Student Handbook

Doctoral Program in Clinical Psychology
University of Maine
INTRODUCTION TO THE STUDENT HANDBOOK

This Handbook is an important source of information for program faculty and students. It is the only place where all program policies are documented and it is the "go to" resource when related questions arise. As such, it is strongly recommended that faculty and students familiarize themselves with its content and turn to it when needed. Covered are topics ranging from degree requirements, practicum, comprehensive examinations, grades, student evaluation, internship, student rights, and official program policies. In addition to this Handbook, faculty and students should also consult the Graduate School website (www.umaine.edu/graduate) and Department's Graduate Student Rules for other important information and policies. Of course, faculty and students must also adhere to the APA 2002 Code of Ethics (amended in 2010) for Psychologists. Upon entry into the program, students are required to sign a form acknowledging receipt of this Handbook and pledging adherence to program, department, and university policies, as well as the ethics code.

Putting together a document such as this is a major undertaking. As DCT, I would like to acknowledge the input of April O'Grady and the clinical faculty. Special thanks to Rachel Goetze for coordinating the revision process and to Amanda Kutz, Patricia Dieter, Karim Assous, Helen Day, Shannon Brothers, Peter Dearborn, and Julia Craner for taking the time to make comments and suggestions on earlier draft versions.

Douglas W. Nangle  
Professor and Director of Clinical Training
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INTRODUCTION

MISSION STATEMENT

The mission of the University of Maine’s Clinical Psychology Doctoral Training Program is to prepare students for the doctorate (Ph.D.) in psychology and for careers combining research and practice. As such, all program training components heavily emphasize the interactive influences and integration of the science and professional practice of psychology. The program philosophy and model of training are entirely consistent with the general University mission with its emphases on teaching, basic and applied research, and public service activities that benefit the state of Maine and the larger world community (http://umaine.edu/about/umaine-mission/).

MODEL OF TRAINING

The philosophy and model of training for the UM Clinical Program is consistent with the scientist-practitioner model espoused at the Boulder Conference in 1949. As stated above, this model emphasizes the interactive influences and integration of the science and professional practice of psychology. The program also adheres to the mentor model of training, in which faculty recruit students that match their training philosophy and research activities and act as mentors, modeling the integration of science, practice, and continuing education. Students are treated as junior colleagues and encouraged to participate in program governance and evaluation, present and publish research, review manuscripts, and attend professional workshops.

GOALS

The program’s emphasis on science-practice integration is reflected in clearly specified training goals: (1) To produce graduates who have the requisite knowledge of the broad bases of scientific psychology; (2) To produce graduates who have the requisite knowledge and skills to critically evaluate and conduct empirical research; (3) To produce scientist-practitioner graduates who have an appreciation of the close links between psychological research and practice and the knowledge and skills needed to integrate the two; (4) To produce graduates who have the requisite knowledge and skills for entry into the practice of professional psychology; and (5) To produce graduates with the requisite knowledge and skills to form a foundation upon which to function in an ethical and professional manner throughout their professional careers. Goal attainment is pursued through a variety of concurrent coursework, practicum, and research training activities that are sequential, cumulative, and graded in complexity.
DIVERSITY STATEMENT

The University of Maine Clinical Psychology Program is dedicated to diversity, consistent with the broad definition accepted by the American Psychological Association. Faculty and students in the program are committed to providing a supportive and open learning environment for all individuals regardless of age, culture, ethnicity, socioeconomic status, gender, race, sexuality, disability, or beliefs. Respect for the differing opinions and attitudes of all individuals, as well as the continued acceptance of these differences, are important to the development of this environment. The program values the importance of interaction with individuals different from oneself and views this as vital to our student training.

ADMISSION REQUIREMENTS

To be considered for admission, program candidates must complete both departmental (which is located under Psychology Program Application [http://umaine.edu/clinicalpsychology/admissions/admissions-process/](http://umaine.edu/clinicalpsychology/admissions/admissions-process/)) and graduate school ([http://www2.umaine.edu/graduate/](http://www2.umaine.edu/graduate/)) applications. In a typical year, there are 100 or more completed applications. An initial screening is completed in order to decide which candidates will be invited for an on campus interview. This screening is based on a composite of GRE scores (advanced psychology test not required), undergraduate (and graduate if applicable) grade point average (GPA), research and clinical interests reflected in the Personal Statement, and letters of reference. Because of the program’s heavy research emphasis, candidates with evidence of strong performance in science and mathematics courses are favored. Though no minimum scores/grades are used as “cutoffs” in the screening process, grade point averages below 3.3 and GRE scores below the 50th percentile often result in rejection. A summary of GPA’s and GRE scores of admitted candidates for the past 7 years can be found on the program’s website in the Admissions section under “Student Admissions, Outcomes and Other Data.” Low GPA or GRE scores are sometimes offset by other strengths and rarely are the sole reason for the rejection of an application. Finally, because of the program’s mentor-based training model, the perceived match of interests between candidates and potential faculty mentors is crucial in the admission process. A related consideration is whether particular faculty members have the funding to make admission offers in a particular year.

DEGREE REQUIREMENTS

OVERVIEW

The basic degree requirements set forth by the Graduate School include a minimum residency period, the successful completion of comprehensive examinations and admission into doctoral candidacy, a successfully defended dissertation, a minimum number of graduate course credits, and a program of study approved by an established advisory committee. There is no department
or program language requirement. With respect to residency, the program requires a minimum of three full-time academic years of graduate study (note this is more than the minimum of two required by the Graduate School) and the completion of a clinical internship prior to awarding the doctoral degree. “Full-time” status is defined by the Graduate School and is currently defined as being enrolled in six or more credit hours per semester, with the exceptions of the internship year in which only one internship credit per semester is necessary and/or the final semester in which one thesis credit is needed to maintain full-time status. Note that despite these “minimum” requirements, the nature of the program typically makes full-time residence essential throughout the entire course of study, which is typically four years pre-internship for General Track students and five years for Developmental-Clinical Track students.

**ADVISORY COMMITTEE**

At the time of admission, all students are assigned to an advisor. Students must also establish an advisory committee. This committee is typically chaired by the advisor (must be a full-time graduate faculty member or a co-chair must be appointed) and includes a minimum of three members of the graduate faculty. These faculty members do not have to be appointed to the student’s eventual dissertation committee. The advisory committee guides the student on curricular and related issues, approves the program of study (described below) and any requested modifications, and helps determine a student’s standing in the program when a grade below a B- is received in any required course. **Since this committee must approve the following described program of study, it should be established within the first year of study.**

In consultation with their advisor and advisory committee, students must also develop a Program of Study (form can be downloaded from the Graduate School website: [https://umaine.edu/graduate/studenthub/?quicktabs_student_resources_qtabs=1#quicktabs-student_resources_qtabs](https://umaine.edu/graduate/studenthub/?quicktabs_student_resources_qtabs=1#quicktabs-student_resources_qtabs)). The program of study is an outline of courses to be passed and research to be undertaken. Prerequisite and elective courses are part of the program of study. This should be completed and submitted to the Graduate School by the end of the first year of study and a failure to do so may interfere with registration. When the program is approved by the advisory committee, the Chair of the Department’s Graduate Committee, and filed with the Graduate School, it becomes the student’s required curriculum.

**COURSE REQUIREMENTS**

The Graduate School requires the completion of a minimum of 60 credit hours for the doctoral degree. With the course, research, and practicum credit requirements described below, however, students will exceed that minimum. Note that all required courses must be passed, which is defined as a B- or higher. Required coursework grounds students in the broad bases of psychology as a scientific discipline and emphasizes empirical findings and a science perspective in the coverage of more specific clinical content areas, including psychopathology, assessment, and intervention.
As far as sequencing, first-year students take core clinical courses (psychopathology, basic and advanced assessment, supervision and consultation, and ethics and professional issues). General Track (GT) students commonly take additional courses to ensure they are enrolled in three classes during both Fall and Spring semesters of their first year. Such courses include statistics and research methods, basic foundations in psychological science (e.g., cognitive psychology, social psychology, physiological), and human development (i.e., Life Span Development). Developmental-Clinical Track (DC) students, who also typically take three classes during their Fall and Spring semesters of their first year, take the core developmental courses (biological bases, social, emotional, and life span) and generally delay the start of the statistics and research sequence.

The second year is critical for doctoral comprehensive examination preparation. At the end of the second year, GT students take the clinical comprehensive examinations and DC students take the developmental comprehensive examinations. DC students also complete the clinical comprehensive examinations, but do so by the end of the third year. As such, GT students must complete all the core clinical courses by the close of the second year and DC students by the close of the third year. In addition, DC students must complete the child psychopathology course in order to sit for the clinical comprehensive examinations. Finally, DC students must complete all of the required developmental core courses (biological bases, social, and emotional) by the close of the second year. Third and fourth year students take any remaining required and elective courses.

**General Track Courses**

1. **Core Clinical Courses (Required for Clinical Comprehensive Examinations)**

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<tr>
<th>Course</th>
<th>Title</th>
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<tbody>
<tr>
<td>PSY 625</td>
<td>Basic Method in Assessment I</td>
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<tr>
<td>PSY 626</td>
<td>Advanced Clinical Assessment II</td>
</tr>
<tr>
<td>PSY 634</td>
<td>Advanced Psychopathology</td>
</tr>
<tr>
<td>PSY 603</td>
<td>Ethics and Professional Problems</td>
</tr>
<tr>
<td>PSY 655</td>
<td>Seminar in Psychotherapy</td>
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1. General track students must complete the general track version; Developmental-clinical track students must complete the child and adolescent version.

2. **Additional Required Clinical Courses**

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<thead>
<tr>
<th>Course</th>
<th>Title</th>
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<tbody>
<tr>
<td>PSY 528</td>
<td>Life Span Development</td>
</tr>
<tr>
<td>PSY 681</td>
<td>Clinical Supervision and Consultation I</td>
</tr>
<tr>
<td>PSY 682</td>
<td>Clinical Supervision and Consultation II*</td>
</tr>
<tr>
<td>PSY 683</td>
<td>Clinical Supervision and Consultation III*</td>
</tr>
<tr>
<td>PSY 592</td>
<td>Directed Readings in Diversity (at least one credit)</td>
</tr>
</tbody>
</table>

*These courses are only offered in the fall semester.
3. **Required Courses Outside of the Clinical Area**

a. **All of the following**

- PSY 540 Advanced Psychological Statistics and Methods I
- PSY 541 Advanced Psychological Statistics and Methods II
- PSY 661 Seminar in History and Philosophy of Psychology

b. **At least one course from each of these areas**

- **Biological Bases of Behavior**
  - PSY 520 Biological Bases of Infancy and Development
  - PSY 551 Advanced Physiological Psychology

- **Cognitive-Affective Bases of Behavior**
  - PSY 521 Emotion, Adaptation, and Development
  - PSY 567 Advanced Cognitive Psychology

- **Social Bases of Behavior**
  - PSY 522 Social Development in Children
  - PSY 561 Advanced Social Psychology

- **Human Development**
  - PSY 528 Life Span Development

- **Individual Differences**
  - PSY 522 Social Development in Children
  - PSY 528 Life Span Development
  - PSY 634 Advanced Psychopathology
  - PSY 641 Personality
  - PSY 651 Child Psychopathology and Therapy

4. **Elective courses (Two for general track, one for development-clinical track)**

   Electives can be one of the courses listed in “b” above not used to satisfy the one course requirement in that area, one of the courses listed below, or another course with approval from the program advisory committee (e.g., a three credit directed readings course).

- PSY 677 Topics in Clinical Psychology (e.g., Health Psychology, Clinical Neuropsychology)

5. **Research, Practicum, and Internship Courses**

- PSY 692 Directed Research (one credit every semester, starting second year and including summer term, until enrolled in Thesis credits, PSY 699)
- PSY 699 Thesis (minimum of six credit hours; three per semester)
<table>
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<tr>
<th>Course</th>
<th>Description</th>
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<tr>
<td>PSY 691</td>
<td>Practicum (at least one credit hour per semester, including summer term,</td>
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<td>when engaged in any clinical work)</td>
</tr>
<tr>
<td>PSY 695</td>
<td>Internship (one credit hour in fall)</td>
</tr>
<tr>
<td>PSY 696</td>
<td>Internship (one credit hour in spring)</td>
</tr>
</tbody>
</table>

**DEVELOPMENTAL-CLINICAL TRACK COURSES**

1. **All courses as outlined in 1, 2, 3a, and 5 above.** Note that DC students must complete the child/adolescent section of the PSY 655 Seminar in Psychotherapy course.

2. In addition, DC students must complete the four developmental core courses. Note that these courses also fulfill the requirements listed in 3b above (i.e., Biological Bases of Behavior, Cognitive-Affective Bases of Behavior, Social Bases of Behavior, Human Development, and Individual Differences) and constitute the core courses required for developmental comprehensive examinations.

   - PSY 520  Biological Bases of Infancy and Development
   - PSY 521  Emotion, Adaptation, and Development
   - PSY 522  Social Development in Children
   - PSY 528  Life Span Development

3. DC students must also complete one of the following courses:

   - PSY 551  Advanced Physiological Psychology
   - PSY 561  Advanced Social Psychology
   - PSY 567  Advanced Cognitive Psychology

4. A **child psychopathology course** is also required. This is in addition to the PSY 634 Advanced Psychopathology course.

   - PSY 651  Child Psychopathology and Therapy

5. Finally, DC students must complete an elective course. Electives can be one of the courses listed in “3” above (i.e., PSY 551, PSY 561, and PSY 567) not used to satisfy the one course requirement in that area, one of the courses listed below, or another course with approval from the program advisory committee (e.g., a three credit directed readings course).

   - PSY 677  Topics in Clinical Psychology (e.g., Health Psychology, Clinical Neuropsychology)
**SAMPLE SCHEDULE BY YEAR**

**General Clinical Track Curriculum: SAMPLE SCHEDULE**

*Please note this is only a SAMPLE. Actual schedules will vary based on courses offered each semester.*

<table>
<thead>
<tr>
<th>1st YEAR</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
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<tbody>
<tr>
<td><strong>Clinical core</strong></td>
<td>Psy 625 Assessment I</td>
<td>Psy 603 Ethics</td>
<td><strong>Psy 681 Supervision I</strong></td>
</tr>
<tr>
<td><strong>Required courses</strong></td>
<td>Psy 634 Psychopath</td>
<td><strong>Psy 626 Assessment II</strong></td>
<td><strong>Psy 691 Practicum</strong></td>
</tr>
<tr>
<td><strong>One from each of 4 areas</strong></td>
<td>Psy 661 History &amp; Phil</td>
<td></td>
<td><strong>At least 1 credit Psy 692</strong></td>
</tr>
<tr>
<td><strong>Electives</strong></td>
<td></td>
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<td>Psy 551 Adv. Physio.</td>
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<th>2nd YEAR</th>
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<tbody>
<tr>
<td><strong>Clinical core</strong></td>
<td>Psy 655 Seminar (gen)</td>
<td>Psy 528 Life Span</td>
<td><strong>Psy 691 Practicum</strong></td>
</tr>
<tr>
<td><strong>Required courses</strong></td>
<td>Psy 540 Statistics I</td>
<td>Psy 541 Statistics II</td>
<td><strong>At least 1 credit Psy 692</strong></td>
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<tr>
<td><strong>Psy 691 Practicum</strong></td>
<td>At least 1 credit Psy 692</td>
<td>Psy 592 Diversity</td>
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<tr>
<td><strong>One from each of 4 areas</strong></td>
<td>Psy 651 Child Path.</td>
<td>Psy 691 Practicum</td>
<td>At least 1 credit Psy 692</td>
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<tr>
<td><strong>Electives</strong></td>
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<td>Psy 682 Supervision II</td>
<td>Psy 691 Practicum</td>
<td><strong>Psy 691 Practicum</strong></td>
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<tr>
<td><strong>Required courses</strong></td>
<td>Psy 691 Practicum</td>
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<td>At least 1 credit Psy 692</td>
</tr>
<tr>
<td><strong>One from each of 4 areas</strong></td>
<td>Psy 567 Adv. Cognitive</td>
<td><strong>Psy 561 Adv. Social</strong></td>
<td>Psy 677 Topics</td>
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<tr>
<td><strong>Electives</strong></td>
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<tbody>
<tr>
<td><strong>Clinical core</strong></td>
<td>Psy 683 Supervision III</td>
<td>Psy 691 Practicum</td>
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<td>Psy 691 Practicum</td>
<td>3 credits Psy 699 Thesis</td>
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<tr>
<td><strong>One from each of 4 areas</strong></td>
<td>3 credits Psy 699 Thesis</td>
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<tr>
<td><strong>Electives</strong></td>
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5th YEAR: Register for Psy 695 Internship I in the Fall and Psy 696 Internship II in the Spring.
**Developmental-Clinical Track Curriculum**

**SAMPLE SCHEDULE**

*Please note this is only a SAMPLE. Actual schedules will vary based on courses offered each semester.*

<table>
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<tr>
<th>YEAR</th>
<th>FALL</th>
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<tbody>
<tr>
<td>1ST</td>
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<tr>
<td>Clinical core</td>
<td>Psy 625 Assessment I</td>
<td>Psy 603 Ethics</td>
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<td>Psy 626 Assessment II</td>
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<td>Developmental core</td>
<td>Psy 520 Biological Dev</td>
<td>Psy 521 Emotion Dev</td>
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<td>Psy 681 Supervision I</td>
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<td>Psy 691 Practicum</td>
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<tr>
<td>Clinical core</td>
<td>Psy 522 Social Dev</td>
<td>Psy 528 Life Span</td>
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<tr>
<td></td>
<td>Psy 540 Statistics I</td>
<td>Psy 541 Statistics II</td>
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<tr>
<td>Developmental core</td>
<td>Psy 691 Practicum</td>
<td>Psy 691 Practicum</td>
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<tr>
<td>Required courses</td>
<td>At least 1 credit Psy 692</td>
<td>At least 1 credit Psy 692</td>
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<tr>
<td>Clinical core</td>
<td>Psy 651 Child Psychopath.</td>
<td>Psy 655 Seminar (dev)</td>
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<tr>
<td>Required courses</td>
<td>Psy 682 Supervision II</td>
<td>Psy 691 Practicum</td>
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<td>Psy 691 Practicum</td>
<td>At least 1 credit Psy 692</td>
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<td>Psy 691 Practicum</td>
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<td>Psy 691 Practicum</td>
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<td>3 credits Psy 699 Thesis</td>
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<td>Electives + 1 addit.</td>
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6th YEAR: Register for Psy 695 Internship I in the Fall and Psy 696 Internship II in the Spring.

COMPREHENSIVE EXAMINATION PROCESS

**Clinical Comprehensive Exam**

**Purpose**

Successful completion of the Comprehensive Examination in Clinical Psychology qualifies the student for admission to Ph.D. candidacy and doctoral level study, and allows the faculty to recognize formally that the student:

a. has attained a certain minimum level of competence in clinical psychology.

b. can think in an integrative manner about the material covered in core clinical program courses.

c. is able to bring professional (in addition to technical) skills to the subject matter of clinical psychology.

d. is able to exercise appropriate professional judgment and apply pertinent ethical principles in using information obtained through coursework.

e. has doctoral level oral presentation skills.

The exam covers four content areas within clinical psychology and a fifth content area related to the student's research specialization. Note that the research specialization question is graded by the student’s advisor and two agreed upon additional faculty members. It is the student’s responsibility (in consultation with the advisor) to get the agreement of the additional faculty readers.

**Note:** Students in the developmental-clinical track also complete the developmental comprehensive examinations that are described in a later section. The student completes the question related to their research specialization during the developmental comprehensive examination rather than the clinical comprehensive examination.

**Content Areas**

The four clinical content areas are as follows:

a. Psychological Assessment
b. Psychopathology
c. Psychotherapy
d. Ethical/professional issues

To help guide the preparation process, the clinical faculty group identifies a pool of potential subtopics from which specific questions can be generated. Note that this list is not exhaustive and the actual questions can come from subtopics not listed and/or the merging of two subtopics. Each year, the Comprehensive Examination Committee (see below) selects two subtopics within
each major content area from which the exam questions will be developed (e.g., Psychological Assessment: inter-rater agreement, behavioral assessment versus other approaches). In responding to exam items, students will be expected to integrate information from their reading of the literature, as well as accumulated knowledge from core clinical courses (e.g., knowledge of specific tests, psychotherapy outcome literature) and related professional experiences (e.g., practicum, supervision).

Potential subtopics (not an exclusive list) within each major content area are as follows:

a. Psychological Assessment: inter-rater agreement; empirically supported assessment; child versus adult assessment; behavioral assessment versus other approaches; statistical versus clinical assessment and prediction; triple response mode assessment; projective testing; sources of bias in testing - cultural, social class, etc.; and the mental status examination.

b. Psychopathology: diathesis-stress models; continuity or otherwise from childhood to adult disorders; comorbidity among disorders; the validity of classification systems; alternatives to categorical classification; diversity issues in psychopathology; gender bias in classification; gender differences in the etiology of particular disorders; psychological processes versus diagnostic categories; the validation of diagnostic constructs in children; and genetic factors.

c. Psychotherapy: measurement of clinical significance; the role of meta-analysis in psychotherapy research; internal versus external validity in psychotherapy research; psychotherapy research design; the relationship between assessment and treatment; integration of psychotherapy approaches; special considerations in the treatment of children; definition of psychotherapy; cross-cultural issues in psychotherapy practice and research; empirically supported treatments; and gender issues.

d. Ethics and Professional Issues: ethical issues in clinical research; effects of therapist misconduct; issues in defining competence and professionalism; issues in defining expert status; prescription privileges for psychologists, ethics and the law; and issues in maintenance of competence.

e. Specialty Research Area
The content of this area will be determined by the student and his or her advisor.

EXAMINATION PROCEDURES

1. Timeline

The timing of the clinical comprehensive examination varies by track. General track (GT) students typically complete the exam in the summer following their second year, whereas the developmental-clinical (DC) track students typically complete the exam in the summer following their third year. DC track students typically complete the developmental comprehensive examination in the summer following their second year.
The timeline for the Comprehensive Examination process is as follows:

**October (fall preceding the summer exam):** The Comprehensive Examination Committee is appointed and chair is elected.

**November:** The committee (or a representative) meets with the students scheduled to sit for the exam and fields questions and/or addresses any concerns regarding the exam process itself.

**December:** The committee notifies students as to the subtopics within each major content area.

**January/February:** Individual students may contact individual committee members for feedback and advice while generating a list of readings.

**February:** Dates for the comprehensive exam are chosen and potential dates for the oral portion of examination are identified.

**June:** The written portion of the comprehensive exam is typically completed.

**July/August:** The oral portion of the exam is typically completed. The Comprehensive Examination Committee Chair submits the “Notification of Results of the Comprehensive Examination” form signed by all committee members within one week of successful completion of both exam portions.

**Following fall semester:** Apply for graduation through the graduate school to obtain master’s degree (see Master’s Degree section for more details).

2. **Comprehensive Exam Committee**

The committee is made up of three members of the clinical faculty. Individual clinical faculty members rotate on and off the committee. Each year, a Chair is selected from within the appointed committee members. The responsibilities of the committee include (a) the selection of the two subtopics within each of the major content areas, (b) drafting the actual exam questions, (c) administration and monitoring of the exam, (d) scoring the written portion of the exam, (e) providing timely feedback to the students taking the exam, (f) administration and evaluation of the oral portion of the exam, (g) arranging for retakes of particular question areas or entire exams for students as needed (see re-examination procedures below), and (h) submission of the “Notification of Results of the Comprehensive Examination” form signed by all committee members within one week of successful completion of both exam portions.

3. **Reading List**

The development of a list of readings to use in preparation for the Comprehensive Exam is part of the exam procedure. As such, no final reading list is “approved” by committee members. Each student is responsible for developing a list of readings and deciding upon its adequacy. Committee members, as well as other clinical faculty, however, can be asked to consult with individual students in identifying readings for the list. Discussions and feedback during the development of a reading list are aimed at identifying whether an overall approach to a topic is appropriate and/or as comprehensive as expected with less intention for guiding the exact formulation of the reading list. Obtaining advice from students that have already passed the
examination can also be helpful in preparing. For the Specialty Research Area, the research advisor and student will decide upon how the reading list is to be developed.

4. Written Materials Permitted During Examination

Students may have specified written materials with them during the written portion of the examination. Permitted items include articles on the reading list and annotated bibliography summaries. Only paper copies are permitted. Articles must be unmarked except for highlighting. Bibliographies are restricted to individual article summaries. Additional notes or outlines integrating readings or addressing specific subtopic areas/presumed questions are not allowed and constitute a violation of the comprehensive examination procedure. Bibliographies must be submitted to committee members for approval no later than one week prior to the written examination. Committee members will approve the bibliographies or request revisions no later than 72 hours before the exam. The bibliographies and the article copies will be rechecked prior to the start of the examination.

5. Written Examination

Students will respond to four questions, one from each of the clinical content areas outlined above. Students will not be made aware of the subtopic areas from which the questions will be drawn prior to the exam. The exam occurs across two days (separated by a day off). On the first day, students will complete two questions and have three hours to respond to each. Typically, the first question is answered between 9 and 12 and the second between 1 and 4 with a break between 12 and 1. The second exam day is structured in the same way. For general track students, the research specialty portion of the exam will occur on a third day (with a day off after the second exam day) during which the students will have four hours to respond. For example, a typical schedule for a general track student would be two clinical content area questions on Monday, another two on Wednesday, and the research question on Friday.

Students type their answers on a computer provided by the committee. Memory sticks will be provided to the students to record their answers. Students are reminded to save work throughout the examination.

6. Oral Examination

Students who pass the written portion of the exam take the oral component. The oral examination is usually scheduled within 10 weeks of completion of the written portion. Students are not expected to do any additional reading to prepare for the oral examination unless specifically suggested by the committee. Rather, students will be asked to expand upon and clarify their answers on the written portion. Follow-up on the Specialty Research Question is not part of the oral exam. In the past, students have found scheduling individual meetings with faculty members to discuss their answers to be helpful in preparing for the oral component. Students will be evaluated based upon their ability to orally present and defend their ideas.

With rare exception, the three Comprehensive Examination Committee members will administer the oral portion of the exam. The oral examination usually lasts between 30 and 60 minutes.
Results may or may not be communicated to the student on the day of the exam, but at a maximum will be provided within 3 to 4 days.

7. Grading

Exam questions are graded "blindly." Students' typed answers are identified using an arbitrary numbering system. Given the way it is structured, however, blind grading of the Specialty Research Question is not possible.

**CLINICAL CONTENT AREA SCORING**

Each question is graded by each of three committee members using a five point grading scale (1 to 5 with higher ratings indicative of higher quality responses) with 0.25 scale points used as the smallest interval assignable (e.g., 3.00, 3.25, 3.50). In grading, emphasis is placed on the integration of material in a well written, thesis-driven essay. Mere restating of facts and article and/or bibliography content is not sufficient. The mean of the three committee members’ scores will be calculated for each question. A mean score of 3.25 and higher indicates an automatic pass. A mean score below 2.75 indicates an automatic fail. A mean score between 2.75 and 3.25 signifies marginal performance.

For a student receiving a marginal score, the committee will meet and decide whether the student passes or fails the item based upon discussion and group consensus. Students may be required to retake a portion of the written exam for a marginal answer within six months. The committee may choose to obtain a fourth and fifth rating of answers that fall into the marginal range.

Students must obtain a passing score in **all four content areas** in order to pass the written portion of the exam. Students who fail one or more examination questions must retake that section of the examination (see re-examination process below).

**SPECIALTY RESEARCH CONTENT SCORING**

Responses to the Specialty Research Area questions are graded by three selected faculty members (the advisor and two others). The additional raters can be drawn from the entire graduate faculty of the Department of Psychology. With advisor consultation and approval, students request that the faculty members serve as raters. On rare occasions, raters may be drawn from outside the Department of Psychology and such exceptions must be approved by the clinical faculty.

The grading system used for the Specialty Research Area is the same as for the Clinical Content Area.

**ORAL EXAMINATION**
Through consensus of the exam committee, performance on the oral examination will be graded on a pass/fail basis. Note that although students are asked to clarify and expand upon their written answers, grading of the two are not linked. Thus, performance on the oral portion will not impact the “pass” status of the written portion nor will the oral exam be influential for “marginal” scores of the written portion.

**RE-EXAMINATION PROCESS**

Students who fail one or more examination questions must retake that section(s) of the examination no sooner than one month and no later than six months after the original examination date. Likewise, students failing the oral examination must retake it no sooner than one month and no later than six months after the original examination date. The specific date will be jointly selected by the committee and the student; however, the committee will have final approval of the re-examination date. A student may retake each portion of the examination (i.e., written, oral) a **maximum of two times**. If a student fails the second examination, he/she will be dropped from the program. Note that failing one question on two occasions would constitute failure of the entire exam.

**DEVELOPMENTAL COMPREHENSIVE EXAM**

In addition to the above described examination, students enrolled in the DC track also complete the Comprehensive Examination in Developmental Psychology. It is important to note that DC students complete their research specialization question within the developmental comprehensive examination and not as part of the clinical comprehensive examination. It is also important to note that the developmental comprehensive examination is under the auspices of the developmental faculty group and is administered by the acting Developmental Coordinator.

**PURPOSE**

Successful completion of the Comprehensive Examination in Developmental Psychology allows the faculty to recognize formally that the student:

a. has attained a certain minimal level of competence in developmental psychology.

b. can think in an integrative manner about the material covered in the core developmental courses.

c. has attained a particular level of knowledge with respect to one developmental period (i.e., infancy/toddlerhood, preschool, middle childhood, or adolescence).

**DEVELOPMENTAL CONTENT AREAS**

The four developmental content areas are as follows:
a. Biological Development
b. Social Development
c. Emotional Development
d. Cognitive Development

The foundation for the examination are the four required developmental core courses: Biological Bases of Infancy and Development; Social Development in Children; Emotion, Development, and Adaptation; and Lifespan Development. Although there is no specified course in cognitive development, this content area is emphasized and integrated within the four core courses.

The exam itself is integrative in nature. Students will respond to two questions. The first question requires that the student integrate content area material and focus on a particular developmental period (i.e., infancy/toddlerhood, preschool, middle childhood, or adolescence). The second is a question within the student’s research area. For example, a student specializing in peer relations research might respond to a question within the broader social development content area.

EXAMINATION PROCEDURES

1. Timeline

Students typically take the exam at the end of their second year in the program when the four developmental core courses have been completed.

The timeline for the exam process is as follows:

**January:** Students hoping to take the exam submit research specialization areas and one developmental period of focus to the Developmental Coordinator.

**March:** Developmental Coordinator arranges for exam readers (two faculty persons) that will be responsible for question generation and scoring.

**June:** Exam typically administered.

2. Exam Subcommittees

The Developmental Coordinator arranges for comprehensive exam readers or groups of two faculty members that are responsible for question generation and scoring. For the research specialization question, the advisor is one of the two readers. For the remaining question, the readers are two developmental faculty members with relevant expertise.

3. Reading List

For the research specialization area, the student and advisor will decide upon how the reading list is to be developed. Students are provided a reading list from the Developmental Coordinator to be used during preparation for the general portion of the developmental comprehensive exam.
Although no final reading list is “approved” by the faculty readers, individual students can call upon faculty for consultation as they develop their own reading list.

4. **Written Materials Permitted During Examination**

Students may have specified written materials with them during the written portion of the examination. Permitted items include articles on the reading list and annotated bibliography summaries. Only paper copies are permitted. Articles must be unmarked except for highlighting. Bibliographies are restricted to individual article summaries. Additional notes or outlines integrating readings or addressing specific subtopic areas/presumed questions are not allowed and constitute a violation of the comprehensive examination procedure. Bibliographies must be submitted to committee members for approval no later than one week prior to the written examination. Committee members will approve the bibliographies or request revisions no later than 72 hours before the exam. The bibliographies and the article copies will be rechecked prior to the start of the examination.

5. **Examination**

Students will respond to the two questions (as described above) in two four-hour periods scheduled on two days with a one day break in between.

6. **Grading**

Grading of each question is done by the assigned readers and adheres to the same procedures described in the preceding Comprehensive Examination Process section. The Developmental Coordinator calculates the mean scores, determines whether questions are passed, and communicates the results to the students. There is no oral component to the Developmental Comprehensive Exam.

**MASTERS DEGREE**

**OVERVIEW**

Students enrolled in the Doctoral Program in Clinical Psychology earn a non-terminal/non-thesis option Master’s of Arts degree on the way to their Ph.D. The term “non-terminal” reflects the fact that this degree is not considered an “end point” in training and that no “M.A. option” or “program” is offered. “Non-thesis” denotes that completion of the comprehensive examination substitutes for a thesis in qualifying for the degree. Qualification for the M.A. is based on the successful completion of coursework and the comprehensive examination in clinical psychology.

**REQUIRED COURSEWORK**
With regard to coursework, a total of 30 credit hours must be completed with grades of B- or better (P if a P/F option) in each course. Sixteen of these credit hours must come from completing the clinical core courses (PSY 603, PSY 625/626, PSY 634, PSY 655, and PSY 681). Note that with the exception of PSY 681 (Clinical Supervision and Consultation I) these are the same courses that must be completed in order to sit for the comprehensive examination. The remaining 14 credit hours must come from the completion of at least 8 credit hours in graduate psychology courses (500 or 600 level), as well as 3 credit hours of PSY 692 (Directed Research) and 3 credit hours of PSY 691 (Practicum).

**COMPREHENSIVE EXAMINATION IN CLINICAL PSYCHOLOGY**

As fully described in the previous section, students must successfully complete both the written and oral portions of the comprehensive examination in clinical psychology in order to qualify for the M.A. degree.

**HOW TO APPLY**

It is very important for students to take the initiative in the degree application process. After successful completion of coursework and the comprehensive examination in clinical psychology, the Graduate Coordinator will notify the Graduate School by email that the student should be informally admitted to the MA in Psychology program. The Graduate School will update the student's status on MaineStreet to reflect that the student is active in both the MA and PhD in Psychology programs. **The M.A. degree will not be awarded unless the student applies for graduation.** The application can be found on MaineStreet (mainestreet.maine.edu) and must be submitted in time for the December, May or August graduation cycle (that follows the completion of the comprehensive examination).

From the MaineStreet menu navigate to:  Student Self-Service > Student Center > Self Service > Degree Progress/Graduation > Apply for Graduation.

Finally, students should also ensure that the Comprehensive Examination Committee Chair has submitted the **“Notification of Results of the Comprehensive Examination”** form within one week of successful completion of both exam portions.

**RESEARCH**

**OVERVIEW**

Training in research is grounded in the mentor model and begins in the admissions process in which applicants are matched to particular mentors based on their similarity in research interests and professional goals. The mentor serves as the student’s advisor, both in terms of research and overall professional development, and the relationship continues throughout the years in the
program and beyond. Another key aspect is the program’s adherence to the junior colleague model, in which mentors encourage students to present research at regional and national conferences, review manuscripts for journals, and publish scholarly work.

Students become involved in their mentors’ research upon entry into the program. First year students formulate research goals with their mentors and typically assume junior roles in ongoing projects (e.g., data collection, literature reviews). In the second year, there is an increasing focus on research and students take on more senior roles in the laboratory. A key task of the second year is preparation for the research question on the comprehensive examination. This literature review often helps to form the basis of an independent research project and the eventual dissertation proposal. Training in the form of ongoing meetings with mentors and coursework in statistics and research design continues into the third year, during which many students complete independent projects and begin preparation of the dissertation proposal. By the fourth and fifth years, students spend much less time in coursework and more time in research, clinical practice, and other professional activities. During this time, students establish their dissertation committees, defend their proposals, and begin data collection. Students are encouraged to complete their data collection and have data analyzed before leaving for clinical internship, and the defense usually occurs during the internship year.

**DIRECTED RESEARCH**

All incoming students are required to participate in their mentors’ research. Beginning in the summer following their first year, students must sign up for a minimum of one credit of PSY 692 (Directed Research) each term (including summer) until work on the dissertation begins and dissertation credits (PSY 699) are taken instead. A minimum of 6 hours of thesis credits is required for graduation. Regardless of course credits, however, all students are expected to participate in research under the direction of their faculty mentor throughout their graduate education. Directed research courses are graded and students should consult with their mentors about the expectations for performance and evaluation procedures.

**PROGRAM AND DEPARTMENTAL RESEARCH PRESENTATIONS**

Attendance at clinical research forums (brown bags focused on research), departmental proseminar, and department colloquia is expected. In addition, students are expected to present at clinical research forums and departmental proseminar at advisor request.

**DISSERTATION**

**OVERVIEW**

The dissertation is the “capstone” research experience for students. In many ways, it defines and distinguishes the doctoral degree. In brief, the dissertation involves the design and implementation of an empirical research project, data analyses, formal write-up, and oral
defense. As described below, the process begins with the drafting of a dissertation proposal that is approved by the advisor before being reviewed by a committee. After required revisions and committee approval, the proposal is orally defended before the committee and a successful defense allows for the implementation of the study. Once the data are collected, analyzed, and the initial dissertation document is approved by the advisor, the dissertation is distributed to the committee for review. The committee is asked whether or not an oral defense can be scheduled. If approved, an oral defense is scheduled and successful completion marks the end of the process.

ESTABLISHING A COMMITTEE

There are two principles guiding the establishment of a dissertation committee. First, students need a primary mentor who has the expertise to aid in the carrying out the dissertation research and writing (usually the academic advisor). Second, the dissertation should also pass the scrutiny of, and be comprehensible to, a broader community of scholars. As far as the process, the official designation of the chair of the dissertation committee occurs after the successful completion of the comprehensive examination (both sets for developmental-clinical track students). In consultation with the chair, the student selects other members of the committee, all of whom must be active graduate faculty (as defined and approved the Graduate School) and the committee as a whole must be approved by the Graduate School.

Below are the guidelines for committee composition:

1. A chairperson, who is a member of the psychology department (typically the student’s advisor);
2. At least one psychology faculty member from the psychology department who is identified as clinical in orientation;
3. At least one psychology faculty member from the psychology department who is not identified as clinical in orientation;
4. Students in the developmental-clinical track must have at least one developmental psychology faculty member from the psychology department on their committee.
5. The committee must be composed of a minimum of five people. Committee members (other than those specified above) are usually chosen for their expertise in a given area. Each committee member must have active “graduate faculty” status as determined by the Graduate School. The Graduate School also has a procedure for having someone outside the University serve on a committee.
6. **The committee composition must be approved by the Graduate School.**

Please note that one committee member can fulfill multiple requirements. For example, one individual may act as chairperson, be clinical in orientation, and be a developmental faculty member (i.e., meeting guidelines 1, 3, and 4).

In all dealings with the dissertation committee, students should behave in a professional manner. It is helpful to consult with advisors to learn what is appropriate etiquette and protocol. One consideration is that committee members should be given the full amount of time for

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proposal/dissertation review without being pressured for feedback or scheduling of meetings. Another is that if a proposal or defense meeting is being planned for the summer, students should be aware that most faculty members do not receive summer salary and may not be available. If this is deemed necessary, students should check far in advance with each member to see if he or she will be available.

THE PROPOSAL

After establishing a committee, the drafting of a dissertation proposal begins and continues until the finished product is approved by the committee chair (i.e., advisor). In the project development, students are encouraged to consult with committee members regarding methodological and analytical questions. Once approved by the chair, the proposal is distributed to the remaining committee members. Committee members have four weeks to review the proposal before being approached by the student or chair for feedback and a determination of readiness for a defense meeting. Students should not contact committee members during this four-week period. Of course, committee members can review the draft and provide feedback before the four-weeks has elapsed. The chair then confirms that the committee is ready to meet and the proposal meeting is scheduled by the student. At this meeting, potential modifications are discussed and the committee either approves the proposal or schedules a second meeting for further deliberation.

The dissertation proposal should follow graduate school requirements, APA style, and will typically be comprised of the following sections:

1. An introduction that includes the purpose of the dissertation research, and a literature review extensive enough to demonstrate familiarity with relevant prior work and justification of the proposed project;
2. A statement of hypotheses to be tested by the project;
3. A methods section containing a detailed description of methods and procedures used to carry out the project;
4. A tentative plan for analyses;
5. A reference section;
6. An Appendices section including each measure.

DISSERTATION STUDY COMPLETION AND DOCUMENT DRAFT

After successfully defending the dissertation proposal, students work with their advisors and committee members to incorporate any feedback and/or changes to the study design and then apply for Institution Review Board (IRB) approval. If the dissertation proposal is submitted to the IRB prior to the proposal defense, any feedback from the dissertation committee that results in proposal changes will require resubmission to the IRB. Once IRB approval is received, the data collection portion of the project begins and continues until the approved “markers” for study completion are reached (e.g., number of participants). Any subsequent modifications to what was proposed must be reviewed and approved by the advisor, committee members, and IRB.
After analyzing the data, students draft Results and Discussion sections, submitting them for advisor review and approval. At this time, care should also be taken to ensure that all previously offered edits, etc. (by advisor and committee in the proposal stage) have been incorporated into the Introduction and Methods sections.

The final draft of the dissertation should follow the requirements of the Graduate School and APA style. In addition to the sections included in the proposal, which may include revisions, the final dissertation will include:

1. An abstract
2. A Results section: presenting the findings of the dissertation research
3. A Discussion section: including an interpretation of the findings, statement of conclusions, limitations of the study, and implications of the findings for future research, theory, and clinical practice.

For a complete description of dissertation requirements, consult the “thesis guidelines” link at http://www.umaine.edu/graduate/system/files/files/Theisnguidelines.pdf. It is very helpful to access this document during the writing process. Students should keep in mind that their dissertation document will not be accepted if these guidelines are not followed and that their drafts will be closely scrutinized by the Graduate School.

ORAL DEFENSE

Once the advisor has approved a full draft of the dissertation, the student distributes copies to the committee. Committee members have three weeks to review the draft and should not be contacted by the student or advisor before that time elapses. After the three-week period has elapsed, the advisor contacts the committee members to schedule a pre-oral defense meeting, at which “tentative acceptance” (there is a form for this) is either granted (allowing the student to move forward with defense scheduling) or not (requiring some revision and the scheduling of another pre-oral defense meeting). Students do not attend this meeting. Although an actual meeting is suggested, email communication may be an acceptable alternative for committee members. Once the advisor has obtained approval from the committee, the oral examination will be scheduled to occur no sooner than two weeks following the pre-oral meeting.

In the oral defense meeting, students typically present a 30 minute overview of the project, results, and discussion. Students should check with their advisors to discuss the preferred timing and nature of the presentation. The meeting is open to all faculty and graduate students of the University, though only committee members will vote on the final dissertation. The dissertation committee members will ask questions of the candidate. After the committee members have finished asking questions, other faculty and students may ask questions. At the end of the questioning period, everyone leaves the room with the exception of the committee. Once the committee has completed deliberation, the student is notified of the decision, which is either pass or fail. At least three members of the committee must vote for approval in order for the dissertation to be approved. If the dissertation is not approved, a discussion of needed changes.
and a timetable for completing them will ensue before adjourning the meeting. Even if approved, the committee may still ask that certain changes be made before the dissertation is accepted in its final form.

Students must be physically present before the committee at the oral dissertation defense. Presenting via Skype or related technologies is not allowed. Being on campus is important not only for presentation and discussion purposes, but also because it facilitates the completion of revisions, depositing of the dissertation to the Graduate School, and the completion of required paperwork. Students should account for the time needed to develop a plan with their advisor and committee for making any required revisions (often a day or 2) when making travel arrangements. In rare instances, the faculty will consider waivers of this policy, but students should be forewarned that waivers based solely on cost and time of travel will not be considered.

**Timeline and Required Paperwork**

There are no “preset” timeline requirements for the dissertation proposal and oral defense other than those necessary to meet particular graduation deadlines and/or to be given clinical program approval for applying to internship. For graduation deadlines, students should consult with the Graduate School. **If the student is entering the internship matching process, the dissertation proposal must be approved by the advisor and distributed to the committee by August 1st. The proposal must be defended by October 15th, and accepted in final written form by November 1st of the year preceding internship.** If these deadlines are not met, the student will be required to withdraw from the internship match.

Assuming that most general track students apply for internship in their 4th year (5th year for developmental-clinical track students), the proposal writing process should begin no later than the summer preceding the 4th year (5th year for DC students). The dissertation committee should be selected and approved during the 3rd year (4th for DC students).

Before reviewing the timeline below, students should note that the major dissertation steps, such as proposal, data collection, and write-up, often take longer than expected. It is in the student’s best interest to proactively accomplish these steps earlier than the above sample timeline when possible.

Sample step-by-step timeline for a general track student:

1. Fall/Spring of 3rd year—select committee and submit form to Graduate School
2. Spring of 3rd year—provide chair with initial completed proposal
3. After 1 month—ask chair for feedback
4. Revise proposal based on comments (repeat until chair approves proposal)
5. Chair approves proposal
6. Ask if committee members would like electronic and/or paper copies of the proposal. If necessary, make copies of proposal and distribute to all committee members—no later than August 1st for students applying to internship
7. After four weeks—ask committee for feedback
8. After the proposal is approved for a full committee evaluation, the student shall schedule a full committee proposal meeting (by Oct. 15th for students applying to internship)

9. At the proposal meeting the committee will either approve or recommend additional modification.

10. Once the proposal is approved, student must apply for IRB approval. If the proposal is not approved, the committee will request revisions. Whether another proposal meeting is required and its timing are determined by the committee and will depend on the nature and extent of the required revisions.

11. The proposal in its final form must be fully approved by the committee in order for the student to move ahead with the dissertation study (by November 1st for students applying to internship)

12. After IRB approval, the student may begin data collection.

13. Data collection. This process should be completed while the student is in his or her final year of the on campus portion of the program. Exceptions to this goal must be approved by the student’s research advisor.

14. Completion of the final dissertation draft typically takes place during the summer before and the year of clinical internship.

15. Provide copies of the final dissertation to all committee members upon advisor approval.

16. Advisor schedules pre-oral defense meeting for no earlier than three weeks after draft approval and distribution to the committee.

17. During this three-week period, the student may not contact committee members for feedback.

18. Schedule the formal defense.


20. After approval, provide bound copies as required by the Graduate School.

A WORD ON TIMELINES AND RELATED PRESSURES

Understandably, students are often concerned about meeting deadlines for internship applications and postdoctoral placements. The best way to ensure that such time demands are met is to ensure that drafts are completed and distributed as early as possible. For proposals, the August 1st deadline is just that; a deadline and not a suggested goal date. Planning to get an approved proposal to committee in spring or earlier in the summer can alleviate time pressures later in the process. For dissertations, the same general rule applies. If a student is trying to meet a defense deadline for a postdoctoral placement, the goal should be to get a complete draft to the advisor as early as possible and account for several potential rounds of edits prior to approval, and the amount of time often required to get to the defense scheduling. On a related note, students should be aware of defense date requirements for the planned graduation cycle. A helpful related suggestion is to maintain close contact with advisors and committee members throughout the process, apprising them of progress and timeline goals.
PAPERWORK

There are up to eight forms that must be completed during the dissertation defense process:

1. Establishment of dissertation committee – To be submitted soon after completing the clinical comprehensive exams.
2. Notice of oral examination – To be submitted at least two weeks prior to oral defense date.
3. Tentative thesis acceptance – To be submitted with tentative thesis/dissertation at least 5 business days before oral defense, signed by committee members. Alternatively, this can be done by the dissertation committee chair via email with the Graduate School.
4. Final thesis acceptance form – Committee votes at oral defense, then student makes any required revisions, then student shows the committee chair that the changes have been made, and, if approved, the committee chair signs the form.
5. Completion of requirements – This form can be completed and submitted as soon as the department verifies that the student has completed all requirements (taken care of all incompletes, etc.).
6. The Survey of Earned Doctorates – The University of Maine participates in this national survey each year and requires that all doctoral candidates submit this form, found at http://www.umaine.edu/graduate/studenthub/ > Thesis Tools
7. The PQIL Doctoral Dissertation Agreement Form – This form authorized ProQuest Information and Learning (PQIL) to microfilm the dissertation, distribute it through the Dissertation Abstracts International journal, and make it available to the public.
8. The ETD Submission Approval Form – This is required by students who opt to submit a copy of their dissertation electronically and choose a level of accessibility of this document.

CLINICAL PRACTICA

OVERVIEW

Students are first exposed to clinical practice through their attendance at clinical case conferences, courses with lab components (i.e., the assessment courses), and participation in clinical research (e.g., conducting structured interviews). In the summer following their first year, students enroll in PSY 691 (Practicum in Clinical Psychology) and clinical practice training begins in earnest. That summer, students are typically assigned cases in the Psychological Services Center (PSC) and often continue as clinical associates in the PSC for their second year of practicum experience. It is also common for students to continue to serve as clinic associates in the PSC in some capacity throughout their years in the program. In addition, second year students may also be assigned to the school assessment practicum or perhaps an external placement. Third year students are typically assigned to an external practicum, such as Mountain View Youth Development Center and Health Psych Maine. Fourth and fifth year students (note
that a practicum placement is not required for fifth year students) are often assigned to an external placement requiring increased levels of experience and clinical skills, such as Penobscot Job Corps and Maine General Medical Center. In addition to their primary practicum placements, students have a variety of opportunities to add to their clinical experiences throughout their years in the program (e.g., clinical research, assessments for schools and other agencies, parent training, behavioral medicine, etc.).

**CLINICAL HOURS**

The program defines what constitutes a clinical hour and all practicum experiences must be approved by the DCT. It is the students’ responsibility to ensure that the DCT is made aware of any intended agreement to provide clinical services outside of their assigned practicum placements. “Program sanctioned” clinical hours require a minimum of one hour of supervision by a licensed psychologist for every 10 hours of clinical practice (not just direct client contact). In addition, the DCT maintains regular contact with supervisors and closely monitors the quality of both the clinical experience and supervision. For training and liability reasons, all students engaging in program sanctioned clinical work of any type must be registered for at least one credit of PSY 691.

As a minimum, the program requires 600 hours of approved supervised practicum experience before a student leaves for internship. Typically, however, students attain far more than the minimum and the average has hovered around 1200 hours for recent program internship applicants.

The program requires students to track their supervised clinical hours by logging them into the MyPsychTrack system (http://www.mypychtrack.com). All hours must be approved online through the website by the supervisor and are reviewed by the DCT. These hours consist of direct supervision, direct provision of psychological services, assessment, intervention, administering assessment or intervention protocols for research, writing reports, and attending case conference meetings. Detailed tracking of clinical hours is required for pre-doctoral clinical internship applications and it is helpful for students to regularly check to see how such hours are defined by the Association of Psychology Postdoctoral and Internship Centers (APPIC; www.appic.org). Because APPIC standards and definitions can change, students have also found it very helpful to maintain their own tracking supplement using Excel in addition to the required MyPsychTrack system.

**PRACTICUM PLACEMENTS**

Practicum training occurs in a variety of settings. The Psychological Services Center (PSC) is the primary program training site and it serves children, adults, and families from the surrounding community. The PSC also provides consultation to community agencies, such as the Department of Corrections, Job Corps, and local school systems. Practicum students participate in PSC activities throughout their stay in the program and assume significant clinical and administrative responsibilities under faculty supervision.
The availability of external practicum placements depends on a number of factors, including funding, number of students at the appropriate level of training, and student interest. External practicum sites available to students in past years have included: Acadia Hospital, Maine General Medical Center, Penobscot Community Health Care, Eastern Maine Medical Center, KidsPeace New England, Penobscot Job Corps Academy, Health Psych Maine, and Mountain View Youth Development Center.

Students are matched to practicum placements in the spring of each year and assignments begin in the following summer or fall. The process begins with the DCT determining which placements will be available in the coming year and gathering student placement preference rankings. In consultation with the clinical faculty group, the DCT then matches students to placements. The goal is to match students with their most preferred placements, but the ultimate assignment depends on a range of other considerations, such as student training needs, the need to fill funded placements, seniority, past assignments, and stipulations of external placement supervisors and/or settings. Because of all of these factors and the fact that some placements may not be certain of their ability to take students in the spring, this matching process often extends into late spring/early summer and initial assignments may sometimes be changed to meet program needs.

In consultation with the DCT, students can also suggest the development of an alternate practicum placement that meets their particular needs or professional goals. In fact, some of the program’s finest placements began in this way. As indicated above, the program must approve any proposed placement and a variety of factors are considered (e.g., qualifications of the supervising psychologist, quality of the training that is being offered, and compatibility with a scientist-practitioner model of training). Central to this process is a DCT site visit and meeting with the supervising psychologist.

As indicated above, all practicum experiences must be approved by the DCT. Participating in clinical work that is not program sanctioned is discouraged. It violates program policy, raises serious concerns regarding malpractice liability coverage, and the hours logged cannot be counted as program sanctioned clinical hours for internship applications.

**Descriptions of Current Placements**

**School District Assessment Practicum**

Supervisor: Dr. Beth Cuddy

This practicum involves the administration of both initial and triennial assessments of children and adolescents referred for, or receiving special education services for behavioral impairments and/or learning disabilities in the M.S.A.D.#68 school district (Dover-Foxcroft, ME).
Responsibilities: Administration, scoring, and interpretation of cognitive measures (e.g., WISC-IV) and other psychological testing batteries where necessary (e.g., Vineland Adaptive Scales of Behavior, CBCL, WIAT-II, parent interview, etc). Comprehensive evaluations for Attention-Deficit/Hyperactivity Disorder and Pervasive Developmental Disorder are sometimes conducted. Students are expected to communicate results and recommendations in formal assessment reports which are used to determine eligibility for special education services. Generally, students in the developmental-clinical track are given priority for this placement.

Penobscot Job Corps Center, Bangor

Supervisor: Dr. April O’Grady

Practicum students serve as mental health consultants at Job Corps—a federal job training center serving young adults from diverse backgrounds.

Responsibilities: Responsibilities include brief assessment, psychoeducation of various presenting problems, crisis intervention, short-term treatment, and group therapy. Practicum students also provide consultation and training to the Job Corps staff regarding the management of students with emotional and behavioral difficulties.

Health Psych Maine, Waterville

Supervisor: Dr. Jeff Matranga, Dr. Stacy Whitcomb-Smith

Health Psych Maine provides empirically-based psychological and behavioral treatment to a variety of individuals with psychological and medical diagnoses.

Responsibilities: Practicum students provide assessment and treatment to individuals with a range of psychological and medical diagnoses (e.g., chronic pain, insomnia). In addition, students can also provide assessment and treatment to individuals with other psychological problems, such as anxiety and mood disorders. Students also have the opportunity to co-facilitate a weekly chronic pain treatment group. Finally, students have the opportunity to do bariatric surgery consultations. Due to the demands of the site it is recommended that advanced students, not actively applying for internship, rank this placement.

Department of Corrections Practicum

Supervisor: Dr. April O’Grady

Students in this practicum conduct forensic evaluations with a wide range of juveniles who have been adjudicated in the juvenile justice system.

Responsibilities: Psychological assessment and risk assessment with both juveniles and their guardians (e.g., administration of MMPI, MACI, SASSI). Practicum students are expected to
contact and review records from other providers, schools, and psychiatric hospitals, as well as to
give diagnostic and treatment recommendations. Along with their clinical supervisor, students
also hold feedback sessions with the juvenile, guardians, probation officer, and other treatment
providers. Both general and developmental-clinical track students are considered for this
practicum.

**Psychology Intern**
**Edmund N. Ervin Pediatric Center, MaineGeneral Medical Center, Waterville**

Supervisors: Drs. Nancy Ponzetti-Dyer, Rachel Burrows, Michael Nurick, and Anne Uecker

The student serves as a member of a multidisciplinary Developmental Evaluation Clinic (DEC)
consisting of a psychologist, neurodevelopmental pediatrician, social worker, speech therapist,
occupational therapist, physical therapist, and hearing evaluator. The student also serves as a
member of a multidisciplinary Pediatric Behavioral Management Clinical (PBMC) consisting of
a psychologist, pediatrician, and social worker.

**Responsibilities:** Psychological assessment and arena evaluations of children ages zero to
thirteen, many presenting with questions of autism, Asperger’s, Attention Deficit/Hyperactivity
Disorder or more general developmental or medically-based delays. Students administer and
score tests, formulate diagnostic impressions for team review, dictate integrative reports, record
review, and present findings to families and service providers. Additional duties include
behavioral observations, interviewing caregivers and teachers, and occasionally conduct psycho-
educational and intellectual evaluations using the WPPSI, WISC-IV, WNV, and DAS. More
advanced students in the developmental-clinical track are encouraged for this site due to the
nature of the responsibilities.

**Clinical Psychology Intern**
**Way to Optimal Weight (WOW), Eastern Maine Medical Center, Orono**

Supervisor: Diana Prescott, Ph.D.

The student serves as a member of a multidisciplinary intervention team including a pediatrician,
nurse, dietician, physical therapy, and psychologist in a hospital clinic.

**Responsibilities:** The student aids in the development and implementation of brief health and
behavior interventions for children and adolescents ages 4 through 19 who are obese or at risk
for obesity. Additional responsibilities include brief-focused assessment of psychological
problems, referral to appropriate services, and provision of consultation to aid in adherence to
overall obesity treatment program.
Behavioral Health Consultant/Therapist  
Penobscot Community Health Care, Hope House Health and Living Center, Bangor, ME

Supervisors: Leslie Brown, LCPC, Angela Fileccia, LCSW, Lisa Buck, M.D., Trip Gardner, M.D., and a licensed program supervisor

Penobscot Community Health Care is a non-profit organization that strives to provide access to affordable, quality health care, with a focus on prevention and health care management.

Responsibilities: Practicum students provide behavioral medicine consultation as well as group therapy (e.g., smoking cessation, anxiety management, weight management, substance abuse treatment, homelessness support, wellness, women’s health) to homeless and peri-homeless (e.g., “couch surfers”) patients in an integrated primary care setting.

PSC

Psychological Services Center

The Psychological Services Center (PSC) serves as the primary training site for the APA accredited doctoral program in clinical psychology. The PSC provides a number of psychological services to the general public, including individual psychotherapy and psychological assessment for adult and child clients. Family therapy and couples therapy are also offered to the public. The PSC offers various specialized diagnostic assessment and treatment services to individuals with specific difficulties. These areas of specialty vary according to the expertise of current supervisors. Frequent areas of specialty include anxiety, depression, obsessive-compulsive spectrum disorders, health psychology, chronic pain, ADHD, childhood behavioral difficulties, seasonal affective disorder, forensics, and consulting.

Director: Dr. April O’Grady

Student and PSC Associates’ Responsibilities

Beginning in their first year, all clinical students are required to attend weekly PSC case conferences, and students who conduct clinical work typically present a case conference once per semester.

If the associate's primary practicum assignment is in the PSC, she or he should expect to carry an active caseload of three clients throughout the semester and possibly an assessment case. Students may request additional cases or training experiences. Each incoming case is assigned by the Clinic Director to an Associate-Supervisor team. Although members of the clinical faculty serve in a supervisory capacity, the associate directly administers clinical services to the client.
1. It is the practicum students’ responsibility to keep the Director of Psychological Services informed about their caseload. For example, students should inform the Clinic Director and the Administrative Assistant if a case is closed or if the frequency of sessions will be less than weekly.

2. When students are assigned a new case, the Administrative Assistant emails the associate and sends a copy to the assigned supervisor as well. Practicum students are responsible for checking their mailboxes and First Class email accounts on a daily basis. If a student would prefer another method of being informed, he/she should discuss this with the Administrative Assistant.

3. Students are eligible for a new intake when a case is terminated (i.e., no further sessions are planned or when it is apparent that a client has dropped out), not when the Closing Summary Report is written and approved. Once again, it is the student’s responsibility to let the Clinic Director and Administrative Assistant know when a case is terminated.

4. Students must keep the Clinic Director informed if they will be away for an extended period of time (e.g., more than one week). If the Director does not hear from a student, preferably in writing, she will assume that he or she is eligible for a new intake and that he or she will be checking for messages.

5. Clinical work does not line up neatly with an academic year schedule. The PSC is open 52 weeks of the year. Students should discuss with their clinical supervisors how to handle absences from the clinic. Students should avoid extended periods of time (e.g., beyond two weeks) of unavailability to their clients.

6. If three weeks pass and a student has not had contact with a client, the Clinic Director will assume that the student is eligible for a new intake. It is the student’s responsibility to let the Director know why he or she should not be eligible for a new intake. If the Director does not hear from the student, she will assume he or she is eligible and assign a case if one is available.

**PSC ASSOCIATE DIRECTOR**

The PSC Associate Director works closely with the Director of Psychological Services and fulfills clinic duties such as conducting monthly quality control file reviews and case status updates, participating in contract negotiations as relevant, and assisting with standard clinic operations (e.g., recording system troubleshooting, mail collection when the administrative assistant is out of the office). As the student with access to clinic information about policies and procedures, the Associate Director is viewed as a valuable resource for both new and more advanced associates at the PSC. As such, the Associate Director is responsible for conducting the new student orientation, organizing case conference, and being available to clinic associates to answer policy questions and reinforce adherence to operating procedures. Additionally, the Associate Director organizes voting and reservations for a venue to host the annual clinical dinner, and works alongside the Clinical Student Representative on other program relevant duties such as the annual program newsletter and voting for upcoming Associate Director and Student Representative positions.
**CASE CONFERENCE**

Clinic cases are presented by associates at a weekly staff conference and may be presented periodically thereafter for interim and, as necessary, formal case review. The staff conference is presided over by the Director of Psychological Services Center and is attended by clinical faculty and students in the clinical psychology training program at UMaine. Cases are reviewed to determine the appropriateness of the treatment goals, to evaluate progress in reaching goals and to suggest possible modifications of the treatment plan, as well as to educate attendees. A summary of the proceedings of each staff conference for a given case will be found in the case chart.

**Attendance at case conference is required for all students, regardless of year in the program.** Attendance is restricted to graduate students and faculty in the clinical program unless pre-approved by the Clinic Director.

The staff conference generally proceeds in the following format: First, agenda items that have been approved by the Clinic Director are presented. Second, scheduled interim case review(s) are presented by PSC associates. These interim reviews are designed to take approximately five minutes and have been established for the purpose of providing PSC associates with follow-up to cases previously presented for intake. Next is a case presentation, the core agenda item, followed by discussion and staff input. This format may be modified at the discretion of the Clinic Director.

Interim case reviews will be scheduled, with the assistance of PSC associates, by the Associate Clinic Director. Because of the nature of outpatient psychotherapy (i.e., idiosyncratic scheduling, client cancellations, and no-shows) there is no firm time-table for interim reviews. However, the Associate Director will work towards the goal of scheduling for 30 day / 4 session interim reviews after the case was originally presented at case conference. Interim presentations should not require additional preparation by the associate and the presentation and discussion will not exceed a maximum of five minutes. There is no form for the documentation of interim case review presentations. They shall be noted by a contact note entry in the client’s record.

The duration of case presentations should be between 20 and 25 minutes and leave ample time for discussion and input. Multimedia is often used to enhance the quality of presentations (e.g., Microsoft Office PowerPoint). **Case conference is a formal part of client care and associates should discuss their presentation goals/format with the case supervisor prior to, and following, the presentation.** It is recommended that associates include ethical and diversity considerations, critical points in clinical decision making and the evidence base, and data monitoring of treatment progress.

Associates are evaluated on the quality of their case presentations. The evaluation is developmental in that year in the program and experience level is considered. Evaluations are intended as a means of providing constructive feedback and, thereby, enhancing professional training. When an associate presents a case, each clinical faculty member present, as well as the Clinic Director, completes a presentation summary rating form. Ratings from 1 (unacceptable) to 5 (excellent) are given in each of the following categories: organization of information, use of
assessment, presentation style, professional demeanor, use of time, integration of research base with client’s issues, openness to feedback, and overall presentation. A rating of N/A is assigned if one of the above categories does not apply to a particular case. Two open-ended categories (i.e., strengths and areas to improve) are included to record specific notations about the presentation. The mean ratings are calculated and a summary sheet that includes all written comments is distributed to the clinical supervisor of the case. Once the summary is returned, the case supervisor meets with the student to review the feedback and consider how to best incorporate the feedback into the ongoing case (if applicable). Students are reminded that when presenting a PSC case, the date of the case conference and faculty members in attendance must be recorded on the Case File Face Sheet located in the client’s file.

INTERNSHIP

OVERVIEW

Students apply for internship placement in the fall prior to the year they intend to spend on internship (e.g., typically the fifth year for those in the General Track (GT) and sixth year for those in the Developmental-Clinical (DC) track). **A successfully defended and accepted dissertation proposal is required in order to participate in the internship match process.** Specifically, the proposal must be approved by the student’s advisor and distributed to their dissertation committee **no later than August 1**, and the proposal must be orally defended and accepted in final written form by the full committee **no later than November 1**. These deadlines help to ensure that students have adequate and relatively undivided time to devote to internship applications and interviews. Students are encouraged to make as much progress on the proposal during the summer months as possible. Often, students try to defend prior to their earliest application deadline, but this is not a requirement. Importantly, if a student **does not successfully defend by the November 1st date**, they will be **required to withdraw all pending internship applications**.

APPLYING FOR INTERNSHIP

The process is very demanding and students are strongly advised to begin early. The standardized online application requires that students track their clinical experiences in a comprehensive and detailed manner (e.g., direct client hours, hours of supervision, number and type of clients seen, number and types of tests administered). It is recommended that students use the online tracking system sponsored by the clinical program (e.g., MyPsychTrack) as soon as they begin clinical work. In addition, students might find it beneficial to keep an additional excel sheet of their clinical hours. Regularly updating CV and asking for supervisor/faculty input is also helpful.

In the summer before the application is completed, students should begin reviewing available training websites (be aware, however, that many sites do not update their materials for the upcoming training year until the fall). Students may search for internship sites using the APPIC online directory (http://www.appic.org/). **Be aware that program graduation requirements**
stipulate the requirement for the completion of a one year APA-accredited predoctoral internship. **Students are prohibited from applying to non-accredited internship sites in Phase I.** On rare occasions, this requirement has been relaxed for those entering Phase II after not matching in Phase I. Such exceptions must be requested by the student and approved by the clinical faculty before the student applies to a non-accredited site. Another thing to consider are internship completion dates. Completion dates after the University’s May or August graduation deadlines could result in graduation date delays. Advanced students can be quite helpful; do not hesitate to ask them questions. An informational meeting with students that just completed the application process is held each spring. In the past, students have been willing to share sample AAPI applications. Faculty members are also more than willing to talk with students about specific internship programs and the application process. It is highly recommended that students join the APPIC list serves, Match News (provides news and updates about the match process) and Intern-Network (discussion of questions by intern applicants and internship directors) the summer before applying to internship. There is also an internship binder kept in the graduate lounge at the PSC with sample application materials. Students may wish to consider purchasing the APAGS Workbook (Internships in Psychology, 2012) or *A Guide to Obtaining a Psychology Internship* by Edwin I. Mergargee (2001). Students may also prepare for internship applications over the summer by applying for the match (www.natmatch.com) and by creating a login and beginning portions of the online AAPI application (https://portal.appicas.org/), reviewing match protocol, and thinking about how to answer the essay questions. ABCT holds an internship presentation that students may wish to consider attending.

Applications for internships are typically due sometime between late October and throughout the month of November. APPIC has a recommended interview notification deadline of December 15 (although you may begin to hear from sites a few weeks after applications are submitted). Interviews typically occur during the months of December and January. Applicant rankings of sites are due in early February, approximately two-and-a-half weeks before Match Day. Applicants learn if they have matched on Match Day (a Friday in late February). If an applicant does not match to an internship program, a second match phase opens the morning of Match Day. These procedures are described in the APPIC Guidelines.

1. **Internship Match**

   The internship match process must conform to the policies articulated by APPIC and is described in the guidelines.

2. **AAPI Online Application**

   The online application portal can be found at: https://portal.appicas.org/. The online portal requires applicants to request one set of graduate transcripts to be sent to the online service. Applicants complete the uniform application online and can upload tailored application materials for each site (i.e., cover letters, essays, letters of recommendation) if desired. Individuals writing letters of recommendation upload them directly to the online portal. Applicants must also have the DCT complete the DCT verification portal of the application. Students should have their hours calculation completed well in advance of their first application deadline to ensure that the DCT has time to complete the verification.
REGISTRATION REQUIREMENTS

During the internship year, students are required to register for one internship credit in the fall and spring semesters (there are no summer credits). This one credit allows the student to be considered full-time and eligible for student loans. **In addition, students must register for one thesis credit in the semester they intend to graduate (even if all thesis credit requirements have already been met) if their dissertation has NOT been submitted to the Graduate School.** However, if the student has 6 or more thesis credits, and has submitted their final dissertation to the Graduate School prior to their semester of graduation, only an internship credit must be registered for. All students must be ACTIVE (i.e., enrolled) during their semester of graduation, and the internship credit satisfies this requirement. Students are required to pay tuition and all associated fees. If the student is relocating to an area with a substantially more expensive cost of living, an appeal to increase the need-based status for loans should be considered.

TASKS BY YEAR

**TASKS OF THE FIRST YEAR**

**Coursework**

The first year of the program places an emphasis on coursework in preparation for increasing research and practicum responsibilities in the second year and beyond. Students enroll for a minimum of three courses each semester. Classes are offered on a rotating basis in order to achieve optimal enrollment levels. Therefore, the specific classes taken vary from year to year. However, it is important to note that if a student has a tuition waiver, 9 credits are covered in the fall and spring semesters, and 6 credits in the summer semester. In the summer semester, all first year students enroll in practicum and research. Supervision and Consultation I is taken during the first or second year summer.

**Research**

Research opportunities begin the first year of study. Specific research goals are determined by each student and his or her research advisor. Students are strongly encouraged to get involved with research activities as early as possible. Opportunities for first year students will vary by lab and student skill set and research goals. Research activities may take the form of data collection and analysis, manuscript review, literature review, manuscript preparation, and/or conference attendance and presentation. Students typically seek out opportunities to present within the psychology department (e.g., Brown Bag, Proseminar), at local conferences (e.g., Graduate Exposition, Mainely Data), and at national conferences (e.g., ABCT, SRCD, APS).
Practicum

Students typically sign up for practicum credits (see advisor to determine the number of credits) and begin seeing clients in the Psychological Services Center during the summer of their first year. Attendance at case conference is also required.

Assistantships

Students are typically assigned teaching or research assistantships. For a teaching assistantship, students may be required to hold office hours, run review sessions, and proctor exams. If students are interested in lecturing, they should discuss this with the professor. For teaching assistantships of research methods or statistics courses, students may be required to teach the laboratory portion of the course, as well as proctor exams. Other assistantships may involve organizing applications to the program, advising undergraduate students, or assisting the department chair or DCT. As soon as students are assigned teaching assistantships, they should meet with the professor to ascertain what the responsibilities will be.

The most important task of the first year student is to adjust to graduate school. A major goal of the program is to assist students with this transition. The advanced students are a valuable resource for first year students as they are more than willing to answer any questions and offer advice to incoming students.

Tasks of the Second Year

Coursework

In the second year of the program, students continue coursework. At this point, students generally take two courses per semester, as they will also be beginning their practicum experience (in addition to directed research hours). General Track (GT) students should have completed all core clinical courses in the second year so that they will be prepared for clinical Comprehensive exams (i.e., Advanced Psychopathology, Basic Methods in Assessment I, Advanced Clinical Assessment II, Ethics and Professional Problems, and Psychotherapy). Developmental-Clinical (DC) track students should finish at least 3 core developmental courses by this time so that they will be prepared for developmental Comprehensive exams (i.e., Biological Bases of Infancy and Development, Social Development in Children, Emotion, Adaptation, and Development, and Lifespan Development). Due to course availability and sequencing, there sometimes may be a need for a student to take more than the allotted 9 credits per semester. In this case, the student may have to pay for the additional credits out-of-pocket, though the department will make attempts to seek a waiver from the graduate school.

Research

Student’s research involvement should increase in the second year. In addition, students should refine their research interests with the help of their research advisor. It is necessary for students to determine their primary research interests during this year, as they will be tested upon them.
during Comprehensive Examinations, which take place the summer after completing the second year of graduate study (for more information, see earlier section titled *Comprehensive Examination Process*). Some students may begin an independent research project in their second year.

**Practicum**

Students will begin seeing clients at the Psychological Services Center after having completed the Ethics course during the first year. Students generally carry a caseload of three clients. Alternatively, some students begin an external practicum in their second year that comprises the bulk of their clinical hours; however, all students are required to have at least one client at the PSC.

**Assistantships**

Students are typically assigned teaching or research assistantships. For a teaching assistantship, students may be required to hold office hours, run review sessions, and proctor exams. Students may also be given the opportunity to lecture. If students are interested in lecturing for a class, they should discuss this with the professor. For teaching assistantships of research methods or statistics courses, students may be required to teach the laboratory portion of the course as well as proctor exams. As soon as students are assigned a teaching assistantship, they should meet with the professor to ascertain what the responsibilities will be. Other assistantships (e.g., research, clinical) may also be available. If a student is assigned one of these, a teaching assistantship is not required.

**Comprehensive Examinations**

Typically, GT students complete the clinical Comprehensive Exam after their second year. Students in the DC track usually complete the developmental Comprehensive Exams at this time. Further details can be found in the earlier section titled, *Comprehensive Examination Process*.

**Tasks of the Third Year**

**Course Work**

During the third year, students are expected to continue their course work. At this point, all core clinical courses should have been completed by GT students and DC should complete all core clinical courses by the end of their third year. This is necessary so that developmental students will be prepared to take the clinical comprehensive exams in June of their third year. In the third year, GT students typically also take courses in the broad bases of psychology (e.g., cognitive, history and systems, physiological).
Research

During the third year, students usually conduct their own independent research project. An independent research project is recommended, but not required. Usually this research project is a pilot study for the student’s dissertation. Furthermore, such project(s) allow the student the opportunity to practice those skills learned via course work (e.g., study design, statistics, etc.). Students are encouraged to conduct pilot research projects before beginning their actual dissertation as they help the student develop their hypotheses, as well as highlight potential problems that the student may not have considered. Independent research projects also offer the student opportunities for poster presentations and publications.

Practicum

Students will continue seeing clients at the Psychological Services Center. In addition, a majority of students will also complete the bulk of their clinical hours at an external practicum; however, all students are required to have at least one client at the PSC.

Assistantships

If students are interested in teaching during their fourth year, they need to have had some teaching experience. To prepare and qualify for teaching, students should volunteer to guest lecture and be evaluated doing so. If a student has taught a lab (e.g., methods, statistics), this is usually enough experience to qualify for a teaching position. In addition, students need to make their teaching requests known to the Department Chairperson so that he/she is aware. Furthermore, teaching positions are decided well in advance. For example, to teach in the fall, a student should notify the Chairperson in November or December of the year prior to the fall in which he or she is interested in teaching. Students are assigned courses after professors; therefore, they may not receive the requested teaching assignment. Some students will receive funding through practicum placements and will not have teaching assistantships. However, if a student wishes to teach in the future, he/she may request to guest lecture for courses to continue to accrue teaching experience.

Comprehensive Examinations

Typically, students in the DC track complete the clinical qualifying exam in the summer of their third year. Further details can be found in the earlier section titled, Comprehensive Examination Process.

Tasks of the Fourth and Fifth Years

During the fourth year (GT) or fifth year (DC), students are expected to complete all required and elective course work, gain experience teaching their own courses (if they so desire), begin and hopefully complete work on their doctoral dissertations, and apply for and obtain an internship. Attendance at case conference is required for all students, regardless of year in the program. It is a very demanding year, but also an especially rewarding one because, upon
its completion, students can look forward to the excitement of internship and the completion of their doctoral studies.

**Finish Course Work**

Students typically only have one or two courses left to take by the fourth year.

**Teaching Experience**

Teaching experience is not a requirement, but is an option for students interested in teaching. Early in the third year, interested students should speak to their advisor and Department Chair and express interest in teaching particular courses. In order to take full responsibility as a course instructor, students must have passed the doctoral comprehensive examinations. In addition, in order to teach statistics or research methods, they must have taught the lab sections of these courses in the past. Examples of courses that have been taught by graduate students are: Introductory Psychology, Research Methods, Statistics, Abnormal Psychology, Personality, Child Psychology, Social Psychology, and Women’s Issues.

**Dissertation Expectations**

Ideally, the dissertation represents the student’s original contribution to research and scholarship prior to completing the Ph.D. In the tradition of psychology, this has usually implied an empirical approach and a contribution of new knowledge or understanding. During the fourth year, the student will typically register for three thesis credits each semester. Students should discuss with their advisors expectations and a timeline regarding the dissertation process (see Research section for details and a projected timeline).

**Apply for Internship**

See “Internship” section of handbook for more information.

**GRADUATION**

Students in the program actually “graduate” twice: once upon completion of the comprehensive examinations and other MA degree requirements (see MA section for more details on requirements and application for graduation process) and again upon the completion of the dissertation and other Ph.D. degree requirements.

For the Ph.D., graduation requires that **ALL** degree requirements have been satisfied (see Degree Requirements section for details). In brief, these include a minimum residency period, the successful completion of comprehensive examinations and admission into doctoral candidacy, a successfully defended dissertation, a minimum number of graduate course credits, and a program of study approved by an established advisory committee.
Another requirement is the completion of an APA-approved pre-doctoral clinical psychology internship (see Internship section). Note that the completion of this internship generally determines the actual graduation date. Many internship placements begin around or after July 1st, making a May graduation impossible. May is the “prototypical” graduation period, in which students “walk” and “get hooded” by their advisors. The University also has two other graduation periods: August and December, but these lack the “pomp and circumstance” of the May ceremony. For that reason, students generally prefer the May option and are allowed to “walk” (attend and go through the ceremony) if they have successfully defended their dissertations by the listed date (sometime in April)—even if the internship has not yet been completed. Note, however, that the actual graduation date would depend upon the completion of the internship. Thus, August is the most common official graduation date for program students.

Often, an issue arises with students beginning postdoctoral placements that require a graduation date before the position actually begins. In some instances, placements will consider the date of graduation requirement completion rather than the formal graduation date and allow students to begin accruing postdoctoral clinical hours. The DCT can write a letter on behalf of the student certifying that all requirements have been met.

Note that it is the student’s responsibility to ensure that all of the paperwork, notifications, etc. are completed in the application for graduation process. This includes notifying the Office of Student Records and the Graduate School very early in the process. Students must formally apply for graduation. Please see the Dissertation section for related details on the specific steps and requirements. Another step is to ensure that the Bookstore reserves graduation regalia.

PROGRAM GOVERNANCE: STUDENT RIGHTS, RESPONSIBILITIES, AND PROGRESS

KEY POSITIONS AND COMMITTEES
In understanding student rights and program governance, it is important to learn more about key positions and committees. Here is a brief overview.

Director of Clinical Training (DCT): Responsible for program coordination and administration. Chairs all clinical faculty meetings and evaluates student performance. In all matters related to clinical training, this person answers directly to the Chair of the Department. Person currently in this position is Dr. Nangle.

Graduate Coordinator: Responsible for the overall coordination of graduate programs in the Department. Chairs all Graduate Committee meetings and helps to set policies impacting all graduate students. Person currently in this position is Dr. Rosenwasser.

Department Chair: Responsible for Department administration. Chairs all faculty meetings, oversees the Department budget, makes all funding decisions (e.g., teaching assistantship
assignments), and issues Departmental recommendations for student termination to the Graduate School. Person currently in this position is Dr. Robbins.

**Graduate Committee:** Committee responsible for suggesting policies impacting all graduate students and faculty within the Department. The committee brings such policy recommendations to the full Department faculty for approval. The committee also advises the Chair on all matters relating to graduate training. The committee is chaired by the Graduate Coordinator and its membership is comprised of the program area coordinators (i.e., Psychological Sciences, Developmental, and Clinical), as well as an untenured faculty member. The Department Chair attends meetings, but does not vote on motions. Current members on this committee are: Dr. Rosenwasser, Dr. Nangle, Dr. Hayes, Dr. Fremouw and Dr. Haigh.

**Advisory Committee:** This committee evaluates and approves the student’s curriculum plan and any subsequent modification requests. The committee also makes recommendations regarding student standing in the event of low grades. The student forms this committee and has it approved by the end of their first year of study.

**Program Ombudsperson:** A chosen faculty representative for students with grievances or program issues that they do not feel comfortable bringing up with their advisor, DCT, or Department Chair. Importantly, the students have input into the selection of candidates for this position and the person serving must come from outside the clinical faculty. At the student’s discretion, the Ombudsperson can serve as a representative at any formal appeal proceeding. Person currently in this position is Dr. Ell.

**Director of Psychological Services:** Professional staff person in charge of the administration of the program’s training clinic, the Psychological Services Center (PSC). As a licensed psychologist, this person provides supervision, coordinates placements and clinical contracts, and makes all PSC budgetary decisions. This person attends practicum evaluation meetings and some clinical faculty meetings and is consulted on clinical training issues. Person currently in this position is Dr. O’Grady.

**Dean for Graduate Studies:** Oversees all graduate programs at the University and is the ultimate source (after faculty, program, and department levels) for student appeals and grievances. Person currently in this position is Dr. Kim.

**Associate Dean of the Graduate School:** Responsible for graduate program administration and makes most of the key decisions regarding everyday graduate student concerns. Person currently in this position is Scott Delcourt.

**GENERAL PROGRAM EXPECTATIONS**

Graduate school is a full-time responsibility. Students are expected to spend equal amounts of time on research and clinical experiences. It is expected that students will continue to work on these areas throughout the entire calendar year. Occasionally, funds are available for summer work. With the approval of his or her advisor and the DCT, students may seek their own
summer research experience, applied practicum, or other paid position. **Students must notify the Director of Clinical Training of paid or unpaid clinical experiences or any type of non-psychology related employment.** All work for the doctoral degree must be completed within eight years. If the requirements for the Ph.D. are not completed within eight years, the student must file a petition for exemption (see online Bulletin).

A student should consult often with his or her advisor about program and individual expectations. If a disagreement arises with the advisor, a student should attempt to resolve the issue with the advisor if at all possible. In instances where this is not feasible, the student may consult with the Director of Clinical Training (DCT) or the clinical program ombudsperson (Dr. Shawn Ell) for students who are advised by the DCT. The ombudsperson is available for any clinical student to talk with when they cannot or do not feel like they can talk with their advisor or the DCT (e.g., personal adjustment, faculty-student relations, student-student relations). Also, see the policies for grievances and due process on the Graduate School website, as well as other relevant sections of this handbook.

Students are expected to complete evaluations that the program deems necessary to ensure program continuity, quality control, and reaccreditation by APA (e.g., annual program evaluations, clinical supervisor evaluations, professional experiences rating forms). This requirement is considered part of a student’s professional development. **As part of continued professional development, student attendance at brown bags, case conference, departmental proseminar, and department colloquia is expected. Presenting at clinical research forums and departmental proseminar (at advisor request) is also expected.**

**EVALUATION OF STUDENT PROGRESS**

Student progress is evaluated on an ongoing basis. In addition to course grades, advisor and supervisor feedback, etc. there are four formats for such evaluation. First, the clinical faculty group meets every other week during the year and discussion of student progress is a regular agenda item. Second, the clinical faculty group and supervisors meet at the end of each semester and summer term to discuss and evaluate student practicum performance. Third, advisors and the DCT review activity reports and CV’s at the end of the academic year and the clinical faculty meets to evaluate student performance and progress on specified core competencies. Finally, there is a department-wide annual review of students in May of each year.

Ongoing feedback is critical to training. Advisors and supervisors are encouraged to meet with students regularly and provide both praise and suggestions for improvement when necessary. Students are also encouraged to ask for regular feedback from their advisors and supervisors.

**CLINICAL FACULTY MEETINGS**

Every other week during the academic year (and more when necessary), the clinical faculty group meets to discuss program-related issues. The DCT reserves a portion of each meeting for
the discussion of student progress and/or specific student concerns (e.g., course, practicum, or research performance). The clinical student representative is not present at this part of the meeting. At times, a particular supervisor(s) may be asked to attend the meeting to provide further description and/or clarification of the student performance concern. Most often, this process results in suggestions for how the issue can best be resolved between the student and faculty/supervisor involved. If an issue cannot be resolved in this manner or is deemed to be of a more serious nature, a letter from the DCT summarizing the concerns and a suggested plan of remedial action may be issued to the student and placed in his/her file. In addition, the student may be asked to attend a meeting with the DCT or clinical faculty group to discuss the issues raised.

**Practicum Evaluation Meetings**

At the end of each semester and summer term, the clinical faculty and supervisors meet to discuss and evaluate student practicum performance. In preparation for each of these meetings, the following online forms must be completed:

- **Student Evaluation of Supervisor Forms** (completed for each supervisor)
- **Supervisor Evaluation of Student Practicum Performance Forms** (completed by each supervisor for each student supervised)
- **Practicum hours should also be logged into the MyPsychTrack system and approved by supervisors.**

In addition, the **Student Feedback Form (paper/not online)** must be completed by each supervisor for each student supervised and signed by the supervisor and student at the required individual feedback meeting and turned into the DCT by the supervisor. Importantly, it is the responsibility of the clinical supervisor to ensure that each student has received individualized practicum performance feedback prior to the group meeting. A meeting should be scheduled for this purpose and the performance review should mirror the actual evaluation form and be as specific as possible. To verify that this meeting has occurred, the above described feedback form must be completed and turned into the DCT. Students should note that despite efforts to provide such feedback there are instances when subsequent faculty/supervisor group discussion results in the identification of concerns for which a particular supervisor had not previously provided specific feedback.

After discussing each student’s practicum performance, the faculty group issues a “P” (pass) or “F” (fail) grade. At times, an “I” (incomplete) grade is issued when the group decides to give the student a chance to remediate a problem within a specified timeframe (e.g., failure to complete reports or other paperwork on time, missed supervision sessions). In addition, the group may make suggestions for handling student performance problems, ask the DCT to meet with the student and/or issue a letter summarizing the performance concerns, or suggest a specific plan for remedial action.
ANNUAL PERFORMANCE REVIEW

In May of each year, all graduate students in the department are reviewed by the full faculty. Advisors and the DCT review materials submitted by students (i.e., Activity Reports, CV’s). In addition, the clinical faculty meets to review student progress.

For the review process, the following forms and materials must be submitted by students to the DCT by the specified deadline:

- Student Activity Report (reviewed and signed by advisor)
- Copies of Teaching Evaluations (if applicable)
- Updated Curriculum Vitae

DEPARTMENTAL REVIEW

At the May full faculty meeting, all graduate students are reviewed. The purpose of this review is to determine whether students are making sufficient progress toward their Ph.D. degrees. The student’s advisor reviews the activity report and briefs the faculty on progress over the preceding year (e.g., milestones reached, accomplishments, research performance). Other faculty members (e.g., teaching assistant supervisor, course instructor) are also given the opportunity to provide input on the student’s performance. This process also provides an opportunity for the department to give the student feedback on any issues impeding progress and to recommend a course of action that would get the student back on track to complete the degree requirements.

Several outcomes can come from this review. Most typical is that students are judged to remain in “good standing” within the department. In such cases, there is no official letter to the student. The Chair issues letters to students on behalf of the department in two instances. One instance is when the departmental faculty requests a “letter of commendation” for outstanding performance. The other is when a student is not making adequate progress toward degree completion. In such instances, the faculty group can request a “soft deadline” letter asking the student if there is any reason why he or she should not be expected to complete his or her degree by a given date (the alternative being removal from the department) or a “hard deadline” letter indicating that if the student has not graduated by a certain date he or she will not be allowed to complete his or her degree.

PROGRAM REVIEW

The program conducts a more comprehensive annual review of its students. In addition to the individual reviews of advisors and the DCT, the clinical faculty meets to review student progress and performance. Included in this review are the input of advisors and other faculty, activity reports and other supporting documents (e.g., teaching evaluations), curriculum vitae, practicum evaluations, and transcripts. As part of this review, the faculty group assesses student progress on specified core clinical, research, and professionalism competencies. Each student receives a

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signed summary form and is given the opportunity to discuss any concerns with the DCT. A copy of the evaluation summary is placed in the student’s file.

PERFORMANCE PROBLEMS, STUDENT DISMISSAL, AND GRIEVANCE PROCEDURES

**Grades**

Any grade of C+ or less in a course described in the student’s program of study will be reviewed by the student’s Program Advisory Committee. Grades of C and C+ will only fulfill program requirements if the student’s advisory committee recommends, and the Dean and Associate Provost for Graduate Studies approves, that the course credit be allowed. Grades of C- and below are not acceptable for course credit by Graduate School standards and thus cannot meet program requirements. The advisory committee may also require additional remedial action for grades of C+ and less (e.g., delayed practicum assignment, retake portions of a course, extra clinical assignments under close supervision).

A second grade of C+ or less will result in automatic probation and potential loss of funding (also see section on student dismissal). A written petition for continuance of the funds can be made by the student and should include the reasons for the inadequate performance, the plan to rectify the situation, and the positive aspects of the student’s overall graduate performance that would support the plea. The student must also ask his or her advisor to submit a statement to the Graduate Committee in regard to the merits of the case. Reinstatement of funding for each case will be based upon information obtained in the student’s petition, the advisor’s statement, other information to which the Graduate Committee has access, and availability of funds.

**Academic v. Non-Academic Progress**

In evaluating students and identifying performance problems, the program considers both “academic” and “non-academic” progress. Academic progress is more objective with markers such as grades and meeting major milestones (e.g., passing the comprehensive examination). More challenging is defining “non-academic” functioning and progress. The principal concern underlying evaluation in this domain is the ability of the student to perform in a professional manner.

Three goals that are highly valued by our faculty and students guide evaluations of professionalism:

- Demonstrated commitment to continued involvement with professional growth and development.
- Demonstrated commitment to accurately represent professional competence and qualifications.
Demonstrated ability to take responsibility for identifying needs, and planning and structuring training to meet personal and professional goals.

More concrete markers of professionalism include exhibiting professionally responsible behavior, adhering to University and agency policies, punctuality of work assignments, ethical behavior, proper record keeping, responsiveness to feedback, and appropriate professional relationships with peers and supervisors.

Clear and objective markers of problems in the non-academic domain would be a felony conviction, violation of the APA ethics code, plagiarism, and exhibition of behavior that interferes with professional functioning and proves resistant to remediation.

**PERSONAL ADJUSTMENT**

The clinical faculty recognizes that students display a wide range of behaviors and responses across situations. However, when those behaviors and responses are judged to interfere with effective professional functioning, the program will move to ensure that appropriate remedial actions are taken or to determine whether such actions are not possible or have been ineffective in the past. If remediation is deemed not possible or ineffective in the past, the program may decide to recommend the dismissal of the student through a “counseling out” or “non-academic failure” process (both described below).

Effective professional functioning includes freedom from behavioral problems that seriously limit the student’s potential for effective functioning as a psychologist, commitment to personal growth and understanding, accurate representation of professional competence and qualifications, and responsibility for identifying needs and seeking additional training. For example, chronic tardiness in turning in assignments and/or not scheduling and meeting other professional obligations (e.g., making client or collateral contacts, attending supervisory sessions, keeping supervisor informed) may be judged as professionally irresponsible.

Critical for functioning as a professional psychologist is the ability to be sensitive to one’s own needs and how they might impact clients and others. Furthermore, once identified, it is just as critical that appropriate action is taken to address these needs and accommodate the needs of others. For example, a psychologist experiencing depressive symptoms might seek counseling and work to determine how such symptoms may impact his or her professional duties. Depending on the outcome, this psychologist might decide to stop engaging in clinical practice (appropriately ensuring that the cases are covered) until the symptoms are better managed. The bottom line is that the psychologist is proactive in such situations.

With this in mind, the clinical faculty recognize that graduate school is a very stressful experience and are open to requests for accommodations in particularly distressing periods (e.g., death of a family member, illness, etc.). In such situations, the student should bring the situation to the attention of his or her advisor, DCT, and other affected faculty/supervisors. If the situation is of a very personal nature, the student can first consult with his or her advisor and/or DCT.
Every effort will be made to work toward a reasonable solution for the student (e.g., adjusting program demands, brief program absence, or leave of absence).

**REMEDIATION EFFORTS**

In working with and evaluating students, the clinical faculty group maintains a focus on the fact that this is a *training* program. Students are judged in the context of their developmental level and growth throughout the program is expected.

As such, when clinical performance issues arise, they should be first addressed by the student’s supervisor. Feedback should be timely and clear. Working together, the student and supervisor should attempt to design a suitable remediation plan with concrete markers for success. For example, a student who misses report draft deadlines might be encouraged to break the report writing process into smaller steps with timelines for the completion of each step.

When supervisors determine that a performance problem is not responding to such efforts or is of a particularly serious nature (e.g., behavior problems, ethical breaches), they are expected to alert the DCT. As described above, the DCT reserves time at each clinical faculty meeting to discuss student performance concerns. At times, a particular supervisor(s) may be asked to attend the meeting to provide further description and/or clarification. Most often, this process results in suggestions for how the issue can best be resolved between the student and faculty/supervisor involved. If an issue cannot be resolved in this manner or is deemed to be of a more serious nature, a letter from the DCT summarizing the concerns and a suggested plan of remedial action may be issued to the student and placed in his/her file. The student is typically included in this process and is asked to assist in the generation of possible remediation plans. In addition, the student may be asked to attend a meeting with the DCT or clinical faculty group to discuss the issues raised.

Over the years, the program has instituted a wide variety of remediation plans. Examples of past plan components include the assignment of extra assessment or therapy cases under close supervision, assignment to particular supervisors or types of cases, special writing assignments, specially designed faculty mentoring relationships, time and stress management procedures, brief and longer term leaves of absence, reduction of clinical and/or other program responsibilities, restriction of clinical practicum experiences to the PSC, and suggested referrals for psychological evaluation and/or counseling.

In closing, it is important to consider that remediation is considered to be a *process* that unfolds with time. Critical to faculty evaluation is the *responsiveness* of the student to feedback. Repeated problems subsequent to the receipt of feedback are of particular concern.
“COUNSELING OUT”

If remediation is deemed not possible or has been ineffective in the past, the program may decide to recommend the dismissal of the student through a “counseling out” or “non-academic failure” process (both described below).

Most often, the “counseling out” option is used by the program. If the clinical faculty group agrees that remediation is not possible or has not been effective in the past, the DCT will meet with the student and advisor to recommend that the student voluntarily withdraw from the program rather than being formally dismissed (see Non-Academic Termination section below).

DISMISSAL

The DCT makes recommendations regarding termination to the Department Chair for review and action. Such recommendations have academic or non-academic bases as described below.

As spelled out in the Department’s Graduate Student Rules:

Academic Termination

1. A student who receives a C+ or lower in the same course twice will be terminated from the Department.

2. The receipt of a grade of D+ or lower in two different courses at any time will result in termination from the Department even if the student has subsequently passed one of the courses in which he or she received a D+ or lower.

3. The receipt of a grade of C+ or lower in 3 different courses at any time will result in termination from the Department even if he or she subsequently earned an A or B in one or more of the courses in which he or she received a C+ or lower.

Non-Academic Termination

Graduate students may also be terminated for non-academic reasons. Causes of non-academic termination may include student behaviors that interfere with professional functioning and that have proven resistant to remediation. Additional examples include but are not limited to criminal offenses, violations of professional ethics and/or the APA ethics code, and academic dishonesty (e.g., plagiarism or cheating).

Student Status Following Termination

Graduate students who have been terminated from their specific graduate program (i.e., Clinical, Developmental, or Psychological Sciences) will be considered to have been terminated from the Department of Psychology. Under special circumstances, especially in the case of non-academic
termination, a student may be subsequently admitted into a different graduate program within the Department.

**GRIEVANCE PROCEDURES**

Students asked to withdraw (as in the earlier described “counseling out” process) or recommended for program dismissal on the basis of non-academic reasons, maintain the right to a program appeals process. They will have up to four weeks to prepare an argument for retention to be heard by the clinical faculty group. This argument can include a letter of response to the faculty as well. Upon student request, another student and/or the program ombudsperson can be asked to attend this meeting. A majority clinical faculty group vote is required to overturn the decision to request voluntary withdrawal or recommend program dismissal. If the appeal is rejected, the DCT will recommend the student’s termination to the Department Chair for review and action.

Once the termination request is made to the Chair, he or she works to assess the situation by talking with the parties involved. If, after discussions with the relevant parties, the Chair is unable to resolve the situation, a notice of termination will be sent to the Graduate School for action. **At this point, the student may appeal to the Graduate Dean and Associate Provost for Graduate Studies for a final determination, following procedures described under “Policies and Regulations” on the Graduate School website.**

**PROGRAM POLICIES**

**WEB-BASED BEHAVIOR POLICY**

Students in the clinical program should conduct their internet behaviors in a manner fitting with the program. Messages sent in emails, messages posted to social networking websites, and messages through other electronic media are never private after they are sent and should always be considered from a professional view. Internship programs, potential employers, and even clients are reporting using the internet to search for student names for information. Students should utilize internet security settings to secure profiles but recognize this does not prevent information from being forwarded, downloaded, saved, or hacked. Therefore, simply using secure settings is not enough. Students’ online behavior is a direct reflection of their professional conduct and will be considered as if the behavior had been conducted in person.

Some facts students should know:

1. Internship programs report conducting web searches on applicants’ names before inviting applicants for interviews and before deciding to rank applicants in the match.

2. Clients are conducting web-based searches on trainees’ names and finding information about therapists (and sometimes declining to come to clinics based on what they find).
3. Potential employers are conducting on-line searches of potential employees prior to interviews and job offers.

4. Legal authorities are looking at websites for evidence of illegal activities. Some prima facie evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.

5. Postings to a variety of listserves might reflect poorly on oneself and the program.

6. Signature lines on emails might affect how others view students as a professional and may be forwarded without the student’s control. Quotations on personal philosophy, religious beliefs, and political attitudes are examples of signature lines that might elicit adverse reactions from other people.

7. Greetings on voicemail services and answering machines should be thoughtfully constructed. If a personal cell phone or home telephone is used for professional purposes (research, teaching, or clinical activities), be sure the greeting is appropriate and professional in demeanor and content.

Students are reminded that, if they identify themselves as a graduate student in the program, then there is some interest in how they portray themselves (see other policies in the program). If it is reported that a student is doing something unprofessional, unethical or illegal online, then this information may be used by the Program to determine probation or even retention. As a preventive measure, the Program advises that students (and faculty) approach online blogs and websites, including personal information, carefully. Students are advised to engage in "safe" web practices and be concerned now about professional demeanor and presentations.

TEACHING ASSISTANTSHIPS

Funding may come from one of three sources. Students may receive funding from teaching and research assistantships, as well as practicum placements. The term “teaching assistantship” applies to positions requiring 20 hours of work per week and a wide variety of responsibilities. Typically, in the first year, students are assigned to assist a professor or instructor with a course with large enrollments, such as introductory psychology. Duties range from holding review sessions before exams, grading exams, entering exam grades into a computer program, holding office hours, grading homework and exams, to proctoring exams. Teaching assistants may be asked to proctor exams for other classes as well. Opportunities to guest lecture often arise in the course of the semester. Teaching assistantships may also involve teaching the laboratory portion of an upper level psychology course, such as Research Methods or Statistics. Typical duties include writing lab lectures and homework assignments, holding office hours, grading homework assignments, etc. Additional teaching assistantship duties include, but are not limited to, managing the research subject pool, staffing the Undergraduate Resource Room, acting as an undergraduate student advisor, and maintain the program website. Students in their third or fourth year may have the opportunity to teach a course as their teaching assistantship. In order to
be eligible to teach a course, a student must have passed all doctoral Comprehensive Examinations. Teaching a course requires undertaking full responsibility for all aspects of the course.

**TRANSFER CREDITS AND WAIVERS OF REQUIREMENTS**

A student may be exempted from a required course if he or she has passed an analogous course at another institution. It is important to distinguish between transfer credit and a waiver. A student can move to transfer actual course credit in accordance with the stipulations below, but total number of credits per se are usually not an issue since by following the program requirements students will have the necessary credits by graduation. A waiver or program permission to waive a required course can free up time for the student to take different courses, participate in research, etc.

Waiver decisions (and hence transfer credit decisions) are made by the instructor of the course within the program in consultation with the DCT and clinical faculty. It is up to the student to approach the faculty person teaching the course and present a course syllabus and other supporting materials for consideration. At the instructor’s discretion, part of a course can also be waived. The program does not allow the accumulation of waivers to be an avenue to advanced standing. Therefore, the total number of credits that can be waived is limited to 12. **No waiver decisions are made prior to program admission.**

The criteria for obtaining a waiver for any course are as follows:

1. The course must have been taken at the graduate level, and the student should have received a grade of B or better.
2. The course must have been offered by a psychology department.
3. The course must have had substantially similar content as the course for which it is to be substituted.

The procedure for obtaining a course waiver follows:

1. The student submits to the professor offering the course, the syllabus of the course previously taken along with any additional materials (transcripts, etc.) to demonstrate that the above criteria are met. Given that the professor finds the conditions satisfactory, he or she will sign a letter drafted by the student indicating that the above criteria have been met (sample letter in Appendix D).
2. The student seeks final approval (i.e., obtains signatures) from his or her advisor, Director of Clinical Training, and the Chair of the Psychology Department.
3. After a copy is made for the student’s file, the DCT will submit the letter to the Graduate School.
**AMERICANS WITH DISABILITY ACT**

If a student has a disability and requires accommodations, the process begins with the Director of Clinical Training and is considered with the help of University of Maine Disability Support Services (DSS). Students should make an appointment with the DCT to discuss their needs as soon as possible. Although it is possible for the program to informally accommodate students without using DSS, it is preferable to involve them in the process. Since the Ph.D. in clinical psychology involves a systematic and sequential program of training, accommodations are considered from an overall programmatic perspective rather than from an individual course perspective. Accommodations are rarely granted on a retroactive basis. If desired, the student can also schedule an appointment to meet with a DSS representative. For more information about DSS, please see their website at [http://www.umaine.edu/disability](http://www.umaine.edu/disability).

**NON-DISCRIMINATION POLICY**

In complying with the letter and spirit of applicable laws and in pursuing its own goals of diversity, the University of Maine System shall not discriminate on the grounds of race, color, religion, sex, sexual orientation including transgender status or gender expression, national origin, citizenship status, age, disability, or veterans status in employment, education, and all other areas of the University. The University provides reasonable accommodations to qualified individuals with disabilities upon request.

**HARASSMENT POLICY**

The University of Maine System is committed to providing a positive education and work environment for all students and staff. Sexual harassment, whether intentional or not, undermines the quality of this climate and is against the law. The University has a legal and ethical responsibility to ensure that all students and employees can learn and work in an environment free of sexual harassment. Sexual harassment of either employees or students is a violation of federal and state laws. It is the policy of the University of Maine System that no member of the University System community sexually harass another. In accordance with its policy of complying with non-discrimination laws, the University System will regard freedom from sexual harassment as an individual employee and student right which will be safeguarded as a matter of policy. Any employee or student will be subject to disciplinary action for violation of this policy.

**STUDENT SERVICE TO PROGRAM**

Professional service is critical to student training and program functioning. In fact, it is one of the major training areas assessed in the annual student evaluations. There are varied ways for students to provide service to the program, department, and wider university community. Some examples include assisting mentors with manuscript reviews for journals, serving on committees, getting involved in the Graduate Student Government, guest lecturing, mentoring an undergraduate research project, and getting involved in a professional organization.

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More specific to program service, students can help with the annual interview weekend, participate in a program “task force” (periodically formed by the clinical faculty to assist with particular program needs, such as conducting an alumni survey, searching for new practicum experiences, and suggesting changes in program policy), or assist with new student orientation. Students are strongly encouraged to seek consultation on professional service opportunities from the DCT and their advisors.

The program’s major service positions are the Associate Director of the PSC and the Clinical Student Representative. These positions are student elected, faculty approved, and more fully described in the following sections of the Handbook. In keeping with the program’s commitment to diversity sensitivity and education, another major service opportunity for students is the Diversity Committee and its coordination.

**DIVERSITY COMMITTEE**

The Clinical Psychology Diversity Committee is a group composed of students and a faculty advisor from the clinical program that is committed to organizing activities and efforts to increase diversity awareness, sensitivity, and education. Diversity Committee members organize efforts to: design specific recruitment and retention strategies to attract diverse graduate students and faculty; recruit speakers for colloquia, case conference, and brown bag professional development seminars; and acquire funding for the financial support of these activities.

Students interested in joining the Diversity Committee attend the first meeting of the fall semester. At this first meeting, responsibilities of committee members are described and those who are willing and able to commit to these responsibilities then attend the second meeting of the Committee and are considered committee members.

Diversity Committee members are expected to commit to an average of two hours of committee-related work per week. Specific responsibilities include:

- **Attendance at all meetings.** If a Committee member is unable to attend a meeting, that student should contact the Committee chairperson prior to the meeting and provide an update on any Committee activities. This student should also read the meeting minutes, which are posted to the Diversity Committee First Class folder, and provide input to the Committee chairperson on issues discussed.
- **Actively attempt to recruit diversity education speakers**
- **Attend all Diversity Committee activities (e.g., colloquia, Brown Bags).** If a Committee member is unable to attend a Diversity Committee activity, then that student should contact the Committee chairperson prior to the activity.

**DIVERSITY COMMITTEE CHAIRPERSON**

The Diversity Committee chairperson acts to organize and facilitate the activities of the Diversity Committee in order to enhance its cohesiveness and productivity. The chairperson is a student
who has been a member of the Committee for at least one semester, and thus is familiar with its activities and goals. The Diversity Committee chairperson is elected by members of the Committee. A call for nominees for the position is put out in the last month of the spring semester each year. Interested students can also inform the current chairperson of his/her interest in the position. Members vote for the Committee chairperson during the last meeting of the spring semester.

In addition to following through with all responsibilities set forth for any diversity committee member, responsibilities and tasks of the diversity committee chairperson include:

- Generating agendas for and leading meetings
- Writing up meeting minutes to be posted to the Diversity Committee First Class conference
- Overseeing all Diversity Committee activities
- Facilitation of the Annual Stanley Sue Distinguished Diversity Lecture Series
- Ensuring that activities of the Diversity Committee adhere to the goals of the Clinical Psychology Doctoral Program
- Ensuring that Committee members follow through with responsibilities, as laid out at the beginning of the semester
- Acting as liaison with the Director of Clinical Training, informing him/her of the Diversity Committee’s activities
- Facilitating completion of the Yearly Report of the Diversity Committee’s activities

**STUDENT ROLE IN GOVERNANCE**

**CLINICAL STUDENT REPRESENTATIVE**

The Clinical Student Representative serves to promote the interests of all clinical students (i.e., the General and Developmental-Clinical Tracks) by working closely with the DCT and serving as a liaison between clinical faculty and students. As a student with access to information about program policies and procedures, the clinical student representative is viewed as a valuable resource for first year students who may have questions about the intricacies of the program and for all students who wish to stay informed about program news and developments.

The clinical student representative is elected by students in the program. Those interested in the position should inform the current student representative. Students can also be nominated by other program students. The students vote for a candidate during a case conference meeting held in the late spring and present their choice to the clinical faculty. The clinical faculty makes the final decision.

The tasks of the clinical student representative are numerous and varied. They include:

- Attending and discussing student concerns at clinical faculty meetings
- Continued consultation with and assistance to the DCT
- Enhancing communication between students and faculty
- Communicating information to the other students about the issues discussed in clinical
PSC ASSOCIATE DIRECTOR

See “PSC” section of handbook for more information.

FUNDING

Student funding decisions are made by the Department Chair in consultation with the DCT, Graduate Committee, and other faculty/professional staff. The department currently makes every effort to fund all graduate students through their first four years of study, unless otherwise agreed to at the time of admission. The department also prioritizes current students over recruited students. That is, the decision about how many new funded students can be recruited each year comes after careful consideration about the ability to continue funding for funded students in their fourth year or below. Though not assured, every effort is made to fund students in their fifth year as well, with priority given to students enrolled in the Developmental-Clinical (DC) Track because it requires an extra year of study. Whole or partial funding is often arranged through some combination of teaching, work study, Trustee Tuition Scholarships, clinical contracts, etc. Student funding is connected to the advisor, and it is partly on that basis that prioritization for new student recruiting is done. Failure to remain in “good standing” (e.g., poor grades, poor performance, failure to make sufficient progress toward graduation) can jeopardize funding status.

TEACHING ASSISTANTSHIPS

The most common funding source for program students is teaching assistantships (TA) allotted to the department from the Graduate School. These assistantships are nine-month contracts to provide particular services for the Department, most often connected to the undergraduate teaching mission. The assignments require 15 to 20 hours of work per week and responsibilities vary widely depending on the particular assignment. First year students are often assigned to assist an instructor tasked with teaching one of the large undergraduate courses, such as Introductory Psychology. Duties range from holding review sessions before exams, holding regular office hours, grading exams, entering exam grades into a data file, grading homework assignments, and proctoring exams. Some TA’s are assigned to teach the lab section of an upper level course, such as research methods or statistics. These students work closely with the course instructor and take part in drafting lab lectures and homework assignments. In their third or fourth years, students may have the opportunity to teach an undergraduate course on their own. In order to be eligible, students must have passed all doctoral comprehensive examinations. The
pay and benefits associated with these TA assignments change year by year, but at the present
time they provide a stipend (approximately $14,100), one half of the university health insurance
premium (approximately $1,250), and up to 18 credit hours (plus up to six for the summer term;
valued at $418 per hour). In addition, TA recipients are charged at the in-state tuition rate ($418
per hour) for any additional credits. For further information and updates, students should consult
the Graduate School web pages.

FELLOWSHIPS AND OTHER AWARDS

In addition to these TA positions, program students compete for a range of university fellowships
including the Provost Fellowship, Chase Distinguished Research Assistantship, and Janet
Waldron Doctoral Research Fellowship. For descriptions and updates, students should consult
the Graduate School web pages. A department-based fellowship, the Maine Academic
Prominence Initiative (MAPI) Research Assistantship, is made available each year for a student
specializing in developmental or developmental-clinical.

CLINICAL AND RESEARCH CONTRACTS

Another funding source is clinical or research contracts. Through contracts and pay for services,
the Psychological Services Center (PSC) helps to provide funding for students. Current contracts
exist with the Maine Department of Corrections, Maine General Medical Center, Mountain View
Youth Development Center, and Penobscot Job Corps, as well as local schools. In recent years,
funding has also come from a research contract with the Maine Department of Health and
Human Services.

GRANTS

Finally, the department faculty has been very active in grant seeking and in recent years a
number of students have been funded through such awards.

Students are also encouraged to seek their own grant funding. Most program students regularly
apply for and receive travel and dissertation assistance from the Graduate Student Government
(http://www2.umaine.edu/gsg/). Such assistance may also be available from the department. In
addition, students should seek out additional funding sources, such as the American
Psychological Association.

Here is a non-exhaustive list of other potential student funding sources.

- NIH NRSA predoctoral fellowships (F31)
- RFA for underrepresented minorities (NIMH, NIDCD, etc)
- NSF predoctoral fellowships.
- Foundation awards for specific topics
- For smaller amounts of money (no stipend): APA Early Graduate Student Researcher Awards. These are just for $1000, but are for students early in their training (first 3.5 years). (http://www.apa.org/Science/era.html)
- Woodrow Wilson Foundation
- American Association of University Women
- American Association of Pediatrics

FINANCIAL AID

Despite the relatively generous funding package awarded to the majority of students, many must also apply for some type of financial aid in the form of loans, etc. Interested students should contact the Office of Student Financial Aid for more information (http://www.umaine.edu/stuaid/applying-for-aid/).
APPENDICES

GENERAL CLINICAL TRACK CURRICULUM CHECKLIST

1. All of the following clinical core courses:

   _____ PSY 603 Ethics and Professional Problems
   _____ PSY 625 Basic Methods in Assessment I
   _____ PSY 626 Advanced Clinical Assessment II
   _____ PSY 634 Advanced Psychopathology
   _____ PSY 655 Seminar in Psychotherapy (general clinical section)

2. All of the following required courses:

   _____ PSY 528 Life Span Development
   _____ PSY 661 Seminar in History and Philosophy of Psychology
   _____ PSY 540 Advanced Psychological Statistics and Methods I
   _____ PSY 541 Advanced Psychological Statistics and Methods II
   _____ PSY 592 Directed Readings in Diversity (at least one credit)
   _____ PSY 681 Clinical Supervision and Consultation I
   _____ PSY 682 Clinical Supervision and Consultation II
   _____ PSY 683 Clinical Supervision and Consultation III
   _____ PSY 691 Practicum
   _____ PSY 692 Directed Research
   _____ PSY 695 Internship I
   _____ PSY 696 Internship II
   _____ PSY 699 Thesis

3. At least one course in each of the groups listed below.

   _____ Biological Bases of Behavior (incl. PSY 520, 551)
   _____ Cognitive-Affective Bases of Behavior (incl. PSY 521, PSY 567)
   _____ Social Bases of Behavior (incl. PSY 522, 561)
   _____ Individual Differences (incl. PSY 522, 634, 651)

4. Electives - Two of the following courses (or any of the above if not already satisfying one of the above categories).

   _____ PSY 503 Behavior Therapy
   _____ PSY 677 Topics in Clinical Psychology
DEVELOPMENTAL- CLINICAL TRACK CURRICULUM CHECKLIST

1. All of the following clinical core courses:

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 603</td>
<td>Ethics and Professional Problems</td>
</tr>
<tr>
<td>PSY 625</td>
<td>Basic Methods in Assessment I</td>
</tr>
<tr>
<td>PSY 626</td>
<td>Advanced Clinical Assessment II</td>
</tr>
<tr>
<td>PSY 634</td>
<td>Advanced Psychopathology</td>
</tr>
<tr>
<td>PSY 651</td>
<td>Child Psychopathology and Therapy</td>
</tr>
<tr>
<td>PSY 655</td>
<td>Seminar in Psychotherapy (child/adolescent section)</td>
</tr>
</tbody>
</table>

2. All of the following core developmental courses.

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 520</td>
<td>Biological Bases of Infancy and Development</td>
</tr>
<tr>
<td>PSY 521</td>
<td>Emotion, Adaptation, and Development</td>
</tr>
<tr>
<td>PSY 522</td>
<td>Social Development in Children</td>
</tr>
<tr>
<td>PSY 528</td>
<td>Life Span Development</td>
</tr>
</tbody>
</table>

3. All of the following required courses:

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 661</td>
<td>Seminar in History and Philosophy of Psychology</td>
</tr>
<tr>
<td>PSY 540</td>
<td>Advanced Psychological Statistics and Methods I</td>
</tr>
<tr>
<td>PSY 541</td>
<td>Advanced Psychological Statistics and Methods II</td>
</tr>
<tr>
<td>PSY 592</td>
<td>Directed Readings in Diversity (at least one credit)</td>
</tr>
<tr>
<td>PSY 681</td>
<td>Clinical Supervision and Consultation I</td>
</tr>
<tr>
<td>PSY 682</td>
<td>Clinical Supervision and Consultation II</td>
</tr>
<tr>
<td>PSY 683</td>
<td>Clinical Supervision and Consultation III</td>
</tr>
<tr>
<td>PSY 689</td>
<td>Practicum</td>
</tr>
<tr>
<td>PSY 692</td>
<td>Directed Research</td>
</tr>
<tr>
<td>PSY 695</td>
<td>Internship I</td>
</tr>
<tr>
<td>PSY 696</td>
<td>Internship II</td>
</tr>
<tr>
<td>PSY 699</td>
<td>Thesis</td>
</tr>
</tbody>
</table>

4. One additional course in psychology.

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 503</td>
<td>Behavior Therapy</td>
</tr>
<tr>
<td>PSY 677</td>
<td>Topics in Clinical Psychology</td>
</tr>
</tbody>
</table>

5. Electives - One of the following courses (or any of the above if not already satisfying one of the above categories).

Clinical Student Handbook, page 62
FREQUENTLY ASKED QUESTIONS

Do I have a mailbox?
Yes. Each student has a mailbox located in the Psychology Department Office on the 3rd floor of Little Hall (Room 301). **Incoming students should check this mailbox upon arrival for important information.** All students should check their mailboxes on a daily basis. Students also are provided a mailbox in the graduate student lounge in the Psychological Services Center in Corbett Hall the summer following their first year.

Do I have to have a First Class (FC) account?
Yes. Each student is encouraged to check their email account on a daily basis as this has become one of the primary means of communication. The graduate school will send out information about your username, password, and how to establish the FC account via long distance. Any questions regarding your FirstClass account can be directed to IT services ([http://www.umaine.edu/it/helpcenter/](http://www.umaine.edu/it/helpcenter/)). In addition to regular email communication, conference folders on FC are used to communicate important information between faculty and students.

What do I call myself?
Students may put “graduate student in clinical psychology” under their name on their email signature and on official letters. Students in the developmental-clinical track may add that they are a “graduate student in the developmental-clinical track”. You can follow your name with a “MA” or use the title “doctoral candidate” after you have passed all required comps.

Do I have an office on campus?
Yes, all students are assigned office space in North Stevens Hall, Little Hall, or Corbett Hall. Typically, two students share one office. If you are assigned an office in North Stevens your first year, you may request to move to Little Hall for your second year by writing a letter to the Department Chair. Requests will be fulfilled depending on office space availability. Currently, for an installation fee of $25 and $18/month, students can have a phone line installed in their offices in Little Hall. Ethernet access can be purchased for your office for approximately $7 a month. There may be an installation fee for the Ethernet access. Keep in mind that most offices already come equipped with a phone, so there is no need to pay for an installation fee. In addition, UMaine has recently gone wireless, so there is free internet access on campus. However, students can still choose to pay for hardwired (i.e., Ethernet) internet access if they wish.

How do I register when I first arrive on campus?
The first thing you should do when you arrive for your first year is check your mailbox and register for classes. You can obtain a registration form in the departmental office, from the Graduate School Office (located at 5755 Stodder Hall, Room 42; 207-581-3291) or it may be mailed to you. A schedule of classes for each semester is kept in the Psychology Office (301 Little Hall) and listed online ([MaineStreet; mainestreet.maine.edu](http://mainestreet.maine.edu)), and contains all of the information about the classes that you will need to complete your registration form. Consult your advisor as to which classes you should register and to sign the registration form. It is also recommended that you speak with financial aid as soon as possible so that funding and/or loans are not delayed.

Where do I show my proof of immunization?
Questions about immunization should be addressed to the Cutler Health Center located on 5271 Long Road at 207-581-4000 ([http://www.emmc.org/splash_CutlerHEalthCenter.aspx](http://www.emmc.org/splash_CutlerHEalthCenter.aspx)). Cutler Health Center also can provide you with information about their services and the University Health Insurance (see below).
**Do I have health insurance?**
Yes. All graduate students who hold teaching or research assistantships are automatically enrolled in the University’s insurance plan. If students have and prefer to continue with their private insurance, they must complete a form showing proof of insurance and submit it to the Graduate School to waive enrollment in this program. Currently, the Graduate School pays half of the annual premium and students are responsible for the other half. Students can arrange to pay this through the Bursar’s office as a one-time payment or through monthly direct withdrawals from their stipend checks.

**How do I get a parking sticker and University ID?**
Before classes begin, the Maine Card office (in the Memorial Union) will issue your student ID and parking permit. You will need to complete an application form and the Maine Card office will sell you a parking pass for $50/year. This will be good until August of the following year. If you are a TA, you may need to get proof of TA status from the graduate school. This only occurs if you attempt to obtain a parking permit before the graduate school has sent the Maine Card Office a list of TAs. If you need to confirm your TA status, you need to take your application to the graduate school in order to get a stamp confirming your status. If this is necessary, the Maine Card Office will alert you.

**What portion of tuition and fees am I responsible for?**
First-Year Students with a tuition waiver must pay for all credits exceeding 9 credits in the fall, 9 credits in the spring, and 6 in the summer. Students beyond the first year must pay for all credits exceeding 9 credits in the fall, 9 credits in the spring, and 6 credits in the summer. Typically, first year students enroll in 9 credits each in the fall and spring. Students are also responsible for the Unified Fee (currently $381 per semester), Communication Fee ($15 per semester), Recreation Center Fee ($124 per semester) and Graduate Student Activity Fee ($45 per semester). A tuition bill will be mailed to you (or may be viewed on MaineStreet) reflecting your total charges, the amount covered by your tuition waiver, and the amount for which you are responsible. If you have a tuition waiver or will be receiving loans, you will be required to complete the “Anticipated Resources” form on MaineStreet indicating how your bill will be paid. You can arrange to have your fees and insurance premium paid through direct withdrawal from your loan money prior to disbursement, which must be arranged in person at the Bursar’s Office.

Because tuition waivers tend to be applied to student accounts late in the semester, students must complete the Anticipated Resources form to avoid being charged late fees.
http://www.umaine.edu/mainestreet/

**Do graduate students have access to a Fitness Center on campus?**
Yes, there is a recreation center located on campus. All students are required to pay a recreation fee each semester which includes membership at the recreation and fitness center.
http://umaine.edu/campusrecreation/

**What are Collins Center for the Arts rush tickets?**
Students registered with 6 credit hours or more per semester are entitled to 2 free tickets to specially designated CCA events per semester. The tickets are available starting the first day of classes each semester. You can pick them up at the CCA office. Students may also purchase certain tickets for $13.00 on the day of the performance or on the Friday before for a weekend event, providing the performance is not sold out. Each student is allowed to buy a maximum of 2 tickets per student ID. You can visit http://www.collinscenterforthearts.com/ for more information.

**What do I need to do to get a student loan?**
The first thing you need to do is fill out a FAFSA, which you can either fill out online or pick up at the Financial Aid Office, located at Wingate Hall (207-581-1324; mailing address: 5781 Wingate Hall). After mailing the form, approximately six weeks later, the financial aid office receives your information.
electronically and will mail you an award letter. The award letter will indicate your loan eligibility. Once processed, you must Accept/Decline the award on MaineStreet. You must be registered for classes to receive your loans, which typically arrive during the first week of classes. You can arrange with the Bursar’s Office to either pick up your check there or have it mailed to you. You can fill out an appeal form with the Financial Aid Office if you need to apply for additional loan money.

**How do I receive my stipend?**
If you have a teaching or research assistantship, you will receive your stipend on the last working day of every month. When you first arrive on campus, you will need to visit the Payroll Office (5717 Corbett Hall, rooms 120-124) to fill out your I-9 and W-4 forms for tax purposes. You will need 2 forms of identification (they prefer a social security card, passport, birth certificate, driver’s license, etc.).

**Is funding available for research and travel?**
Students are occasionally given some travel funding from the Psychology Department, and the Psychological Services Center can often provide reimbursement for some travel expenditures at the end of the fiscal year. Most students apply for travel funds through grants offered by the Graduate Student Government (GSG) each semester. Additional funding is available on a competitive basis from other University organizations such as the Alumni Association. Students are encouraged to seek out funding opportunities as they arise.

**Is there a graduate student organization?**
Yes. The Graduate Student Government (GSG) serves as an advocate for graduate student interests at the university. GSG offers graduate students services such as laptop loans and competitive funding for research and conference travel. GSG also sponsors graduate student social events and an annual graduate student research exposition. In addition, GSG publishes a general informational graduate student handbook. A graduate student representative is appointed from the department yearly and meeting attendance is required for students in the psychology department to be eligible to receive funding.

**Are there psychological services available for graduate students on campus?**
All students who are enrolled are eligible to go to the University Counseling Center (207-581-1392).

**Are there opportunities to become involved in department activities?**
Absolutely! All students are encouraged to become an active member of the department through involvement in various committees and opportunities as they arise. The Diversity Committee meets regularly during the academic semesters to discuss issues of diversity as they relate to clinical and research endeavors and organize professional presentations to foster awareness and sensitivity to such issues. In recent years, the Diversity Committee has focused on increasing knowledge regarding Native American, Franco-American, and LGBTQ populations in Maine by scheduling a range of departmental, University, and community guest speakers. Other committees are formed on an as-needed basis to address the needs of the department. Recently students have been involved in assisting with recruiting new faculty, revising the clinical student handbook, and readying the department for accreditation renewal. All you need to do to become involved is volunteer!

**Who can I go to with questions?**
You may approach any clinical student with additional questions. The advanced students and members of your lab can be valuable resources while you are adjusting to graduate life. The Director of Clinical Training, your clinical student representative, and the department administrative assistants are also available to provide information and answer any questions you have regarding department or university operations.