

Ph.D. PROGRAM
IN
COUNSELING
PSYCHOLOGY
(APA Accredited)

2004-2005

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PREFACE

The purpose of this handbook is to serve as a general reference in addition to the Washington State University Graduate Catalog for the faculty and students in the Department of Educational Leadership and Counseling Psychology in regard to both departmental and college policies and requirements. Hopefully, this document will aid in the student's orientation and progress through the Counseling Psychology Program.

Students agree to accept responsibility for being informed, for following the procedures outlined herein, and acknowledge that they will be required to qualify for the degree under established policies. Updates and changes in the program will be dated and included in future revision of this Handbook. A student's program is governed by the policies and procedures operative on the date of the student's initial enrollment.

WASHINGTON STATE UNIVERSITY - COLLEGE OF EDUCATION**DEPARTMENT OF EDUCATIONAL LEADERSHIP****AND COUNSELING PSYCHOLOGY****INTRODUCTION**

The doctoral program in Counseling Psychology at Washington State University (WSU) subscribes to the scientist-practitioner model of doctoral training. That is, while graduates are prepared to function as counseling psychologists in diverse academic and service delivery settings, the common thread of all training is a balance of applied, theoretical, and scientific components in the practice of professional psychology. Students prepare for careers in counseling, teaching, research, and other professional settings. The program is currently approved for accreditation by the American Psychological Association and graduates are able to obtain licensure as psychologists in Washington as well as most other states. However, because licensure requirements differ across states, potential applicants should be aware of the specific requirements for the various states in which they choose to practice (ASPPB, 1997).

The emphasis of the program is on the facilitation of psychological growth and development, stressing the interaction of individual, environmental and socio-cultural factors in the treatment of psychological problems, as well as the promotion of health through better self-management and self-renewal. Examples of faculty expertise and interest include multi-cultural issues, clinical and experimental hypnosis, neurotherapy, neurometric EEG assessment, personality structure and assessment, vocational psychology, counselor supervision, eating and habit disorders, and program evaluation.

The field of Counseling Psychology defines itself apart from other applied psychological specialty areas. Some recent definitions describing the focus of Counseling Psychology are consistent with the focus of the program. For example, Gelso and Fretz (1992) describe Counseling Psychology in terms of three major roles and five predominant themes:

The major roles are (a) the remedial (assisting in remedying problems), (b) the preventive (anticipating, circumventing, and forestalling difficulties that may arise in the future), and (c) the educative and developmental (discovering and developing potentialities). Although these three roles are similar across fields related to counseling psychology (e.g., clinical psychology, social work), the ways in which these roles are implemented distinguish counseling psychology from related fields. Thus, the predominant themes are (a) a focus on intact rather than severely disturbed people; (b) a focus on assets, strengths, and positive mental health regardless of the degree of disturbance; (c) an emphasis on relatively brief interventions; (d) an emphasis on person-environment interactions rather than an exclusive emphasis on the person or the environment; and (e) an emphasis on educational and career development.

The most recent National Conference for Counseling Psychology further delineated this position, describing Counseling Psychology's orientation as based on the following characteristics:

A perspective that values the empowerment of individuals to gain mastery over their own lives and methods that focus on strengths, adaptive strategies, and strategies for change such as advocacy, political involvement, and direct teaching skills relevant to promoting the

psychological health of individuals, groups and systems. A focus on development across the life span with attention to diverse developmental issues and paths, building upon the developmental models that form the cornerstone of counseling psychology and generating new techniques for application in three primary service modes: prevention, developmental enhancement, and remediation. The importance of viewing people and their behavior in a contextual manner because psychology itself exists in a socio-cultural context influenced by ethnicity, gender, sexual orientation, age, and socio-historical perspective (Kagan, et al., 1988, p 351).

Counseling Psychologists apply this orientation to a variety of practice settings (e.g., educational, business, advertising, industry, medical). As a result of Counseling Psychology's educational and preventive focus, the vast majority of APA accredited Counseling Psychology programs are housed within Colleges of Education. Consequently, prospective applicants are strongly encouraged to contrast the Counseling Psychology perspective with those of other applied areas, especially Clinical Psychology which has traditionally focused on the diagnosis of psychopathology and remediation of deficits by long-term therapeutic techniques. In addition to the above references, the *Journal of Counseling Psychology* and *The Counseling Psychologist* will provide information on the research and practice areas of Counseling Psychology to determine if this specialty area fits with one's professional goals.

References

Association of State and Provincial Psychology Boards (1997). Handbook of licensing and certification requirements for psychologists in North America. ASPPB: Montgomery, AL.

Gelso, C.J. & Fretz, B.R. (1992). Counseling Psychology. New York, NY: Harcourt Brace Jovanovich.

Kagan, et al. (1988). Professional practice of counseling psychology in various settings. The Counseling Psychologist, 16, 347-365.

[American Psychological Association \(APA\)](#)

[Division 17](#)

[Student Affiliate Group-17](#)

[Council of Counseling Psychology Training Programs \(CCPTP\)](#)

[Association of Psychology Postdoctoral and Internship Centers \(APPIC\)](#)

PROGRAM OBJECTIVES

The Counseling Psychology program at Washington State University seeks to train socially responsible scientist-practitioners who demonstrate the highest standards of excellence and ethical behavior in the variety of academic and practice settings in which Counseling Psychologists are employed. Our intent is to train counseling psychologists who function in diverse settings with diverse client populations as opposed to narrow specialists. Students may develop expertise in various specialty areas in addition to general skills through the choice of faculty advisor, internship site, elective course work and dissertation topic area. Students entering the program with a bachelor's degree can expect to spend three to four years in full-time on-campus course work and an additional year on internship. Students entering the program with a Master's degree may waive certain courses, depending on their equivalence, thus shortening their length of time in the program.

I. PROGRAM REQUIREMENTS FOR THE PH.D. IN COUNSELING PSYCHOLOGY

The doctoral program is designed for full-time study. Course work requirements span five curriculum areas. Specific courses or types of courses that meet requirements are as follows:

A. Professional Core in Counseling Psychology

Course work includes theory, research, techniques in individual and group interventions, assessment procedures, vocational/career development, and professional issues.

Course Number	Course Title	Credit Hours
COPSY 501	Introduction to Counseling Psychology: Historical and Philosophical Perspectives	3
COPSY 511	Theories, Research and Techniques in Counseling Psychology I	4
COPSY 512	Theories, Research and Techniques in Counseling Psychology II (Prerequisite: COPSY 511)	4
COPSY 513	Career Development	4
COPSY 515	Professional Problems and Ethics in Counseling Psychology	4
COPSY 518	Theoretical Foundations of Group Counseling (Prerequisites: COPSY 511)	3
COPSY 525	Counseling Diverse Populations (Prerequisites: COPSY 511, 512)	3
COPSY 527	Individual Appraisal I (Prerequisite: EDPSY 508 or undergraduate statistics course)	4
COPSY 528	Individual Appraisal II (Prerequisite: COPSY 527)	4
COPSY 529	Counselor Supervision: Theory, Research and Practice	3-4
COPSY 541	Clinical and Experimental Hypnosis Seminar (Choice of 541 or 542 required)	4
COPSY 542	Cross-cultural Research in Counseling and Assessment (Choice of 541 or 542 required)	4

Core Area "A" total minimum credit hours = 40

B. Supervised Practicum in Counseling Psychology

All required practicum course work involves (a) regular weekly class meetings with the University instructor and (b) weekly meetings with the Counseling Center staff as part of CoPsy 551 and 552. Courses are sequential and graded on a satisfactory/fail basis. A minimum of 15-16 credits in practicum is required. Doctoral Practicum I and Doctoral Practicum II are taken at the WSU Counseling Center. CoPsy 551, 552, and 553 (16 credits) are required. An additional 3 credits of Psych 547 (Medical Psychology Practicum) or 4 credits of CoPsy 553 may be used. All students seeing clients in any capacity (e.g., Counseling Assistantships, volunteer hours, etc.) and/or as part of a practicum experience must enroll for CoPsy 551-553 credits or CoPsy 600 Independent Study (summer only). A practicum agreement form must be completed and returned to the Director of Training for all external sites.

Course Number	Course Title	Credit Hours
COPSY 551	Doctoral Practicum in Counseling Psychology I (Prerequisites: COPSY 511, 512, 513, 515)	4
COPSY 552	Doctoral Practicum in Counseling Psychology II (Prerequisite: COPSY 551)	4
COPSY 553	Doctoral Practicum in Counseling Psychology III (Prerequisite: COPSY 552)	4-12
PSYCH 547	Medical Psychology Practicum	3

Core Area “B” total minimum hours = 15-16

C. Statistics, Research Design, Measurement, and Program Evaluation

It is important for counseling psychologists not only to be good consumers of research, but also to become proficient with the research process. This includes problem identification and definition, familiarity with relevant literature, operationalizing and measuring constructs, designing studies, collecting and analyzing data, and reporting the results. Beginning in the second semester of the first year, continuous enrollment of at least one credit of CoPsy 600 is required until work on the dissertation begins. At this point CoPsy 800 enrollment is required. All courses listed below are required including a minimum of 3 credits of CoPsy 600.

Course Number	Course Title	Credit Hours
EDPSY 505	Research Methods I	3
EDPSY 509	Educational Measurement	3
EDPSY 565	Advanced Educational Statistics (Prerequisite: EDPSY 508 or upper division undergraduate equivalent)	3
EDPSY 568	Research Methods II (Prerequisites: EDPSY 505, 565)	3
EDPSY 569	Seminar in Quantitative Techniques in Education (Prerequisite: EDPSY 565)	3
EDPSY 570	Introduction to Program Evaluation	3
COPSY 590	Research Seminar in Counseling Psychology (Prerequisites: COPSY 512, 515, 527, EDPSY 565, 568)	4
COPSY 600	Special Projects or Independent Study	3-9

Core Area “C” total minimum hours =25

TARGET COMPETENCIES AND ACTIVITIES FOR COPSY 600 CREDIT

Competencies:

The following objectives and indicators are target goals for CoPsy 600 coursework.

1. Students will be able to conduct a literature review in an area of relevance to counseling psychology and prepare, with good quality writing, an integrated and critical review of this literature in APA journal article format. This review would include typical research questions asked or hypotheses tested, typical methodology and instrumentation, major findings, significant gaps in knowledge, and a critical evaluation of the literature area. This written review could take the form of a stand-alone review article or succinct introduction typical of empirical journal article.
2. The student will demonstrate the ability to formulate appropriate research questions and hypotheses in an area of research relevant to counseling psychology, informed by a previous review of the literature in that area.
3. The student will demonstrate the ability to consider various methods or options for the sampling of research participants in an area of relevance to counseling psychology, and demonstrate knowledge of procedures for the ethical use of human participants in research.
4. The student will be able to select and evaluate, using appropriate criteria, instruments that operationalize key constructs in an area of research relevant to counseling psychology.
5. The student should be able to discuss various threats to the validity of research designs.
6. The student will demonstrate the ability to analyze and interpret the results of quantitative or qualitative data that address research questions or hypotheses that are relevant to counseling psychology. In the case of quantitative data this would typically include demonstration of the ability to enter and transform data and conduct and interpret statistical analyses using relevant programs in SPSS-PC. In consultation with the student's CoPsy 600 supervisor, the quantitative or qualitative procedures in which the student is most competent may vary depending on the student's research focus (e.g., analysis of variance, factor analysis, multiple regression, etc.).

Typical Activities:

The above competencies suggest that the following activities would be appropriate or typical for one or more enrollments in CoPsy 600, under the supervision of a faculty member.

1. Initial exploration of scientific literature in area(s) of potential research or dissertation interest of the student.

2. Critical review of the literature in a chosen area of relevance to counseling psychology, to include an analysis of research questions asked and hypotheses tested, typical methodology and instrumentation, major findings, and significant gaps in knowledge.
3. Literature review assistance to faculty in areas of mutual interest or ongoing faculty research.
4. Assisting faculty and receiving training in the preparation of research materials and the collection of data associated with ongoing projects.
5. Training and practice in how to fill out and submit forms associated with human subjects review procedures.
6. Assisting faculty and receiving training in data entry associated with ongoing research projects, for example, using SPSS-PC or EXCEL.
7. Assisting faculty and receiving training in qualitative or quantitative analysis of research data, including such tasks as data coding and statistical analysis with SPSS-PC or other specialized statistical software.
8. Working with faculty on the conceptualization and design of a research project of mutual interest.
9. Collaboration with faculty as a co-author in writing up a literature review or empirical study for conference presentation or journal submission.

D. Psychological Foundations

Course work in the psychological foundations area covers four major substantive areas within general psychology: biological determinants of behavior, social determinants of behavior, individual behavior, and cognitive/affective bases. One course is required from each area. In addition, a course in Human Development is required.

1. Biological Determinants of Behavior course:

Course Number	Course Title	Credit Hours
PSYCH 534	Clinical Psychopharmacology (strongly recommended as an elective course for Washington Licensure and may be required by other states)	3
PSYCH 574	Physiological Psychology (Required)	3

2. Cognitive/Affective Determinants of Behavior:

Course Number	Course Title	Credit Hours
PSYCH 591	Models of Learning	3
PSYCH 592	Cognition and Memory	3

3. Social Determinants of Behavior courses:

Course Number	Course Title	Credit Hours
PSYCH 550	Attitudes and Social Cognition	3
PSYCH 551	Group and Interpersonal Dynamics	3

4. Individual Bases of Behavior course choices:

Course Number	Course Title	Credit Hours
PSYCH 533	Psychopathology (Required)	3
PSYCH 553	Theories of Personality	3

5. Human Development:

Course Number	Course Title	Credit Hours
COPSY 523	Life Span Development and Counseling Issues	3

Area “D” total minimum hours – 15

E. Electives

Elective course work may be chosen to broaden the scope of the student’s program or facilitate further specialization.

F. Research Tool Requirement and Foreign Language Option

All students in Counseling Psychology must demonstrate competence in a research tool appropriate to their doctoral research. In implementing this standard, the Department requires that students demonstrate competence in an appropriate technique of systematic inquiry at a level beyond inferential statistics, introductory research design, and other core requirements. Only one research tool is required. A student may satisfy this requirement through completion of a year’s sequence of courses related to a specific research tool. Completion of EDPSY 565 (Advanced Educational Statistics) and EDPSY 569 (Seminar in Quantitative Techniques) is the normal route taken by Counseling Psychology Ph.D. students in satisfying the research tool requirement (see

Area C). Under certain circumstances, a foreign language may also be accepted as satisfying the research tool requirement. The link between foreign language usage and the doctoral dissertation topic must be clear. For example, a dissertation topic related to Autogenic Training involves surveys of literature written primarily in German. The assessment of a student's foreign language competency will be based on a standardized examination, when available, and the 50th percentile level according to the national graduate student norm will be used as the minimum requirement.

The research tool requirement must be complete prior to taking the written doctoral preliminary examination.

G. Doctoral Preliminary Examination

To move to status as a doctoral candidate, a student must pass the specialty paper preliminary examination.

H. Pre-Doctoral Internship

Every student is required to complete an internship that must span one year of full-time or two years of half-time supervised experience equivalent to a minimum of 2,000 hours of internship experience. The internship is an educational experience involving counseling, supervisory and research activities under the supervision of a psychologist. The internship is normally scheduled after completion of program course work requirements and approval of the Dissertation proposal. The selection and suitability of internship sites is decided by the student and his other advisors in conjunction with the Director of Training. Typically, students are encouraged to apply primarily to sites accredited by the American Psychological Association. Again, internship requirements for licensure may vary from state to state and students are encouraged to become familiar with degree requirements for the state where they intend to practice to be sure that all criteria are met. Students enroll for two internship credits per fall and spring semesters of the internship year. A grade of "X" is entered until receipt of notification from the internship site that all requirements have been met. Graduation does not take place until internship requirements have been met, although students may attend graduation ceremonies with only internship credits pending.

Course Number	Course Title	Credit Hours
COPSY 597	Counseling Psychology Internship	4 (minimum)

Total minimum credit hours = 4

I. Doctoral Dissertation

Each student must submit an acceptable dissertation that demonstrates his/her ability to conduct independent research and formulate appropriate conclusions that will modify or extend previous knowledge. Students may enroll for up to eight COPSY 800 credits prior to dissertation colloquium, with permission of a supervising faculty member, towards successful completion of the prerequisites for the dissertation proposal. This includes a précis and approval of a dissertation committee by the Graduate School. Students must be enrolled in additional COPSY 800 during semesters in which they are working with faculty advisors, including Summer

Session. Guidelines for the Ph.D. dissertation are available in the Dissertation Handbook available from the department program coordinator.

Course Number	Course Title	Credit Hours
COPSY 800	Doctoral Research, Dissertation, and/or Examination	24 (minimum)

II. ADVANCED STANDING POLICY

Students in the doctoral program who have completed a master's degree may be allowed to waive certain required courses. A list of courses proposed for waiver must be submitted at the time of application to the program. Once admitted, a complete waiver application must be submitted to the Director of Training for each course a student wishes to waive by May 1st. Applications are subject to the following conditions:

1. In Curriculum Area B, no advanced standing will be granted for practicum.
2. All applications for advanced standing in areas other than Area E will be considered only when based upon evidence of graduate credit in Counseling Psychology or equivalent graduate course work. All applications for advanced standing (other than in Area E, Electives) must be approved by the Department of Educational Leadership and Counseling Psychology Waiver Committee, the Director of Training and the Department Chair. Appeals may be made in writing to the chair of the Department of Educational Leadership and Counseling Psychology.
3. Students need only to obtain their advisor's approval for any WSU course they choose to submit as evidence of advanced standing for Area E electives. In the case of non-WSU courses, regular waiver procedures apply.
4. No courses credited by waivers will apply toward the student's total number of credits completed at Washington State University.

III. ACADEMIC STANDING

A student must earn an average of at least a "B" (3.0 cumulative average) in all resident graduate courses applicable to the degree. A grade "S" (satisfactory) must be received in all courses applicable to the degree that are graded on a "S/F" basis. All courses completed with grades of "A," "B," "C," or "S" may be applied to credit hour requirements for the degree.

If a graduate student receives a grade of "F" ("fail," in a research seminar, practicum, or internship), or has demonstrated unethical behavior, this performance may constitute grounds for terminating the student's doctoral program status; he/she cannot register for further study unless there is later reinstatement by a two-thirds vote of the Graduate Faculty of the Department of Educational Leadership and Counseling Psychology. Under certain conditions and with the recommendation of the Department, such a student may apply to the Dean of the College of Education for reinstatement. Ordinarily, at least one semester or summer session must intervene before reinstatement.

A student failing to maintain a minimum grade point average in any given semester will be dropped from the program. The reinstatement of such students will be handled according to the normal University due process procedures. Students are routinely evaluated and provided written feedback on a yearly basis. All incomplete (I) grades must be completed within one year of the occurrence. Compilation of an excessive amount of incomplete (I) grades may result in a decision of the Training Committee to prohibit further course enrollment until all incomplete grades are removed.

All requirements for the Ph.D. must be completed within ten calendar years from the initial registration in the program and within three (3) years of the date of successful completion of the doctoral preliminary examination. In rare cases where unusual circumstances prevent the student from meeting this deadline, an extension may be granted only through a formal review of the student's petition to the Department Graduate Faculty and the Washington State University Graduate School. Graduate School policies for the Ph.D. degree require a period of study of at least three years (six semesters) beyond the baccalaureate degree, at least two of these three years shall be in residence at WSU, including a minimum of four semesters, two of which must be continuous, when the student is enrolled full time and present on campus.

Counseling Psychology Faculty will conduct periodic reviews of student's progress in the program. These reviews will include, but are not limited to, evaluations of the student's qualifications for degree-seeking status and annual evaluations of currently enrolled students. These evaluations will focus on the student's academic performance, counseling and psychoeducational skills, and professionalism. The Faculty will determine if students have adhered to either the American Psychological Association Ethical Code or the American Counseling Association Ethical Code, whichever is appropriate for the student's field of study.

The Faculty may require interviews with a student as part of the student's review. If the Faculty determines a student is deficient in any area, the Faculty may recommend that the student engage in remedial work. In severe cases, Faculty may terminate the student from the program.

Nothing herein affects the Standards of Conduct for Students, Chapter 504-25 WAC.

IV. LEAVE OF ABSENCE FROM THE PROGRAM

The doctoral program in Counseling Psychology is a full-time program encompassing theoretical and scientific applied training. When students accept admission to the program, they are making a commitment to pursue the program on a full-time basis. Once full time residency is completed, students are required to maintain a minimum of 2 credit hours of continuous enrollment each semester (except summer session) from the time of first enrollment until the granting of the degree. Violation of this requirement is grounds for termination of the student's doctoral program status. A student who anticipates inability to maintain normal progress through the program should consult with his/her advisor. Students, who decide that a leave of absence is necessary, normally consult with the Director of Training and must petition for such status through the Department Chairperson. Such petitions must state reasons for requesting leave of absence and present a plan for completing the remainder of the doctoral program. The plan must include a timetable specifying when course and program requirements will be completed and approved by the Doctoral Training Committee. The Department will not consider any requests for leave of absence until the student, in consultation with his/her advisor, submits a plan.

V. TEACHING AND RESEARCH ASSISTANTSHIPS

The College of Education makes a limited number of teaching and/or research assistantships available to doctoral students in Counseling Psychology each year. Additional research assistantships funded by specific research projects may also be available. An attempt will be made to provide financial support for those students requesting it for at least the first two years of their doctoral programs. Graduate Student travel grants are available through the Graduate

School and the Graduate and Professional Student Association ([GPSA](#)) to help students in scholarly activities, research, and presentations at significant meetings.

VI. ADVISING

Upon entry into the Counseling Psychology graduate program, students are assigned a faculty member as a temporary advisor by the Director of Training. The faculty member will advise the student on his or her curriculum plans during the early stages of a student's graduate career. As you become familiar with faculty and their areas of interest, requests for a new advisor may involve, but are not limited to, the pursuit of new interests, which would be more adequately supervised by a different member of the faculty. Such a change usually occurs at the time a student forms a dissertation committee.

VII. DOCTORAL SPECIALTY PAPER PRELIMINARY EXAMINATIONS AND COMPETENCIES

The doctoral specialty paper preliminary examination is designed to assess a student's proficiency in counseling psychology. The student must pass this examination in order to be admitted to candidacy for the Ph.D. The student must be admitted to candidacy before collecting data for the Ph.D. dissertation.

A. Prerequisites

The preliminary examination may not be scheduled until the student's Individual Program of Study has been submitted and approved by the Graduate School. After the program has been approved the student needs to complete the Preliminary Examination Scheduling Form and submit it to the Graduate School at least 10 working days prior to the exam date. In general before scheduling the exam, the student must complete (a) the core counseling psychology courses (Area A, except the research seminars); (b) the first two practica (Area B); (c) three or more courses in statistics, research design and psychological measurement (Area C, except CoPsy 590). A student should consult with his/her advisor regarding the appropriate prerequisites and co-requisites, which may be approved in his/her particular case. **All outstanding grades of incomplete must be complete before students can schedule for preliminary examinations.**

B. Specialty Paper Preliminary Examination

Purpose

In writing and defending the specialty paper, which also serves as the doctoral preliminary examination in Counseling Psychology, the student should demonstrate his or her readiness or ability to conduct research in a focused area of relevance to counseling psychology. Such readiness would include knowledge of, and the ability to critically evaluate, typical research questions asked or hypotheses tested in the area of focus, typical methodology, instrumentation, and data analytic methods used, major findings, significant gaps in knowledge, and current research needs.

Format Options

There are two format options for the specialty paper.

1. Literature review format

In this format the specialty paper will take the form of an integrative scholarly review of the literature in the student's area of focus. Thus, the article should resemble review articles published in journals such as Psychological Bulletin, Personality and Social Psychology Review, and, on occasion, The Counseling Psychologist. It is anticipated that papers written in this format will comprise, with limited adaptation, Chapter 2 (Literature Review) of a dissertation written in the traditional format.

2. Empirical article format

In this format the specialty paper will take the form of an empirical journal article, reporting the results of an empirical study conducted by the student, and for which the student would qualify as the sole or first author. Thus, the article should take the form of empirical articles such as those published in the Journal of Counseling Psychology or other journals that publish empirical studies relevant to counseling psychology. Successfully defended papers written in this format would qualify as one of the two article-format papers that can comprise the alternate dissertation format approved by the Graduate School.

Other Format Guidelines

1. All specialty papers should be written in APA format and with good quality writing.
2. Paper length should conform to the typical manuscript length for articles submitted to journals. For a review article, this length would typically be in the range of 25 to 40 typed double-spaced pages for the body of the text (i.e., not including the reference list). For the empirical article format, the article would typically include about 20 to 30 text pages, a maximum of 5 tables or figures, plus the reference list. If the student wishes to submit the article for publication to a particular journal, the manuscript preparation guidelines for the particular journal should be consulted. Although it is not required that specialty papers be submitted for publication, students are encouraged to do so, in consultation with their dissertation advisor and committee. Journal submission should be facilitated by adherence to the format guidelines described here.

Procedures

The specialty paper should be prepared in consultation with the student's dissertation advisor and committee. In particular, when the student intends to use the empirical article format for the specialty paper, it is highly recommended that the committee be consulted about the student's plans regarding the nature and design of the empirical study as soon as feasible. This does not preclude the student from applying a study previously conducted during the program; however, the student needs to keep in mind that the student's doctoral committee must ultimately approve

the final product and defense of any empirical studies incorporated into the preliminary exam and dissertation.

Committee members will sign the preliminary examination scheduling form when they believe that the specialty paper is ready to be defended by the student during the preliminary oral exam. The goal of the oral exam will be to determine the readiness or ability of the student to conduct research in the area addressed in the specialty paper. Typically, but at the discretion of the committee, the student will provide a brief overview or summary of the specialty paper at the beginning of the examination. When the specialty paper has been written using the literature review format, questions will typically focus on evaluating the student's knowledge of, and ability to critically evaluate typical research questions asked or hypotheses tested in the area of focus, typical methodology, instrumentation, and data analytic methods used, major findings, significant gaps in knowledge, and current research needs. When the specialty paper has been written using the empirical article format, questions will typically also address the nature and quality of the empirical study reported. Students may also be asked in general terms about their dissertation plans in the chosen area of focus, but will not be expected to have prepared, or to defend, a formal dissertation proposal during the preliminary exam.

Students must successfully defend their specialty paper at a preliminary oral exam before defending their dissertation proposal and both events must take place before November 1 of the academic year in which the student applies for their internship.

C. Assessment Competency

GOALS/OBJECTIVES

1. Conduct a comprehensive psychological assessment based on a clinical interview and at least two of the following, which may include: an objective personality measure, a vocational assessment instrument, a projective instrument and/or a measure of intelligence.
2. Gather and present relevant background information on a client.
3. Administer two or more tests as appropriate for the case.
4. Interpret and report results.
5. Diagnose, conceptualize, and provide treatment recommendations in a standard written format.

PROCEDURE

Students will select from their current caseload a client with whom to (a) conduct a clinical assessment, (b) obtain written permission from the client, (c) administer and interpret two or more psychological measures, and (d) turn in a written report, along with all the raw data, to be graded by the current practicum instructors. The competency will be graded on a pass/fail basis, with two of three practicum instructors voting to pass for an overall passing score. In the case of an inadequate performance, students will be allowed to submit a second battery to demonstrate this required competency. In the case of a second inadequate performance, faculty permission (by vote of a majority of an area faculty) will be required to approve one additional retake. Failure to pass the assessment competency is grounds for dismissal from the program.

The student's current clinical supervisor will be informed of, and oversee the assessment activities, but not supervise the student's formulation. The competency must be turned in prior to receiving feedback from the current clinical supervisor. Students will sign a written statement that they have not received input from supervisors, fellow students or other professionals beyond

the supervisory input required for the client's welfare. The student will outline the specific input received from their supervisor and/or other colleagues and the supervisor will countersign to indicate their agreement. Students will sign a written statement saying that the work they present is their own. Students must successfully demonstrate this competency by November 1 of the year that they are applying for internship. In the case of an inadequate performance, the instructors evaluating the tape will meet with the student to provide feedback, discuss areas of concern and expectations for improvement. In the case of a second inadequate performance, faculty permission (by vote of a majority of the area faculty) will be required to approve one additional retake. Failure to pass the therapy competency is grounds for dismissal from the program.

In the case of an inadequate performance, students will be allowed to submit a second comprehensive assessment report to demonstrate this required competency. In the case of a second inadequate performance, faculty permission (by vote of a majority of the area faculty) will be required to approve one additional retake with a different client. Failure to pass the therapy competency is grounds for dismissal from the program.

FORMAT

Standard written report format including history/background information, reason for referral, tests administered, results, clinical impressions/conceptualization/diagnosis, and recommendations.

TIMELINE

This competency must be completed and passed by November 1 of the academic year in which the student plans on applying for their internship, in order to be eligible to apply for a pre-doctoral internship.

D. Therapy Competency

Objectives:

Students will demonstrate their active listening skills and their ability to communicate advanced accurate empathy to their clients.

Students will demonstrate their ability to conceptualize a case and formulate a treatment plan based on their integrated theoretical orientation.

Students will demonstrate their ability to implement their integrated theoretical orientation in a therapy session.

Procedure:

Empathy Competency:

Students will select an appropriate client and obtain his/her consent to submit an audio or videotape to Counseling Psychology Practica Instructors. The student will submit an audio or videotape in which he/she demonstrates basic counseling skills and mastery of the ability to communicate advanced accurate empathy. Counseling Psychology Practica Instructors for that year will review the tape. An evaluation of pass by 2 of the 3 instructors is required to pass the

competency. Since this competency involves the demonstration of basic counseling skills, the mastery of these skills should be demonstrated by the end of the second semester of doctoral practica. In the case of an inadequate performance, students will be allowed to submit a second tape to demonstrate this required competency. In the case of a second inadequate performance, faculty permission (by vote of a majority of the area faculty) will be required to approve one additional retake with a different client. Failure to pass the therapy competency is grounds for dismissal from the program.

Theory-based TX Competency:

Students will select an appropriate client and obtain his/her consent to submit an audio or videotape to Counseling Psychology Practica instructors. The student will submit an audio or videotape in which he/she demonstrates the ability to implement his/her integrated theoretical orientation. The tape should be accompanied by, (a) a statement of the student's integrated theoretical orientation, (b) a written case conceptualization of the client based on the theoretical orientation, (c) a DSM IV based diagnosis, (d) a treatment plan based on the theoretical orientation and, (e) the student's written critique of the session. Counseling Psychology Practica instructors for that year will review the tape and written materials. An evaluation of pass by 2 of the 3 instructors is required to pass the competency. Students will sign a written statement that they have not received input from supervisors, fellow students or other professionals beyond the supervisory input required for the client's welfare. The student will outline the specific input received from their supervisor and/or other colleges and the supervisor will countersign to indicate their agreement. Students will sign a written statement saying that the work they present is their own. Students must successfully demonstrate this competency by November 1 of the year that they are applying for internship. In the case of an inadequate performance, the instructors evaluating the tape will meet with the student to provide feedback, discuss areas of concern and expectations for improvement. In the case of a second inadequate performance, faculty permission (by vote of a majority of the area faculty) will be required to approve one additional retake with a different client. Failure to pass the therapy competency is grounds for dismissal from the program.

VIII. PRE-DOCTORAL INTERNSHIP IN COUNSELING PSYCHOLOGY

Consistent with the scientist-practitioner model of professional training, students in the doctoral program in counseling psychology are required to integrate the theoretical and research offerings of the University with substantial applied experiences. These practitioner-oriented requirements are practica and internship. Their purpose is to provide actual supervised experience in interventions (e.g., counseling, diagnosis, consultation, assessment, and supervision). According to the guidelines of the American Psychological Association (APA), the internship must consist of one year of full-time or two years of half-time professional experience.

Prerequisites to Apply for Full-time Off-campus Internships

The following general requirements must be satisfied before a student submits applications to internship sites: 1) Except in unusual circumstances the student must have completed, or be enrolled in, all course work requirements under curriculum Area A (Counseling Psychology core except Copsy 590), Area B (Supervised Practicum in Counseling Psychology), Area C (Statistics, Research Design, and Psychological Measurement), and Area D (Psychological Foundations); 2) The student must have passed the doctoral preliminary examinations and any areas of remediation must be completed before the internship is begun; 3) The student is required

to discuss with his/her advisor, readiness and specific professional goals to be met by the choice of particular internship sites. The advisor will consult with the Director of Training regarding the student's plans. The Director of Training and/or the Doctoral Training Committee may have additional information about a specific proposed internship site and may exercise the right of veto over any proposed site. When approval of the student's plans has been achieved, this approval will be noted by the Director of Training in the student's department records.

Prerequisites to Accepting an Internship Position

All APA approved, and many non-APA approved internship sites follow a strict application time period. Association of Psychology Postdoctoral and Internship Centers (APPIC) guidelines regarding application procedures and time lines are set forth in APPIC General Policy Regarding Internship Offers and Acceptance, APPIC forms for verification of Internship Eligibility and Readiness and Definition of Terms for Documenting Practicum Experience are also included in Appendix D.

The counseling psychology program area has the following prerequisites for accepting and beginning a full-time internship: (1) A student must have successfully completed the empathy, theory/conceptualization, and assessment competencies by November 1 of the year in which they will apply for internship. Students are strongly encouraged to submit their competencies as they are ready during their second and third years in the program, and in no case later than October 10 of the year they will apply for internship; (2) A student must have successfully completed the preliminary examination based on their specialty paper by November 1 of the year in which they will apply for internship; (3) A student must have an approved dissertation proposal signed by the student's dissertation committee by November 1 of the academic year in which he/she applies for the internship. Students should recognize that dissertation proposal approval is a minimum requirement. Several internships may require completion of all data collection of the dissertation phase; (4) all grades of "I" (incomplete) must be satisfied. Failure to meet these requirements will result in postponing the internship application process until the following year. In rare cases, exceptions to prerequisites (2) and (3) may be granted by vote of the area faculty. To be considered for such an exception, students must submit to the Director(s) of Training, prior to the November 1 deadline, a precise description of progress on the relevant criteria and a realistic timeline for successful completion.

The Washington State University Counseling Center may select a doctoral student from the Counseling Psychology program to serve as a half-time intern for two consecutive years. Under these circumstances, the student is required to complete prelims no later than the fall semester of his/her first year as an intern.

Guidelines for Doctoral Internships in Counseling Psychology

References/Resources

See Appendix E for a bibliography of Internship articles

Types of Settings

V.A. Hospitals	State Hospitals
Military Consortium	Collaboratives
Mental Health Centers	Medical Centers
University Counseling Services	

Suggested Time Frame for Application

August/September

Get a copy of the new APPIC Directory of Internship Programs in Professional Psychology - available from <http://www.appic.org/index.html> or:

Association of Psychology Predoctoral Internship Centers (APPIC)
1400 K Street NW
Washington, D.C. 20005

The APPIC Directory is also available for checkout only from the Department office.

APA approved internship sites are also listed yearly in the November or December issue of American Psychologist. The April 1987 issue of The Counseling Psychologist, 15(2) is devoted to internships.

October

Update your vita and gather internship information (See Appendix D).

Identify what you want in an internship experience and use these criteria in evaluating internships and in formulating interview questions (e.g., rotations, stipend, benefits, starting date, client ages and problems, theoretical orientation, groups, assessment, consultation, hours worked per week, caseload size, dissertation time, supervision, etc.).

You will need letters of reference. Most want letters from one or two practicum supervisors and all want one from the training director stating you are ready for internship. Your letter from the

Director of Training simply states your eligibility and readiness for internship as required by internship sites. If you desire a recommendation in addition to a statement of readiness by the Director of Training, please make the request known. It may also be a good idea to get a letter from outside the Department (e.g., work supervisor) if possible. You can send more letters than they request.

November 1, 2004

Apply to the sites of your choice. By this date, a Listing of Participating Programs will be available for access by applicants and programs on the APPIC web site

December 1, 2004

Date by which applicants should return their Agreement forms to National Matching Services Inc.

December 31, 2004

By this date applicants and training directors will receive instructions for submitting Rank Order Lists and obtaining Match results.

Deadlines for application materials are set between November and January 15th. You may want to begin your interviewing now. You should allow plenty of time and advance notice for your references to ensure that all materials are received by internship sites by their deadline.

January, 2005

In January try to conduct all of your personal and telephone interviews with both the training director and/or one or more of the psychology staff and a current intern.

February 9, 2005

Final date for submission of applicant and program Rank Order Lists. No Rank Order Lists or Agreements can be accepted after this date.

Upon completion of interviews, each applicant submits a Rank Order List of his/her desired programs, in numerical order of preference (first choice, second choice, etc.). Applicants may rank as many programs as they wish. Each internship site submits one or more Rank Order List(s) of their desired applicants, listing as many applicants as they wish, in order of the program's preference (multiple lists may be used by a program to fill multiple positions). These lists are submitted to National Matching Services by February 6, 2002, and are confidential. Currently, these lists are submitted by fax or mail.

February 25, 2005

Applicants will be informed as to whether or not they have been matched to an internship position. However, applicants will NOT be told the specific program to which they are matched until Match Day.

February 28, 2005

APPIC Match Day: Results of the Match are released to applicants and training directors. No action to fill positions remaining unfilled is to be taken prior to 11:00 a.m. Eastern Standard Time on this date. Training directors must send letters of confirmation of the Match result to matched applicants and their academic program directors within 72 hours, according to the APPIC Match Policies.

The Matching Program places applicants into positions based entirely on the preferences stated in the Rank Order Lists. Each applicant is placed with the most preferred program on the applicant's Rank Order List that ranks the applicant and does not fill its positions with more preferred applicants. Similarly, each internship program is matched with the most preferred applicants on its Rank Order List(s), up to the number of positions available, who rank the program and who do not receive positions at programs they prefer.

The most effective way of making sure applicants get the results as "simultaneously" as possible is the use of a web site for each matching program. Results are posted on the web site at 12:00 noon EST on February 25, 2002, under strict security. Each registered applicants is assigned both a "public" applicant code number (used by programs to identify applicants on their rank order lists) and a confidential PIN number. The applicant code numbers are published in a directory provided to programs, but the PIN numbers are confidential; each applicant receives the PIN number from the Matching Program with their Rank Order List forms and instructions. An individual applicants results can be obtained from the web site by entering BOTH the published applicant code number AND the applicant's confidential PIN number.

In addition to individual applicant results, a list of programs with available positions and a list of unmatched applicants is posted on the web site at the same time. Passwords must be entered to gain access to this information.

If you have problems gaining the information via of the Web, the Matching Program will provide match results by telephone after 12:00 noon on February 28, 2005.

Guidelines for Approving Non-APA Internship Sites

A student's selection of an APA approved internship position will normally be accepted by the Department. Although a student completing an APA approved doctoral program is not required to receive his/her internship training in an APA facility, a non-APA approved site must adhere to the basic APA accreditation guidelines for internship training. Students should submit a list of those sites to which they wish to apply to the Training Director by October 1, preceding the year of internship. For those internships that are not APA approved or are not counseling psychology in nature, the student must submit a rationale stating why that internship would be appropriate for his/her training. The student is responsible for knowing the application procedure for the internship site. This generally includes a letter of recommendation from the Training Director with a statement regarding the student's strengths and weaknesses.

When a question arises regarding a specific non-APA approved internship site, the Director of Training will convene the Counseling Psychology Doctoral Training Program Committee. They

will evaluate the internship site and approve or disapprove it using general APA internship guidelines. The basic criteria are as follows: (a) evaluation of the number of licensed psychologists who are supervisors; (b) specialization areas of supervisors; (c) number of interns; (d) exposure to other professionals; (e) regular organized professional education seminars; and (f) whether or not the site is already over populated with WSU graduates.

IX. DISSERTATION

Dissertation Proposal and Committee Guidelines

Dissertation topics are generally selected in meetings with members of the student's Dissertation committee. In order to assist students in selecting an appropriate advisory committee, faculty in the counseling psychology program will identify, each year, their areas of research interest. Selection of a Dissertation Advisory Committee is accomplished according to procedures outlined in the Department document entitled Guidelines for the Ph.D. Dissertation in Counseling Psychology (copies available from the Graduate Coordinator). A copy of the Request for Approval of Dissertation Committee form should be completed and filed with the Department prior to taking COPSYP 800 credits and after completion of the dissertation precis and concurrent enrollment of 2 credit hours of COPSYP 600.

After a Dissertation Advisory Committee has been selected, approved, and a relevant research topic has been identified, the graduate student will conduct a careful review of the literature and formulate a research design in consultation with the members of that committee. The candidate will prepare, in accordance with APA style, a formal dissertation proposal (D-1) consisting of an introduction, statement of the problem, survey of literature, methodology, plans for data analysis, and a Washington State University Human Subjects Review Summary Form. With the consent of the dissertation advisory committee, students may also prepare their dissertation using the "manuscript format" approved by the Graduate School (see document Dissertation Guideline for WSU students). The Dissertation Advisory Committee will review the candidate's dissertation proposal (D-1) and make recommendations for further refinement.

Colloquium

The completed dissertation proposal (D-1) will be presented orally in a Departmental Colloquium consisting of members of the Colloquium Committee, interested faculty members, and graduate students. The colloquium is scheduled through the Program Coordinator during the academic year. Following the colloquium presentation, the Colloquium Committee, consisting of the student's Dissertation Advisory Committee members, will meet to recommend acceptance or rejection of the dissertation proposal. Typically, the committee will make additional recommendations to the student to improve the proposed research. Students who have passed the Doctoral Preliminary Examination and have been admitted to candidacy may begin the dissertation work when the Colloquium Committee has approved the dissertation proposal. (More detailed information is available in the document entitled "Guidelines for the Ph.D. Dissertation in Counseling Psychology.")

Final Approval of the Dissertation

Each member of the student's Dissertation Advisory Committee will examine the dissertation manuscript and indicate preliminary approval or disapproval with comments and suggestions for improvement. When all members of the committee have given their preliminary approval, the student will submit final copies of the dissertation according to the Graduate School Guidelines. All faculty members are invited to read the dissertation before the final examination.

The final oral examination will be scheduled officially through the Department Graduate Coordinator and the WSU Graduate School during the regular academic year. Under exceptional circumstances a summer examination may be approved by the Doctoral Training Committee.

The final examination will be conducted by the student's Dissertation Advisory Committee and an official representative of the Washington State University Graduate Studies Committee, and will take about two and a half hours. The examination will focus on the student's defense of the dissertation and any topics relevant to the field of counseling psychology. All faculty members are invited to attend doctoral oral examinations, but only the members of the Graduate Faculty, the student's Dissertation Advisory Committee, and the Graduate Studies Committee Representative are eligible to vote.

X. AWARDING OF THE DEGREE

When all requirements for the Ph.D. degree have been met, the candidate may request a letter from the Dean of the Graduate School certifying that the candidate has successfully completed all requirements for the degree. The official diploma will be awarded in the next commencement ceremony.

XI. SUGGESTIONS FOR DEVELOPING AN INDIVIDUAL PROGRAM

A Graduate School form titled "Program for Doctor's Degree" must be completed and filed by each student before he/she may sit for the preliminary examination. While the individual program of study for each student should be developed carefully under the direction of the student's advisor, the following is presented as a basic outline to assist students in the program development process as is intended for students who intend to complete their WSU courses in a three or four year time period. Students who have not taken a graduate level course in statistics or upper division undergraduate equivalent are required to enroll for EDPSY 508. If feasible, students are encouraged to enroll in EDPSY 508 in the summer prior to the first full-time semester of enrollment. It is to a student's advantage to complete coursework early in their residency and one may wish to consider taking summer courses to fulfill prerequisites for advanced courses in the academic year.

4-Year Suggested Course Sequence

First Year

<u>Fall</u>	Credit(s)	<u>Spring</u>	Credit(s)
COPSY 511	4	COPSY 512	4
COPSY 513	4	COPSY 518	3
COPSY 515	4	*EDPSY 505	3
COPSY 501	3	*EDPSY 509	3
EDPSY 508 ¹	3	COPSY 600 ²	1-3

Second Year

<u>Fall</u>	Credit(s)	<u>Spring</u>	Credit(s)
COPSY 527	4	COPSY 525	3
COPSY 551	4	COPSY Seminar ^{6,7}	4
PSYCH 533	3	COPSY 552	4
EDPSY 565	3	EDPSY 568	3
COPSY 600/800 ³	1-3	COPSY 600/800	1-3
COPSY 529 ⁷	3-4	COPSY 528 ⁷	4

Third Year

<u>Fall</u>	Credit(s)	<u>Spring</u>	Credit(s)
COPSY 553	4	COPSY 553 ⁵	4
COPSY 590	4	PSYCH 591	3
PSYCH 574	3	EDPSY 569	3
COPSY 600/800	1-3	COPSY 600/800	1-3

Fourth Year

<u>Fall</u>	Credit(s)	<u>Spring</u>	Credit(s)
EDPSY 570	3	COPSY Seminar ^{6,7}	4
COPSY 523	3	PSYCH 592	3
PSYCH 550/551	3	PSYCH 534 ⁴	3
COPSY 800		COPSY 800	

Please see footnotes on next page.

3-Year Suggested Course Sequence

First Year

<u>Fall</u>	Credit(s)	<u>Spring</u>	Credit(s)
COPSY 511	4	COPSY 512	4
COPSY 513	4	COPSY 518	3
COPSY 515	4	*EDPSY 505	3
COPSY 501	3	*EDPSY 509	3
EDPSY 508 ¹	3	COPSY 600 ²	1-3

Second Year

<u>Fall</u>		<u>Spring</u>	
COPSY 527	4	COPSY 525	3
COPSY 551	4	COPSY 528 ⁷	4
PSYCH 533	3	COPSY 552	4
EDPSY 565	3	EDPSY 568	3
COPSY 600/800 ³	1-3	COPSY 600/800	1-3
COPSY 523	3		

Third Year

<u>Fall</u>		<u>Spring</u>	
COPSY 529 ⁷	3-4	COPSY Seminar ^{6,7}	4
COPSY 553	4	EDPSY 569	3
COPSY 590	4	PSYCH 591	3
EDPSY 570	3	COPSY 800	
PSYCH 574	3		
PSYCH 550 or 551	3		
COPSY 600/800			

¹ Students who have taken a graduate level course in statistics or upper division undergraduate equivalent should apply for a course waiver for EdPsy 508. Students who have not completed such a course are required to take EdPsy 508 and are encouraged to enroll in the summer prior to the first full-time semester of enrollment.

² CoPsy 600 is offered for variable credit.

³No more than 8 credits of CoPsy 800 may be completed prior to the dissertation colloquium.

⁴ Strongly recommended as an elective course for Washington Licensure and may be required by other states.

⁵ Additional practica (CoPsy 553) are required until the student goes to internship.

⁶ Only one CoPsy Seminar is required

⁷ Courses taught ever other year.

* Students who desire to take lighter course loads during the regular academic year or who want to include coursework beyond the minimum requirements, may still complete their on-campus requirements in three years by attending one or more summer sessions. Courses which are regularly taught during summer sessions are identified in the above table by an asterisk (*).

Academic Complaints

Washington State University adheres to the following general procedure with regard to academic complaints:

Students having complaints relative to instruction or grading should refer them first to the instructor, and, if not resolved, then to the chairperson of the department in which the course is offered. The chairperson, if not able to resolve the problem to the student's satisfaction, will refer the complaint, presumably with the chairperson's written impressions, to the dean of the college. The student is encouraged then to go directly to the dean of the college. The Ombudsman, the Vice Provost for Student Affairs Committee, or the Provost are always available for any complaint not resolved to the student's satisfaction (Registrar Academic Regulations, No. 104).

The above statement outlines the generally accepted procedure for Washington State University students to follow in filing a complaint regarding a University unit or office. Please see the Graduate School Policies and Procedures Manual (1.8) and Graduate Student Code booklet (pp. 8-10) for more information and policies specifically regarding graduate students academic standards and procedures.

Employment - Assistantships While In Full Time Study

Graduate students have been employed on a part time basis at the Lewiston Mental Health, Moscow Mental Health, and Rogers Counseling Center in Clarkston. Students have been employed in a number of offices of Student Affairs including the Student Counseling Center, Career Services, Financial Aid, Residence Living, Out Placement Counseling, Office of Grant and Research Development, Police Department, etc. Check the bulletin board in French Administration Building and check with the Training Director for possible job opportunities.

The student is usually required to make an effort of touching base with these different offices and applying for possible jobs that are available or may become available. Currently, within the Department of Educational Leadership and Counseling Psychology, we have T.A.'s for EDPSY 301 and EDPSY 401/402. We have R.A. positions within the department, as well as with various faculty members who have external funding. Other departments within and outside our college (e.g., Multicultural Student Services, Financial Aid) also employ our students. The Graduate School also funds student research projects through travel grants, etc. Please check with your advisor. The Office of Grant and Research Development locates sources of funds.

Self Employment as a Graduate Student

Students enrolled as graduate students in the Counseling Psychology Ph.D. program will not engage in the independent provision of psychological treatment and services. If working in an independent practice setting, students must be under the direct supervision of a licensed psychologist. Exceptions to this policy must be presented to the Doctoral Training Committee.

Ethical Behavior

Students are expected to behave in an ethical manner at all times and should become familiar with the Ethical Principles of Psychologists and Code of Conduct and Washington State law pertaining to psychologists. These are provided at the beginning of the first semester in COPSYS 515 (Professional Problems and Ethics in Counseling Psychology). Counseling for greater self-awareness and any problems the student might be experiencing maybe available from local independent practitioners on a sliding fee basis. To avoid dual-role relationships, services should only be provided by practitioners with no academic affiliation with the department or University Counseling Center. If an ethical breach should occur, it may be grounds for dismissal from the program. The following procedures will be followed if a breach of ethics occurs:

1. The student will be informed in writing of the charge made against him/her.
2. The Training Director will ask the student to meet with him/her and other members of the Counseling Psychology Doctoral Training Committee to explain the student's view of the charges. The Training Committee will investigate the charge, disciplinary action will be recommended if appropriate. The student will be informed in writing of the decision and may appeal the Counseling Psychology Training Committee decision through the Department Chair and/or the Ombudsman at WSU. The WSU due process procedures will be followed.

FACULTY

Counseling Psychology Training Committee

Tina M. Anctil. Assistant Professor, Ph.D., L.P.C., C.R.C., University of Wisconsin-Madison. Dr. Anctil's interests include counseling children and adolescents with and without disabilities, the development of student self-determination in school settings, and high school transition and career development. Email address: tmanctil@wsu.edu.

Arreed F. Barabasz. Professor, Ed.D., State University of New York; Ph.D., University of Canterbury, New Zealand; Post-doctoral at Harvard University Medical School. A.B.P.P. Diplomate, American Board of Professional Psychology. Fellow, American Psychological Association. Dr. Barabasz's current research areas include: Clinical and Experimental Hypnosis, Sensory Deprivation, Attentional Processes and Sports Psychology. He is President of Division 30 (Hypnosis) of the American Psychological Association and Editor of the International Journal of Clinical and Experimental Hypnosis.

Marianne Barabasz. Professor, Co-Director of Training, Ed.D., State University of New York at Albany. Fellow, Association for Applied and Preventive Psychology and Society for Clinical and Experimental Hypnosis. Dr. Barabasz's research areas include: Eating Disorders, Habit Disorders, Clinical and Experimental Hypnosis, Cognitive-Behavior Therapy and Attention Deficit Disorders. She is a member of the editorial board of the Child Study Journal and is a consultant to five psychology journals. She has a small practice as a licensed psychologist.

A. Timothy Church. Professor, Ph.D., University of Minnesota. Dr. Church's areas of interest include cross-cultural psychology; personality and its measurement; indigenous psychologies, particularly in the Philippines and Mexico; vocational/career psychology, counseling, and assessment. He is an Associate Editor for the Journal of Cross-Cultural Psychology and has served on the editorial boards of the Journal of Personality and Social Psychology and Personality and Social Psychology Review.

Laurie D. McCubbin. Assistant Professor, Ph.D., University of Wisconsin, Madison. Dr. McCubbin teaches masters and doctoral level practica courses and multicultural counseling. Her research interests include: Native Hawaiian/Pacific Islander mental health, stress, coping and resilience, multicultural counseling and career development.

Brian W. McNeill. Professor, Co-Director of Training, Ph.D., Texas Tech University. Dr. McNeill's interests include clinical supervision in Chiconalo Latalo Psychology and multicultural counseling. Dr. McNeill has served as an editorial consultant for Professional Psychology: Research and Practice and the Journal of Counseling Psychology.

Michael S. Trevisan. Associate Professor, Ph.D., University of Washington. Dr. Trevisan's interests include program evaluation, psychological measurement/assessment, and quantitative methods. He serves as the director of the Assessment and Evaluation Center.

Dennis A. Warner, Professor and Associate Dean of the College of Education, Ph.D., University of Oregon. Fellow, American Psychological Association. Dr. Warner teaches in the areas of learning and instruction, statistics, research methodology, and history and systems of psychology. His areas of research interest include learning and instruction, evaluation of student learning, and program evaluation.

Appendix B

WASHINGTON STATE UNIVERSITY

Counseling Psychology Ph.D. Program

Program Planning Guide

Proposed Ph.D. Program for: [text box]

Last First MI

Prior Education

Dates Degree Major

Undergraduate Institutions

[text box]

[text box]

Graduate Institutions

[text box]

[text box]

Doctoral Program Requirements

Date Doctoral Study Began [text box] Advisor [text box]

Residency Requirement Met: First Year Date [text box] Second Year Date [text box]

Proposed Prelim Exam/Competencies Date [text box] Passed: [text box]

Research Interest Area [text box]

Dissertation Proposal Committee Members [text box]

[text box]

Dissertation Proposal Accepted: [text box]

Area A. Professional Core in Counseling Psychology

All the following courses, or their equivalent, must be completed in the core program.

Course Number	WSU Title	Credits	When	Where	Grade
COPSY 501	Historical and Philosophical Foundations of Counseling Psychology	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 511	Theories, Research, and Techniques in Counseling Psychology I	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 512	Theories, Research, and Techniques in Counseling Psychology II	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 513	Career Development	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 515	Ethics and Professional Problems in Counseling Psychology	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 518	Theoretical Foundations of Group Counseling	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 525	Counseling Diverse Populations	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 527	Individual Appraisal I	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 528	Individual Appraisal II	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 529	Counselor Supervision: Theory, Research, and Practice	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 541	Clinical and Experimental Hypnosis Seminar	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
OR					
COPSY 542	Cross-Cultural Research in Counseling and Assessment	4	<input type="text"/>	<input type="text"/>	<input type="text"/>

List below additional courses for which core credit was awarded by the Counseling Psychology Course Waiver Committee:

Area B. Supervised Practicum in Counseling Psychology

A minimum of 15-16 credit hours is required. The minimum total practicum experience is 400 class hours, of which at least 150 hours is in direct service experience and at least 75 hours are formally scheduled supervision.

All the following courses, or their equivalent, must be completed in the core program.

Course Number	WSU Title	Credits	When	Where	Grade
COPSY 551	Doctoral Practicum in Counseling Psychology I	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 552	Doctoral Practicum in Counseling Psychology II	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 553	Doctoral Practicum in Counseling Psychology III	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
PSYCH 547	Medical Psychology Practicum	3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Area C. Statistics, Research Design, Measurement, and Program Evaluation

A minimum of 25 semester credits must be earned in this category. A student may complete Special Project or Independent Study under COPSY 600.

Course Number	WSU Title	Credits	When	Where	Grade
EDPSY 505	Research Methods I	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
EDPSY 509	Educational Measurement	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
EDPSY 565	Advanced Educational Statistics	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
EDPSY 570	Intro to Program Evaluation	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
EDPSY 568	Research Methods II	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
EDPSY 569	Seminar in Quantitative Techniques in Education (Multivariate Statistics)	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
COPSY 590	Seminar in Research in Counseling Psychology	4	<input type="text"/>	<input type="text"/>	<input type="text"/>

COPSY 600	Special Projects or Independent Study (2 credit minimum to complete precis for dissertation)	3-9			
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List below additional statistics, research design, and/or psychological measurement courses used to meet the requirement of this category.

Area D. Psychological Foundations

Each student must complete a minimum of one 3 credit graduate course in each of the specified content areas: Biological Determinants of Behavior, Cognitive/Affective, Social Determinants of Behavior, Individual Behavior and Human Development.

Course Number	WSU Title	Credits	When	Where	Grade
---------------	-----------	---------	------	-------	-------

Biological Determinants of Behavior (One course required)

Cognitive/Affective Bases of Behavior (One course required)

Social Determinants of Behavior (One course required)

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Individual Bases of Behavior (One course required: PSYCH 533)

Human Development (One course required)

Area E. Electives

In this area, students may complete elective course work which will broaden the scope of his/her program or facilitate further specialization. Electives are chosen by the student in consultation with the advisor.

Course Number	WSU Title	Credits	When	Where	Grade
---------------	-----------	---------	------	-------	-------

Area F. Research Tool Requirement

The program requires appropriate demonstration of competence in a methodological skill or substantive content area by means of submission of appropriate documents or satisfactory completion of a 3-hour course requirement.

Description of Skill:

OR

Course Number	WSU Title	Credits	When	Where	Grade
---------------	-----------	---------	------	-------	-------

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G. Doctoral Preliminary Exams

During the semester in which one completes the Doctoral Preliminary Exam, enrollment in two CoPsy 800 credits is required.

Course Number	WSU Title	Credits	When	Where	Grade
---------------	-----------	---------	------	-------	-------

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H. Pre-Doctoral Internship

Two credits of CoPsy 597 are required for the Fall and Spring Semesters of the internship year.

Course Number	WSU Title	Credits	When	Where	Grade
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I. Doctoral Dissertation

Course Number	WSU Title	Credits	When	Where	Grade
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Appendix C

WASHINGTON STATE UNIVERSITY

Request for Approval of Dissertation/Dissertation Advisory Committee

Counseling Psychology Ph.D. Program

Three copies of the information below should be completed and submitted to the Graduate School to obtain approval of the Ph.D. Dissertation/Thesis Advisory Committee. Please type the request and confine the information to two typed pages.

1. Title of the Proposed Dissertation:

2. Proposed dissertation committee and the expertise each member brings to the proposed dissertation project:

Chairperson:

Member:

Member:

Member:

Member:

3. Theoretical rationale underlying the proposed study:

4. Summary of proposed design and instrumentation:

5. Summary of proposed data analysis:

INSTRUCTIONS
APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP (AAPI)
2004-2005

Approved June 29, 2004

This application was created with input from APPIC Member internships and APPIC Subscriber doctoral programs in the United States and Canada. The data requested is comprehensive, but ***there is no expectation that an intern applicant would have had all the experiences listed, administered all of the assessment instruments, or be licensed as a mental health practitioner.***

This 2004-2005 AAPI is for use in the 2004-2005 selection cycle for internships taking place in 2005-2006. It is formatted so that it may be completed on a computer. Some internship sites may request that you send them only certain sections of the AAPI, and some may require additional site-specific information from you to supplement the AAPI.

Please direct any questions about the AAPI to Dr. Joyce Illfelder-Kaye at jxi1@psu.edu (note this e-mail address has the letters “jxi” followed by the number “1”). **You might also check out the APPIC website at www.appic.org to see if the answer to your question is included in the section on Frequently Asked Questions Regarding the AAPI.**

Instructions:

1. This version of the AAPI is valid through April 30, 2005, and should be used only to apply for internship positions that begin in 2005.
2. This AAPI document consists of TWO PARTS: (1) AAPI Part 1, divided into six sections, to be completed by the applicant; and (2) AAPI Part 2 - the Academic Program’s Verification of Internship Eligibility and Readiness Form - to be completed by the applicant and the academic training director.
3. The “@” (at-sign) character has been used to designate the places in which you need to enter information. Simply use your word processor to replace each “@” character with the appropriate information.

Some questions will provide a list of answers, each preceded by a “@”, and will instruct you to “put an X next to one choice.” To respond to these questions, replace the “@” next to your answer with an “X”, and change all other “@” symbols to blank spaces.

4. Please ensure that each of the six sections of the AAPI begins on a separate page. At any point, if you require more space to answer a question than is allotted, feel free to create the additional space needed.
5. It is strongly recommended that you save your work often, using the “Save” command in your word processor.
6. Before submitting Part 1 of the AAPI to an internship site, be sure that you sign and date the application in Section 6. Remember to remove this “instructions” page before submitting. Please do not delete other instructions in the body of the AAPI as readers become familiar with the placement of items.

7. Part 2 of the AAPI, the Academic Program's Verification of Internship Eligibility and Readiness Form, should be printed separately and completed by both the applicant and his/her Training Director (please see the instructions for that form). It is acceptable to APPIC to submit photocopies of this form with the signature photocopied. Please consult the application instructions for each site for more information in the event that this is not acceptable to a specific site.
8. Please be aware that this is a universal application. Sites will not expect you to have experiences in all areas covered by the AAPI. Different types of sites will emphasize different types of experiences in order to ascertain fit with their program.

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**APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP (AAPI)
2004-2005**

PART 1

Participants in the APPIC Match, including applicants and internship programs, may not communicate, solicit, accept, or use any ranking-related information prior to the release of the Match results.

Application Date: @

SECTION 1: BACKGROUND AND EDUCATIONAL INFORMATION

A. BACKGROUND

1. **Name:** @
2. **Social Security No. or
Social Insurance No.:** @
(Optional, recommended if applying to a federal agency, e.g. VA, Federal Bureau of Prisons)
3. **Match I.D. Number:** @
(Please note: If you do not have your match ID number at this time, you may provide it to internship sites at a later date, once you receive it from National Matching Services.)
4. **Home Address:** @
@
@
5. **Work Address:** @
@
@
6. **Phone (Home):** @
7. **Phone (Work):** @
8. **Phone (Cell)** @
9. **FAX:** @
10. **E-Mail:** @
11. **What is your country of citizenship?** (put an "X" next to one choice)
 - @ U.S.
 - @ Canada
 - @ Other (Specify: @)
12. **Non-citizen visa status:** @
13. **Is this visa current and valid?** @
14. **Does this visa permit you to work?** @

(If you are applying to another country, you may need to begin the process of researching these issues now.)

15. Are you a veteran? @
16. **On APPIC Match Day, many Internship Training Directors will call the applicants with whom they have been matched.** Please specify the phone number where you may be reached between 11:00 AM and 1:00 PM ET on that day.

@

B. EDUCATION

Current Academic Work

1. **What is the name and address of the university/institution in which your graduate department is located?**

@

@

@

2. **What is the name of your department?** (e.g. Department of Psychology, Division of Behavioral Foundations in Educational Psychology)?

@

3. **What is the name of your graduate program?** This will likely be the same as or similar to the subfield of your degree (see the next question) but it could be different (e.g. Clinical, School, etc.)

@

4. **What is the designated subfield of your doctorate in Psychology?** (Put an "X" next to only one choice):

@ Clinical (adult track)

@ Clinical (child track)

@ Clinical (general)

@ Counseling

@ Developmental

@ Educational

@ Health

@ Neuropsychology

@ School

@ Respecialization Program

@ Combined (Specify: @)

@ Other (Specify: @)

5. **What is your primary theoretical orientation?** (Put an "X" next to only one choice)

@ Behavioral

@ Biological

@ Cognitive Behavioral

@ Eclectic

@ Integrative

@ Interpersonal

@ Psychodynamic/Psychoanalytic

@ Systems

Humanistic/Existential Other (Specify: @)

6. What degree are you seeking? (Put an "X" next to only one choice)

- Ph.D.
 Psy.D.
 Ed.D.
 Ph.D./J.D.
 Certificate/Respecialization (Specify: @)
 Other (Specify: @)

7. Name of Training Director:

8. Training Director E-Mail:

9. University / School Phone #:

10. University / School Fax #:

11. What is the status of your doctoral training program? (Put an "X" next to all that apply):

- APA-Accredited CPA-Accredited
 APA-Accredited, on probation CPA-Accredited, on probation
 Not Accredited

12. If not APA / CPA-accredited, is the school regionally accredited?

- Yes
 No

13. What is your Department's Training Model (ask your Training Director if unsure):

- Clinical Scientist Practitioner-Scholar
 Scientist-Practitioner Practitioner
 Other - specify: @
(e.g. Developmental, Specialty, Local Clinical Scientist)

14. When did you begin graduate level study in your current program? If you received your baccalaureate from the same department provide the date on which you started GRADUATE work (e.g., a start date of January, 1996 in the graduate program would be 01 / 1996.). DO INCLUDE any master's work that preceded or counted toward the doctoral degree, IF IN THE SAME PROGRAM.

@ / @ (mm / yyyy)

15. When did you complete (or do you expect to complete) your doctoral coursework, excluding dissertation and internship hours (if applicable)?

@ / @ (mm / yyyy)

16. Have you successfully completed your program's comprehensive / qualifying examination? (Put an "X" next to only one choice).

- @ Yes - Date of completion: @ / @ (mm / yyyy)
- @ No
- @ Not applicable

17. What is your dissertation / research title or topic?

@

18. What type of research is involved in question 17 above? (Put an "X" next to only one choice)

- @ Critical literature review / theoretical
- @ Original data collection
- @ Use of existing database
- @ Other (Specify: @)

19. What is the current status of your dissertation / doctoral research project? (Please indicate the date, in mm/yyyy format, that each of the following was completed or is expected to be completed; if not applicable, instead enter "Not Applicable"):

Date Completed or Expected
(mm / yyyy)

- | | |
|-------------------|-------|
| Proposal approved | @ / @ |
| Data collected | @ / @ |
| Data analyzed | @ / @ |
| Defended | @ / @ |

20. If no dissertation is required, describe the status of any major project (if applicable):

@

- | | |
|--|---|
| 21. Name of dissertation / doctoral research advisor: | @ |
| 22. Phone Number: | @ |
| 23. E-Mail: | @ |

Previous Academic Work

24. What is the highest degree that you have completed in any mental health field?

- @ Ph.D.
- @ Psy.D.
- @ Ed.D.
- @ M.S.W.
- @ M.A. / M.S.
- @ B.S.W.
- @ B.A. / B.S.

- @ Ed.S.
- @ Other (Specify: @)

25. When did you complete the above degree? (Do not respond to this item if this is an undergraduate degree.)

@ / @ (mm / yyyy)

26. Please complete the following table for each undergraduate school attended: (list in chronological order).

School / University	Major	Degree Earned	GPA
@	@	@	@

27. Please complete the following table for each graduate school or university attended: (list in chronological order)

School / University	Major	Degree Earned	Dates of Attendance	GPA
@	@	@	@	@

28. Licensure / Certification: Some applicants may be licensed or certified at the master's level. If you are, please list any current and valid licenses or certifications in mental health fields (list type and jurisdiction, e.g., state or province):

@

29. Please list any honors received:

@

30. Please list names, addresses, phone numbers, and e-mail addresses of individuals who will be forwarding letters of recommendation:

@

SECTION 2: ESSAYS

Instructions: Please answer each question in 500 words or less.

1. Please provide an autobiographical statement. (There is no “correct” format for this question. Answer this question as if someone had asked you, “tell me something about yourself.” It is an opportunity for you to provide the internship site with some information about yourself. It is entirely up to you to decide what information you wish to provide along with the format in which to present it.)

@

2. Please describe your theoretical orientation and how this influences your approach to case conceptualization and intervention. You may use de-identified case material to illustrate your points if you choose.

@

3. Please describe your experience and training in work with diverse populations. Your discussion should display explicitly the manner in which multicultural / diversity issues influence your clinical practice and case conceptualization.

@

4. Please describe your research experience and interests.

@

5. How do you envision our internship site meeting your training goals and interests? (Note: this question requires you to address site-specific issues and training opportunities; thus, you may wish to submit different responses to different sites. If you are addressing these issues in a cover letter, please feel free to refer the reader to the cover letter and do not repeat here).

@

SECTION 3: DOCTORAL PRACTICUM DOCUMENTATION

This form was created to allow applicants to document their experience in therapy and other psychological interventions. While this form lists a wide range of experiences that one might have had, **no applicant is expected to have experience in all, or even most, of these areas.** In fact, most internship programs focus on those areas that are a good fit for their program. You are advised to identify those categories that fit best with your experiences and provide the relevant information for those categories.

INSTRUCTIONS FOR THIS SECTION:

1. For items 1 - 4 in this section, you should only count hours for which you received formal academic training and credit or which were program-sanctioned training experiences (e.g., VA summer traineeship, clinical research positions, time spent in the same practicum setting after the official practicum has ended). Practicum hours must be supervised. Please consult with your academic training director to determine whether experiences are considered program sanctioned or not. The academic training director must be aware of and approve of the clinical activity. Academic credit is not a requirement in all cases. Items 5 - 7 ask for information about practicum and/or work experience.
2. You will be asked to report your practicum hours separately for: (1) practicum hours accrued in your doctoral program, and (2) practicum hours accrued as part of a terminal master's experience in a mental health field. **Hours accrued while earning a master's degree as part of a doctoral program should be counted as doctoral practicum hours.**
3. **Practicum hour** - A practicum hour is a clock hour, not a semester / quarter hour. A 45-50 minute client / patient hour may be counted as one practicum hour.
4. Items 1 - 3 below are meant to be mutually exclusive; thus, any practicum hour should **not** be counted more than once across these three items. **You may have some experiences that could potentially fall under more than one category, but it is your responsibility to select the category that you feel best captures the experience.** (For example, a Stress Management group might be classified as a group or as a Medical / Health-Related Intervention, but not both.)
5. For items 1-3, include only experience accrued through November 1, 2004. Item 4 will allow you to designate estimated future practicum hours to be accrued prior to the start of internship.
6. When calculating practicum hours, you should provide your best estimate of hours accrued or number of clients / patients seen. It is understood that you may not have the exact numbers available. Please round to the nearest whole number. Use your best judgment, in consultation with your academic training director, in quantifying your practicum experience.

1. INTERVENTION AND ASSESSMENT EXPERIENCE - How much experience do you have with different types of psychological interventions and assessment?

Please report actual clock hours in direct service to clients / patients. Hours should not be counted in more than one category. Time spent gathering information about the client / patient, but not in the actual presence of the client / patient, should instead be recorded under item 2, below ("Support Activities").

For the “Total hours face-to-face” columns, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours. For the “# of different...” columns, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group. Groups may be closed or open membership; but, in either case, count the group as one group.

***Remember that hours accrued while earning a master’s degree as part of a doctoral program should be counted as doctoral practicum hours.**

	<u>DOCTORAL*</u>		<u>TERMINAL MASTERS*</u>	
	Total hours face-to-face	# of different individuals	Total hours face-to-face	# of different individuals
a. Individual Therapy				
1) Older Adults (65+)	@	@	@	@
2) Adults (18-64)	@	@	@	@
3) Adolescents (13-17)	@	@	@	@
4) School-Age (6-12)	@	@	@	@
5) Pre-School Age (3-5)	@	@	@	@
6) Infants / Toddlers (0-2)	@	@	@	@
b. Career Counseling				
1) Adults	@	@	@	@
2) Adolescents	@	@	@	@
c. Group Therapy	Total hours face-to-face	# of different groups	Total hours face-to-face	# of different groups
1) Adults	@	@	@	@
2) Adolescents (13-17)	@	@	@	@
3) Children (12 and under)	@	@	@	@
d. Family Therapy	Total hours face-to-face	# of different families	Total hours face-to-face	# of different families
	@	@	@	@
e. Couples Therapy	Total hours face-to-face	# of different couples	Total hours face-to-face	# of different couples
	@	@	@	@

f. School Counseling Interventions	Total hours face-to-face	# of different individuals	Total hours face-to-face	# of different individuals
1) Consultation	@	@	@	@
2) Direct Intervention	@	@	@	@
3) Other (Specify: @)	@	@	@	@

g. Other Psychological Interventions

1) Sports Psychology / Performance Enhancement	@	@	@	@
2) Medical / Health - Related Interventions	@	@	@	@
3) Intake Interview / Structured Interview	@	@	@	@
4) Substance Abuse Interventions	@	@	@	@
5) Other interventions (e.g., milieu therapy, treatment planning with the patient present.)	@	@	@	@

Please describe the nature of the experience(s) listed in g-5:

@

h. Psychological Assessment Experience: This is the estimated total number of face-to-face client contact hours administering and providing feedback to clients/patients. This does not include time spent scoring and/or report writing, which should be included under item 2, below (“Support Activities”). You will provide information about numbers of tests administered in Section 4 of the AAPI.

	DOCTORAL*	TERMINAL MASTERS*
	Total hours face-to-face	Total hours face-to-face
1) Psychodiagnostic test administration (Include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment), and providing feedback to clients/patients.	@	@

- | | | |
|--|---|---|
| 2) Neuropsychological Assessment (Include intellectual assessment in this category only when it was administered in the context of neuropsychological assessment involving evaluation of multiple cognitive, sensory and motor functions). | @ | @ |
| 3) Other (Specify : @) | @ | @ |

i. Other Psychological Experience with Students and/or Organizations:

	DOCTORAL*	TERMINAL MASTERS*
	Total hours face-to-face	Total hours face-to-face
1) Supervision of other students performing intervention and assessment activities	@	@
2) Program Development/Outreach Programming	@	@
3) Outcome Assessment of programs or projects	@	@
4) Systems Intervention / Organizational Consultation / Performance Improvement	@	@
5) Other (Specify: @)	@	@

TOTAL INTERVENTION AND ASSESSMENT HOURS:

Add the number of hours included in 1a through 1i above

	DOCTORAL*	TERMINAL MASTERS*
	Total hours face-to-face	Total hours face-to-face
Total Intervention & Assessment Hours:	@	@

- 2. SUPPORT ACTIVITIES – How much time have you spent in support activities related to your intervention and assessment experience?** This item includes activities spent outside the counseling / therapy hour while still focused on the client / patient (e.g. chart review, writing process notes, consulting with other professionals about cases, video / audio tape review, time spent planning interventions,

assessment interpretation and report writing, etc.). In addition, it includes hours spent at a practicum setting in didactic training (e.g. grand rounds, seminars).

	DOCTORAL*	TERMINAL MASTERS*
	Total hours	Total hours

Total Support Hours:

@

@

- 3. SUPERVISION RECEIVED – How much time have you spent in supervision?** Supervision is divided into one-to-one, group, and peer supervision / consultation. Supervision provided to less advanced students should be counted in item 1i-1, above.

Item 3a: Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the psychological services rendered by the student.

Items 3b and 3c: The hours recorded in the group supervision category should be actual hours of group focus on specific cases. Many excellent practicum courses incorporate both didactic and experiential components in the course activity. **While the didactic portion is excellent training, it should not be recorded as a supervision activity; it should instead be included as a support activity in Item 2 (“Support Activities”) above.** This may necessitate breaking the hours spent in a practicum course into intervention, supervision, and didactic activities by actual course hours. For example, if you present on the “Psychosocial Issues of HIV Infection” using examples of cases, it is a didactic activity. Similarly, Grand Rounds that consists of in-service education on specific topics would not be considered supervision for the purposes of documenting practicum hours, but would be considered a support activity.

	DOCTORAL*	TERMINAL MASTERS*
	Total hours	Total hours

a. Hours spent in one-on-one, face-to-face supervision:

@

@

b. Hours spent in group supervision:

@

@

c. Hours of peer supervision / consultation and case discussion on specific cases:

@

@

Total Supervision Hours (add 3a, 3b, and 3c):

@

@

- 4. SUMMARY OF PRACTICUM HOURS** - This section summarizes the total number of practicum hours described above, along with estimated future practicum hours. In columns one and two, please include the total hours as designated in items 1 - 3 above. In column three, please estimate the number of hours to be accrued between November 2, 2004 and July 1, 2005. In column four please total the numbers from the previous columns.

DOCTORAL*

through

TERMINAL Estimated after

	Nov. 1, 2004	MASTERS*	Nov. 1, 2004**	Total Hours
a. Total Intervention and Assessment Hours (item 1):	@	@	@	@
b. Total Support Hours (item 2):	@	@	@	@
c. Total Supervision Hours (item 3):	@	@	@	@
GRAND TOTAL	@	@	@	@

* Hours accrued while earning a master's degree as part of a doctoral program should be counted as doctoral practicum hours.

** For Hours Estimated after Nov. 1, 2004, please describe the type of experience anticipated:

@

5. CLINICAL WORK EXPERIENCES – What other clinical experiences have you had?

Some students may have had work experience outside of their master's and doctoral training. This section is to include professional work experiences separate from practica or program sanctioned work experience. Use this section to describe settings and activities that are not included in items 1-4 above, "Intervention and Assessment Experience". You may simply provide this information in narrative form or you may present this information in a format similar to that used above (i.e., using the format from one or more items 1-4 above). If you choose to identify hours, please use the same criteria for intervention and assessment hours, support hours, and supervision hours.

@

6. INFORMATION ABOUT YOUR PRACTICUM AND WORK EXPERIENCE

- a. **TREATMENT SETTINGS - How many hours have you spent in each of the following treatment settings?** Please indicate the estimated total number of hours (including intervention and assessment, support, and supervision) spent in each of the following treatment settings through November 1, 2004. The total number of practicum hours in the first two columns for this section should equal the Grand Total in item 4, columns 1 and 2, above.

	DOCTORAL through Nov. 1, 2004	TERMINAL MASTERS	Other Work Experience	Total Hours
Child Guidance Clinic	@	@	@	@
Community Mental Health Center	@	@	@	@

Department Clinic (psychology clinic run by a department or school)	@	@	@	@
Forensic / Justice setting (e.g., jail, prison)	@	@	@	@
Inpatient Hospital	@	@	@	@
Military	@	@	@	@
Outpatient Medical / Psychiatric Clinic & Hospital	@	@	@	@
University Counseling Center / Student Mental Health Center	@	@	@	@
Schools	@	@	@	@
Other (Specify: @)	@	@	@	@
Total Hours in all Treatment Settings	@	@	@	@

b. What types of groups have you led or co-led? Please describe.

@

c. Do you have experience with Managed Care Providers in a professional therapy / counseling / assessment capacity? (Put an "X" next to only one choice)

@ Yes

@ No

d. Have you audio or videotaped clients/patients and reviewed these tapes with your clinical supervisor?

Audio tape review

@ Yes

@ No

Videotape review

@ Yes

@ No

- e. In which languages other than English (including American Sign Language), are you FLUENT enough to conduct therapy?

@

- f. What is your experience with diverse populations in a professional therapy /counseling or an assessment capacity? Please indicate the number of clients/patients seen for each of the following diverse populations. You may provide additional information or comments in the space provided. Include under the assessment column clients/patients for whom you performed assessments and/or intake interviews. For this section, you may include a single client/patient in more than one category and/or more than one column, as appropriate. For families, couples, and/or groups please count each individual as a separate client or patient

<u>Race / Ethnicity</u>	Number of Different Clients / Patients Seen	
	<u>Intervention</u>	<u>Assessment</u>
African-American / Black / African Origin	@	@
Asian-American / Asian Origin / Pacific Islander	@	@
Latino-a / Hispanic	@	@
American Indian / Alaska Native / Aboriginal Canadian	@	@
European Origin / White	@	@
Bi-racial / Multi-racial	@	@
Other (specify below) @	@	@

Sexual Orientation (Please indicate only for those clients where this information is known.)

Heterosexual	@	@
Gay	@	@
Lesbian	@	@
Bisexual	@	@
Other (specify below) @	@	@

Disabilities

- Physical / Orthopedic Disability @ @
- Blind / Visually Impaired @ @
- Deaf / Hard of Hearing @ @
- Learning / Cognitive Disability @ @
- Developmental Disability
(Including Mental Retardation and Autism) @ @
- Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders that significantly interfere with adaptive functioning) @ @
- Other (specify below) @ @
@

Gender

- Male @ @
- Female @ @
- Transgendered @ @

Comments:

@

7. TEACHING EXPERIENCES - What is your teaching experience? Please summarize any teaching experience that you have. Include both undergraduate and graduate courses taught.

@

SECTION 4: TEST ADMINISTRATION

What is your experience with the following instruments? Please indicate all instruments used by you in your assessment experience, excluding practice administrations to fellow students. You may include any experience you have had with these instruments such as work, research, practicum, etc., other than practice administrations. Please indicate the number of tests that you administered and scored in the first column and of these, please indicate in the second column, the number of reports that include an interpretation of this test. Please designate your experiences for the instruments listed below, without changing the sequence in which they are listed. Then, you may add as many additional lines (under “Other Tests”) as needed for any other tests that you have administered.

1. ADULT TESTS

<u>Name of Test</u>	<u># Administered and Scored</u>	<u># of Reports Written</u>
Bender Gestalt	@	@
Millon Clinical Multi-Axial Inv. III (MCMI)	@	@
MMPI-II	@	@
Myers-Briggs Type Indicator	@	@
Personality Assessment Inventory	@	@
Projective Sentences (includes Rotter Sentence Completion and other Sentence Completion Tests)	@	@
Projective Drawings (includes Draw-a-Person Test and Kinetic Family Drawing Test)	@	@
Rorschach (scoring system: @)	@	@
Self-report measures of symptoms / disorders (e.g., Beck Depression Inventory)	@	@
Strong Interest Inventory	@	@
Structured Diagnostic Interviews (e.g., SADS, DIS)	@	@
TAT	@	@
Trail Making Test A & B	@	@
WAIS-III	@	@
Wechsler Memory Scale III	@	@
<u>Other Tests:</u>		
@	@	@

2. CHILD AND ADOLESCENT TESTS

<u>Name of Test</u>	<u># Administered and Scored</u>	<u># of Reports Written</u>
Connors Scales (ADD assessment)	@	@
Diagnostic Interviews (e.g., DISC, Kiddie-SADS)	@	@
MMPI-A	@	@
Parent Report Measures (e.g., Child Behavior Checklist)	@	@
Peabody Picture Vocabulary Test	@	@
Rorschach (scoring system: @)	@	@
Self report measures of symptoms / disorders (e.g., Children's Depression Inventory)	@	@
WISC-III	@	@
WPPSI-R	@	@
WRAT	@	@
<u>Other Tests:</u>		
@	@	@

3. INTEGRATED REPORT WRITING

How many supervised integrated psychological reports have you written for each of the following populations? An integrated report includes a history, an interview, and at least two tests from one or more of the following categories: personality assessments (objective and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient/client.

- a. Adults: @
- b. Children / Adolescents: @

SECTION 5: PROFESSIONAL CONDUCT

Please answer ALL of the following questions with “YES” or “NO”: (If yes, please elaborate)

- 1. Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board?

@

- 2. Are there any complaints currently pending against you before any of the above bodies?

@

- 3. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?

@

- 4. Have you ever been suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer?

@

- 5. *Have you ever renegeed on an APPIC internship match agreement (i.e., refused to attend or left an internship program that you obtained through the APPIC Match or Clearinghouse) without prior approval from APPIC and/or the internship site?*

@

- 6. Have you ever, in your lifetime, been convicted of an offense against the law other than a minor traffic violation?

@

- 7. Have you ever, in your lifetime, been convicted of a felony?

@

SECTION 6: APPLICATION CERTIFICATION

I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. I understand that any significant misstatement in, or omission from, this application may be cause for denial of selection as an intern or dismissal from an intern position. I authorize the internship site to consult with persons and institutions with which I have been associated who may have information bearing on my professional competence, character, and ethical qualifications now or in the future. I release from liability all internship staff for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I also release from liability all individuals and organizations who provide information to the internship site in good faith and without malice concerning my professional competence, ethics, character, and other qualifications now or in the future. I authorize the internship site and my doctoral program to release evaluative information about me to each other, now or in the future. In addition, I authorize the internship site and my doctoral program to consult with APPIC should the need arise.

If I am accepted and become an intern, I expressly agree to comply fully with the Association of Psychology Postdoctoral and Internship Centers (APPIC) policies, the Ethical Principles of Psychologists and Code of Conduct and the General Guidelines for Providers of Psychological Services of the American Psychological Association, and with the standards of the Canadian Psychological Association which are applicable. I also agree to comply with all applicable state, provincial and federal laws, all of the Rules and Code of Conduct of the State or Provincial Licensing Board of Psychology, and the rules of the institution in which I am an intern.

I understand and agree that, as an applicant for the psychology internship program, I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

Applicant's Signature:

Date:

**APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP (AAPI)
2004-2005**

**PART 2
Academic Program’s Verification of Internship Eligibility and Readiness**

NOTE: This form is to be completed and submitted separately from Part 1 of the AAPI.

Instructions to the Applicant: In consultation with your graduate school training director, please complete questions 1 - 7 on your word processor. Please do not complete questions 8 - 15. You should then print out a copy of this form and provide it to your graduate school training director along with instructions about how this form is to be submitted to internship sites (some sites’ materials will describe their requirements for submission). **It is acceptable to APPIC to submit photocopies of this form with the signature photocopied. However, please consult the application instructions for each site for more information, in the event that this is not acceptable to a specific site.**

Instructions to the Training Director: *It is your responsibility to ensure that the information on this form is accurate.* Please review and verify the information filled in by the applicant for questions 1 - 7 (and correct it, if necessary), complete questions 8 - 15, and sign and date this form. This form may either: (a) be sent directly to the internship site by you, or (b) be returned to the applicant (to be sent to the internship site by the applicant along with the AAPI and any other application materials). **It is acceptable to APPIC to submit photocopies of this form with the signature photocopied. The applicant should consult the application instructions for each site for more information in the event that this is not acceptable to a specific site. It is their responsibility to inform you of any exceptions.**

- 1. **Applicant’s Name:** @
- 2. **Doctoral Program / Department:** @
- 3. **University / School:** @
- 4. **Director of Training:** @
- 5. **Director of Training’s
Address, Phone, and E-Mail:** @
@
@
@

6. **Academic Requirements:** It is understood that many applicants may still have comprehensive exams to complete prior to February 1, 2005 and coursework to complete prior to June 30, 2005. Please enter the dates that the following items were completed. Also, please list any requirements, as of today’s date, that must still be completed before the student will be ready to go on internship, along with the expected date of completion.

In Column 1, enter the date completed or the expected completion date in mm/yyyy format. If not applicable, instead enter “Not Applicable.”

In Column 2, indicate with a “Yes” or “No” if the completion of the task is required by your program for a student to be able to accept an internship.

In Column 3, indicate with a “Yes” or “No” if the completion of the task is required by your program for a student to be able to attend an internship.

	Date Completed or Expected (mm / yyyy)	Required to accept an internship?	Required to attend an internship?
a. Comprehensive / Qualifying Exam / Task	@ / @	@	@
b. Academic Coursework (excluding dissertation and internship hours if applicable)	@ / @	@	@
c. Master’s Thesis	@ / @	@	@
d. Dissertation / Doctoral Research Project			
Proposal approved	@ / @	@	@
Data collected	@ / @	@	@
Data analyzed	@ / @	@	@
Defended	@ / @	@	@

7. **Practicum Hours:** The above-named applicant has completed the following practicum hours as of November 1, 2004 (the hours listed below should be identical to the hours listed in the “Doctoral through Nov. 1, 2004” column and the “Estimated after Nov. 1, 2004” column in Section 3 of the AAPI, item 4)

	Doctoral through Nov. 1, 2004	Estimated after Nov. 1, 2004
a. Total Intervention and Assessment Hours (item 1):	@	@
b. Total Support Hours (item 2):	@	@
c. Total Supervision Hours (item 3):	@	@
GRAND TOTAL	@	@

8. **Academic Standing:** Please answer the following questions regarding the above named student’s academic standing. *This item is to be completed by the Training Director.*

maturity to handle the challenges of graduate training to this point.

- b) This applicant possesses the theoretical / academic foundation necessary for effective counseling / clinical work. Yes No
- c) This applicant possesses the skills necessary for translating theory into integrated practice. Yes No
- d) This applicant demonstrates awareness of, and practices according to, the current ethical guidelines for psychologists. Yes No
- e) This applicant demonstrates the capacity to participate in supervision constructively and can modify his / her behavior in response to feedback. Yes No

13. **Additional comments:** Please identify areas of particular strength and areas of potential further development while on internship. If you do not have direct knowledge of this student, please gather the appropriate information from relevant parties. *This item **must** be completed by the Training Director. (If you are referring to an attached letter, please be sure that the letter addresses particular strengths and areas in which the student needs further development.)*

14. **The faculty agrees that this student is ready to apply for internship.** (Please circle) *This item is to be completed by the Training Director.*

Yes No

If no, please explain:

15. **Once the student is on internship:** Who will serve as the contact person between your department and the internship program? (e.g., Training Director, Academic Advisor) *This item is to be completed by the Training Director.*

Name:

Work Address:

Phone:

E-Mail:

Signature of the Director of Training: _____

Date signed: _____

Appendix E

Counseling Internship Articles

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Ethical Principles of Psychologists and Code of Conduct

2002

[History and Effective Date Footnote](#)

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INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code. Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term reasonable means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time. In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

PRINCIPLE A: BENEFICENCE AND NONMALEFICENCE

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

PRINCIPLE B: FIDELITY AND RESPONSIBILITY

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

PRINCIPLE C: INTEGRITY

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

PRINCIPLE D: JUSTICE

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS**1. RESOLVING ETHICAL ISSUES****1.01 Misuse of Psychologists' Work**

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not

violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute non-cooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. COMPETENCE

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make

appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) 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.

(b) 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. (See also Standard 10.10, Terminating Therapy.)

3. HUMAN RELATIONS

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter

into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. PRIVACY AND CONFIDENTIALITY

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. ADVERTISING AND OTHER PUBLIC STATEMENTS

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials.

Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. RECORD KEEPING AND FEES

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. EDUCATION AND TRAINING

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that

enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. RESEARCH AND PUBLICATION

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk

to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

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

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the

substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose.

Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. ASSESSMENT

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as

situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

- (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.*
- (b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.*

9.09 Test Scoring and Interpretation Services

- (a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.*
- (b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)*
- (c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.*

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining Test Security

The term test materials refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. THERAPY

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

History and Effective Date Footnote

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

- American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.*
- American Psychological Association. (1959). Ethical standards of psychologists. American Psychologist, 14, 279-282.*
- American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60.*
- American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361.*
- American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23.*
- American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.*
- American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638.*
- American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). American Psychologist, 45, 390-395.*
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611.*

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

Ethics Code 2002.doc 10/8/02

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INSTRUCTIONS FOR COMPLETING FORM FOR THE DOCTORAL DEGREE

Please submit **two** copies of your typewritten program to the Graduate School. Upon approval, copies will be returned to the student, the chair of the major department, the chair of the minor department, and the chair of the Thesis Committee. **See *Deadlines and Procedures*** (<http://www.wsu.edu/~gradsch/Forms3.htm> - tabsum). Preparation of the program is the responsibility of the student in consultation with the advisor and doctoral committee.

Approval for use of human subjects or animals in research is required. If the student plans to utilize human or animal subjects for research, please contact either the Office of Grant and Research Development or the Laboratory Animal Resources Center. Please note that Departments/Programs should ensure that all procedures have been followed and forms filed with the appropriate offices; they can also determine the appropriateness of such narrative within the thesis or dissertation. The Graduate School only seeks verification that University approval has been granted.

FRONT OF FORM

If a definite dissertation title has not been decided upon, the general subject area should be listed. Please obtain appropriate departmental and committee members' signatures. Items concerning the preliminary examination, program approval, and the date of completion are reserved for the Office of the Graduate School.

The doctoral committee must include an advisor and two other Graduate Faculty members with the advisor serving as chair of the committee. A fourth member who holds the highest appropriate degree and whose special knowledge is particularly important to the proposed program, but who is not a member of the Graduate Faculty, may be appointed to the committee and shall vote. At least one member of the committee must be from the minor department if a minor is declared on the doctoral program. When no minor is declared, no outside member is required. However, when outside supporting work is included in the program an outside member is recommended.

BACK OF FORM

The student should supply appropriate information regarding courses taken and proposed, utilizing the WSU Catalog, Graduate Study Bulletin, WSU academic records, and official transcripts from other institutions. Transfer credit, if requested, should be reported exactly as it appears on the original transcript. Transfer credit should be reported in semester hours.

- I. The CORE PROGRAM for the Ph.D. degree must include a minimum of 34 semester hours of graded coursework beyond the bachelors degree. The core program for the Ed.D. degree must include a minimum of 42 semester hours of graded coursework beyond the bachelor's degree. It should include the most advanced courses appropriate to the field of study listed in the *Graduate Study Bulletin* or approved for graduate credit subsequent to the printing of the *Bulletin*. Of the minimum number of hours required on the program of study (34 or 42), up to 9 credits of non-graduate credit (300- or 400-level) may be used. Graded seminars numbered 500 or above may be a part of the core program. Courses graded S/F may not be used in the core program. Only those master's degree and transfer courses at a level equivalent to 400-and 500-level courses, and applicable to the doctoral core program, should be listed in this category. **Any course included in the advanced degree program in which a grade of "C-" or below is earned must be repeated but not on a pass/fail basis.**
- II. In addition to the core requirement, the program shall show RESEARCH AND ADDITIONAL STUDIES. This includes Special Projects **600**, and Doctoral Research **800** (minimum of 20 hours). This category also may include additional graded or S/F courses and seminars taken at Washington State University. The program may not include courses graded P/F or courses that are audited. Credit in this category, plus that in the core program, must total at least 72 hours.

The minimum requirements for a D.A. program are described in the *Graduate School Policies and Procedures Manual*.



The Graduate School
PROGRAM FOR DOCTORAL DEGREE

ID # _____ DATE _____

NAME _____ E-Mail _____

LOCAL ADDRESS _____ TELEPHONE _____

By-Passing Master's Degree? [] Yes [] No

DEGREE SOUGHT:

[] Ph.D. Major _____

[] Ed.D. _____

[] D.A. Minor _____

Dissertation Subject _____

Doctoral Committee Recommended: (If a minor is chosen, the minor field must be represented on the Committee)

Table with 2 columns: Print/type name, Signatures. Includes rows for Chair and other committee members.

Unless notified otherwise by the Graduate School, the above faculty members will be appointed to the doctoral committee.

Program Recommended: Chair, Major Department _____ Date _____

Program Recommended: Chair, Minor Department(s) _____ Date _____

Program Approved: Dean, Graduate School _____ Date _____

Summary of Previous Education

Table with 3 columns: College/University Attended, Period, Degrees and Dates Awarded.

(OFFICE USE ONLY)

Preliminary Examination Passed _____ (date)

Program subject to completion by end of _____ (date)

Doctoral Program for _____
 (Name)

Course Prefix & Number	Complete Catalog Title	Credit	Grade	Sem/Qtr/Year Chronological Order	WSU Instructor or other Institution
------------------------	------------------------	--------	-------	----------------------------------	-------------------------------------

I. CORE PROGRAM:
 Transfer Courses:

SUBTOTAL CORE PROGRAM (34 hours minimum for Ph.D.)
 (42 hours minimum for Ed.D. and 45 hours minimum for D.A.) _____

II. RESEARCH AND ADDITIONAL STUDIES:

600 Special Projects or Independent Study _____

800 Doctoral Research, Thesis and/or Examination _____

Other: (Additional graded or S/F courses taken at WSU) _____

SUBTOTAL RESEARCH AND ADDITIONAL WORK _____

TOTAL CREDIT HOURS: (72 hours minimum) _____

TOTAL PRACTICUM ACTIVITY HOURS

Code=I	Individual Counseling	_____
Code=J	Individual Vocational Counseling	_____
Code=G	Group Counseling	_____
Code=R/F	Relationship/Family Counseling	_____
Code=C	Consulting Activities	_____
Code=IS	Indirect Services	_____
Code=SR	Individual Supervision Received	_____
Code=GS	Group Supervision Received	_____
Code=PS	Peer Supervision/Case Consultation	_____
Code=A	Assessment Activities	_____
Code=O	Observation	_____
Code=OP	Outreach Presentations	_____
Code=H	Hypnosis Interventions	_____

TOTAL DIVERSE POPULATION HOURS

Code=AA/Blk	African American/Black	_____
Code=AA/PI	Asian American/Pacific Islander	_____
Code=L	Latino-a/Hispanic	_____
Code=AI	American Indian	_____
Code=CAU	Caucasian/European American	_____
Code=BI	Bi-racial/Multi-racial	_____
Code=GLBT	Gay/Lesbian/Bi-sexual	_____
Code=PD	Physical Disability	_____
Code=DD	Developmental Disability	_____
Code=VI	Blind/Visually Impaired	_____
Code=D	Deaf/Hard of Hearing	_____
Code=LD	Learning Disability	_____
Code=INT	International Students	_____
Code=F	Female	_____
Code=M	Male	_____

Instructor's Signature: _____

Supervisor's Signature: _____

Department of Educational Leadership & Counseling Psychology
Evaluation of Practicum Student's Performance

Name _____(Supervisee) Setting _____
 Name _____(Supervisor) Date _____
 Semester _____ Year _____
 Level: Beginning _____ Advanced _____

Instructions: Answer items according to the following scale:

- 1 = counselor is considerably below average for his or her level
- 2 = counselor is somewhat below average for his or her level
- 3 = counselor is at the average for his or her level
- 4 = counselor is somewhat above average for his or her level
- 5 = counselor is considerably above average for his or her level

Items

Scale

I. RELATIONSHIP WPM CLIENT

1. Awareness of and sensitivity to client's non-verbal behavior.	1	2	3	4	5	NA
2. Understands client's feelings and communicates this understanding to the client.	1	2	3	4	5	NA
3. Uses language and terms appropriate for client and client's concern.	1	2	3	4	5	NA
4. Conveys counseling atmosphere of trust and safety.	1	2	3	4	5	NA
5. Encourage client to accept responsibility in relationship.	1	2	3	4	5	NA
6. Recognizes and deals with resistance.	1	2	3	4	5	NA
7. Understands client's impact on self.	1	2	3	4	5	NA

II. COUNSELING TREATMENT AND TECHNIQUES

1. Uses both closed- and open-ended questions as appropriate.	1	2	3	4	5	NA
2. Begins and ends interview with an appropriate manner.	1	2	3	4	5	NA
3. Encourages client to be specific and concrete; uses behavioral descriptions.	1	2	3	4	5	NA
4. Handles silence and uses effectively in treatment.	1	2	3	4	5	NA
5. Can be appropriately confrontive and immediate.	1	2	3	4	5	NA
6. Introduces client to and prepares client for testing appropriately.	1	2	3	4	5	NA
7. Interprets test results effectively to client	1	2	3	4	5	NA
8. Establishes appropriate short-term goals	1	2	3	4	5	NA
9. Discriminates short-term from long-term goals	1	2	3	4	5	NA
10. Recognizes own limitations in treating a particular client	1	2	3	4	5	NA
11. Has understanding of and skill in using variety of treatment approaches	1	2	3	4	5	NA

III. CONCEPTUALIZATION

1. Ties together seemingly discrete and isolated components of client's behavior	1	2	3	4	5	NA
2. Generates hypotheses concerning client behavior and dynamics	1	2	3	4	5	NA
3. Writes conceptualizations which are clear and understandable; also concise and "to the point"	1	2	3	4	5	NA
4. Utilizes test results in the conceptualization of the client	1	2	3	4	5	NA
5. Identifies areas of client functioning where further assessment is needed	1	2	3	4	5	NA
6. Provides rationale for conceptualization based on psychological theory and research	1	2	3	4	5	NA
7. Provides rationale for conceptualization based on client data	1	2	3	4	5	NA
8. Formulates appropriate interventions based on conceptualization	1	2	3	4	5	NA

IV. RELATIONSHIP WITH SUPERVISOR

1. Is free from defensiveness and willing to admit mistakes	1	2	3	4	5	NA
2. Assumes responsibility in an appropriate manner	1	2	3	4	5	NA
3. Actively solicits feedback from supervisor	1	2	3	4	5	NA
4. Uses persons other than supervisor for skill development	1	2	3	4	5	NA
5. Is willing to be assertive with supervisor	1	2	3	4	5	NA
6. Shows willingness to be observed and evaluated	1	2	3	4	5	NA
7. Critiques and analyzes own taped interview(s)	1	2	3	4	5	NA

V. ETHICS AND PROFESSIONALISM

1. Uses information concerning referral sources appropriately with clients	1	2	3	4	5	NA
2. Understands agency functioning and procedures	1	2	3	4	5	NA
3. Relates effectively with agency support staff	1	2	3	4	5	NA
4. Provides responsible feedback and critiquing to others	1	2	3	4	5	NA
5. Demonstrates awareness of appropriate ethical codes	1	2	3	4	5	NA
6. Critiques and analyzes own taped interview(s)	1	2	3	4	5	NA

VI. ISSUES OF DIVERSITY

1. Displays an awareness of his or her own racial and cultural identity development and its impact on the counseling process	1	2	3	4	5	NA
2. Is aware of his or her own values, biases, and assumptions about other racial and cultural groups and does not let these biases and assumptions impede the counseling process	1	2	3	4	5	NA
3. Exhibits a respect for cultural differences among clients	1	2	3	4	5	NA
4. Is aware of the cultural values of each client as well as of the uniqueness of each client within the client's racial and cultural group identification	1	2	3	4	5	NA
5. Is sensitive to nonverbal and paralinguistic cross-cultural communication clues	1	2	3	4	5	NA

6. Demonstrates the ability to assess the client's level of acculturation and to use this information in working with the client to implement culturally sensitive counseling	1	2	3	4	5	NA
7. Displays an understanding of how race, ethnicity, and culture influence the treatment, status, and life chances of clients	1	2	3	4	5	NA
8. Is able to help the client sort out the degree to which the client's issues or problems are exacerbated by limits and regulations of the larger society	1	2	3	4	5	NA

VII. CASE MANAGEMENT

1. Keeps scheduled appointments with clients	1	2	3	4	5	NA
2. Is on time for scheduled appointment	Yes -	Usually -	No -	N/A		
3. Writes closing notes for case file	Yes -	Usually -	No -	N/A		
4. Attends supervisory sessions on time and regularly	Yes -	Usually -	No -	N/A		
5. Keeps client materials confidential and secure	Yes -	Usually -	No -	N/A		
6. Makes contact quickly with a client who has missed an appointment	Yes -	Usually -	No -	N/A		
7. Has a system of keeping regular up-to-date case notes	Yes -	Usually -	No -	N/A		

If you answered NA for any of the above items, please provide a brief explanation below.

To the practicum student: Please comment on your supervisor's perception of your strengths, weaknesses, and grade recommendation.

Supervisee signature _____

To the supervisor: Please comment on your perceptions of the practicum student's major strengths and weaknesses, including your recommendation for a grade in practicum.

Supervisor signature _____

Semester Summary of Practicum Hours: Documentation Form

This form allows students to document their experience in therapy and other psychological interventions, in a format consistent with the Application for Psychology Internships (AAPI). Thus, while this form lists a wide range of experiences that one might have had, no one will have all these experiences, either in one semester or even at the end of training. In short, each student will have many blank areas on the form.

The AAPI counts only hours for which you received formal academic training and credit or which was program-sanctioned training experience (e.g., VA summer traineeship). APPIC also requires that all practicum hours must be supervised. Thus, EACH semester you engage in ANY kind of therapy/intervention hours meeting the above description, you must fill out those parts of this form that apply and have the form signed by the supervising psychologist or faculty member. Hence, prior to internship, you will need to only total the hours across each of your semester documentation forms.

In filling out this form, please note the following definitions used by APPIC:

- **Practicum hour** - A practicum hour is a clock hour not a semester hour. A 45- 50 minute client hour may be counted as one practicum hour.

Also, please note that Items 1 - 3 below are meant to be mutually exclusive; thus, any practicum hour should not be counted more than once across these items. You may have some experiences that could potentially fall under more than one category, but it is your responsibility to select the category that best captures your experiences.

One form MUST be filled out for each practicum/field placement you do. Thus, if you complete two placements in one semester, you must fill out two forms.

STUDENT NAME: _____ STUDENT #: _____

COURSE #: _____ CREDIT HOURS: _____ SEMESTER/YEAR: _____

COURSE INSTRUCTOR: _____

SUPERVISOR: _____ ACADEMIC ADVISOR: _____

SETTING IN WHICH HOURS TOOK PLACE: _____

Circle Setting Type: Child Guidance Clinic; Community Mental Health Center; Department Clinic; Forensic/Justice Setting; Inpatient Hospital; Military; Outpatient Medical/Psychiatric Clinic and Hospital; University Counseling Center; Schools; Other (specify: _____)

SIGNATURES (DATES) OF PRACTICUM INSTRUCTOR: _____

SIGNATURE (DATE) OF SUPERVISOR: _____

SIGNATURE OF STUDENT: _____

1. **INTERVENTION AND ASSESSMENT EXPERIENCE-** In this section, record actual clock hours in direct service to clients/patients. Hours should not be counted in more than one category. Time spent gathering information about the client/patient, but not in the actual presence of the client/patient, should be recorded under Support Activities below. For the first column, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours. For the second column, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group.

	Total # of hours face-to-face	# of different individuals, groups, couples, etc.
a. Individual Therapy		
1) Older Adults (65+)	_____	_____
2) Adults (18-64)	_____	_____
2) Adolescents (13 – 17)	_____	_____
3) School-Age (6 – 12)	_____	_____
4) Pre-School Age (3 – 5)	_____	_____
5) Infants / Toddlers (0 –2)	_____	_____
b. Career Counseling		
1) Adults	_____	_____
2) Adolescents	_____	_____
c. Group Therapy		
1) Adults	_____	_____
2) Adolescents (13 – 17)	_____	_____
3) Children (12 and under)	_____	_____
d. Family Therapy	_____	_____
e. Couples Therapy	_____	_____
f. School Counseling Interventions		
1) Consultation	_____	_____
2) Direct intervention	_____	_____
3) Other	_____	_____
g. Other Psychological Interventions		
1) Sport Psychology/ Performance Enhancement	_____	_____
2) Medical/Health –Related Interventions	_____	_____
3) Intake Interview/Structured Assessment	_____	_____
4) Substance Abuse Interventions	_____	_____
5) Other Interventions (i.e., milieu therapy, treatment planning w/patient present)	_____	_____

Describe nature of experience if g5:

h. **Psychological Assessment Experience:** This is the total estimated number of face-to-face client contact hours administering and providing feedback to clients. This does not include time spent scoring and/or report writing, which should be included under item 2, below (“Support Activities”). Information about tests administered is recorded below also, under #4.

	Total # hours face-to-face
1) Psychodiagnostic Test Administration ¹	_____
2) Neuropsychological Assessment ²	_____

i. Other Psychological Experience with Students and/or Organizations

1) Supervision of other students performing intervention and assessment activities	_____
2) Program Development/Outreach Programming	_____
3) Outcome Assessment of programs or projects	_____
4) System Intervention/Organizational Consultation/Performance Improvement	_____
5) Other (specify: _____)	_____

Total Intervention and Assessment Hours:

Add the number of hours included in 1a through 1i above _____

2. **SUPPORT ACTIVITIES** - Record time spent outside the counseling/therapy hour focused on the client/patient (e.g., chart review, writing process notes, consulting with other professionals about cases, video/audio tape review, planning interventions, assessment interpretation and report writing. In addition, it includes the hours spent in your practicum site in didactic training, such as attending seminars:

TOTAL SUPPORT HOURS: _____

3. **SUPERVISION RECEIVED** - Supervision is divided into one-to-one, group, and peer supervision/consultation. Supervision provided to others should be counted in item 1i-1 above.

Item 3a: Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the psychological services rendered by the student.

Items 3b and 3c: The hours recorded in the group supervision category should be actual hours of group focus on specific cases. Many practica courses incorporate both didactic and experiential components. The didactic portion should not be recorded as a supervision

¹ Includes symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment, and providing feedback to clients

² Includes intellectual assessment in this category only when it was administered in the context of neuropsychological assessment involving the evaluation of multiple cognitive, sensory, and motor functionings.

activity; it should instead be recorded as a support activity in Item 2 above. This may necessitate breaking the hours spent in a practicum course into intervention, supervision, and didactic activities by actual course hours. For example, if you present on the “Psychosocial Issues of HIV Infection” using examples of cases, it is a didactic activity. Attendance at in-service education on specific topics would not be considered supervision for the purposes of documenting practicum hours, but would be considered a support activity.

- a. Hours spent in one-on-one, face-to-face supervision _____
- b. Hours spent in group supervision: _____
- c. Hours of peer supervision/consultation and case discussion on specific cases: _____

TOTAL SUPERVISION HOURS (add 3a, 3b, and 3c): _____

- 4. **SEMESTER TOTAL SUMMARY OF PRACTICUM HOURS** - This section summarizes the total number of practicum hours described above.
 - a. Total Intervention and Assessment Hours (item 1): _____
 - b. Total Support Hours (item 2): _____
 - c. Total Supervision Hours (item 3): _____

GRAND TOTAL _____

5. **TREATMENT SETTING** – The APPIC application will ask for hours by treatment setting. Remember to circle treatment setting on page one.

6. **OTHER INFORMATION ABOUT YOUR PRACTICUM OR WORK EXPERIENCE**

- a. List types of groups led or co-led: _____
- b. Did you gain any experience with Managed Care Providers this semester? **Yes No**
- c. Have you audio or videotaped clients and reviewed these tapes with your clinical supervisor? Audiotape review: **Yes No**; Videotape review: **Yes No**
- c. Please indicate the number of clients/patients seen for each of the following diverse populations this semester. You may provide additional information or comments. Include clients for whom you performed assessments or intake interviews. For this item, you may include a single client in more than one category as appropriate. For families and/or couples, please count each individual separately.

of Different Clients Seen

Race/Ethnicity

- African-American / Black/ African Origin _____
- Asian-American / Asian Origin /Pacific Islander _____
- Latino-a / Hispanic _____
- American Indian / Alaska Native / Aboriginal Canadian _____
- European Origin/ White _____
- Bi-racial / Multi-racial _____
- Other (Specify: _____) _____

	# of Different Clients Seen
<u>Sexual Orientation:</u>	
Heterosexual	_____
Gay	_____
Lesbian	_____
Bisexual	_____
Other (specify: _____)	_____
 <u>Disabilities</u>	
Physical/Orthopedic Disability	_____
Blind/Visually Impaired	_____
Deaf/Hard of Hearing	_____
Learning/Cognitive Disability	_____
Developmental Disability	_____
Serious Mental Illness	_____
Other (specify: _____)	_____
 <u>Gender:</u>	
Male	_____
Female:	_____
 Comments:	

7. **OTHER CLINICAL EXPERIENCES** - Please describe any other clinical work done this semester in settings or activities that are not described above. This includes professional work experiences separate from practica/field placement. Please note that the APPIC application will ask for this, so please keep good records. The APPIC application allows this to be included in narrative form or in a format similar to that used above.

8. TEST ADMINISTRATION

Please indicate all instruments used this semester, excluding practice administrations to fellow students. Please indicate the number of tests you administered and scored in the first column and the number you administered, scored, interpreted, and wrote a report for in the second column.

<u>ADULT TESTS</u>	# Administered and Scored	# of Reports Written
Name of Test		
Bender Gestalt	_____	_____
Millon Clinical Multi-Axial Inv. III (MCMI)	_____	_____
MMPI-II	_____	_____
Myers-Briggs Type Indicator	_____	_____
Personality Assessment Inventory	_____	_____
Projective Sentences	_____	_____
Projective Drawings	_____	_____
Rorschach (Scoring System: _____)	_____	_____
Self-Report measures of symptoms/disorders	_____	_____

Strong Interest Inventory	_____	_____
Structured Diagnostic Inventories	_____	_____
TAT	_____	_____
Trail Making Test A & B	_____	_____
WAIS – III	_____	_____
Weschler Memory Scale III	_____	_____
Other Tests:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD AND ADOLESCENT TESTS

<u>Name of Test</u>	<u># Administered and Scored</u>	<u># of Reports Written</u>
Connors Scales (ADD assessment)	_____	_____
Diagnostic Interviews	_____	_____
MMPI - A	_____	_____
Parent Report Measures	_____	_____
Peabody Picture Vocabulary Test	_____	_____
Rorschack (Scoring System:_____)	_____	_____
WISC-III	_____	_____
WPPSI-R	_____	_____
WRAT	_____	_____
Other Tests:		
_____	_____	_____

INTEGRATED REPORT WRITING

How many carefully supervised integrated psychological reports have you written this semester? An integrated report includes a history, an interview, and at least two tests from the following categories: personality assessment (objective and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient/client. Indicate below how many you have written this semester for each of the following populations:

- a. Adults: _____ b. Children/Adolescents: _____