



Fall | 20

## Student Handbook

Doctoral Program in Clinical Psychology  
University of Maine

## INTRODUCTION TO THE STUDENT HANDBOOK

This Handbook outlines all program policies and procedures and should be consulted when questions arise. 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 ([umaine.edu/graduate](http://umaine.edu/graduate)) and Department's Graduate Student Rules for other important information and policies. Of course, students and faculty must also adhere to the APA 2002 Code of Ethics (amended in 2010 and 2016) for Psychologists. Upon entry into the program, students sign a form acknowledging that they have access to this Handbook and pledging adherence to program, department, and university policies, as well as the ethics code.

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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 (PhD) 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 emphasis on teaching, basic and applied research, and public service activities that benefit the state of Maine and the larger world community (<https://umaine.edu/psychology/clinicalpsychology>).

The program is committed to providing a supportive and open learning environment for all individuals regardless of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or beliefs, consistent with the broad definitions of diversity accepted by the American Psychological Association (<http://apa.org/ed/graduate/diversity-preparation.aspx?tab=1>). Our program also is committed to a training process that ensures that graduate students develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. 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. We value interacting with individuals different from ourselves and find this to be vital to our education mission.

### MODEL OF TRAINING

The philosophy and model of training for the program is consistent with the scientist-practitioner model espoused at the Boulder Conference in 1949. This model emphasizes the interactive influences and integration of the science and professional practice of psychology. Training follows the generalist tradition in which students receive a firm foundation in broad clinical knowledge and skills and engage in a variety of applied experiences with children, adolescents, and adults. Building on this generalist foundation, students can also complete more specialized training through emphases in clinical child psychology and clinical neuropsychology. The program also adheres to the mentor model, 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.

## AIMS

The program's emphasis on science-practice integration is reflected in clearly specified training aims: **(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 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.

## GENERALIST TRAINING AND SPECIALTY EMPHASES

Clinical training follows the **Generalist** tradition in which all students develop a strong foundation in broad clinical knowledge and skills and engage in applied experiences with children, adolescents, and adults. Building on this base, students can also complete specialty training in clinical child psychology or clinical neuropsychology. The **Clinical Child Psychology Emphasis** offers specialized training and experiences in working with children, adolescents, and families, whereas the **Clinical Neuropsychology Emphasis** offers specialized training in the study of brain-behavior relationships, applied training in clinical neuropsychological assessment, and research in neuropsychology. Students in both emphases complete all of the generalist requirements, as well as related coursework, research, and practicum experiences.

## ADMISSION REQUIREMENTS

To be considered for admission, program candidates must complete a graduate school and a departmental application (<https://umaine.edu/psychology/clinicalpsychology/admissions/>). 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 50<sup>th</sup> percentile often result in rejection. A summary of GPA's and GRE scores of admitted candidates for the past 10 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 before internship.

### 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). 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. Once approved by the Graduate School, the plan becomes the student's required curriculum.



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; passing is defined as earning 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 typically enroll in three courses per semester and complete core clinical courses in psychopathology, basic and advanced assessment, and ethics and professional issues. By the end of the second year, students should have completed all of the required clinical core courses (see below for list) in order to sit for the clinical comprehensive examinations. Students also complete required courses in statistics and research methods, basic foundations in psychological science (e.g., Cognitive Psychology, Social Psychology, Physiological Psychology), and human development (i.e., Life Span Development).

Required courses and sample schedules are included below. The program underwent substantial changes in adhering to the new Standards of Accreditation (SoA) requirements in 2017. Listed first below are the generalist and emphases requirements for students enrolling in 2017 or later. Following these are the various requirements in place for students entering the program in 2016 or before. All students adhere to the course and other requirements in place at the time of enrollment.

## COURSE REQUIREMENTS FOR STUDENTS ENTERING FALL 2019 AND BEYOND

### *GENERALIST CLINICAL COURSES (STUDENTS STARTING FALL 2019 AND BEYOND)*

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

PSY 625	Basic Methods in Assessment I
PSY 626	Advanced Clinical Assessment II
PSY 634	Advanced Psychopathology
PSY 603	Ethics and Professional Problems
PSY 655	Seminar in Psychotherapy (generalist or child version)

#### **2. Additional Required Clinical Courses**

PSY 507	Multicultural Issues in Psychotherapy
PSY 581	Supervision, Consultation, and Interprofessionalism
PSY 691	Practicum (at least one credit hour per semester, including summer term, when engaged in any clinical work)
PSY 695	Internship (one credit hour in fall)
PSY 696	Internship (one credit hour in spring)

### 3. **Required Courses Outside of the Clinical Area**

#### a. **History and Systems**

PSY 661 Seminar in History and Philosophy

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

##### Affective Bases of Behavior

PSY 621 Affective Science of Emotion Regulation and Psychopathology

##### Biological Bases of Behavior

PSY 520 Biological Bases of Development

PSY 551 Advanced Physiological Psychology

PSY 647 Foundations in Clinical Neuropsychology

##### Social Bases of Behavior

PSY 522 Social Development

PSY 561 Advanced Social Psychology

##### Cognitive Bases of Behavior

PSY 567 Advanced Cognitive Psychology

##### Human Development

PSY 528 Life Span Development

#### c. **Statistics and Research Methods**

PSY 540 Advanced Psychological Statistics and Methods I

PSY 541 Advanced Psychological Statistics and Methods II

PSY 602 Clinical Research Forum (one credit every fall and spring semester starting in second year)

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)

### 4. **Elective courses (two)**

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 630 Advanced Applied Statistics

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

**5. Advanced integrative evaluated educational experience**

All students must demonstrate advanced integrative knowledge of basic discipline-specific content areas, including graduate-level scientific knowledge that entails integration of at least two foundational knowledge areas (i.e., affective, biological, cognitive, social, or developmental aspects of behavior). Advanced integrative knowledge must be acquired in an evaluated educational experience (EEE) that integrates at least two foundational content areas *that have been previously covered through other methods (i.e., department or other approved courses)*. An EEE can be a comprehensive examination (research), dissertation proposal, or other proposed experience, such as a manuscript, grant proposal, or directed readings course. Students must submit a signed **Advanced Integrative Evaluated Educational Experience Verification Form** on which their faculty supervisor confirms that the requirement has been fulfilled.

*SAMPLE SCHEDULE BY YEAR*

**Generalist Clinical Curriculum: SAMPLE SCHEDULE**

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

<b>1<sup>st</sup> YEAR</b>	<b>FALL</b>	<b>SPRING</b>	<b>SUMMER</b>
Clinical core	PSY 625 Assessment I PSY 634 Psychopath	PSY 603 Ethics PSY 626 Assessment II	
Additional required	PSY 540 Statistics I PSY 602 CRF	PSY 541 Statistics II PSY 602 CRF	PSY 507 Multicultural PSY 691 Practicum PSY 692 Dir Res

<b>2<sup>nd</sup> YEAR</b>	<b>FALL</b>	<b>SPRING</b>	<b>SUMMER</b>
Clinical core	PSY 655 Therapy		
Additional required	PSY 621 Affect PSY 602 CRF PSY 691 Practicum PSY 692 Dir Res	PSY 528 Lifespan PSY 602 CRF PSY 691 Practicum PSY 692 DR	PSY 581 S,C, & I PSY 691 Practicum PSY 692 DR

3 <sup>rd</sup> YEAR	FALL	SPRING	SUMMER
Clinical core			
Additional required	PSY 567 Adv Cog PSY 647 Clin Neuro PSY 602 CRF PSY 691 Practicum PSY 692 DR	PSY 561 Adv Soc PSY 661 H&S PSY 602 CRF PSY 691 Practicum PSY 692 DR	PSY 691 Practicum PSY 692 DR

4 <sup>th</sup> YEAR	FALL	SPRING	SUMMER
Clinical core			
Additional required	PSY 602 CRF PSY 691 Practicum PSY 699 Thesis	PSY 630 Adv. Stat PSY 602 CRF PSY 691 Practicum PSY 699 Thesis	PSY 691 Practicum
Elective	PSY 677 Health		

5<sup>th</sup> YEAR: Register for PSY 695 Internship I in the Fall and PSY 696 Internship II in the Spring.

### *CLINICAL CHILD EMPHASIS COURSES*

Students pursuing the **Clinical Child Emphasis** must in addition to the generalist clinical course requirements complete a series of related courses to enhance their understanding of development and evidence-based approaches to intervention, more concentrated child and adolescent clinical practicum experiences, as well as research requirements that are specific to this emphasis.

#### *IN ADDITION TO THE REQUIRED GENERALIST COURSES:*

#### **1. Additional Required Clinical Courses**

- PSY 655 Seminar in Psychotherapy (child/adolescent version)
- PSY 651 Developmental Psychopathology

#### **2. Clinical Practicum Experiences**

- †PSY 691 Practicum (at least one year in a placement specializing in children or adolescents)

†These courses also count towards credit in the core course requirements; however, the Child Clinical emphasis has additional expectations denoted above.

### 3. Required Courses Outside of the Clinical Area

- PSY 528 Life Span Development (required) **AND** either  
 †PSY 520 Biological Bases of Development **OR**  
 †PSY 522 Social Development

†These courses may also count towards credit in the generalist course requirements (e.g., Bio Bases would also meet the bio requirement)

#### *SAMPLE SCHEDULE BY YEAR*

#### **Clinical Child Emphasis: SAMPLE SCHEDULE**

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

<b>1<sup>st</sup> YEAR</b>	<b>FALL</b>	<b>SPRING</b>	<b>SUMMER</b>
Clinical core	PSY 625 Assessment I PSY 634 Psychopath	PSY 603 Ethics PSY 626 Assessment II	
Additional required	PSY 540 Statistics I	PSY 541 Statistics II	PSY 507 Multicultural PSY 691 Practicum PSY 692 Dir Res
Elective			

<b>2<sup>nd</sup> YEAR</b>	<b>FALL</b>	<b>SPRING</b>	<b>SUMMER</b>
Clinical core	PSY 655 Therapy (child)	PSY 528 Life Span	
Additional required	PSY 651 Dev Psych PSY 602 CRF PSY 691 Practicum PSY 692 DR	PSY 602 CRF PSY 691 Practicum PSY 692 DR	PSY 581 S,C, & I PSY 691 Practicum PSY 692 DR
Elective			

<b>3<sup>rd</sup> YEAR</b>	<b>FALL</b>	<b>SPRING</b>	<b>SUMMER</b>
Clinical core			
Additional required	PSY 567 Adv Cog PSY 522 Soc Dev PSY 602 CRF PSY 691 Practicum	PSY 520 Bio Bases PSY 621 Affect PSY 602 CRF PSY 691 Practicum	

Elective	PSY 692 DR	PSY 692 DR
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4 <sup>th</sup> YEAR	FALL	SPRING	SUMMER
Clinical core			
Additional required	PSY 661 H&S PSY 602 CRF PSY 691 Practicum PSY 699 Thesis	PSY 602 CRF PSY 691 Practicum PSY 699 Thesis	PSY 691 Practicum
Elective	PSY 677 Topics		

5<sup>th</sup> YEAR: Register for PSY 695 Internship I in the Fall and PSY 696 Internship II in the Spring.

### *CLINICAL NEUROPSYCHOLOGY EMPHASIS COURSES*

Students pursuing the **Clinical Neuropsychology Emphasis** must in addition to the generalist clinical course requirements complete a series of didactic courses, clinical practicum experiences, and research requirements consistent with training standards set forth by the Houston guidelines. Please refer to Appendix for further descriptions of requirements and the minimal expectations to satisfy emphasis.

#### *IN ADDITION TO THE REQUIRED GENERALIST CLINICAL COURSES:*

#### **1. Additional Required Clinical Courses**

- NP BB      Neuropsychology Brown Bag (BB) Monthly Didactic Seminar and Case Conceptualization (Directed readings with mandatory assignments and attendance each Fall and Spring semester required until internship)
- †PSY 647    Foundations of Clinical Neuropsychology
- †PSY 551    Advanced Physiological Psychology

†These courses may also count towards credit in the core course requirements or as an elective (e.g., PSY 647 would also meet the bio requirement)

#### **2. Clinical Practicum Experiences**

- †PSY 691    Practicum (at least 2 years of clinical practicum experience is required to be in comprehensive assessments within professional health care settings, such as Northern Light Acadia and EMMC)

†These courses also count towards credit in the core course requirements; however, the neuropsychology emphasis has additional expectations denoted above.

**3. Statistics and Research Methods**

- PSY 602 Clinical Research Forum (one credit every fall and spring semester starting in second year)
- PSY 692 Directed Research (one credit every semester, starting second year and including summer term, until enrolled in Thesis credits, PSY 699; mentor-directed literature review, research design and methodologies (including analyses), protocol development, ethics and diversity in research, and the selection of relevant research topics as it pertains to the broad field of neuropsychology)
- PSY 699 Thesis (minimum of six credit hours; three per semester; dissertation topic must be related to the broad field of neuropsychology)

†These courses also count towards credit in the core course requirements; however, the neuropsychology emphasis has additional expectations denoted above.

**4. Recommended (but not Required) Supplemental Coursework**

- National Academy of Neuropsychology (NAN) Clinical Neuroanatomy
- National Academy of Neuropsychology (NAN) Psychopharmacology
- NIH Summer Webinar on Brain Imaging in Research

**Note:** Above Elective/Supplementary courses over the summer are recommended non-credit courses that provide foundational knowledge that will be needed at some point within your training (graduate, internship or post-doctoral) to become eligible for licensure examination in Clinical Neuropsychology.

*SAMPLE SCHEDULE BY YEAR*

**Clinical Neuropsychology Emphasis SAMPLE SCHEDULE**

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

<b>1<sup>st</sup> YEAR</b>	<b>FALL</b>	<b>SPRING</b>	<b>SUMMER</b>
Clinical core	PSY 625 Assess I PSY 634 Psychopath	PSY 603 Ethics PSY 626 Assess II	
Additional required	PSY 540 Statistics I NP BB	PSY 541 Statistics II NP BB	PSY 507 Multicultural PSY 691 Practicum PSY 692 Dir Res
Elective/ Supplementary			National Academy of Neuropsychology (NAN) Clinical Neuroanatomy

<b>2<sup>nd</sup> YEAR</b>	<b>FALL</b>	<b>SPRING</b>	<b>SUMMER</b>
Clinical core	PSY 647 Clinical NP	PSY 621 Affect	
Additional required	PSY 655 Therapy PSY 691 Practicum	PSY 691 Practicum	PSY 581 S,C, & I PSY 691 Practicum PSY 692 DR
Elective/ Supplementary	PSY 602 CRF PSY 692 DR NP BB	PSY 602 CRF PSY 692 DR NP BB	NAN summer course (if not taken in 1 <sup>st</sup> year)
		BMS 660 Cell, Mol., Dev Bio	

<b>3<sup>rd</sup> YEAR</b>	<b>FALL</b>	<b>SPRING</b>	<b>SUMMER</b>
Clinical core	PSY 661 H&S		
Additional required	PSY 528 Life Span PSY 691 Practicum PSY 602 CRF PSY 692 DR NP BB	PSY 561 Adv Soc PSY 691 Practicum PSY 602 CRF PSY 692 DR	PSY 691 Practicum PSY 692
Elective/ Supplementary		NP BB CSD Neurocog Dis	Self-directed study NIH-webinar imaging course

<b>4<sup>th</sup> YEAR</b>	<b>FALL</b>	<b>SPRING</b>	<b>SUMMER</b>
Clinical core			
Additional required	PSY 567 Adv Cog PSY 691 Practicum PSY 602 CRF PSY 699 Thesis (3) NP BB	PSY 691 Practicum PSY 602 CRF PSY 699 Thesis (3) NP BB	PSY 691 Practicum

5<sup>th</sup> 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. has acquired the requisite foundational knowledge base covered in the program's core clinical courses and is capable of integrating that knowledge;
- c. is capable of bringing professional (in addition to technical) skills to the subject matter of clinical psychology; and
- d. is capable of exercising appropriate professional judgment and apply pertinent ethical principles in using information obtained through coursework.

### *PART I – FOUNDATIONAL CLINICAL KNOWLEDGE*

#### MID MAY OF SECOND YEAR

At the end of second year, students will complete a written exam covering the following foundational clinical knowledge areas:

- a. Psychological Assessment
- b. Psychopathology
- c. Psychotherapy
- d. Ethical/Professional Issues

The base of this part of the comprehensive examination is the material covered in the required core courses (i.e., PSY 625, 626, 634, 603, and 655) taken in the first two years of study. By this time, students have already demonstrated basic competence in *each* area through passing the required courses. As part of this examination, students will need to demonstrate the ability to apply and integrate that knowledge to respond to broad-based questions about clinical psychology.

Students respond to **two** questions developed by the comprehensive examination committee. At least one of the questions will require students to consider the role of diversity in the response. As described, the questions are designed to assess student ability to synthesize accumulated knowledge and each question will require integration across **at least two** of the four major areas (i.e., a-d). This process also allows for an assessment of student ability to build upon

foundational knowledge and use the current literature in a targeted manner to best respond to the questions. There is no oral exam component.

The base of preparation is a review and organization of core course material, but students can incorporate information from their overall reading of the literature and related professional experiences. Other than that review, no special preparation is required. Students will **not** receive topic areas or sample questions in advance of the examination. Since the core knowledge base comes from courses with detailed syllabi, the committee will **not** review or approve reading lists. NOTE: Preparation must be conducted **independently**. This means that students do not seek out and/or use materials prepared by peers (e.g., outlines, summaries).

The exam format is *open source, take home*. Students get the questions from the committee chair on a Monday (9 am) and email responses to the chair on Friday (by 5 pm). Students take responsibility for arranging a place for the exam to be completed. Taking the exam at home or in a reserved space at the university are two options. In responding, students can use course readings and assignments, as well as other sources including independent literature reviews. Proper citation of all sources is imperative and plagiarism (including self-plagiarism of previous coursework) will not be tolerated. Students are expected to complete the exam as individuals. Peers, professors, etc. are **NOT** considered “sources.” Seeking or receiving such input will be considered as a violation of exam administration procedures and can result in failure. Students may contact the Chair of the Comprehensive Exam Committee to ask for **clarification** of exam questions during the exam period.

Following the exam, students must **not** share/discuss exam questions and responses with peers who have not taken the same exam. This means students will not share these questions or any feedback received about their responses as a way to help their peers study for the Foundational Clinical Comprehensive Exam. Students may discuss exam questions/their responses *after the exam is complete* with peers who also took the same exam (as long as other peers are not present).

#### CLINICAL CONTENT AREA 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 the:

- a. drafting of exam questions
- b. administration of the exam
- c. scoring the exam
- d. providing timely feedback to the students taking the exam
- e. arranging for retakes for students not passing in the initial administration (see re-examination procedures below)
- f. 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.

## CLINICAL CONTENT AREA SCORING

Each response is graded blindly by each of three committee members using a five-point grading scale (1 to 5 with higher ratings indicative of higher quality responses) with .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 3.0 and higher indicates an automatic pass. A mean score below 2.75 indicates an automatic fail. A mean score between 2.75 and 3.0 signifies marginal performance.

*Marginal Performance.* When the committee chair identifies a mean response score falling within the marginal range, the chair calls for a meeting of the committee to discuss. After deliberation, the chair asks each committee member to endorse either a “pass” or a “fail” endorsement. If there are two or more “fail” endorsements, the response is officially “failed” and this triggers a retake consistent with already in place policies guiding the process. Two or more “pass” endorsements results in a clear “pass.”

With any set of student responses, whether failed or passed, the committee has the discretion to recommend remediation for parts of a response(s) not found to be at a base level of competency required to move forward. For example, a student passes an assessment question, but clearly has the wrong idea about what construct validity is. Or, a student overall passes an ethics question, but has a limited grasp or misconceptions of multiple relationships.

In these situations, the chair makes a recommendation to the DCT that the issue be raised with the clinical faculty for discussion and the subsequent development of a suitable remediation plan (e.g., writing assignment designed to address weakness, speak to the faculty group). It is then the responsibility of the DCT and faculty to decide upon and enact such a remediation plan; however, **the results from this meeting have no bearing on the final outcome of pass/fail for the student’s comprehensive examination.**

The comprehensive examination committees does not disclose actual scores to students or whether students' performance falls within the marginal range. Exam results are not announced until decisions regarding all students' status (pass or fail) has been made.

To facilitate greater consistency across examination administration procedures and grading, each clinical faculty member rotates through the committee in such a way that there are always prior members remaining on the current committee. Each faculty may serve a 2 or 3 year term and will rotate out after acting as chair.

## ***PART 2 – RESEARCH SPECIALTY KNOWLEDGE***

LATE MAY OF SECOND YEAR

Later in May, students also complete an exam covering their research specialty area. The topic area will be selected in collaboration with the advisor and the question will be generated by the advisor and the committee members. The students will work with their advisors in forming and developing their topic areas. Students will get their questions on a Monday (9 am) and have until the following Friday (5 pm) to return their responses on a flash drive to the advisor, who will distribute them to the other committee members.

There are no page limits and the exam format is *open source, take home*. Students can prepare annotated bibliographies, use articles and other sources, *but prewriting responses to anticipated questions is highly discouraged*. There is no oral exam component.

As described above, students complete the exam on their own and must take responsibility for arranging a place for the exam to be completed. Proper citation of all sources is imperative and plagiarism (including self-plagiarism of previous coursework) will not be tolerated. Students are expected to complete the exam as individuals. Peers, professors, etc. are **NOT** considered “sources.” Seeking or receiving such input will be considered as a violation of exam administration procedures and can result in failure.

### RESEARCH SPECIALTY READING LIST

The development of a list of readings to use in preparation for Part 2 of the Comprehensive Exam (Research) is part of the exam procedure. The research advisor and student will decide upon how the reading list is to be developed.

Regarding the role of advisors, the purpose of the exam is to assess *student* competence in the research area. In the preparation phase, advisors (and other faculty) **can** discuss the area with students, offer suggestions for areas to cover, offer suggestions for specific citations to include, guide students towards an area that is likely to fill a gap in the literature, help students formulate new hypotheses and models, and review outlines and article summaries. Advisors (and other faculty) **cannot** offer models and hypotheses that are primarily the faculty member’s idea and encourage students to write about it, review outlines or drafts of answers to “presupposed” questions, or *give advice, counsel, or answer questions during the exam administration*.

### RESEARCH SPECIALTY AREA SCORING

Responses to the Research Specialty Area questions are graded by three selected faculty members (the advisor and two others). Given the way it is structured, blind grading of the

Research Specialty Question is not possible. 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.

## ***EXAMINATION PROCEDURES – PARTS 1 AND 2***

### TIMELINE

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.

***February:*** Dates for the comprehensive exam (Part 1 and 2) are chosen and announced.

***Mid May:*** Part 1 of the comprehensive exam (core clinical content) is completed.

***Late May:*** Part 2 of the exam is completed (research specialty). 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 Part 2.**

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

### RE-EXAMINATION PROCESS

Students who fail one or more examination questions must retake the examination 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. **Failure of any question in the exam upon re-administration constitutes failure of the exam and will result in termination from the program.**

### FACULTY INVOLVEMENT

Regarding consulting with faculty during preparation for the Foundational Clinical Knowledge and Research Specialty Knowledge examinations:

### Foundational portion

Students are encouraged to obtain the most recent versions of core course syllabi to supplement their original core course syllabi, which can form the basis of a reading list. Students should send the comps committee a copy of their core course syllabi and the most recent version of core course syllabi. Students may reach out to the Comps Committee Chair to request clarifying information regarding comps questions during the exam period (Monday-Friday), but faculty do not provide guidance nor consultation during exam preparation. Please note that faculty availability during the exam period may be limited.

### Research portion

Student ability to review literature, develop a reading list, and decide upon its adequacy are among the competencies assessed in the exam. As such, although students complete this work with consultation from their advisors, no final reading list is "approved" by advisors or other committee members. Since the focus is on *student* competence, the role of advisors should be limited to that of a consultant. More specifically, in the preparation phase, advisors (and other faculty) **can** discuss the research area with students, offer suggestions for things to cover, offer suggestions for specific citations to include, guide students towards an area that is likely to fill a gap in the literature, help students formulate new hypotheses and models, and review outlines and article summaries. Advisors (and other faculty) **cannot** offer models and hypotheses that are primarily the faculty member's idea and encourage students to write about it, review outlines or drafts of answers to "presupposed" questions, or *give advice, counsel, or answer questions during the exam administration.*

## 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. Fifteen of these credit hours should come from completing the clinical core courses (PSY 603, PSY 625/626, PSY 634, and PSY 655), but exceptions can be made through faculty approval in instances in which the PSY 655 was not offered in the first two years of study. Note that such approval will not be granted in situations in which a student elected not to take one of the offered core courses. The remaining 15 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 described in the previous section, students must successfully complete 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 M.A. in Psychology program. The Graduate School will update the student's status on MaineStreet to reflect that the student is active in both the M.A. and Ph.D. in Psychology programs. **The M.A. degree will not be awarded unless the student applies for graduation.** The application can be found on MaineStreet (<https://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 > "Other Academic..." drop-down menu > 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. Mentors serve as advisors to students, both in terms of research and overall professional development, and these relationships continue throughout program training and often beyond graduation. The program also adheres to the **junior colleague model**, in which mentors encourage students to present research at regional and national conferences, review manuscripts for journals, submit grant proposals, and publish scholarly work.

As outlined in the table below, research immersion begins right away and continues in a graded fashion until graduation. All students take directed research and statistics courses and continually enroll in the clinical research forum. **First year students** formulate research goals with their mentors, assume junior roles in ongoing projects (e.g., data collection, literature

reviews), attend Clinical Research forum, and begin to formulate ideas for independent research. In the **second year**, students assume more senior roles in the laboratory and propose an independent research project (i.e., Second Year Project). Another milestone is the completion of the research portion of the clinical comprehensive examination. This literature review helps to form the bases of dissertation pilot projects and the eventual proposal. Over the **third year**, lab work continues, independent projects are completed, and dissertation proposal work begins. By the **fourth year**, students spend less time in courses, and more time in research, clinical practice, and other professional activities. Students establish their dissertation committees, defend proposals, and begin data collection. Students are encouraged to complete their data collection and have data analyzed before leaving for clinical internship. The **fifth year** is spent in the required predoctoral clinical internship and is also when dissertations are most often defended.

### Independent Research and Second Year Project

Year	Requirement	Description	Evaluation
1	Contribute to advisor's lab  Begin independent research	Engage in tasks such as conducting literature reviews, assisting with data collection, and helping to prepare conference presentations  Begin to formulate areas of interest for independent research	PSY 692 grade (summer semester only)  Annual review of research competencies
2	Assume increased role in advisor's lab  Propose and carry out Second Year Project (2YP)  Prepare for research portion of Clinical Comprehensive Examination	Continue active involvement in advisor's lab and assume more supervisory/leadership roles  Generate independent research questions and develop a plan for investigating them. Proposal of the 2YP will include a brief literature review, hypotheses, proposed activities, the expected product(s) (e.g., conference presentation, grant proposal), and a timeline for accomplishing project goals. The written proposal is submitted to a faculty committee consisting of three members by November 1st of the second year.	Committee evaluates proposal by the end of the fall semester.  Faculty evaluate the proposal/product presentation in the CRF  Advisor assigns grade for PSY 692  Annual review of research competencies  Research portion of comprehensive examination evaluated by committee



Year	Requirement	Description	Evaluation
3	<p>Continue to contribute to advisor's lab, assuming increasing responsibility and independence</p> <p>Complete 2YP</p> <p>Begin work on dissertation proposal</p>	<p>Continue lab involvement and work on conference presentations, grant proposals, and/or manuscripts</p> <p>Submit documentation of 2YP product completion to committee members. Present product at CRF in either fall or spring semester.</p> <p>Continue other independent research as relevant.</p>	<p>Faculty evaluate the 2YP product presentation in CRF</p> <p>Advisor assigns grade for PSY 692</p> <p>Annual review of research competencies</p>
4/5	<p>Continue to contribute to advisor's lab</p> <p>Propose Dissertation, begin data collection, and work toward completion</p> <p>CRF Seminar</p>	<p>Continue lab involvement and work on conference presentations, grant proposals, and/or manuscripts.</p> <p>Complete and defend dissertation proposal, collect dissertation data, and defend if ready.</p> <p>Lead seminar based on topic</p>	<p>Dissertation committee evaluates dissertation proposal</p> <p>Advisor assigns grade for PSY 692 (699)</p> <p>Annual review of research competencies</p> <p>Faculty/students evaluate the seminar in the CRF</p>

relevant to area of expertise/interest. Specifically, seminar leader will select relevant topic, identify and assign readings; present on topic using both didactic and experiential approaches

### ***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. Note that one dissertation credit (PSY 699) must also be taken the semester of the dissertation defense. Regardless of course credits, however, all students are expected to participate in research with their mentors throughout graduate training. Directed research courses are graded and students should consult with their mentors about expectations for performance and evaluation procedures

### ***CLINICAL RESEARCH FORUM***

From the first year on, all students (and program faculty) participate in the clinical research forum (CRF), an hour-long seminar that meets weekly. The forum provides an opportunity for increased exposure to research methods, interactions with faculty, constructive feedback on ongoing projects, and honing of presentation and teaching skills. Forum topics are wide ranging and change by semester. A sample of past topics includes philosophy of science and scientific method, moderator-mediator distinction, experimental design, understanding power and effect size estimation, elements of a literature review, ethical perspectives in clinical research (e.g. working with high risk populations, plagiarism), tips for working with the IRB, diversity issues in research, writing effective manuscript reviews, and grant writing. In addition to didactics, the forum also includes independent research project and dissertation proposal presentations. Starting in the second year, all students register for one credit (PSY 602) in all Fall and Spring semesters (exceptions made at the discretion of the instructor; e.g., course credit overloads). Participation and expectations vary by year in the program:

### **Clinical Research Forum**

Year	Requirement	Description	Evaluation
1	Active participant	Function as an active participant; demonstrate ability to critically evaluate research	Attendance and active participation (e.g., asks questions that further discussion)

2 or 3	Research presentation (in progress or completed work)	15-20 minute presentation on 2YP proposal/product; opportunity to obtain assistance on methodological, logistical and statistical questions/future directions; presenters should be open about concerns, hesitations, and possible limitations of their research	Faculty will complete an evaluation to provide presenter feedback regarding conceptual, methodological, and oral research skills
3 or 4	Seminar leader (or Department-wide Proseminar)	Lead seminar based on topic relevant to area of expertise/interest. Specifically, seminar leader will select relevant topic, identify and assign readings; present on topic using both didactic and experiential approaches	Attendees will complete a survey to provide feedback about usefulness/value of topic covered
4+	Present at Department-wide Proseminar	Prepare and present a 45-minute research presentation on program of independent research	Advisor provides feedback

### ***SECOND YEAR PROJECT***

As described in the research training table above, students propose and carry out a Second Year Project (2YP). This is an independent research project developed by students in collaboration with their mentors. Formulation of ideas should begin in the first year. Note that the 2YP does not have to be an empirical study. Literature reviews, grant proposals, etc. may also be acceptable. Anticipated “products” may vary as well; e.g., conference submission, grant proposal submission, or journal article submission. In the second year, students form a committee composed of the mentor and two additional faculty members and prepare a proposal that includes a brief literature review, hypotheses, activities, products, and a timeline. Students must then meet with the committee to propose the project. This is a one hour meeting and **the required proposal form must be completed and distributed to the committee at least two weeks before the meeting. The proposal meeting deadline is November 1st of the second year.**

### ***PROGRAM AND DEPARTMENTAL RESEARCH PRESENTATIONS***

Attendance at clinical research forums, 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. 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 by 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. 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. Students are required to give external faculty members a complete a record of qualification (ROQ) which can be obtained by contacting Debbi Clements

([debbi.clements@maine.edu](mailto:debbi.clements@maine.edu)) or on the graduate school website. External faculty must also attach a CV. These forms, together, are to be emailed directly to Debbi for review. If accepted, a letter is sent to the department and student requesting the ROQ. If the ROQ is not approved, the department and professor are contacted by the Graduate School to gain additional information needed to approve them as a committee member.

5. **The committee composition must be approved by the Graduate School.**
6. **To establish a committee, you must submit a Doctoral Program of Study ([https://umaine.edu/graduate/wp-content/uploads/sites/22/2017/07/POS\\_D.pdf](https://umaine.edu/graduate/wp-content/uploads/sites/22/2017/07/POS_D.pdf)) to the graduate school. If you have already submitted a Doctoral Program of Study, your advisor must email Debbi Clements ([debbi.clements@maine.edu](mailto:debbi.clements@maine.edu)) with the names of the additional committee members not listed on your Doctoral Program of Study**

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

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 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 for feedback.*** At their discretion, committee members can choose to review the draft and provide feedback before the four-weeks have elapsed. If not, students reach out to the committee members for feedback. 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 section 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 Institutional 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. The Graduate School **WILL NOT** accept paper copies of the draft. Final drafts of theses/dissertations should be sent via email in PDF/A format to [crystal.burgess@maine.edu](mailto:crystal.burgess@maine.edu) for review by the final thesis deadline

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” <https://umaine.edu/graduate/wp-content/uploads/sites/22/2017/05/Thesisguidelines.pdf>. It is very helpful to access this document during the proposal and dissertation 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.** Please note that information outlined in this resource is periodically updated and it is the student's responsibility to ensure they reference the most current guidelines.

## 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.** As with the proposal, committee members can, at their own discretion, choose to review the proposal and provide feedback before the three-week period has ended. 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 its 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 1-2 days) 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 1<sup>st</sup>. The proposal must be defended by October 15<sup>th</sup>, and accepted in final written form by November 1<sup>st</sup> of the year preceding internship.** If these deadlines are not met, the student will be required to not proceed with, or withdraw from, the internship match.

Assuming that most students apply for internship in their 4<sup>th</sup> year, the proposal writing process should begin no later than very early in the summer following the 3<sup>rd</sup> year. The dissertation committee should be selected and approved during the 3<sup>rd</sup> year.

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:

1. Fall/Spring of 3<sup>rd</sup> year—select committee and submit form to Graduate School.
2. Spring of 3<sup>rd</sup> 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 1<sup>st</sup> 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 October 15<sup>th</sup> 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 1<sup>st</sup> for students applying to internship**).
12. After IRB approval, the student may begin data collection.
13. The data collection 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. If necessary, pre-oral discussion may be conducted via email.
17. During this three-week period, the student may not contact committee members for feedback.
18. Schedule the formal defense.
19. Formal defense.
20. After approval, send final draft via email in PDF/A format to [crystal.burgess@maine.edu](mailto:crystal.burgess@maine.edu) for review by the final thesis deadline

## 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 1<sup>st</sup> 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, student makes any required revisions, 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 register for an account and complete the survey online or on paper.
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.

The following is a quick guide on the items required and how to submit them:

- Tentative drafts of theses/dissertations via email in PDF format to [graduate@maine.edu](mailto:graduate@maine.edu) for review
- Final drafts of theses/dissertations via email in PDF/A format to [crystal.burgess@maine.edu](mailto:crystal.burgess@maine.edu) for review by the final thesis deadline
- The original Oral Examination and Final Thesis Acceptance Form signed at the defense with all sections (1-3) completed
- ProQuest Dissertation Publishing (PhD's only) form & fee
- Survey of Earned Doctorates (EdD's & PhD's)
- Faculty: Tentative Thesis Acceptance Statement from the Advisor(s) emailed to [graduate@maine.edu](mailto:graduate@maine.edu)

Completion of Requirements to be completed and submitted by the Graduate Coordinator via email to [crystal.burgess@maine.edu](mailto:crystal.burgess@maine.edu)

## CLINICAL PRACTICE

### *OVERVIEW*

Students are first exposed to clinical practice through their attendance at Clinical Practice Forum (CPF), 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 clinicians in the PSC for their **second year** of practicum experience. It is also common for students to continue to serve as clinicians in the PSC in some capacity throughout 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 requiring mid-level experience and clinical skills, such as Health Psych Maine. **Fourth year** students are often assigned to an external placement requiring increased levels of experience and clinical skills, such as Penobscot Job Corps. 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.). In the **fifth year**, students complete a required APA-accredited predoctoral clinical internship, further honing their clinical knowledge and skills.

Please note that the Neuropsychology emphasis has the additional requirement of there being at least two years of assessment within community-based health settings as part of the clinical practicum experiences.

***COMMITMENT TO SERVING DIVERSE CLIENTS***

As described in the mission statement and related policies, the program is committed to serving diverse individuals. Students must develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. The training clinic is committed to providing an inclusive and welcoming environment for all members of our community.

Program policy requires that trainers and trainees do not discriminate on the basis of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, or socioeconomic status in the services provided at the PSC. Faculty and supervisors respectfully work with students to help them develop the requisite skills that enable them to effectively practice with a broad range of clients.

Tensions may sometimes arise when students have beliefs or values that differ from their clients. When students feel uncomfortable or incapable of providing competent clinical services because of such conflicts, it is their responsibility to raise the issue with their supervisors. It is the view of the program that such occurrences can often provide enriching training opportunities; thus only faculty and supervisors make decisions about client assignment and reassignment.

***CLINICAL PRACTICE FORUM***

All students attend the Clinical Practice Forum (CPF), a weekly meeting that includes the faculty and is coordinated by the PSC director. These meetings take one of two forms. One is didactic and includes literature summaries, skill instruction, and practical exercises. Recently covered topics include risk assessments for suicidality, motivational interviewing, and cognitive behavioral therapy core skills. The other form is clinical case conference presentations in which students present on current PSC cases and receive input from students and faculty. These presentations are evaluated by faculty and the evaluations are shared with the case supervisors. See below for more detailed information on these conferences.

Clinical Practice Forum

Year	Requirement	Description	Evaluation
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1	Actively participate	Ask questions, play a client in a role play, complete exercises	Attendance and active participation (i.e. asks questions that further discussion)
2 & 3	Case Conference presentation	Select a clinical case (PSC or external practicum), present relevant background, discuss use of assessment, diversity and ethical issues, demonstrate ability to articulate several aspects of clinical work (assessment, intervention, supervision, professional identity, practicum setting, incorporating research, the therapeutic relationship etc.)	Case Conference evaluated by faculty
4+	Case Conference presentation Facilitate a topic	See above  Teach relevant background of the skill and facilitate a practical exercise	Case Conference evaluated by faculty Attendees will complete a survey to provide feedback about usefulness/value of topic facilitation

### *CLINICAL HOURS*

**The program defines what constitutes a clinical hour, and all practicum experiences must be approved by the DCT.** It is the student's 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 more clinical hours before applying for internship.

The program requires students to track their supervised clinical hours using the Time2Track (T2T) system (<https://time2track.com>). Students are expected to register, pay for, and maintain an active **Basic** tracking package. **All clinical hours must be entered into the T2T system by**

**the student and are monitored by the DCT.** These hours consist of direct supervision, direct provision of psychological services, assessment, intervention, administration of assessment or intervention protocols for research, writing reports, and attending case conference meetings.

Detailed tracking of clinical hours is required for predoctoral 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; <http://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 T2T system. Additional resources from prior students are available on the clinical student google drive folder.

The T2T system has many advantages. More specifically, it allows students to directly import approved clinical hours into their APPIC application. The T2T system is also used by many internship sites, resulting in a seamless transition for tracking supervised clinical hours during graduate school, internship, and postdoctoral training.

### *CLINICAL SUPERVISION*

All students assigned to practicum placements have designated clinical supervisors. Those assigned to the PSC may be supervised by program faculty and/or contracted community supervisors. External practicum placements have a designated supervisor at the site. Since most students see clients both at the PSC and external sites, it is most common to have multiple supervisors in each semester. Further, within the PSC, supervisors are assigned by the case, and therefore even students assigned primarily to the PSC will most likely have more than one supervisor at a time.

As described above, the basic program requirement is a minimum of one hour of supervision by a licensed psychologist for every 10 hours of clinical practice (not just direct client contact). Students and supervisors must sign practicum contracts (see below) that spell out the supervision structure and expectations. Supervisors formally evaluate student performance at three time points (i.e., summer, fall, spring). **In addition to the performance ratings completed online, supervisors must provide in person feedback and sign a form verifying that this was done.** Students evaluate their supervisors at the same time points. Student and supervisor evaluations are reviewed by the DCT.

**Consistent with APA accreditation standards, supervisors must complete some form of direct observation (video is acceptable) of students within each evaluation period (i.e., summer, fall, spring).**

### *PRACTICUM CONTRACTS*

At the beginning of each year, students and clinical supervisors must agree to and sign a practicum placement contract (including PSC assignments). At a minimum, these contracts should include a description of the student and supervisor responsibilities and the supervisory arrangement. These contracts must be approved by the DCT and are kept in the student files.

## PSYCHOLOGICAL SERVICES CENTER

Director: April O'Grady, Ph.D.

The 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, adolescent, and child clients. Family therapy and couples therapy are also available. The PSC also offers various specialized diagnostic assessment and treatment services to individuals with specific difficulties. Areas of specialization vary as a function of which clinical supervisors are assigned, but often include anxiety, depression, neuropsychological assessment, obsessive-compulsive spectrum disorders, health psychology, chronic pain, ADHD, childhood behavioral difficulties, seasonal affective disorder, forensics, and consulting.

### *STUDENT AND PSC CLINICIAN'S RESPONSIBILITIES*

Beginning in their first year, all clinical students are required to attend weekly Clinical Practice Forum, and students who conduct clinical work typically lead a case conference (one per year). Students seeing cases in the PSC are referred to as "Clinicians."

If the clinician's primary practicum assignment is in the PSC, he or she 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 a Clinician-Supervisor team. Although members of the clinical faculty serve in a supervisory capacity, the clinician directly administers clinical services to the client.

- It is the practicum student's 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.
- When students are assigned a new case, the Administrative Assistant emails the clinician and sends a copy to the assigned supervisor as well. Practicum students are responsible for checking their mailboxes on a daily basis. If a student would prefer another method of being informed, he or she should discuss this with the Administrative Assistant.
- 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.
- 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.
- 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.

- 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 student clinicians as part of the CPF. Each student (second year and above) is expected to present a case conference once a year. The conference is presided over by the Director of Psychological Services Center and is attended by clinical faculty and students. Cases are reviewed to determine the appropriateness of the treatment goals, evaluate progress in reaching goals and suggest possible modifications of the treatment plan, as well as educate attendees. A summary of the proceedings of each staff conference for a given case is to be included in the case chart.

**Case conference presentations are required for all second year and above students.**

Attendance is restricted to graduate students and faculty in the clinical program unless pre-approved by the Clinic Director.

The case 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 clinicians. These interim reviews are designed to take approximately five minutes and have been established for the purpose of providing PSC clinicians 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 clinicians, 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 clinician 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 clinicians should discuss their presentation goals/format with the case supervisor prior to, and following, the presentation.*** Students are required to address all issues relevant to ethics and multiculturalism in each case conference presentation.

Clinicians 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 a clinician 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.

### ***PRACTICUM PLACEMENTS***

Practicum training occurs in a variety of settings. The 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 Penobscot Job Corps Academy and local school systems. Practicum students typically 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: Penobscot Community Health Care, Northern Light Acadia Hospital, Northern Light Eastern Maine Medical Center, Penobscot Job Corps Academy, Health Psych Maine, Department of Corrections, School District Assessment Practicum, and Maine Child Psychology.

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 proposed supervising psychologist.

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

## CURRENT PLACEMENT DESCRIPTIONS

### **School District Assessment Practicum, Dover-Foxcroft**

Supervisor: Beth Cuddy, Ph.D.

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.

*Responsibilities:* Administration, scoring, and interpretation of cognitive measures (e.g., WISC-V) and other psychological testing batteries where necessary (e.g., Vineland Adaptive Scales of Behavior, CBCL, WIAT-III, parent interview, etc). A brief intake interview is expected as well. 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.

### **Penobscot Job Corps Center, Bangor**

Supervisor: April O'Grady, Ph.D.

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: Stacy Whitcomb-Smith, Ph.D.

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, Bangor**

Supervisor: April O'Grady, Ph.D.

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.

### **Counseling Center, University of Maine, Orono**

Supervisors: Jessica Browne, L.C.S.W., M.L.S.P. & and a licensed program supervisor.

Students in this practicum provide individual outpatient therapy to University of Maine students with a wide range of presenting concerns.

*Responsibilities:* Practicum students will receive training in the provision of evidence-based and supportive treatment. This position provides a unique opportunity for students to gain familiarity with different theoretical orientations, with special focus on attunement to the therapeutic process and observation of the present. Primary responsibilities include conducting phone interviews to triage clients, conducting initial and returning consultations in the form of unstructured interviews, providing brief and extended individual therapy, and participating in weekly case conferences.

### **Maine Child Psychology Practicum, Child Development Services Centers in Maine**

Supervisor: Glen Davis, Ph.D.

Students in this practicum conduct assessments of children aged five and under who are referred by Child Development Services for comprehensive psychological evaluations to determine eligibility for early intervention and special education services. Referrals include children with symptoms of autism, attention-deficit/hyperactivity disorder, intellectual disability, oppositional defiant disorder, developmental delays, adjustment disorder, anxiety, and various other presenting problems (e.g., trauma, inappropriate sexual behavior, etc.).

*Responsibilities:* Assessments involve a family/parent interview, interpretation of the Child Behavior Checklist (e.g., CBCL, C-TRF), and the administration, scoring and interpretation of cognitive measures (e.g., Bailey, WPPSI) and other measures when necessary, such as measures of autism (e.g., Child Autism Rating Scale), of early learning concepts (e.g., Bracken), and of adaptive behavior (e.g., Vineland Adaptive Scales of Behavior). Testing and interview results, diagnoses, and recommendations are integrated in formal reports organized by content area. Parents/families are provided brief feedback immediately following the evaluation or by phone upon completion of the report. Reports are released to Child Development Services and results communicated at Individualized Education Plan or Individualized Family Service Plan meetings by the supervisor or with support from the supervisor.

## **Maine-Dartmouth Family Medicine Institute, Maine General Health, Augusta**

Supervisor: Corey D. Smith, PsyD

Students work within a primary care clinic as an integrated behavioral health care provider under the direct supervision of a licensed psychologist. This integrated behavioral health care practicum is part of a comprehensive family medicine program and residency affiliated with Dartmouth Medical School, the University of New England School of Osteopathic Medicine and Maine General Medical Center.

*Responsibilities:* Students will attend group supervision with pharmacy and medical students and learn skills including brief, evidence based therapies, triage and consultation skills and crisis intervention in a primary care medical environment. Patient diagnoses include the spectrum of psychological disorders, as well as traditional “health psychology” diagnoses to include treatment adherence, behavior change and adjustment to chronic medical conditions. Practicum students are expected to execute skills including CBT, motivational interviewing and other therapies amenable to brief interactions.

## **Northern Light EMMC Rehabilitation, Neuropsychology Clinic**

Supervisor: Anthony Podraza, PhD, ABPP

In this neuropsychology emphasis placement, students work alongside a board-certified neuropsychologist to increase their knowledge and skill in neuropsychological assessment and differential diagnosis in those presenting with cognitive concerns. Dr. Podraza’s clinic consists of a clinically heterogeneous patient population; students in training will thus have the opportunity to be exposed to variety of neuropsychological disorders that might result from a stroke, dementia, epilepsy, traumatic brain injury, substance abuse, psychiatric condition, and other diseases/conditions.

*Responsibilities:* Students will spend 10-20 hours per week working on their neuropsychological assessment skills as part of this practicum training experience. A graded approach to learning is used within this practicum to help students develop foundation foundational neuropsychological assessment skills, to include: (a) working with supervisor to learn measures, (b) administering testing to one-to-two patients per week (up to 8-10 hours of testing), (c) shadowing neuropsychologist during clinical interview and participating when appropriate, and (d) creating behavioral observation reports on patient’s behaviors during test administration for supervisor. Following this foundational training period, students will complete two full neuropsychological evaluations a month to develop their competency in Assessment. This entails: direct services (clinical interview, test administration, and client feedback), support services (chart review, integrative report writing with treatment recommendations, and scoring), weekly supervision, formulating diagnostic impressions for supervisor review.

*Additional Didactic Experiences:* Students may have the opportunity to participate in bedside cognitive assessment services with Dr. Podraza at Northern Light Hospital and/or participate in performing assessment and treatment recommendations for patients at the Pain Clinic.

### **Northern Light Acadia Hospital Neuropsychology Practicum**

Supervisor: Lora Stanchfield, PhD

In this neuropsychology placement, students will work alongside a licensed psychologist specializing in Neuropsychology. The N. Light Acadia Hospital patient population is a clinically heterogeneous neurological population with ages ranging from children to older adults.

**Responsibilities:** Students will spend 10-20 hours per week working on their neuropsychological assessment skills as part of this practicum training experience. A graded approach to learning is used within this practicum to help students develop foundation foundational neuropsychological assessment skills, to include: (a) working with supervisor to learn measures, (b) administering testing to one-to-two patients per week (up to 8-10 hours of testing), (c) shadowing neuropsychologist during clinical interview and participating when appropriate, and (d) creating behavioral observation reports on patient's behaviors during test administration for supervisor. Following this foundational training period, students will complete two full neuropsychological evaluations a month to develop their competency in Assessment. This entails: direct services (clinical interview, test administration, and client feedback), support services (chart review, integrative report writing with treatment recommendations, and scoring), weekly supervision, formulating diagnostic impressions for supervisor review.

*Additional Didactic Experiences:* One day a month, students will have the opportunity to work with Dr. Clifford Singer, Chief of Geropsychiatry, at the multidisciplinary Mood and Memory Clinic at N. Light Acadia Hospital. Through this experience students will have an opportunity to observe neurological exams conducted by Dr. Singer, gain experience working with allied health fields, and learn about interpreting brain imaging and lab results (e.g., reviewing brain scans including FDG, amyloid and tau PET and CSF biomarkers).

### **Penobscot Community Health Care, Hope House Health and Living Center, Bangor**

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.

### **Riverview Psychiatric Center, Augusta**

Supervisor: Elizabeth Houghton, Psy.D.

Students in this practicum participate in the multidisciplinary provision of treatment for individuals with serious and persistent mental illness and co-occurring substance use disorders within a 92-bed inpatient facility.

*Responsibilities:* Practicum students will receive training experience in acute and chronic inpatient psychiatric care, consultation services, and community re-entry programs. Students facilitate treatment groups, complete comprehensive psychological, neuropsychological, and risk assessments using a flexible battery of test measures and data, and provide individual therapy to patients. Additionally, students are part of a multidisciplinary treatment team and help define goals and set the course of treatment for assigned patients. Students in this practicum also gain exposure to the development of hospital-wide policies by participating in monthly formal executive medical staff meetings.

### **DIVERSITY TRAINING**

Given its central importance, diversity is infused throughout the curriculum and clinical practicum experiences (see table below). Core clinical courses include specified coverage and related assignments and there is a dedicated multiculturalism course as well. In a typical year, 40-50% of students serve on the program's faculty-mentored diversity committee. This committee organizes ongoing didactic presentations from professionals within and outside of the university community. Attention to diversity is also woven into practicum experiences, clinical supervision, and case conference presentations.

As mentioned, the program offers a course in Multicultural Issues in Psychotherapy, which students take in the summer after their first or second year. This course covers relevant theory and research related to the development of multicultural competence in psychologists and involves significant experiential learning, including cultural identity exploration, a cultural immersion experience, and discussion groups.

In completing the diversity training sequence, students in their third or fourth year will serve as discussion leaders in the Multicultural Issues in Psychotherapy course. They also complete a self-assessment regarding their experience. By the third or fourth year, the course should have already been taken and there is no need to register for the course again. Discussion leaders are responsible for engaging in a planning meeting with the faculty instructor and their assigned

discussion group (e.g., 1-2 class periods). Note that those students planning to apply for internship in their 4th year will need to evaluate whether waiting until the summer following the 4th year to serve as discussion leader may pose a potential conflict between meeting this requirement and the start date of their internship.

**DIVERSITY TRAINING SEQUENCE**

Year	Requirement	Description	Evaluation
1	Complete core courses with significant diversity content	<p>Following an infusion approach, core clinical courses contain significant diversity content and related assignments.</p> <p>Attend CRF and CPF and participate in diversity-related discussions</p> <p>Attend diversity committee sponsored brown bags and workshops</p>	<p>Course grades</p> <p>Annual review of diversity-related competencies</p>
2	<p>PSY 507</p> <p>Continue with core courses Hone knowledge, awareness, and skills related to multiculturalism in the applied clinical setting</p>	<p>Complete a dedicated course that includes experiential activities including cultural exploration, cultural immersion experiences, and discussion groups</p> <p>Discuss multicultural aspects of all cases presented in case conference and in CRF/CPF presentations</p> <p>Prepare for comprehensive exam that includes a diversity focused question</p> <p>Attend diversity committee sponsored brown bags and workshops</p>	<p>Self-assessment and reflection papers are evaluated by PSY 507 instructor</p> <p>Case Conference evaluation</p> <p>Comprehensive exam score</p> <p>Annual review of diversity-related competencies</p>
3	<p>Hone knowledge, awareness, and skills related to multiculturalism in the applied clinical setting</p> <p>Facilitate PSY 507 discussion groups</p>	<p>Discuss multicultural aspects of all cases presented in case conference and in CRF/CPF presentations</p> <p>Attend diversity committee sponsored brown bags and workshops</p> <p>Lead multicultural course discussion groups for junior students</p>	<p>Case Conference evaluation</p> <p>Annual review of diversity-related competencies</p> <p>Reflection paper is evaluated by the PSY 507 instructor.</p>

4	<p>Hone knowledge, awareness, and skills related to multiculturalism in the applied clinical setting</p> <p>Facilitate PSY 507 discussion groups</p>	<p>Discuss multicultural aspects of all cases presented in case conference and for presentations in both CRF and CPF</p> <p>Attend diversity committee sponsored brown bags and workshops</p> <p>Lead multicultural course discussion groups for junior students</p>	<p>Case Conference evaluation</p> <p>Annual review of diversity-related competencies</p>
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### *WHEN CHALLENGES ARISE*

The program is committed to supporting students at various stages of development with regard to diversity. All students at some point in their training will likely encounter differences between their attitudes, beliefs, or values and those of the individuals with whom they interact in the training setting (e.g., peers, faculty, and/or clients). When students’ attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmental training approach that is designed to support the acquisition of professional competence. The program provides support for students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all clients.

For some students, integrating personal beliefs or values with professional competence in working with all clients may require additional time and faculty support. Ultimately though, to complete the program successfully, all students must be able to work with any client placed in their care in a beneficial and non-injurious manner. Thus, students should expect to be assigned clients that may present challenges for them at some point in training. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, students do not have the option to avoid working with particular client populations or refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values.

### *DIVERSITY COMMITTEE*

The Diversity Committee is composed of students and a faculty advisor who meet regularly with the goal of supporting the program’s mission to train psychologists who are competent to serve a diverse public. The committee works toward enhancing diversity sensitivity, knowledge, and related skills across all training domains, including the curriculum, professional development, research, and clinical experiences. A major function of the committee is coordinating multicultural competency training experiences ranging from brown bag professional development seminars to half- and full-day workshops. This includes the annual Stanley Sue Distinguished Diversity Lecture Series and related training opportunities. The committee also serves in a consultation role, providing input to the faculty on related training matters. For



example, the committee recently completed a review of the diversity content in core clinical courses and proposed an “ideal” curriculum for a possible diversity course. The committee also submits an annual report summarizing its activities to the DCT.

#### STANLEY SUE DISTINGUISHED DIVERSITY LECTURE SERIES

Each year since 2008, the committee hosts the Stanley Sue Distinguished Diversity Lecture series. Consistent with the committee’s mission to develop a learning environment that promotes acceptance and tolerance of diversity, and encourage the integration of diversity issues into clinical practice, the lecture series honors Dr. Stanley Sue, a pioneer in the field of diversity as it pertains to clinical psychology. He has had an immeasurable impact on the profession, studying mental health and personality issues within the Asian American community, the validity of traditional assessment measures used with diverse clients, and how the therapeutic relationship is affected by differences in ethnicity, as well as differences in prevalence rates of psychological disorders cross-culturally. Each year, the student-based committee honors an individual, who like Dr. Sue, has shown a commitment to diversity in their research.

#### INTERNSHIP

##### *OVERVIEW*

Students apply for internship placement in the fall prior to the year they intend to spend on internship (i.e., students typically apply for internship in the fall of their fourth year and complete internship during the fifth year).

In order to participate in the internship match process (for details see the dissertation section), students are required to successfully defend their dissertation proposal. Specifically, the proposal must be approved by the student’s advisor and distributed to their dissertation committee no later than **August 1st** of the year they apply for internship, and the proposal must be orally defended and accepted in final written form by the full committee no later than **November 1st** of the same year.

These deadlines help to ensure that students have adequate opportunity to collect their dissertation data and focus efforts on the internship application process. Students are encouraged to make as much progress on their proposals during (ideally, even earlier) the summer months as possible. Often, students try to defend the proposal prior to their earliest application deadline, but this is not a requirement. **Importantly, if a student does not successfully defend their proposal by the November 1<sup>st</sup> date, they will be required to either not proceed with submitting internship applications or withdraw all pending internship applications.**

##### *APPLYING FOR INTERNSHIP*

The application 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). Students are required to track their clinical hours using the T2T system. In addition, students might find it beneficial to keep an additional Excel sheet of their clinical hours. Regularly updating CVs and seeking supervisor/faculty input is also helpful.

**In the summer before the application is completed, students should begin reviewing available internship training websites.** Continued monitoring of the websites is also suggested, since many sites do not update their materials for the upcoming training year until the fall. Students can search for internship sites using the APPIC online directory (<http://appic.org>). **When identifying suitable internship sites, students must restrict their search to those that are APA-accredited. Applications to non-accredited sites in Phase I are not permitted.** Students can propose applying to non-accredited sites in Phase II only after not matching in Phase I, and these proposals must be first approved by the clinical faculty.

Preparing for internship applications during the summer months is encouraged, **but students are urged to delay formally registering for the match until the fall when they are certain of defending their dissertation proposal and proceeding with internship applications.** Withdrawal, for any reason, from the match impacts program match rates and should only be done in consultation with the DCT.

Students are encouraged to capitalize on the program's support resources. The DCT typically begins polling students in the spring to identify those who plan to apply and then provides direction and support throughout the process. Having just gone through the process, advanced students can be invaluable resources. Students should 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 internship applications (A APIs).. The program also helps to maintain a log detailing past student internship interviews and experiences that is passed down to current applicants. Faculty members are also very helpful resources; they are willing to talk with students about specific internship programs and the application process. It is highly recommended that students join the APPIC listserv, 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). Additionally, ABCT holds an internship presentation at its annual convention that students may wish to consider attending.

When ready, students apply for the Match (<https://natmatch.com>) and create a login and begin completing portions of the online A API application (<https://portal.appicas.org>), reviewing match protocol, and thinking about how to answer the essay questions.

**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<sup>th</sup> (although some sites begin to notify candidates 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 (Phase II) 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. AAPIC 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; additional information and request materials are available on the AAPIC website. Applicants complete the uniform application online and upload tailored application materials for each site (i.e., cover letters, essays, letters of recommendation). Individuals writing letters of recommendation upload them directly to the online portal. However, it is the responsibility of the students to ensure that their letter writers have the correct links for upload and are aware of submission due dates. Applicants must also have the DCT complete the DCT verification portal component of the application. When the clinical hours have been calculated and the application is ready, students meet with the DCT to get their hours approved and initiate the DCT verification process.

## ***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 students 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 yet 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, they need only register for one internship credit. 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 students relocate, a waiver form for the Activity Fee (i.e., gym membership) can be completed and submitted online. This form must be completed and submitted each semester the student is on internship. If students relocate 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*

#### Tasks by Year: 1<sup>st</sup> Year

	Courses	Research	Practice	Diversity
Requirement	3 full courses each semester  Plus Directed Research, Practicum, and either Multicultural Psychology or Supervision, Consultation, and Interprof in summer	Active participation in advisor's lab and formulation of independent research ideas  Active participation in Clinical Research Forum (CRF)	Begin seeing clients in the PSC in summer  Active participation in Clinical Practice Forum (CPF)	Orientation to Multiculturalism, Cultural Identities Exploration (Summer, if course)

### 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. Although directed research and attendance at CRF and CPF are required, first year students do not register for PSY 592 or 602 credits because the number of credit hours would exceed the funded amount. Classes are offered on a rotating basis in order to achieve optimal enrollment levels. Therefore, the specific classes taken vary from year to year. **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. In addition, first year students enroll in either the multicultural or supervision, consultation and interprofessionalism course in the summer (the remaining course in the second 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 are expected to attend research presentations within the psychology department (e.g., Clinical Research Forum (CRF), Proseminar), and typically seek out opportunities to present at local (e.g., University of Maine Student Symposium, Mainely Data), and national conferences (e.g., ABCT, SRCO, APS). Students are encouraged to begin planning their Second Year Project with their advisor during the summer following their first year.

### **Clinical Practice**

Students typically sign up for one practicum (PSY 691) credit and begin seeing clients in the Psychological Services Center in the summer of their first year. Attendance at Clinical Practice Forum (CPF) is throughout the year is required.

### **Assistantships**

Students are typically assigned teaching assistantships in their first year. 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. 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***

#### **Tasks by Year: 2<sup>nd</sup> Year**

Courses	Research	Practice	Diversity
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<b>Requirement</b>	2-3 full courses each semester	Assume increasing responsibilities and in advisor's lab	Continue seeing clients in the PSC	Orientation to Multiculturalism, Cultural Identities Exploration (Summer, if course)
	Directed Research	Submit Second Year Project (2YP) proposal	Begin external practicum placement	
	Clinical Research Forum	Present 2YP proposal in CRF	Present mini-literature review or facilitate a familiar topic in CPF	
	Practicum each semester	Preparation and completion of research portion of clinical comprehensive examination in late summer	Present one Case Conference in CPF	
	Multicultural or S, C, & I summer		Preparation and completion of clinical comprehensive examination in early summer	

### **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). Students should have completed all core clinical courses by their 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 Seminar in Psychotherapy). 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. Students should be enrolled in practicum, directed research, supervision, CRF and CPF courses each semester, including the summer following their second-year. Students will enroll in either the multicultural or supervision, consultation and interprofessionalism course in the summer.

### **Research**

Research involvement increases in the second year. Students assume more lab responsibilities and aim to further refine their research interests with the help of their advisor. Part of this refinement process serves as preparation for the research portion of the Comprehensive Examinations in the summer of the second year (for more information, see the *Comprehensive*

*Examination Process* section). A major milestone of the second year is the proposal of the Second Year Project (see *Research* section). The proposal must be submitted by November of the second year and students must also present their proposals in CRF. Following approval by their committee, students are expected to adhere to the proposed deadlines in completing their projects.

Students continue to attend CRF regularly, and increasingly seek opportunities to present their research at local and national platforms (see above).

### **Clinical Practice**

Students will begin seeing clients at the PSC after having completed the ethics course during the first year. Students generally carry a caseload of three clients. Some students begin an external practicum in their second year that comprises the bulk of their clinical hours; however, most students also continue to maintain a caseload through the PSC. Students are expected to attend and participate in CPF regularly through presentation of one Case Conference and a literature review on a clinical topic of relevance (e.g., cognitive behavioral therapy skills).

### **Assistantships**

Students are typically assigned teaching or research assistantships. 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, assistant to the DCT) may also be available. If a student is assigned one of these, a teaching assistantship is not required.

### **Comprehensive Examinations**

As previously noted, students complete the clinical comprehensive and research examination after their second year. Further details can be found in the earlier section titled, *Comprehensive Examination Process*.

## ***TASKS OF THE THIRD YEAR***

### **Tasks by Year: 3<sup>rd</sup> Year**

Course	Research	Practice	Diversity
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<b>Requirement</b>	2-3 courses each semester  Directed Research, CRF, and Practicum each semester	Assume increasing independence and leadership roles in advisor's lab  Complete 2YP and proposed product  Present independent research (2YP results or other project) in CRF  Begin work on dissertation proposal and submit completed draft to advisor (late spring or summer)	Continue seeing clients in the PSC  Continue external practicum  Engage in structured peer supervision activity  Present one Case Conference in CPF  Facilitate a topic in CPF	Hone knowledge, awareness, and skills related to multiculturalism in the applied clinical setting
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### **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. In the third year, students typically take courses in the broad bases of psychology (e.g., Cognitive Psychology, History and Systems, Physiological Psychology). Students enroll in directed research, CRF, and practicum courses each semester.

### **Research**

During the third year, students are expected to continue to increase their involvement and independence in the lab. Students complete their Second Year Project by the third year and present the outcomes (or another independent study) in CRF. In the third year, students should begin work on their dissertations. Carrying out an independent research project, such as dissertation pilot study, is also recommended, but not required. By late spring or summer of their third year, students should have a draft of their dissertation submitted to their advisor.

### **Clinical Practice**

Students continue seeing clients at the PSC. 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**

In their third year, students may be assigned a teaching assistantship and those who have passed comprehensive exams are eligible to teach an undergraduate course. If students are interested in teaching during their third or 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 or 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. Students may also hold a research, clinical, or other assistantship, or may seek outside funding through the university or through other national entities.

***TASKS OF THE FOURTH AND FIFTH YEARS***

Tasks by Year: 4th Year

	Courses	Research	Practice	Diversity
Requirement	3 credits Thesis (699) fall and spring (replaces 692 when thesis starts)  Clinical Research Forum  PSY 683 Supervision III in fall  Practicum each semester	Assume leadership roles in advisor’s lab and continue with independent research  Present in Department-wide Proseminar  Defend dissertation proposal  Collect dissertation data and work toward project completion and write-up	Continue to see clients through PSC and/or external placement  Complete supervision and consultation portfolio  Facilitate a topic in CPF  Apply for internship	Hone knowledge, awareness, and skills related to multiculturalism in the applied clinical setting  Facilitate workshop for 1 <sup>st</sup> years

During the fourth year (students are expected to complete all required and elective coursework, gain experience teaching their own courses (if desired), begin and aim to complete work on their doctoral dissertations, and apply for and obtain an internship. **Attendance at is required for all students, regardless of year in the program.**

### **Coursework**

Students typically only have one or two courses left to take by the fourth year. Students are expected to enroll in thesis, practicum, supervision for each semester, as well as CRF and CPF.

### **Teaching Experience**

Teaching experience is not a requirement, but is an option for students interested in teaching. Early in the second or 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, and Social Psychology.

### **Research and Dissertation Expectations**

Students are expected to take leadership positions in the lab and continue with ongoing projects. Most often, students in their fourth year are completing their dissertation studies and register for 3 thesis credits each semester. Students should discuss with their advisor 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 M.A. degree requirements (see *M.A.* 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 PhD, 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 1<sup>st</sup>, 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. Haigh**.

**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. Ell**.

**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. Fremouw**.

**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 composed 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. Ell, Dr. Haigh, Dr. MacAuley, and Dr. McCoy.**

**Advisory Committee:** This committee evaluates and approves the student curriculum plans 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. Jordan LaBouff.**

**Director of Psychological Services:** Professional staff person in charge of the administration of the program's training clinic, the 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 clinical faculty meetings and is consulted on clinical training issues. Person currently in this position is **Dr. O'Grady.**

**Assistant Vice President for Graduate Studies and Senior 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 **Dr. Scott Delcourt.**

**Vice President for Research and Dean of the Graduate School:** Responsible for supporting and guiding University of Maine's advancement in research, and oversees the graduate school. Person currently in this position is **Dr. Kody Varahramyan.**

**Vice Chancellor of Academic Affairs:** Works to develop and strengthen research, scholarship and academic collaborations across the seven UMS campuses, and help identify and foster opportunities for community partnerships. 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 **Robert Placido.**

## GENERAL PROGRAM EXPECTATIONS

Graduate school is a full-time responsibility. Students are expected to spend their time in courses, doing research, and engaging in applied clinical experiences. These activities continue through the summer months. 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).

Because of the full-time nature of graduate study, work outside of the program (i.e., beyond funding source) is not encouraged. **Advisor and DCT approval for any paid or unpaid clinical experiences or any type of non-psychology related employment is required.** Because summer funding is not typically included in GTA packages, the program is sometimes receptive to summer employment. With the advisor and DCT approval, students may seek their own summer research experience, applied practicum, or other paid position.

### ***STUDENT-ADVISOR RELATIONSHIP***

The program adheres to a mentor model of training. Students are matched to mentors based on shared research interests in the application phase and the student-advisor relationship forms the foundation for subsequent training and eventual dissertation completion. This relationship extends beyond research. Advisors also serve as professional role models and sources of support and advocacy for their students. Students should consult often with their advisors about program and individual expectations.

Given the careful matching and centrality of the student-advisor relationship, requests to change advisors are not encouraged. The program cannot make any guarantees that a student can be “rematched” with a suitable mentor. Since all students need to have an advisor in place, not having an advisor puts the students’ program status in jeopardy. In some cases, a student request to change advisors can be granted if there is a willing mentor in place and the program approves.

When problems in the student-advisor relationship emerge, students should attempt to resolve the issue directly with the advisor, if at all possible. If this is not possible for some reason, the student may consult with the DCT or the clinical program ombudsperson (Dr. Jordan LaBouff) for students who are advised by the DCT. **See the Student Complaints and Grievances section of this handbook for more information about handling problem situations.**

### ***PROFESSIONAL DEVELOPMENT REQUIREMENTS***

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 professional development. Also part of **professional development, student attendance at clinical research and practice forums, combined 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, in addition to a department-wide evaluation of graduate students each year, 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 specific core competencies consistent with the Standards of Accreditation core competency benchmarks.

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 T2T system.**

**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.**

**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, CVs). 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.

For a list of specific competencies, students should see Appendix B for a blank competency rating form. More information about professional psychology competencies can be found in this article: Kaslow, N.J., Grus, C.L., Campbell, L.F., Fouad, N.A., Hatcher, R.L., Rodolfa, E.R. (2009). Competency assessment toolkit for professional psychology. *Training and Education in Professional Psychology*. Vol 3(4, Suppl), Nov 2009, S27-S45. doi: 10.1037/a0015833.

Students receive a signed summary form and are given the opportunity to discuss any concerns with the DCT. A copy of the evaluation summary is placed in the student’s file. Student files are kept up to 10 years following graduation.

## **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, appropriate attention to multicultural issues, 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, refusal to address issues related to multicultural competence, 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.

When a student's competence issue reflects a tension between personal and professional values (e.g., in the context of multiculturalism or with regard to serving diverse populations), the program will work with the student to explore these tensions and develop the necessary professional skills for managing them. As noted in our Diversity Training policy, we are committed to supporting trainees at various stages of development with regard to diversity. All trainees will encounter differences between their beliefs/values and those of the individuals with whom they interact in the training setting (e.g., peers, faculty, clients). When this occurs, a developmental training approach is taken designed to support the acquisition of necessary professional competence. The goal is to assist students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all clients/patients. Integration of personal beliefs or values with professional competence in working with all clients may require additional time and faculty support or, in some cases, remediation. The goal of remediation in this case would be that all graduate students are able to work with any client in their care in a non-injurious and beneficial manner.

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.
4. In addition, a student who fails the Comprehensive Exams will be terminated from the program (see Comprehensive Exam section for more information).

### 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 the “Policies and Regulations” handbook, which can be accessed on the Graduate School website.**

## STUDENT COMPLAINTS AND GRIEVANCES

Students with complaints about a faculty person, supervisor, or the program more generally, have a number of different options for seeking resolution. The first step should be to directly communicate concerns to the person(s) involved. The ability to form and maintain productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines, are key professional competencies. This includes the ability to negotiate differences and handle conflicts satisfactorily. As such, it is advisable that attempts first be made to resolve concern directly with the person(s) involved. Should this not be tenable or prove unsatisfactory, students with complaints about the program or its members should communicate their concerns with their advisors and the DCT. If this is not possible or does not result in satisfactory resolution, students also have additional options that are described in more detail below.

The program is committed to providing a safe and open environment for students and has policies in place that attempt to protect all parties when a problem arises. See “suggested path” section below.

### **Path to Resolution**

In considering options, students should consult the Program Governance section of the handbook to familiarize themselves with the key positions and people involved in implementing policy at the program, department, and graduate school levels.

Below is a general suggested path. Specific recommendations may vary by situation. Some situations may dictate more immediate action and skipping steps.

1. Students should meet with the faculty person or supervisor to discuss the concern. Faculty person or supervisor awareness and subsequent actions are an important consideration in the overall process.
2. In cases where this is not deemed possible, students should consult with their advisors or another faculty person to help determine a plan of action. With student approval, the consulting faculty person can consider communicating the concern to the faculty person in question.
3. When students have concerns for which they do not feel comfortable addressing within the program or department, a meeting with the program ombudsperson is suggested.
4. If a problem is not resolved after taking these steps, students should communicate their concern to the DCT.
5. The next step would be to bring the concern to the graduate coordinator or department chair.
6. If the problem is not resolved at the department level, the next step would be to bring the concern to the attention of the Graduate School. Students should consult Graduate School policies on academic appeals and grievances for more information.
7. If the problem remains unresolved, students can consider filing a formal grievance with the department. This process is described in more detail below.

Students wanting more information on complaints or grievances are encouraged to seek additional resources. One helpful resource is provided by the American Psychological Association of Graduate Students (<http://www.apa.org/education/grad/apags-complaint.aspx>).

### **Filing a Formal Grievance**

As described above, students have the right to file an official grievance with the department. This can be done by submitting a letter describing the problem to the department chair.

## PROGRAM POLICIES

### ***WEB-BASED BEHAVIOR POLICY***

Students in the clinical program should conduct their internet behaviors in a manner fitting with the program and profession. 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 report using the internet to search for student trainee 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 conduct web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.
2. Clients conduct web-based searches on student trainees' names and find information about therapists (and sometimes decline to come to clinics based on what they find).
3. Potential employers conduct online searches of potential employees prior to interviews and job offers.
4. Legal authorities look 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 listservs may reflect poorly on oneself and the program.
6. Signature lines on emails may affect how others view students as a professional and can 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 program interest in how they portray themselves. If it is reported that a student is doing something unprofessional, unethical, or illegal online, then this information may be used by the program and department 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 about professional demeanor and presentations.

### ***TEACHING ASSISTANTSHIPS***

The term "graduate teaching assistantship" applies to positions administered through the Graduate School and assigned by the department chair. In return for a funding package that covers tuition, stipend, and 50% of health insurance, these positions require 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 also be asked to proctor exams for other classes. 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 maintaining the program and/or department 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 instructor 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.
2. Given that the instructor 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).
3. 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.
4. After a copy is made for the student's file, the DCT will submit the letter to the Graduate School.

### ***AMERICANS WITH DISABILITY ACT***

All attempts to accommodate program students with a known disability will be made. The process begins with the Director of Clinical Training and is accommodated with the help of University of Maine Disability Support Services (DSS). Students should make an appointment with the DCT to discuss their needs as early in training 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 training is systematic and sequential and occurs across a variety of settings that encompass classroom instruction and clinical and research experiences on and off campus, accommodations are considered at the full sequence of graduate training rather than an individual course level. 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://umaine.edu/disability>.

### ***NON-DISCRIMINATION POLICY***

In compliance with the letter and spirit of applicable laws and in pursuance with its own goals of diversity, the University of Maine System shall not discriminate on the grounds of race, color, religion, sex, sexual orientation, gender identity, including transgender status, 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 known disabilities upon request.

### ***NON-HARASSMENT POLICY***

The University of Maine System is committed to providing a positive education and work environment for all students and staff. Sexual harassment, regardless of intention, 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. Any

employee or student will be subject to disciplinary action for violation of this policy. More detailed information about university policy regarding harassment can be found on the graduate school website.

## STUDENT SERVICE TO THE PROGRAM AND THE FIELD OF CLINICAL PSYCHOLOGY

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 at the university level or for professional organizations, getting involved in the Graduate Student Government, guest lecturing, mentoring an undergraduate research project, and getting involved in a professional organization.

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, Clinical Practice Forum, Clinical Research Forum, workshops, 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 and subsequent meeting(s) 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. This time commitment estimate varies depending on time of year and activities of the Committee. Specific responsibilities include:

- *Attendance at all meetings.* If a committee member is unable to attend a meeting, that student should contact the chairperson prior to the meeting and provide an update on any committee activities. The meeting minutes should also be read and input provided.
- *Actively participate in the recruitment of diversity education speakers.*
- *Assist with the coordination, marketing, and execution of committee activities.*
- *Attend all committee activities (e.g., colloquia, Brown Bags).* If unable to attend a committee activity, the student member should inform the chairperson beforehand.

#### 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 and works with the Committee's faculty advisor to manage the Committee, its members, and its activities. 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 emailed to the clinical students.
- Overseeing all Diversity Committee activities and delegation of tasks to committee members.
- Facilitation of the Annual Stanley Sue Distinguished Diversity Lecture Series.
- Ensuring that activities of the Diversity Committee adhere to the goals of the program.
- Ensuring that Committee members follow through with responsibilities, as laid out at the beginning of the semester.
- Working with the Committee's faculty advisor regarding the management and activities of the Committee.
- Acting as liaison with the DCT, informing him or her of the Committee's activities.
- Facilitating completion of the Yearly Report of the Diversity Committee activities.

#### ***STUDENT ROLE IN GOVERNANCE***

##### CLINICAL STUDENT REPRESENTATIVE

The **Clinical Student Representative** serves to promote the interests of all clinical students 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 clinical practice forum 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 faculty meetings.
- Organizing housing and activities for student applicants.
- Assisting in the scheduling of applicant interviews.
- Collaborating with Clinic Associate Director in the development of an annual clinical program newsletter.

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. It is important to note that funding is not guaranteed. **Consistent with the program's expected time-to-completion, however, students in their first four years are prioritized for available funding.** The program also prioritizes funding for current students within their first four years over any newly recruited students. That is, the decision about how many new funded admission offers can be made in each recruiting cycle comes after careful consideration about the department's ability to continue funding for current students in their fourth year or below.

**Students receiving approval to remain in the program beyond four years pre-internship must carefully weigh the possibility that funding may not be available.** These funding decisions are made by the department chair in consultation with the DCT. As described, the priority is funding students in their first four years, and decisions to fund students beyond the fourth year are made in that context. Some fifth year students are funded by fellowships or grants, but whole or partial funding, when available, through some combination of teaching,

graduate assistantships outside of the department, tuition scholarships, work study, and clinical contracts is more typical.

Failure to remain in “good standing” (e.g., poor grades, poor performance, failure to make sufficient progress toward graduation) can jeopardize funding status.

Student funding sources (described below) include university-based graduate teaching assistantships and fellowships, clinical practicum and research contracts, and external grants.

## TEACHING ASSISTANTSHIPS

The most common funding source for program students is graduate teaching assistantships (GTA) 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 GTAs 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 serve as the instructor of record for an undergraduate course. In order to be eligible, students must have passed their 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, one half of the university health insurance premium, and up to 18 credit hours (plus up to six for the summer term). In addition, GTA recipients are charged at the in-state tuition rate for any additional credits. For further information and updates, students should consult the Graduate School web pages.

## FELLOWSHIPS AND OTHER AWARDS

Program students compete for a range of university awards, the Provost Fellowship, Chase Distinguished Research Assistantship, the Susan J. Hunter teaching fellowship, and Janet Waldron Doctoral Research Fellowship. For descriptions and updates, students should consult the Graduate School web pages. **Nominations for these awards are made by the Graduate Committee and submitted to the Graduate School by the Graduate Coordinator.** A department-based award, the Maine Academic Prominence Initiative (MAPI) Research Assistantship, is awarded each year to a clinical student.

## CLINICAL AND RESEARCH CONTRACTS

Another funding source is clinical or research contracts. Through contracts and pay for services, the PSC helps to provide funding for students. The program has ongoing clinical contracts with Penobscot Job Corps, Maine Child Psychology, and local schools. In recent years, funding has also come from a research contract with the Maine Department of Health and Human Services.

## GRANTS

Students are strongly encouraged to seek their own grant funding. Most students regularly apply for and receive travel and dissertation assistance from the Graduate Student Government (<http://www2.umaine.edu/gsg/>) and the Maine Academic Prominence Initiative (MAPI). In addition, the program's faculty are active in encouraging and supporting students in their development of grant proposals to external sources, such as the American Psychological Association and National Institutes of Health. To facilitate this goal, a number of courses require the drafting of a grant proposal as one of the major assignments.

Examples of more recent successful student grant proposals include:

- The National Science Foundation Graduate Research Fellowship Program
- Association for Behavioral and Cognitive Therapies (ABCT) Graduate Student Research Grant
- Society for Psychophysiological Research (SPR) Training Fellowship
- Beck Institute Student Scholarship
- The American Psychological Association Graduate Student/Psi Chi Junior Scientist Fellowship

A non-exhaustive list of additional potential student funding sources:

- NIH NRSA predoctoral fellowships (F31)
- RFA for underrepresented minorities (NIMH, NIDCD, etc.)
- NSF predoctoral fellowships
- Ford Foundation fellowships
- Foundation awards for specific topics
- For Canadian citizens: SSHRC (<http://www.sshrc-crsh.gc.ca/funding-financement/programs-programmes/fellowships/doctoral-doctorat-eng.aspx>)
- For smaller amounts of money (no stipend): APA Early Graduate Student Researcher Awards. These are limited to \$1,000, but are for students early in their training (first 3.5 years; <http://www.apa.org/about/awards/scistucoun-earlyre.aspx>)
- Woodrow Wilson Foundation
- American Association of University Women
- American Association of Pediatrics

Note that some granting sources provide funding for a specific project, purpose, and/or period of time. As such, not all of the grants listed provide full funding of tuition, health insurance, stipend, and/or research support costs.

## FINANCIAL AID

Despite the relatively generous funding package awarded to most 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://umaine.edu/stuaid/applying-for-aid/>).

## APPENDICES

### Appendix A: Clinical Neuropsychology Emphasis

Students interested in an emphasis in Clinical Neuropsychology (NP) must in addition to their clinical core requirements complete a series of didactic courses, clinical practicum experiences, and research requirements consistent with training standards set forth by the Houston guidelines<sup>1</sup>.

The following training experiences are designed to provide a foundational knowledge base, research, and applied clinical skills with advanced instruction and experience in clinical neuropsychological assessment and consultation.

#### I. Foundations for the study of brain-behavior relationships:

Required Foundational Courses and Didactics	
PSY 625	Assessment 1
PSY 621	Affective Science of Emotion Regulation and Psychopathology
PSY TBD	Foundations of Clinical Neuropsychology
†CSD 688	Neurocognitive Disorders in Adults
†BMS 660	Cell, Molecular and Developmental Neurobiology
NP BB	Neuropsychology Brown Bag Monthly Didactic Seminar and Case Conceptualization

†Other potential courses with Drs. Ahmed and MacAulay's approval may be substituted.

#### Recommended but not required courses for over the summer:

National Academy of Neuropsychology (NAN): Clinical Neuroanatomy  
National Academy of Neuropsychology (NAN): Clinical Psychopharmacology

<sup>1</sup> See Hannay, H. J., Crosson, B.A., Hammeke, T. A., Hamsher, K. deS., & Koffler, S. P. 1998. Proceedings: The Houston Conference on Specialty Education and Training in Clinical Neuropsychology. *Archives of Clinical Neuropsychology*, 13(2).

## NIH – fMRI workshop: Neuroimaging and other neurodiagnostic techniques

Foundational Requirements: Students are required to obtain a grade of B- or higher on all of the required foundational courses. NP Brown Bag attendance is mandatory for all NP emphasis students. Students are expected to read all preassigned reading materials and will be required to orally present on assigned topics and write reflection papers on topics and how they pertain to culture and diversity issues. Failure to meet these minimal expectations for the didactic series will be noted in the students' end of the year evaluation under the appropriate area of competency deficiency [Professionalism (Accountability and Professional Identity), Scientific Knowledge and Methods, Reflective Practice, Ethical Legal Standards and Policy, and/or Individual and Cultural Diversity].

### II. Applied Clinical Skills:

As part of their clinical training, students will obtain at least 2 years of experience in Assessment within professional health care settings, such as Acadia and EMMC. Clinical practicums will provide advanced instruction and experience in clinical neuropsychological assessment and consultation. As part of the neuropsychological practicums, students will learn how to work as part of an interdisciplinary team and will receive extensive supervision from highly experienced psychologists and board certified clinical neuropsychologists.

- Direct experience in specialized neuropsychological assessment techniques
- Direct experience in specialized neuropsychological intervention techniques
- Practical implications of neuropsychological conditions and case conceptualizations
- Professional issues and ethics in neuropsychology in applied clinical practice
- Advanced clinical training in case development, assessment, interpretation and report writing, and provision of feedback
- Provide appropriate treatment recommendations
- Gain experience in consultation (e.g., other health providers, patients, and their families)
- Will learn how to integrate neuroimaging and other neurodiagnostic techniques into their applied clinical practice

Clinical Requirements: Students must meet all minimal competency expectations for clinical services. Students' performance will be regularly assessed by their practicum supervisors, and evaluated in their end of semester and annual competency reports under appropriate area of clinical competency. Competencies specifically addressed: Professionalism, Reflective Practice, Relationships, Individual and Cultural Diversity, Ethical concerns, Interdisciplinary Systems, Assessment, and Consultation.

### III. Neuropsychological Research

- In addition to core clinical training in research, students will gain mentor-based research training that includes literature review, research design and methodologies (including analyses), protocol development, ethics and diversity in research, and the selection of relevant research topics as it pertains to the broad field of neuropsychology
- As a minimal research requirement, students' dissertation topic must be related to the broad field of Neuropsychology



- Conference Poster Submission: Students are required to submit to at least one national Neuropsychological conference a year, beginning in their second year

Requirements: Students’ performance will be evaluated in their annual competency report under Research – Conceptual Base and Implementation. A graded approach consistent with students’ developmental level will be used to assess research performance.

#### IV. Professional Development and Identity

- Conference Attendance: Students are required to attend at least one conference a year that involves the broad field of Clinical Neuropsychology, beginning in their second year
- Students are required to orally present on Neuropsychological Topics and Case Conceptualizations during NP Brown Bag Seminars
- Professional Membership: It is strongly recommended that students join the International Society for Neuropsychology (INS) and/or the National Academy of Neuropsychology, as well as become involved within student organizations such as the Association of Neuropsychology Students in Training

Professional Requirements: Failure to meet these minimal expectations will be noted in the students’ end of the year evaluation under Professionalism.

#### Areas of Program Competency that are addressed within the NP emphasis:

1. Professionalism
2. Reflective Practice
3. Scientific Knowledge and Methods
4. Relationships
5. Individual and Cultural Diversity
6. Ethical and Legal Standards and Policy
7. Interdisciplinary Systems
8. Assessment
9. Supervision
10. Consultation
11. Intervention (Recommendations and Knowledge of)
12. Research and Evaluation

## **Appendix B: Competencies Rating Form**

Student: <<Student First Name:>> <<Student Last Name:>> Review Year: <<Review Year (i.e., 2016-2017):>> Year in Program: <<Year in Program>>

The American Psychological Association (APA) has developed a set of core competencies for professional psychology. These competencies are reflected in the Standards of Accreditation (SoA) as the “profession-wide competencies.” These competencies are based primarily on definitions of professional psychology as health service provision. As a scientist-practitioner program, we have added a set of core research competencies to better match our training and expectations. The purpose of this evaluation is to determine whether a student has met program standards for each identified competency.

The clinical faculty as a group determines whether a particular competency level has been achieved through consensus and the review of a variety of performance indicators (e.g., course grades, observations, practicum evaluations, and comprehensive exam performance).

The evaluation is developmentally sequenced such that a student is only evaluated on a particular competency when the requisite training opportunities have been realized. For these items, a student would receive an “NA” (not applicable) rating. “**Not met**” indicates that the student has had the requisite training and experience, but has not fully met the standard. For the non-research competencies, there are both “**Readiness for Practicum**” and “**Readiness for Internship**” ratings. “**Readiness for Practicum**” indicates that the student demonstrates the basic knowledge, attitudes and skills required for beginning clinical practice experiences within the program. This level, unless otherwise noted, would be expected after the first year in the program. “**Readiness for Internship**” is a higher standard requiring the integration of the knowledge, skills, and attitudes into clinical practice and this rating indicates that the competency is well developed. Timing for the attainment of this level will be more variable, depending on student experiences, etc., but would generally be expected by the 3<sup>rd</sup> year or later.

More information on the competency benchmarks is available here:  
<http://www.apa.org/ed/graduate/benchmarks-guide.aspx>  
<http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>

*Professionalism: Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility.*

Integrity: << [Integrity]>>  
*Honesty, personal responsibility and adherence to professional values.*

Department: << [Department]>>  
*Understands how to conduct oneself in a professional manner*

Accountability: << [Accountability]>>  
*Accountable and reliable (consistently reliable; consistently accepts responsibility for own actions).*

Concern for the Welfare of Others:  
*Consistently acts to understand and safeguard the welfare of others.*

<< [Concern for the  
Welfare of Others]>>

Professional Identity:  
*Emerging professional identity as psychologist; uses resources (e.g., supervision,  
literature) for professionals.*

<< [Professional  
Identity]>>

Comments:  
<<Comments on Professionalism:>>

**Reflective Practice/Self-Assessment/Self-Care: *Practice conducted with personal and professional self-awareness and reflection; with awareness and reflection; with awareness of competencies; with appropriate self-care.***

Reflective Practice:  
*Broadened self-awareness; self-monitoring; reflectivity regarding professional practice;  
use of resources to enhance reflectivity; elements of reflection-in-action.*

<< [Reflective  
Practice]>>

Self-Assessment:  
*Broadly accurate self-assessment of competence; consistent monitoring and evaluation of  
practice activities.*

<< [Self-Assessment]>>

Self-Care:  
*Attention to personal health and well-being to assure effective professional functioning.*

<< [Self-Care]>>

Comments:  
<<Comments on Reflective Practice/Self-Assessment/Self-Care:>>

**Scientific Knowledge and Methods: *Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge***

Scientific Mindedness:

<< [Scientific  
Mindedness]>>

Scientific Foundation of Psychology:  
*Knowledge of core science*

<< [Scientific  
Foundation of  
Psychology]>>

Scientific Foundation of Professional Practice  
*Knowledge, understanding, and application of the concept of evidence-based practice*

<< [Scientific  
Foundation of  
Professional Practice]>>

Comments:

<<Comments on Scientific Knowledge and Methods:>>

**Relationships: *Relates effectively and meaningfully with individuals, groups, and/or communities.***

Interpersonal Relationships:

<< [Interpersonal Relationships]>>

Affective Skills:

*Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively.*

<< [Affective Skills]>>

Expressive Skills:

*Ability to clearly and articulately express oneself.*

<< [Expressive Skills]>>

Comments:

<<Comments on Relationships:>>

**Individual and Cultural Diversity: *Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.***

Self as Shaped by Individual and Cultural Diversity

<< [Self as Shaped by Individual Cultural Diversity]>>

Others as Shaped by Individual and Cultural Diversity

<< [Others as Shaped by Individual and Cultural Diversity]>>

Interaction of Self and Others as Shaped by Individual and Cultural Diversity

<< [Interaction of Self and Others as Shaped by Individual and Cultural Diversity]>>

Applications Based on Individual and Cultural Context

<< [Applications Based on Individual and Cultural Context]>>

Comments:

<<Comments on Individual and Cultural Diversity:>>

**Ethical and Legal Standards: - *Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.***

Knowledge of Ethical, Legal and Professional Standards and Guidelines: *Knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/ professional codes, standards and guidelines; laws, statutes, rules, regulations.* << [Knowledge of Ethical, Legal, and Professional Standards and Guidelines]>>

Awareness and Application of Ethical Decision Making: *Knows and applies an ethical decision-making model.* << [Awareness and Application of Ethical Decision Making]>>

Ethical Conduct: *Knowledge of own moral principles/ethical values integrated in professional conduct.* << [Ethical Conduct]>>

Comments:

<<Comments on Ethical and Legal Standards and Policy:>>

**Interdisciplinary Systems: *Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.***

Knowledge of the Shared and Distinctive Contributions of Other Professions << [Knowledge of the shared and Distinctive Contributions of Other Professions]>>

Functioning in Multidisciplinary and Interdisciplinary Contexts << [Functioning in Multidisciplinary and Interdisciplinary Contexts]>>

Understands How Participation in Interdisciplinary Collaboration/ Consultation Enhances Outcomes << [Understands How Participation in Interdisciplinary Collaboration Enhances Outcomes]>>

Respectful and Productive Relationships with Individuals from Other Professions << [Respectful and Productive Relationships with Individuals from Other Professions]>>

Comments:

<<Comments on Interdisciplinary Systems:>>

**Assessment: *Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.***

Measurement and Psychometrics	<< [Measurement and Psychometrics]>>
Evaluation Methods	<< [Evaluation Methods]>>
Application of Methods	<< [Application of Methods]>>
Diagnosis	<< [Diagnosis]>>
Conceptualization and Recommendations (Year 2 and Above Only)	<< [Conceptualization and Recommendations (Year 2 and Above Only)]>>

Comments:

<<Comments on Assessment:>>

**Intervention: *Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.***

Knowledge of Interventions (Year 2 and Above Only) <i>Knowledge of scientific, theoretical, empirical and contextual bases of intervention, including theory, research, and practice</i>	<< [Knowledge of Interventions (Year 2 and Above Only)]>>
Intervention Planning (Year 2 and Above Only) <i>Formulates and conceptualizes cases and plan interventions utilizing at least one consistent theoretical orientation.</i>	<< [Intervention Planning (Year 2 and Above Only)]>>
Clinical Skills (Year 2 and Above Only)	<< [Clinical Skills (Year 2 and Above Only)]>>
Intervention Implementation (Year 2 and Above Only)	<< [Intervention Implementation (Year 2 and Above Only)]>>
Progress Evaluation (Year 2 and Above Only)	<< [Progress Evaluation (Year 2 and Above Only)]>>

Comments:

<<Comments on Intervention:>>

**Consultation:** *The ability to provide expert guidance or professional assistance in response to a client's needs or goals. Effectively relates to dialogue with other professionals.*

Role of Consultant (Year 2 or 3)

<< [Role of Consultant (Year 2 or 3)]>>

Addressing Referral Question (Year 2 or 3)

<< [Addressing Referral Question (Year 2 or 3)]>>

Application of Method (Year 2 or 3)

<< [Application of Method (Year 2 or 3)]>>

Comments:

<<Comments on Consultation:>>

**Supervision:** *Supervision and training in the professional knowledge base and of evaluation of the effectiveness of various professional activities.*

Expectations and Roles: (Year 2 or 3)

*Knowledge of purpose for roles in supervision.*

<< [Expectations and Roles (Year 2 or 3)]>>

Processes and Procedures (Year 2 or 3)

*Knowledge of procedures and processes of supervision*

<< [Processes and Procedures (Year 2 or 3)]>>

Skills Development (Year 2 or 3)

*Knowledge of the supervision literature and how clinicians develop to be skilled professionals*

<< [Skills Development (Year 2 or 3)]>>

Awareness of Factors Affecting Quality (Year 2 or 3)

*Knowledge about the impact of diversity on all professional settings and supervision.*

<< [Awareness of Factors Affecting Quality (Year 2 or 3)]>>

Participation in Supervision Process (Year 2 or 3)

*Observation of and participation in supervisory process (e.g., peer supervision).*

<< [Participation in Supervision Process (Year 2 or 3)]>>

Ethical and Legal Issues (Year 2 or 3)

*Knowledge of and compliance with ethical/professional codes, standards and guidelines; institutional policies; laws, statutes, rules, regulations, and case law relevant to the practice of psychology and its supervision.*

<< [Ethical and Legal Issues (Year 2 or 3)]>>

Comments:

<<Comments on Supervision:>>

## Research - Conceptual Base

Scientific Approach to Knowledge Generation

<< [Scientific Approach to Knowledge Generation]>>

Application of Scientific Method to Practice

<< [Application of Scientific Method to Practice]>>

Knowledge of Data Collection Methods

<< [Knowledge of Data Collection Methods (1)]>>

Knowledge of Research Ethics

<< [Knowledge of Research Ethics (1)]>>

Conducts Systematic Literature Reviews (Year 2 and Above Only)

<< [Conducts Systematic Literature Reviews (2)]>>

Demonstrates Expertise in Research Domain (Year 2 and Above Only)

<< [Demonstrates Expertise in Research Domain (2)]>>

Knowledge of Foundations for Research (Year 2 or Year 3)

<< [Knowledge of Foundations for Research (2/3)]>>

Knowledge of Data Analysis (Year 2 or Year 3)

<< [Knowledge of Data Analysis (2/3)]>>

Synthesizes Knowledge to Advance the Field (Year 3 or Year 4)

<< [Synthesizes Knowledge to Advance the Field (3/4)]>>

Applies Expertise to Independent Project (Year 3 or Year 4)

<< [Applies Expertise to Independent Project (3/4)]>>

Comments:

<<Comments on Conceptual Base of Research:>>

## Research - Implementation

Works Collaboratively with Mentor(s)

<< [Works Collaboratively with Mentor(s) (1)]>>

Makes Progress on Research Projects (Year 2 and Above Only)

<< [Makes Progress on Research Projects (2)]>>



Organizes Research Into Written Form (Year 2 and Above Only)

<< [Organizes Research Into Written Form (2)]>>

Presents Research in Oral Form (Year 2 and Above Only)

<< [Presents Research in Oral Form (2)]>>

Appropriately Selects/Uses Data Analysis Methods (Year 3 or Year 4)

<< [Appropriately Selects/Uses Data Analysis Methods (3/4)]>>

Critically Evaluates Own Findings (Year 3 or Year 4)

<< [Critically Evaluates Own Findings (3/4)]>>

Conducts Ethical and Responsible Research (Year 3 or Year 4)

<< [Conducts Ethical and Responsible Research (3/4)]>>

Comments:

<<Comments on Research Implementation:>>

### Summary

Areas of Strength and Needed Development:

<<Areas of Strength and Needed Development:>>

Faculty Signatures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director of Clinical Training

## ***FREQUENTLY ASKED QUESTIONS***

### ***Do I have a mailbox?***

Yes. Each student has a mailbox located in the Psychology Department Office on the 3<sup>rd</sup> 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 PSC in Corbett Hall the summer following their first year.

### ***What do I call myself?***

Students may put “graduate student in clinical psychology” under their name on their email signature and on official letters. In roles through the Psychological Services Center, students refer to themselves as “clinicians” on official documents. You can follow your name with a “M.A.” 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, the University of Maine 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; <https://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 (<https://www.emmc.org/University-Medicine-Cutler-Health-Center.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://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. More information can be found online (<https://www.collinscenterforhearts.com>).

***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 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.