, emotional regulation issues or concerns, restricted affect, triggers for emotional experiences (cognitive, behavioral, environmental, social)

Social and Cultural Factors:

Helpful and problem exacerbating relationship patterns with family, friends, peers, and coworkers, influences of significant others/key people in the client’s life; cultural teachings and norms, religious beliefs and influences; Financial/economic/employment situation as it influences problems and functioning.

Biological/Genetic/Medical/Neurological Factors:

Note specific issues such as substance use/abuse, illnesses, physical challenges: how might these be contributors to, expressions of or otherwise related to other problems under consideration?

Strengths/Assets/Resources to Build Upon:

What does the client do well? How has s/he successfully solved problems or handled stressors in the past? What resources (skills and talents, intelligence, prior successes, education, employment, family, friends, organizational affiliations, economic, etc) might the client make use of or build upon at the present time?

Case Conceptualization:

In “conceptualizing” the case, your challenge is essentially to take this data and organize or frame it within your theoretical framework, such that you are in a better position to approach the more specific or concrete work of therapy with this client. Your conceptualization will draw on relevant aspects of this “data set” and will likely recognize the interactions between these somewhat artificially separated domains to help you develop a relatively clear and appropriately complex understanding of the client, given your theoretical perspective on therapy. The conceptualization ought to: a) provide an explanation, description and/or a set of hypotheses about the client’s problems consistent with your theoretical orientation; b) form a basis for your plans for therapy work with this client, c) help you anticipate difficulties and challenges that might occur in your work with him or her and d) provide a basis for judging progress along the way. Naturally, as you continue to work with this person, your conceptualization is likely to be revised, with concurrent revisions in your plans for working with him or her.