



Fall | 2025

Program Handbook

Doctoral Program in Clinical Psychology
University of Maine

Introduction to the Student Handbook

The Student Handbook is the central depository of the policies and procedures that govern the Doctoral Training Program in Clinical Psychology at the University of Maine. Program students and faculty should consult the handbook as the first source of information about the program. 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](#) and Department's Graduate Student Rules for other important information and policies. Of course, students and faculty must also adhere to the American Psychological Association's [*Ethical Principles and Code of Conduct*](#).

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Introduction

Mission Statement

The University of Maine's Doctoral Training Program in Clinical Psychology promotes scientific knowledge and evidence-based practices that enhance psychological well-being and reduce mental health disparities and suffering. Students are trained in foundational competencies that emphasize the interactive influences and integration of science and professional practice of psychology. Our rigorous training program has been accredited by the American Psychological Association since 1975. It continues to evolve based on cultural humility, our commitment to the scientist-practitioner model, and to making meaningful contributions to the field and society.

Program Values

These values guide the operation of the Doctoral Training Program in Clinical Psychology. They are aspirational, requiring deliberate attention, responsiveness to feedback, and humility. They are interdependent, informing all aspects of training.

- Science.
 - The program embraces the ideal that empirical research and scientific principles should guide training and practice in clinical psychology.
- Community.
 - The program is a community of learners who share accountability for the ongoing development of its members' competencies.
- Holistic Development.
 - The program is committed to all aspects of students' professional development including research, practice, ethical, and professional competencies.
- Cultural Humility.
 - The program is committed to practicing and promoting inclusivity and cultural humility across training, practice, research, and field service activities. Specific initiatives may be found on our Diversity webpage.

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](#). 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 of the science and professional practice of psychology as well as their integration. 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.

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 clinical neuropsychological assessment, and research in neuropsychology focused on older adults. Students in both emphases complete the generalist requirements, as well as related coursework, research, and practicum experiences.

Goals

The program's emphasis on science-practice integration is reflected in clearly specified training goals:

1. Graduates will have the requisite knowledge of the broad bases of scientific psychology.
2. Graduates will critically evaluate and conduct empirical research.
3. Graduates will appreciate, promote, and advance the integration of psychological research and practice.
4. Graduates will develop the knowledge, values, and skills required to function ethically in their roles as psychologists.

Admission Requirements

To be considered for admission, program candidates must submit two [applications](#): the Graduate School application and the Clinical program application. In a typical year, there are 200 or more completed applications. An initial screening is completed to decide which candidates will be invited for interviews. This screening is based on undergraduate (and graduate if applicable) grade point average (GPA), research and clinical experiences and interests, fit with faculty mentor, and letters of reference. Though no minimum scores/grades are used as “cutoffs” in the screening process, grade point averages below 3.3 often result in rejection. A relatively lower GPA may be 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 match of interests between candidates and potential faculty mentors is crucial in the admission process.

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. 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 course of study, which is four or five years before internship.

Graduate Program Requirements

In addition to program requirements, there are also graduate school requirements. You will want to be sure to familiarize yourself with them, to stay on track. Below are links you should review that include a helpful tracking sheet provided by the graduate school. You will want to be sure to familiarize yourself with them, to stay on track.

<u>Reviewed (Yes or No)</u>	<u>Graduate School Requirements : Be sure to review documents and complete checklists</u>
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	https://umaine.edu/graduate/students/progress/thesis/
	https://umaine.edu/graduate/students/graduation/
	https://docs.google.com/spreadsheets/d/1ut77i7nmhyco2Ot3zjM4GrO8gJZy3A3z5jqEdnemtFk/edit#gid=1831627793

Advisory Committee

At the time of admission, students accepted into the program are assigned to work with a research mentor who also serves as their academic 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 is required) and includes a minimum of three members of the graduate faculty. The advisory committee guides the student on curricular and related issues, approves the program of study (described below), and considers any requested modifications. They also help determine a student's standing in the program if a grade below a B- is received in any required course. **Since this committee must approve the 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**. The program of study is an outline of courses to be passed and research to be undertaken. This should be completed and submitted to the Graduate Coordinator before final's week of your first year. A failure to do so may interfere with future registration. Once approved by the Graduate School, the plan becomes the student's required curriculum. The POS will continue to be updated as your complete program milestones (e.g., see Master's Degree and Doctoral Degrees). The following are steps to submitting the POS in your first year.

Completing the Program of Study (POS) for the Graduate Certificate [Form](#)

1. Review POS with advisor and obtain signatures
2. Be sure to:
 - a. Only include courses taken at UMaine
 - b. List each course individually by semester due not bulk add courses (e.g., PSY 691 should be listed each semester you are enrolled with dates)
 - c. You are required to take a [Responsible Conduct of Research](#) course.
 - i. Once completed check the box that "Responsible Conduct for Research Requirement Met" and list the course:
 1. Approved RCR Graduate Courses:
 <https://umaine.edu/graduate/students/progress/rcr/>
 - a. PSY 603 – Ethics and Professional Problems is an approved course for RCR training that most clinical students take and can be listed here.
 - b. At the advisory committee's or Graduate Coordinator's discretion, this credit may be substituted for one of the 6 required thesis/dissertation credits (PSY 699). Students must take the RCR training before the commencement of the fourth credit of PSY 699.

3. Once you have checked your POS form for accuracy and obtained committee signatures, email the POS form to the graduate coordinator.

Course Requirements

The number of total course credit hours students in the clinical psychology program accumulate varies based on a variety of factors including the area of emphasis, course waivers, number of years in program, thesis credits, and practicum assignments. Students typically range from 75-90 credits at time of graduation. All required courses must be passed with a grade of B- or higher.

Generalist Clinical Courses

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 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 592	Directed Reading (History and Philosophy of Psychology)
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b. At least one course from each of these areas:

Affective Bases of Behavior

PSY 621	Affective Science of Emotion Regulation and Psychopathology
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Biological Bases of Behavior

PSY 551	Advanced Physiological Psychology
PSY 647	Foundations in Clinical Neuropsychology

PSY 677 Topics in Clinical Psychology (Biological Health Psychology)

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 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 C courses (two required)

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. Students may fulfill the elective requirement by taking a course outside of the department with the approval of their advisory committee. Elective courses are three credit hour courses. Students may meet the elective requirement by taking courses for less than three credit hours but the total number of elective credit hours must be at least six.

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 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

This sample lays out a five-year plan. About one in four students complete the program in five years, with the majority completing in six; these estimates include the predoctoral internship year. .

1 st YEAR	FALL	SPRING	SUMMER
Clinical core	PSY 625 Assessment I PSY 634 Psychopath	PSY 603 Ethics PSY 626 Assessment II	PSY507 Multicultural
Additional required	PSY 540 Statistics I	PSY 541 Statistics II	PSY 691 Practicum PSY 692 Dir Res

2 nd YEAR	FALL	SPRING	SUMMER
Clinical core	PSY 655 Therapy		
Additional required	PSY 621 Affect PSY567 Adv Cog PSY 691 Practicum PSY 692 Dir Res	PSY 528 Lifespan PSY691 Practicum PSY692 Dir Res	PSY507 Multi PSY 691Practicum PSY 692 Dir Res

3 rd YEAR	FALL	SPRING	SUMMER
Clinical core			
Additional required	PSY 677 Health PSY 691 Practicum PSY 692 Dir Res	PSY561 Adv Soc PSY 691 Pract PSY 692 Dir Res	PSY 691 Practicum PSY 692 Dir Res PSY 592 (Hist & Phil)
Elective			

4 th YEAR	FALL	SPRING	SUMMER
Clinical core			
Additional required	PSY 691 Pract PSY 699 Thesis	PSY 630 Adv. Stat PSY 602 CRF PSY 691 Pract PSY 699 Thesis	PSY 691 Practicum
Elective			

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

Clinical Child Emphasis Courses

In addition to the generalist clinical course requirements, students pursuing the **Clinical Child Emphasis** 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) <u>AND</u>
PSY 522	Social Development

Sample Schedule by Year

Clinical Child Emphasis: SAMPLE SCHEDULE

This sample lays out a five-year plan. About one in four students complete the program in five years, with the majority completing in six; these estimates include the predoctoral internship year.

1 st YEAR	FALL	SPRING	SUMMER
Clinical core	PSY 625 Assessment I PSY 634 Psychopath	PSY 626 Assessment II PSY 603 Ethics	
Additional required	PSY 540 Statistics I	PSY 541 Statistics II	PSY 691 Prac. PSY 692 Dir Res

2 nd YEAR	FALL	SPRING	SUMMER
Clinical core	PSY 655 Therapy (child)		
Additional required	PSY 621 Affect PSY 691 Practicum PSY 692 Dir Res	PSY 528 Lifespan PSY 561 Adv Soc PSY 691 Practicum PSY 692 Dir Res	PSY 507 Multicul. PSY 691 Prac. PSY 692 Dir Res

3 rd YEAR	FALL	SPRING	SUMMER
Clinical core			
Additional required	PSY 647 Clin Neuro PSY 691 Practicum PSY 692 Dir Res	PSY 567 Adv Cog PSY 691 Practicum PSY 692 Dir Res	PSY 691 Prac. PSY 692 Dir Res PSY 592 (Hist & Phil)

4 th YEAR	FALL	SPRING	SUMMER
Clinical core			
Additional required	PSY 691 Practicum PSY 699 Thesis	PSY 691 Practicum PSY 699 Thesis	PSY 691 Prac.
Elective	PSY 522 Soc Dev	PSY 651 Dev. Psyc	

5th 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 B 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.

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 VA Maine)
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3. Statistics and Research Methods

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 <u>per</u> semester; <u>dissertation topic must be related to the broad field of neuropsychology</u>)

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 ABPP board certification in Clinical Neuropsychology.

Sample Schedule by Year

Clinical Neuropsychology Emphasis: SAMPLE SCHEDULE

This sample lays out a five-year plan. About one in four students complete the program in five years, with the majority completing in six; these estimates include the predoctoral internship year.

(NP BB = Neuropsychology Brown Bag)

1 st YEAR	FALL	SPRING	SUMMER
Clinical core	PSY 625 Assessment I PSY 634 Psychopath	PSY 626 Assessment II PSY 603 Ethics	
Additional required	PSY 540 Statistics I NP BB	PSY 541 Statistics II NP BB	PSY 691 Prac. PSY 692 Dir Res

2 nd YEAR	FALL	SPRING	SUMMER
Clinical core	PSY 655 Therapy		
Additional required	PSY 621 Affect PSY 691 Practicum PSY 692 Dir Res NP BB	PSY 528 Lifespan PSY 561 Adv Soc PSY 691 Practicum PSY 692 Dir Res NP BB	PSY 507 Multicul. PSY 691 Prac. PSY 692 Dir Res

3 rd YEAR	FALL	SPRING	SUMMER
Clinical core			
Additional required	PSY 647 Clin Neuro PSY 691 Practicum PSY 692 Dir Res NP BB	PSY 567 Adv Cog PSY 691 Practicum PSY 692 Dir Res NP BB	PSY 691 Prac. PSY 692 Dir Res PSY 592 (Hist & Phil)

4 th YEAR	FALL	SPRING	SUMMER
Clinical core			
Additional required	PSY 691 Practicum PSY 699 Thesis NP BB	PSY 691 Practicum PSY 699 Thesis NP BB	PSY 691 Prac. NAN Summer Course
Elective	PSY 551 Adv Phys	CSD 688 Neurocog Dx	

5th 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

The clinical comprehensive exam allows the faculty to assess students'

- a. ability to integrate knowledge gained in core clinical courses, as well as clinical experiences, and apply this to clinical practice.
- b. ability to exercise professional judgment, including the application of ethical principles and empirical research, when working in clinical practice.

Method

Students prepare a portfolio of case material drawn from their clinical practicum experiences.

- Portfolio is based on at least two and no more than five cases, including at least one assessment and one intervention case.
- Portfolio includes two essays.
- Students must present and orally defend their portfolio.
 - Three-member faculty exam committee evaluate the portfolio and defense
 - Chosen by Director of Clinical Training
 - Student's faculty advisor is not eligible to serve
- Students propose when they are ready to present and defend their portfolio but should adhere to guidelines listed in the timeline below..

Format

Portfolio: The student prepares a portfolio which includes de-identified reports and two essays. The reports are cases referred to in the essays. One essay is focused on assessment and the other on therapy. In each essay, the student describes: 1) research and principles of psychological science; and 2) ethical issues and ethical decision-making, including issues related to diversity, equity and inclusion, informed case formulation and practice. Each essay is limited to 12 double-spaced pages (not including title page, references, etc.).

Oral Examination: The student presents a brief summary of the key points for each essay referring to specific cases as needed (10-minute time limit). The faculty committee members ask questions about the essays and pose hypotheticals about the cases that are designed to: 1) clarify information included in the essays and reports; and 2) delve more deeply into the reasoning behind clinical decisions. The oral examination is limited to 50 minutes.

Faculty Advisor's Role

The clinical comprehensive exam is an evaluation of the students' clinical and professional development. Therefore, the portfolio should be developed independently by the student. Students may consult with their academic advisors about general questions regarding their portfolio, such as their readiness to defend their portfolio, what cases they choose to include and what issues they will discuss in their essays. Faculty members, including the advisor, should serve only as a sounding board for students' ideas. Advisors should not:

- discuss case formulation
- discuss content of students' essays
- review outlines for the students' essays
- review drafts of the students' essays
- review the students' portfolios
- create opportunities for students to practice their oral presentations

Evaluation

Evaluation of the student's performance on the Clinical Comprehensive Exam is based on the portfolio and the oral examination. Faculty members rate the student's performance on the following criteria:

- Use of research evidence to guide clinical practice
- Use of principles of psychological science to guide clinical practice
- Application of professional ethics to clinical practice
- Consideration of diversity, equity issues in clinical practice

The student's performance in each criterion area is rated independently by each faculty member 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). The mean of the three committee members' scores will be calculated for each criterion. 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. Faculty members use a rubric to evaluate the clinical comprehensive exam (see Appendix E).

Marginal. When the mean response score falls within the marginal range, the committee deliberates, after which each member is asked to endorse either a "pass" or a "fail." With two or more "pass" endorsements the student passes the criterion area. With two or more "fail" endorsements the student fails the criterion area. Students must pass all four criterion areas.

Pass. Students who receive passing ratings in all four criterion areas have passed the clinical comprehensive exam.

Fail. If a student fails a criterion area, the exam committee reviews the student's performance with the full clinical faculty. The faculty evaluate the student's performance in the context of the overall performance in all areas of the program. In most cases, the faculty develop a remediation plan to address areas of concern. The plan includes a timeline that is tailored to the student and the area of concern. Failing a criteria area may result in the clinical faculty terminating the student from the program. Once again, this decision is made in the context of the student's overall performance.

Timeline

- Students become eligible to formally propose taking their Clinical Comprehensive Exam on September 1 of their third year in the program.
 - Decision as to when to take the exam is made in consultation with the student's advisor.
- The DCT forms the faculty exam committee and informs the faculty members and the student.
- The student works with the exam committee to identify a date for the oral examination.
- The student provides the exam committee with a copy of their portfolio at least two weeks before the date of the oral exam.
- Students are expected to take the Clinical Comprehensive Exam by the end of the spring semester of their third year in the program.
 - Exceptions must be approved by the student's Advisory Committee.
 - Portfolios must be presented and defended before the student can apply for internship.

Masters Degree

Overview

Students enrolled in the Doctoral Program in Clinical Psychology earn a non-terminal/non-thesis option Masters 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 completion of the Second Year Project (rather than a thesis) in qualifying for the degree. Qualification for the M.A. is based on the successful completion of coursework and the Second Year Project.

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 Advisory Committee approval. 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).

How to Apply

After successful completion of coursework and defense of the Second Year Project, in order for the graduate school to process your degree, the following is needed:

1. Students should email the graduate coordinator their updated and signed POS for the courses (at least 30-credits) they have completed to date. This needs to exactly match your transcript for the degree audit by the registrar's office. Your POS form should note

the “Institutional Unit Requirements” which are “completion of the Second Year Project for master’s degree.”

2. Once the POS is received, the Graduate Coordinator will notify the Graduate School 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.
3. **Once the above steps are completed, students will need to complete** the graduation form for the master's degree by **July 15** for summer graduations, see [Application process](#) here for [instructions](#) and deadlines for May and August cycles. **The M.A. degree will not be awarded unless the student applies for graduation** and must be submitted in time for the December, May, or August graduation cycle(s).

Doctoral Candidacy

Students become doctoral candidates after successfully defending the Second Year Project.

How to Apply

Students complete the Notification of Results of the Doctoral Comprehensive Examination [form](#) after completion of the oral examination component of the Clinical Comprehensive Examination. If the student has also defended their Second Year Project, they should check the “has successfully passed the comprehensive examination” box. If the student has not defended their Second Year Project yet, they should check the “has provisionally passed the comprehensive exam, subject to the following conditions.” box and indicate “successful completion, including oral defense, of the Second Year Project.”

The completed Notification of Results of the Doctoral Comprehensive Examination form must be signed by the student’s advisory committee and the Graduate Coordinator before it is submitted to the Graduate School.

Research

Overview

Training in research is grounded in the **mentor model** and begins in the admissions process in which applicants are matched with mentors based on their research interests and professional goals. Mentors serve as advisors to students, both in terms of research and overall professional development. 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 carry out an independent research project (i.e., Second Year Project). 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. Many students continue for a **fifth year** in the program during which they complete and defend their doctoral dissertation.

Independent Research and Second Year Project

Year	Requirement	Description	Evaluation
1	Contribute to advisor's lab Begin independent research Develop and Propose Second Year Project (2YP)	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 Carry out 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. Advisor assigns grade for PSY 692 Annual review of research competencies Research portion of comprehensive examination evaluated by committee Defense of 2YP
3	Continue to contribute to advisor's lab, assuming increasing responsibility and independence Complete 2YP Begin work on dissertation proposal	Continue lab involvement and work on conference presentations, grant proposals, and/or manuscripts Submit documentation of 2YP product completion to committee members. Present product at CRF in either fall or spring semester. Continue other independent research as relevant.	Advisor assigns grade for PSY 692 Annual review of research competencies

Continue to contribute to advisor's lab	Continue lab involvement and work on conference presentations, grant proposals, and/or manuscripts.	Dissertation committee evaluates dissertation proposal
Propose Dissertation, begin data collection, and work toward completion	Complete and defend dissertation proposal, collect dissertation data, and defend if ready.	Advisor assigns grade for PSY 692 (699)
CRF Seminar	Lead seminar based on topic relevant to area of expertise/interest. Identify and assign readings; present on topic using didactic and experiential approaches	Annual review of research competencies Faculty/students evaluate the seminar in the CRF

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 PSY699 credits is required for graduation. Note that at least one dissertation credit (PSY 699) must also be taken the semester of the dissertation defense. Regardless of course credits, 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.

Second Year Project

Purpose: The Second Year Project (2YP) is an opportunity to develop an original research question and helps to build necessary critical thinking and general research skills, including hypothesis generation, ethical research design, research planning, and intelligent consumption of a given literature. Through the 2YP, students demonstrate foundational research competencies. Successful completion of the 2YP is required for the master's degree and promotion to doctoral candidacy.

Method: The 2YP is an independent research project developed by the student in collaboration with their mentor. The 2YP may be an empirical study but this is not a requirement. Other examples of 2YPs include a structured literature review or the development of a grant proposal. The student forms a three-person 2YP committee consisting of their research mentor and two other faculty members. The project is approved by, and later orally defended in front of, the committee.

Format:

1. Project Summary (2-3 pages)

Describe the rationale and basic procedures involved in your project. The summary should not be an exhaustive description but should cover the following basic points:

- Background and significance of area of proposed study
- Project Aims/Goals
- Method/Procedures
- Data analysis plan (if relevant)
- References

1B. Proposed Product

Describe the project that you will defend (e.g., manuscript for submission, grant proposal, brief report based on original data collection).

2. Detailed Project Timeline (1 page)

Identify the key milestones across the proposed project period and an estimated date of completion for each. Such milestones may include but are not limited to:

- Literature review
- IRB proposal submission (if not already approved/submitted)
- Data collection
- Data analysis
- Product drafted
- Product submitted

3. Relevance and Benefit of Project to Professional Development: (1 page) Discuss how the design and completion of this project contributes to your professional development and your professional goals.

4. Appendices

• Defense

Student presents the project to the committee (limited to 20 minutes) and responds to questions. Defense is scheduled for 60 minutes.

Committee members evaluate the student's project and oral defense.

• Evaluation

The student's performance is rated independently by each faculty member using the rubric found in Appendix D. Each faculty member assigns a rating to the student's performance using a five-point 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). The mean of the three committee members' scores will be calculated. 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. When the mean response score falls within the marginal range, the committee deliberates, after which each member is asked to endorse either a “pass” or a “fail.” With two or more “pass” endorsements the student passes. With two or more “fail” endorsements the student fails the criteria area.

Pass. For students who pass the 2YP, the committee determines one of three levels of passing: Pass; Pass with Minor Revisions; Pass with Major revisions. The student’s research mentor is responsible for assuring that the student makes revisions.

Fail. If a student fails the 2YP project, the committee reviews the student’s performance with the full clinical faculty. The faculty evaluate the student’s performance in the context of the overall performance in all areas of the program. In most cases, the faculty develop a remediation plan to address areas of concern. The plan includes a timeline that is tailored to the student. Failing the 2YP may result in the clinical faculty terminating the student from the program. Once again, this decision is made in the context of the student’s overall performance.

Timeline

All phases of the 2YP process are carried out in consultation with the student’s research mentor.

Year One

FALL

- Student immerses themselves in research literature
- Student begins to formulate research question
- Explores methods

WINTER

- Focus literature review
- Form 2YP committee

SPRING

- Discuss project with committee members in individual meetings
- Propose 2YP

SUMMER

- Work on project

Year Two

FALL & WINTER

- Work on project

SPRING

- Work on project
- Oral Defense of Project by May 31
 - Write up of project due three weeks before oral defense

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 clinical doctoral dissertation involves the generation and testing of a novel research question to forward clinical psychological science. It includes conceptualizing study design, implementing an empirical research project, data analyses, formal write-up, and oral defense.

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 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 requirements, guidelines, and options for committee composition:

Requirements

1. The committee is made up of five individuals with appointments to the University of Maine’s graduate faculty.
2. The chair is a member of the Department of Psychology’s faculty (typically the student’s advisor).
3. At least one member of the committee is drawn from the department’s clinical faculty. At least one member of the committee is a Department of Psychology faculty member who is not a member of the clinical faculty.

Please note that one committee member can fulfill multiple requirements. For example, one individual may act as chairperson and a clinical faculty member (e.g., meeting requirements 2 and 3).

Guidelines

1. The student should work closely with the committee chair in the selection of committee members. Committee members should have expertise relevant to the area of study, methodological/statistical proficiencies, or other knowledge/skills that may contribute to

the development of the project.

2. There are times when it is helpful to have an external member (i.e., scholar from outside the University of Maine) on a dissertation committee. The external member must be appointed to UMaine's graduate faculty. It is the student's responsibility to assure that the external member completes the Record of Qualification Form (ROQ) and submits it, along with a current CV, to the Graduate School for review.
3. While all faculty members in the Department of Psychology are expected to serve on students' thesis committees, no faculty member is required to serve on any specific committee. Students should be respectful of committee members' time and work closely with their committee chair in creating timelines and communicating with committee members.

Options

1. Circumstances may arise when two committee members share responsibility for chairing a student's dissertation committee. This is perfectly acceptable. When there are co-chairs, at least one of the chairs must be a member of the Department of Psychology faculty.
2. While five is the minimum number of committee members, it is acceptable to have more than five committee members. The addition of an additional member (or members) is something that the student and the committee chair determine together.

The dissertation committee must be approved by the Graduate School. The [Doctoral Program of Study](#) form should be updated to reflect the makeup of the dissertation committee.

Dissertation Approach

The clinical program allows for students to choose one of two approaches to completing the doctoral dissertation requirement. Students work closely with their research mentor in deciding whether to follow the **Traditional** or **Integrated** dissertation format.

Traditional Format (default)

Students propose a project involving one or more studies and include a single Introduction, Method, Results, and Discussion. Students work with their mentor on formulating the study idea, and draft a proposal document that is preliminarily approved by the mentor, and then reviewed by the Dissertation Committee members. 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.

Proposal

The dissertation proposal 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.

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. At the time the student sends the proposal to committee members, they should discuss a tentative timeline for review and feedback. The program's guideline is that committee members have three weeks to review proposals. There may be circumstances in which a faculty member who has agreed to serve on a dissertation committee receives the proposal at a point in time when the three-week deadline is not realistic. In these circumstances, the chair, the committee member and the student should consult on possible solutions. It is the committee chair's responsibility to confirm 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.

Committee members use a rubric to evaluate students' dissertation proposals (see Appendix F).

Dissertation Completion

After successfully defending the dissertation proposal, students work with their advisors and committee members to incorporate feedback and/or changes to the study design. All dissertation studies must be approved by the university's Institutional Review Board (IRB).¹

After collecting and 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 changes to the Introduction and Methods sections made by the advisor and committee in the proposal stage have been incorporated.

The final draft of the dissertation should follow the requirements of the Graduate School (see [Graduate School Guidelines](#)) 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 the Graduate School (crystal.burgess@maine.edu) for review by the final thesis deadline.

Dissertation

In addition to the sections included in the proposal, the final dissertation will include:

1. An abstract;

¹ 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.

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.

Integrated Format

Students with the support of their Dissertation Committee may have the option of pursuing an “Integrated” dissertation. This option is provided for the purposes of flexibly maximizing students’ time and resources for their professional training and career development goals but typically requires an advanced level of academic and scientific skills earlier in the training process. For example, the Integrated format may be appropriate for students aiming for an academic research career or other pathway that requires a significant publication record who have developed a strong technical skill set by the end of the second year. (Of course, a student can be aiming for a research career and decide to use the Traditional format).

Students who have received approval from their advisor and dissertation committee to pursue the integrated format will complete the dissertation in the following manner:

- Prepare three manuscripts intended for publication
 - Student contributes at first-author level to all three manuscripts
 - Manuscripts are suitable for peer review publication (determined by dissertation committee)
 - Manuscripts are based on work conducted as a graduate student at UMaine
 - Manuscripts must be conceptually related to one another
 - No more than one of three manuscripts can be accepted for publication prior to the proposal meeting

Proposal

The proposal document for an Integrated dissertation must include an integrated Introduction section; one full manuscript (and the second manuscript, if ready); Introduction, Study Aims with Hypotheses, Method, and expected Data Analysis Plan sections for the remaining manuscripts, References, and all applicable appendices. It is understandable that certain aspects of study designs may evolve but the broader research objectives should not significantly change. Any proposal changes should be approved by the mentor, who will determine whether they are significant enough to warrant the committee needing to re-review.

The dissertation proposal includes

- 1) **An integrated Introduction section**
- 2) **One full manuscript (and the second manuscript, if ready)**
- 3) **Introduction**
- 4) **Study Aims with Hypotheses**
- 5) **Method and expected Data Analysis Plan sections for the remaining manuscripts,**
- 6) **References**
- 7) **Appendices**

Committee members use a rubric to evaluate students' dissertation proposals (see Appendix G).

Dissertation Completion

Critical to the Integrated Dissertation is the development of a cohesive theme across the manuscripts, which is presented in its Introduction and Discussion sections. The dissertation manuscript includes:

- 1) An Integrative Introduction section;
- 2) Three committee approved manuscripts
- 3) A General Discussion summarizing and integrating findings across all manuscripts and discussing the broader implications
- 4) An integrative abstract that addresses all manuscripts
- 5) References
- 6) Appendices

Oral Defense

Once the advisor has approved a full draft of the dissertation, the student distributes copies to the committee. As with the proposal, the student should discuss the timeline for the review with each committee member when they give them the thesis. The Departmental guideline is that **committee members have a minimum of three weeks to review the draft and should not be contacted by the student or advisor before that time elapses.** After all committee members have reviewed the manuscript, 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. Once the advisor has obtained approval from the committee, **the oral examination will be scheduled at a mutually agreeable time but 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. The doctoral dissertation defense is a public event open to the university community. Immediately following the formal presentation, the dissertation committee members ask questions of the candidate. After the committee members have finished asking questions, the committee chair will invite others in attendance to ask questions. At the end of the questioning period, everyone leaves the room except for the committee. The committee deliberates and votes.

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.

The format for the dissertation oral defense should be arranged between the committee chair and the student. The defense may take place in person or via video conference (e.g., Zoom). It is the student's responsibility to assure that all committee members are aware of the format.

Timeline and Required Paperwork for Dissertation

For students entering the internship matching process, the dissertation proposal must be approved by the advisor and distributed to the committee by August 1st. The proposal must be defended by October 15th, and accepted in final written form by November 1st of the year preceding internship. If these deadlines are not met, the student will be required to not proceed with, or withdraw from, the internship match.

Sample step-by-step timeline:

- Year before applying for internship - work closely with your advisor to focus dissertation topic and form committee
- There are numerous forms that need to be submitted to the graduate school that are listed below. Failure to complete these forms could result in a delay in graduation.
- Spring/Summer before applying for internship - work with advisor to complete dissertation proposal. Typically, this process involves multiple drafts, completed one section at a time.
- **DEADLINE: August 1** - advisor must approve proposal for student planning to apply for internship in the fall.
- August - distribute proposal to committee members
 - Coordinate a tentative timeline for proposal review and feedback with committee members
 - If there is an issue meeting the department's three-week guideline, chair, student, and committee member work together to resolve
- Once student has received feedback from committee members and/or chair has confirmed that all committee members approve moving forward, student schedules the proposal meeting.
- **DEADLINE: October 15** - proposal committee meeting must be scheduled for students who plan on applying for internship that year
- At proposal meeting, the committee may approve the proposal, tentatively approve the proposal with modifications, or require modifications and another proposal meeting.
- **DEADLINE: November 1** - proposal in its final form must be approved for students applying for internship.
- Year before internship - IRB review, data collection, analyses, write-up.
 - Ideally, data collection, analyses, and write up would be complete before the student leaves for internship. Very frequently, these processes continue into the internship year
- Dissertation completion
 - Student works on data analyses, interpretation, and write up.
 - Student actively seeks feedback from chair and committee members as appropriate. Typically, this is an iterative process that takes place over months.
 - The committee chair must approve the dissertation before it is distributed to committee members.
 - Student provides committee members with the dissertation and discusses tentative timeline for review and feedback. (Department guideline: committee members have three weeks to review the dissertation).

- Advisor schedules pre-oral defense meeting with committee members. Student does not attend this meeting.
- Dissertation defense scheduled at least two weeks after pre-oral defense meeting.
- Dissertation oral defense.
- *Note: You must be enrolled in at least one credit when you defend. This does not need to be dissertation credits (e.g., if you are enrolled in PSY 696 that counts).*
- Student completes final revisions which must be approved by the committee chair.
- Student removes any copyrighted materials (e.g., measures) from the dissertation.
- Student submits thesis in PDF/A format to the Graduate School.

Final Thesis Submission to Graduate School

The FINAL copy of the thesis will also be reviewed by the Graduate School to ensure that all required components are included. The manuscript must be submitted via email in PDF format. Students should check with their committee about departmental requirements as they vary in numbers of copies needed for committee members. The Graduate School requires one single electronic copy of the "final" or "original" thesis. The electronic copy, which fully meets the format requisites specified in these guidelines, will be kept in DigitalCommons (<http://digitalcommons.library.umaine.edu>) and serve as the official institution copy. Upon submission of the final manuscript to the committee after the oral defense, the Committee Chair is to indicate acceptance of the completed, revised manuscript and the electronic access in Section 2). Instructions on the process of uploading a thesis are available at https://library.umaine.edu/speccoll/theses_instructions/.

Other Important Information about Dissertation Timelines and Forms Required by the Graduate School

There are up to six forms that must be completed during the dissertation defense process. Be sure to refer the checklist (earlier in the handbook) provided by the graduate school as you meet each milestone to stay on track

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.

The Graduate School provides useful resources for completing the thesis including links to [relevant forms](#).

Graduate School Requirements for Doctoral Candidate Eligibility to Participate in May Commencement

Doctoral candidates graduating in **August** may participate in Commencement ceremonies if **ALL** of the following requirements are met:

1. File for graduation in MaineStreet (<http://studentrecords.umaine.edu/graduation>).
2. Submit a [Notice of Oral Examination](#) to the Graduate School (2 weeks prior to the defense)
3. Submit a tentative dissertation to the Graduate School at least 24 hours prior to the defense.
4. Successfully present and orally defend the dissertation by the **last Friday in April**. Committee members must sign the Final Thesis Acceptance Form.
5. Submit a copy of the [Final Thesis Acceptance Form](#) demonstrating an affirmative vote of the Committee. The original form must accompany the final dissertation with the other required doctoral forms.

Doctoral Degree

All documents need to be submitted to the graduate coordinator (GC) on time so they have time to verify your records and submit the form. **Students graduating should have their updated POS form and finalized defense form (section 2) to the GC** at least 2-weeks before the submission deadline so they can submit the following form on your behalf. Note: Students hoping to graduate in summer should keep in mind that faculty are on 9-month appointments from September-May, thus in summer months we may be slower to respond.

<https://app.smartsheet.com/b/form/a31f3857abce47f4bf166fd73764188e>

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 assigned cases in the Psychological Services Center (PSC) and typically the PSC is students primary practicum placement for their **second year**. **Third year** students are typically assigned to an external practicum requiring mid-level experience and clinical skills. **Fourth year** students are often assigned to an external placement requiring increased levels of experience and clinical skills. Students continue to serve as

clinicians in the PSC in their third and fourth years, carrying at least one active case. In the **fifth year**, students who are not on predoctoral internship continue to gain clinical experience. In the **fifth or sixth year**, students complete a required APA-accredited predoctoral clinical internship, further honing their clinical knowledge and skills.

Please note that the Neuropsychology emphasis requires at least two years of assessment within professional health care 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. Students present on current PSC cases and receive input from students and faculty. See Case Conference section below.

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.

As a minimum, the program requires 600 hours of approved supervised practicum experience before students leave 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](#). **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](#). 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. Most importantly, 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 or a faculty supervisor. Since 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 may also be available.

The PSC is structured with a series of clinics. Clinicians are assigned primarily to one clinic each semester. Level of involvement in the clinics varies depending on external practicum responsibilities.

(i) Adult Intake Clinic: Adults participate in comprehensive intake assessments with the goals of preliminary diagnostic impressions, a written intake report, and recommendations. Recommendations can include referrals to the community, placement in a PSC treatment clinic, and/or self-help resources.

(ii) Child/Adolescent Intake Clinic: Children and their caregivers participate in comprehensive intake assessments with the goals of preliminary diagnostic impressions, a written intake report,

and recommendations. Recommendations can include referrals to the community, placement in a PSC treatment clinic, and/or self-help resources.

(iii) Treatment Clinics: Adult and child/adolescent treatment clinics provide semester-long, targeted interventions. Clients are placed in a treatment clinic when their needs are determined through the Intake Clinic to be an appropriate fit for the service that is offered. Service in treatment clinics roughly parallels the semester calendar; clinics begin the first weeks of September, January, and May, and run approximately 16 weeks. Clinicians gain the opportunity to provide focused, empirically supported interventions for particular presenting concerns. Type of treatment clinic varies depending on the expertise of active supervisors, and often include anxiety, depression, obsessive compulsive disorder, behavioral difficulties, or parenting challenges.

(iv) Assessment Clinic: The assessment clinic offers both comprehensive diagnostic evaluations and evaluations for more targeted concerns (e.g., ADHD, ASD, learning disabilities). Scheduling of assessment referrals is flexible throughout the year.

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 semester). 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.
- 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 (i.e., beyond two weeks) of unavailability to their clients.**

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 (CPF)

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 semester. 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 timetable 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. ***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, the Department of Corrections, 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 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

Psychological Services Center, Orono

The PSC serves as the primary training site for UMaine's APA-accredited doctoral program in clinical psychology. The PSC provides a number of psychological services to the general public, including individual, couples, and family psychotherapy, as well as psychological assessment for adult, adolescent, and child clients. The PSC also offers various specialized diagnostic assessment and treatment services to individuals with specific difficulties and provides consultation with community agencies such as Penobscot Job Corps Center, local school systems, and the Department of Corrections. Areas of specialization include anxiety, depression, neuropsychological assessment, chronic pain, obsessive-compulsive spectrum disorders, health psychology, ADHD, childhood behavioral difficulties, forensic assessment, and psychological service consultation. Practicum students typically participate in PSC activities throughout their clinical training, assuming significant clinical and administrative responsibilities under faculty supervision.

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-4, 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.

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.

Counseling Center, University of Maine, Orono

Supervisors: Dixie Turner, Ph.D..

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.

Northern Light Acadia Hospital Neuropsychology Practicum

Supervisor: Anthony Podraza, Ph.D., ABPP-CN

In this neuropsychology placement, students will work alongside a licensed psychologist specializing in Neuropsychology. The Northern 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 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., brain scans including FDG, amyloid and tau PET and CSF biomarkers).

Maine VA Neuropsychology Outpatient Clinic, Lewiston

Supervisor: Joshua E. Caron, Ph.D., ABPP-CN

In this neuropsychology placement, students will work alongside a board-certified neuropsychologist in conducting neuropsychological evaluations and E-consults (i.e. referrals that are addressed through extensive record review and summarized in a report) with a socioeconomically diverse veteran population. Trainees will gain requisite skills in the administration and interpretation of neuropsychological assessments, including evidence-based practices ethically grounded and informed by cultural humility.

Responsibilities: Students will spend 10 hours per week working on their neuropsychological assessment skills as part of this practicum training experience. Students will provide direct services (clinical interview, test administration, and client feedback), support services (chart review, integrative report writing with treatment recommendations, and scoring), and participate in weekly supervision, formulating diagnostic impressions for supervisor review. The student will receive 1-2 hours of individual, face-to-face supervision and one hour of group supervision weekly. Participants in group supervision include all staff neuropsychologists, all neuropsychology residents, the neuropsychology intern, neuropsychology practicum students.

Additional Didactic Experiences: One day a week, the trainee will attend a Neuropsychology seminar alongside neuropsychologists, postdoctoral fellows, and interns.

Acadia Northern Light Hospital Mood & Memory Clinic Bangor

Primary Supervisor: Caroline Holnagel, PhD

The Mood and Memory Clinic is an interdisciplinary clinic focused on geropsychiatric outpatients and neurodegenerative disorders. Students will work alongside a licensed psychologist specializing in Neuropsychology and attend interdisciplinary weekly case conferences. Students will also have the opportunity to attend Neuropsychiatry didactic sessions as part of the Northern Light Residency Program. Through this experience students will have an opportunity to observe neurological exams conducted by Drs. Singer and Otis, gain experience working with allied health fields, and learn about interpreting brain imaging and lab results (e.g., brain scans including FDG, amyloid and tau PET and CSF biomarkers). They will also have the opportunity to observe neurologic exams and learn about interpreting lab results and reviewing brain scans including FDG, amyloid and tau PET.

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.

Central Maine Medical Center, Family Medicine, Lewiston

Supervisor: Annie Derthick, Ph.D.

Students at this practicum work as part of an interdisciplinary team, gaining specialized experience in an outpatient, integrated behavioral health care setting. Students work with a diverse population, ranging from 18 to 80 years old, who present with multiple physical, behavioral, psychiatric, and substance use concerns. Responsibilities include conducting assessments (e.g., ADHD, Autism Spectrum Disorder, diagnostic clarity evaluations, N-64 evaluations, neurocognitive-related concerns), providing a range of empirically supported, brief interventions (e.g., anxiety, mood disorders, trauma-related, Substance Use Disorder), and engaging in consultations (e.g., Substance Use Disorder groups, bariatric surgeries, competency for treatment decision-making) as part of an integrated primary care team. At this practicum, students will develop their assessment, diagnostic, and report-writing skills, as well as their theoretical case conceptualization skills.

Maine Coast Primary Care, Ellsworth

Supervisor: Jeffrey Hecker, Ph.D.

Ellsworth Primary Care is a fast-paced integrated behavioral healthcare placement located about one hour from The University of Maine. The training site provides students with experience in rapid assessment and brief intervention skills. Students practice in the context of a larger healthcare team, communicating with nurses and doctors to serve patients with various physical and mental healthcare needs. Trainees are expected to see 4-10 patients a week via in-person care or telehealth care. The practicum site allows for some flexibility regarding the amount of patients seen in person at Ellsworth Primary Care, versus remotely from a private location. Patient presentations vary drastically, ranging from subclinical presentations to severe mental illness and high-risk clients. The age range is also broad, ranging from mid-adolescence to older adults. Responsibilities include a review of patient electronic medical records, brief assessment and intervention, charting session notes in the electronic medical record, effective and relevant communication with other patient healthcare providers, supervision attendance, and attendance of various Northern Light team meetings.

Riverview Psychiatric Center, Augusta

Supervisor: Lorraine Zambudio, Psy.D.

Students in this practicum participate in multidisciplinary provision of treatment for individuals with serious, persistent mental illness and co-occurring substance use disorders within a 92-bed inpatient facility. Responsibilities include facilitating treatment groups, completing comprehensive psychological, neuropsychological, and risk assessments using a flexible battery of tests and measures and data, and providing individual therapy. Additionally, students are part of a multidisciplinary treatment team and help define goals and set the course of treatment for assigned patients. Practicum students receive training experience in acute and chronic inpatient psychiatric care, consultation services, and community re-entry programs. Students gain exposure to the development of hospital-wide policies by participating in monthly formal medical staff meetings.

Southern Smoke

Supervisor: Patricia Goodhines, Ph.D.

Student provides tele-behavioral health services to food and beverage industry employees from across Maine. Employees' children are also eligible for services. Students will conduct evaluations and provide psychotherapy services. Up to 20 sessions of service are provided at no cost to clients (the Southern Smoke Foundation covers the cost of services). The student assigned to this practicum placement sees up to 10 clients per week.

State Forensic Service, Augusta

Supervisor: Sarah Miller, Ph.D., ABPP

Students will learn core foundational concepts in conducting forensic mental health assessments in criminal court. State Forensic Services is the centralized state agency for all court ordered mental health evaluations in both adult and juvenile matters. Students will participate in didactic

sessions on violence risk assessment and apply that knowledge to real cases of individuals found Not Criminally Responsible in Maine. Students will learn to identify risk relevant factors in police reports and other discovery materials, treatment records, and prior forensic assessments, with an emphasis on context-dependent determinations for risk management. In addition to reviewing evidence of serious mental illness and criminal behavior, these case materials are likely to include indications of violence, trauma, substance misuse, and/or pathological personality traits. Students are expected to advance in their understanding of risk relevant variables, including the empirical underpinnings and limitations in the research. Students may be able to participate in co-interviewing individuals petitioning the court for increased community privileges and may contribute to reports submitted to the court.

Consultation, Interprofessional Experience, and Supervision

Clinical supervision, consultation, and interprofessional functioning are essential, core competencies for psychologists. Competent supervision is the key to ensuring that trainees deliver ethical and effective services. Consultation is also a core competency for psychologists and likewise reflects an engaging, rewarding, and challenging contribution to our colleagues both in and outside of the field. Finally, given the increasingly interprofessional nature of psychologists' work (e.g., integrated health care), the ability to navigate and work with professionals from allied health care fields is critical. As such, focused and intentional training in clinical supervision, consultation, and interprofessional issues is essential.

Students develop competencies in consultation, interprofessional experience, and supervision through a combination of experiential learning and didactic instruction.

Consultation

Certain practicum placements are designated as “consultation.” These practicum experiences include the provision of psychological consultation to other professionals. Students declare to the Director of Clinical Training their intention to demonstrate consultation competence prior to the beginning of a new academic semester during which they will be working in a consultation designated practicum placement. Once approved by the DCT, the student informs their primary supervisor that they will be focusing on developing consultation competencies that semester. The student completes a set of assigned readings related to clinical consultation over the course of the semester and their consultation competencies are evaluated by their primary supervisor at the end of the semester.

Interprofessional Skills

Certain practicum placements are designated as “interprofessional.” These practicum experiences include a significant number of interactions with other professionals in disciplines other than psychology. Students declare to the Director of Clinical Training their intention to demonstrate interprofessional competence prior to the beginning of a new academic semester during which they will be working in a interprofessional designated practicum placement. Once approved by the DCT, the student informs their primary supervisor that they will be focusing on developing interprofessional competencies that semester. The student completes a set of assigned readings

related to interprofessional work over the course of the semester and their interprofessional skills are evaluated by their primary supervisor at the end of the semester.

In addition to their practica, students develop interprofessional skills through PSY603 *Ethics and Professional Problems in Psychology*. As part of this class, students engage in a series of interprofessional skill development meetings with graduate students from the School of Nursing, the School of Social Work, and the Department of Communication Sciences and Disorders.

Supervision

Students begin to build their competencies in supervision by serving as a peer supervisor under the supervision of a clinical supervisor. Students serve as a peer supervisor for at least one semester during their third or fourth year of training. Peer supervision takes place at the Psychological Services Center. Students request to serve as a peer supervisor and this request must be approved by the Director of Clinical Training and the PSC supervisor. Once approved, the student completes a set of assigned readings regarding supervision over the course of the semester and their peer-supervision skills are evaluated by their primary supervisor at the end of the semester.

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</p> <p>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>

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 (e.g., students who intend to complete internship in the fifth year apply in the fall of their fourth 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 1st 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 (AAPIs).. 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. Mergaree (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](#) and create a login and begin completing portions of the online [AAPI application](#), 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 15th (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. AAPI Online Application

The online application portal can be found on the [APPIC website](#). 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 AAPI 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.

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 1st, making a May graduation impossible. May is the “prototypical” graduation period, in which students “walk” and “get hooded” by their advisors. The University also has two other graduation periods: August and December, but these lack the “pomp and circumstance” of the May ceremony. For that reason, students generally prefer the May option and are allowed to “walk” (attend and go through the ceremony) **if they have successfully defended their dissertations by the listed date (sometime in April)**—even if the internship has not yet been completed. Note, however, that the actual graduation date would depend upon the completion of the internship. Thus, August is the most common official graduation date for program students.

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

Note that it is the student’s responsibility to ensure that all 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. Hecker**.

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 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. MacAulay**.

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. Fremouw, Dr. Hecker, Dr. MacAulay, 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.

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**.

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.

At the outset of each academic year, students and their advisors review the [UMaine Graduate Student Mentoring Compact](#) together, discuss goals for the coming year and sign the compact. A copy of the signed compact is kept in the student's file.

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 Form](#) (completed for each supervisor).
- [Supervisor Evaluation of Student Practicum Performance Form](#) (completed by each supervisor for each student supervised).

The above forms are distributed via Qualtrics.

- **Practicum hours should also be logged into the T2T system.**

In addition, the [Practicum 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 C 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 implement some corrective action 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, the DCT may begin the remediation process. Remediation letters are based on a widely used competency-based remediation plan template. The student is typically included in this process and is asked to assist in the generation of possible remediation strategies. In addition, the student may be asked to attend a meeting with the DCT or clinical faculty group to discuss the issues raised.

Remediation plans are tailored for each student; clearly state the problem as it relates to a competency domain; describe steps already taken (by faculty and student) to address the problem; outline expectations for acceptable performance; present detailed steps to increase competency; describe expected outcomes, and next steps (e.g. remediation concluded, remediation continued and modified, next stage in due process procedures). Remediation plans provide clear timelines for expected outcomes and explicitly state when a student will be eligible to complete the remediation process.

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.

Remediation plans are intended to help students demonstrate the required foundational and functional competency benchmarks associated with doctoral training in health service psychology. Successful remediation is the goal and completion of a remediation plan should not, in and of itself, undermine the student's ability to successfully complete the program (e.g., obtain an APA-accredited internship).

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 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](#).

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

Guidelines for non-residential year

The doctoral program in clinical psychology is designed for students to complete the program, with the exception of the predoctoral internship year, in residence (i.e., students reside where they are able to attend classes and meetings in person). The program is responsible for securing clinical practicum placements in Maine that are accessible to students, starting in their second year of training and until the student leaves for their predoctoral internship.

There may be unusual circumstances in which the program approves students continuing their training in the program but residing elsewhere (i.e., student wishes to reside where it is not feasible to attend meetings in person or participate in a practica arranged by the program). When this occurs, it is the student's responsibility to obtain appropriate approvals and make arrangements to continue to participate in the program (i.e., attend meetings remotely, participate in practicum training).

Guidelines for non-residential training year:

- Student will be in good academic standing, not on remediation, at the time of application.
- Student will have completed all coursework.
- The program cannot guarantee funding for students, which may include stipend, coverage for insurance and tuition fees (which may be out of state if living out of state).
 - Student will not be eligible for university teaching assistantship.
- Student will have arranged a practicum training experience approved by the program.
- Student will have demonstrated good progress toward their dissertation.

Approval process:

- Student will discuss the possibility of a non-residential year with their academic advisor.
- Student prepares a written proposal for the non-residential year and submits to the advisory committee by December of the year prior. The proposal includes:
 - Justification for non-residential year
 - Plan to continue practicum training
 - Plan to make dissertation progress
- Student's advisory committee must approve the student's proposed plan for the non-residential year, including any exception to the guidelines. Student will make needed changes to their Program of Study.
- Director of Clinical Training (in consultation with the clinical faculty) must approve the plan for practicum training.
- Training agreement between the practicum training site and the university must be approved.

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 during 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.

Waivers of Courses

Students may request to be exempted from a required course if they have passed an analogous graduate-level course at another institution or provide other evidence that they have met the learning objectives of a required course (e.g., it may be possible to meet the required course’s learning objectives through a combination of graduate courses and other documented experiences). The program does not transfer credits from other institutions; thus they do not appear on the student’s UMaine transcript.

After accepting admission to the program, students should consult with their academic advisors about possible course waivers as soon as possible. This will ensure there is adequate time to follow the standardized procedures for waiving a course, especially if a student is interested in waiving a course normally taught in the fall semester of the first year. Generally, after receiving approval from their advisor, students should initiate the course waiver procedure no later than June 15 for Fall courses and October 15 for Spring courses.

Waiver decisions are made by the student’s advisory committee in consultation with the course instructor. The general criteria for course waiver are that the student has passed another course or courses with similar learning objectives:

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(s) must have had substantially similar content as the course for which it is to be substituted.

There may be circumstances in which, at the discretion of the advisory committee, part of a course may be waived. If the course instructor approves, the student registers for the course, completes the course requirements not waived, and receives a course grade based on the components completed.

The total number of credits that can be waived is limited to 12. **No waiver decisions are made prior to program admission.**

The general procedures for obtaining a course waiver are:

1. The student discusses the possibility of the course waiver with their advisor.
2. With the advisor's approval, the student contacts the instructor of the course proposed for the waiver, provides evidence that they have met the course learning objectives (e.g., syllabi etc.), and requests the instructor's opinion about equivalency.
3. The student provides the instructor's opinion and supporting materials to their advisor.
4. The advisor convenes the advisory committee to discuss the waiver request. This can be done electronically.
5. If the advisory committee approves, the advisor sends a note to the Director of Clinical Training (DCT) and Department Chair, both of whom must also approve the waiver.
6. If approved, the DCT will have it placed in the student's file as a record of approval.
7. The advisory committee will adjust the student's program of study to reflect the waiver.

There are some university and program requirements that are included in the curricula of required program courses. These requirements must be completed by students who have the approval to waive the associated course. These requirements include:

PSY603

- Conflict of Interest Training ([Required Training for the Protection of Human Subjects - Office of Research Compliance - University of Maine](#))
- Maine Mandated Reporter Training - [State of Maine Mandated Reporter Training - Overview](#)
- Responsible Conduct of Research Training (instructor will provide information)
- Interprofessional Experience (instructor will provide information)

PSY625

- Demonstrate basic competence in administration, scoring, interpretation, and report writing for WAIS-5 or WISC-V, as determined by the student's advisory committee
- Demonstrate basic competence in administration, scoring, interpretation, and report writing for WIAT-4

PSY626

- Demonstrate basic competence in the interpretation of a battery of commonly used psychological tests (e.g., self-report measures, MMPI-3, MCMI-IV) and report writing

Assessment Courses: There are additional steps in the process for the required assessment courses (PSY625 and PSY626).

For PSY625, the student must demonstrate competency to administer, score, interpret, and write up testing findings for either the WAIS-5 or WISC-V (as determined by the student's advisory committee) and the WIAT-4. The PSY625 instructor will arrange for the student to record their administration of these tests, typically with the PSY625 teaching assistant as the mock examinee. Students will also be provided additional information so that they can interpret and write up these findings.

For PSY626, the student will write an integrated report based on a case vignette and test scores provided by the instructor.

Performance on the competency assessments is graded (Pass/Fail) by the respective course instructor.

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.

Artificial Intelligence

Artificial Intelligence (AI) tools are readily available and have potential applications from data analysis to literature reviews, but it requires careful and responsible use. It is essential that students and faculty adhere to university policy and uphold the highest ethical standards when utilizing artificial intelligence aArtificial Intelligence tools and technologies. Students should discuss with their advisors whether and how they might use AI in their research. Before using AI tools to complete course assignments, students should consult the course syllabus and raise questions with the course instructor and be sure there is a mutual understanding of the instructors' expectations regarding AI.

Generally, students should be mindful of the following guidelines when considering the use of AI tools.

1. **Transparency and Attribution:** Always disclose the use of AI tools in your research or academic work. Clearly state how AI was used in your methodology and analysis, and provide proper attribution to the developers of the AI technologies you employ.
2. **Integrity and Originality:** Ensure that AI-generated content or data is used to complement, not replace, your own critical thinking and original contributions. Maintain academic integrity by avoiding plagiarism and ensuring that AI tools are used as aids rather than substitutes for your intellectual effort.

3. **Bias and Fairness:** Be aware of and address potential biases in AI systems. AI tools may reflect or amplify biases present in the data they were trained on. Critically assess the outputs of AI tools and consider their limitations and implications for fairness and accuracy.
4. **Privacy and Confidentiality:** Handle all data with the utmost respect for privacy and confidentiality. AI tools should not be used to process sensitive or personal information, ensure that you adhere to relevant data protection regulations, HIPAA compliance and institutional policies.
5. **Collaboration and Support:** Seek guidance from advisors or mentors regarding the ethical use of AI in your work. Collaboration with experienced professionals can help you navigate the complexities of AI tools and ensure responsible practices.

By adhering to these principles, students can leverage AI effectively while upholding the core values of academic excellence and ethical responsibility. This document was created with the assistance of OpenAI. (2024). *ChatGPT* (September 2024 version) [Large language model]. *For further guidance on the ethical use of AI in academic research, see the "Ethics Guidelines for Trustworthy AI" published by the European Commission's High-Level Expert Group on Artificial Intelligence (2019) and the "Ethical Principles of Psychologists and Code of Conduct" by the American Psychological Association (2017).*

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 grant funding to support their research and education. Most students regularly apply for and receive travel and dissertation assistance from the [Graduate Student Government](#). 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, the National Science Foundation, 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](#)
- 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)
- 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 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.

Appendices

Appendix A: The Clinical Program Year by Year

Tasks By Year

Tasks of the First Year

	Courses	Research	Practice	Diversity
Requirement	3 full courses each semester Plus Directed Research, Practicum, and Multicultural Psychology 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 offered)

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, SRCD, 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) 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

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

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

	Course	Research	Practice	Diversity
Requirement	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

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

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

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 CRF and CPF 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.

Appendix B: 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 guidelines².

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
NIH – fMRI workshop: Neuroimaging and other neurodiagnostic techniques

Foundational Requirements: Students are required to obtain a grade of B- or higher on 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:

² 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).

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 areas 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 C: 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 3rd year or later.

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: << [Concern for the Welfare of Others]>>
Consistently acts to understand and safeguard 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 of

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.

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

Appendix D: Second Year Project Grading Rubric

2-YP Evaluation Rubric			
Contribution to discipline	Met	Needs Improvement	Not Met/Failed
Impact: Research has potential to contribute new knowledge			
Responsible Conduct of Research			
Ethical considerations addressed as appropriate			
Diversity considerations addressed as appropriate			
Content Evaluation			
Critical analysis of topic with sufficient evidence to support research question			
Relevant literature review			
Information is complete and accurate			
Use of evidence to support ideas			
Provides relevant discussion on topic with explanations			
Provides summary and integration of research with implications			
Topic is focused			
Organization/Clarity/Quality of presentation			
Clearly states objectives			
Sufficient information/background provided			
Major ideas are developed			
Effective use of transitions to connect topics together			
Logical order of material			
Overall Rating	<u>Numerical Rating</u>		
Pass (3.0-5.0)			
Marginal (2.75-2.99)			
Fail <2.75			

Appendix E: Clinical Comprehensive Exam Grading Rubric

	Met (rating >= 3.0)	Needs Improvement (rating = 2.75)	Not Met (rating < 2.75)
Portfolio			
Use of research to guide practice			
Use of principles of psychological science to guide clinical practice			
Application of professional ethics to clinical practice			
Consideration of diversity, equity, and inclusion issues in clinical practice			
Oral Examination			
Organization/quality of presentation			
Responses to questions clarify information included in portfolio			
Responses to hypotheticals indicate self-awareness and reflective practice			
Discussion reflects sensitivity to ethical issues, including those related to diversity, equity, and inclusion			
Mean Rating	0	0	0

Overall Rating

Pass (3.0 - 5.0)

Marginal (2.75 - 2.99)

Fail (< 2.75)

Appendix F: Dissertation Proposal (Traditional) Grading Rubric

	Met	Needs Improvement	Not Met	Comments
Introduction				
Discusses relevant literatures (seminal and current)				
Organization - logical flow to review				
Critical analysis of literature (thorough and balanced)				
Identifies relevant gaps in the literature				
Conclusions adequately supported				
Writing is clear, concise, scholarly				
Aims				
Clear				
Supported by the literature review				
Feasible				
Impact				
Hypotheses				
Clear				
Testable				
Follow from Literature Review and Aims				
Method				
Clear and reproducible procedures				
Adequate to test hypotheses				
Appropriate measures				
Proposed Analyses				
Appropriate considerations of power				
Clear how hypotheses will be tested (i.e., primary analyses)				

Exploratory analyses clearly described				
References				
Complete				
Formatted correctly				
Appendices				
Includes all relevant materials (e.g., measures etc.)				

Appendix G: Dissertation Proposal (Integrated) Grading Rubric

	Met	Needs Improvement	Not Met	Comments
<i>Integrated Introduction</i>				
Literature review is sufficient (and balanced) to support the proposed program of research				
Organization - logical flow to review				
Conceptual theme that connects manuscripts is clearly described				
Writing is clear, concise, scholarly				
<i>First manuscript</i>				
Introduction				
Clear and concise				
Aims				
Clear and Impactful				
Hypotheses				
Clear and Testable				
Method				
Clear and comprehensive procedures				
Proposed Analyses				
Analytic plan adequate to test hypotheses				
Exploratory analyses clearly described (if applicable)				
References				
Complete				
Formatted correctly				
<i>Second manuscript</i>				
Introduction				
Clear and concise				
Aims				
Clear and Impactful				
Hypotheses				
Clear and Testable				
Method				
Clear and comprehensive procedures				

Proposed Analyses (if applicable)				
Analytic plan adequate to test hypotheses				
Exploratory analyses clearly described (if applicable)				
Results (if applicable)				
Clear and Organized				
Discussion				
Conclusions and implications supported by findings				
References				
Complete				
Formatted correctly				
<i>Third manuscript</i>				
Introduction				
Clear and concise				
Aims				
Clear and Impactful				
Hypotheses				
Clear and Testable				
Method				
Clear and comprehensive procedures				
Proposed Analyses				
Analytic plan adequate to test hypotheses				
Exploratory analyses clearly described (if applicable)				
References				
Complete				
Formatted correctly				
Appendices				
Includes all relevant materials (e.g., measures etc.)				

FREQUENTLY ASKED QUESTIONS

Do I have a mailbox?

Yes. Each student has a mailbox located in the Psychology Department Office on the 3rd floor of Williams Hall (Room 301). **Incoming students should check this mailbox upon arrival for important information.** All students should check their mailboxes regularly. Starting in the summer following their first academic year, students also are provided a mailbox in the graduate student lounge in the PSC in Corbett Hall.

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, Williams 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 Williams Hall for your second year by writing a letter to the Department Chair. Requests will be fulfilled depending on office space availability.

How do I register when I first arrive on campus?

The first things you should do when you arrive for your first year is check your mailbox and arrange a time to meet with your advisor. Among the topics you will want to discuss with your advisor in that first meeting is what classes you should register for that fall. The department will register you for classes your first semester. Your advisor will communicate with the chair and the DCT to make sure you get registered for the right classes.

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. 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 (Hilltop, Room 103L) will issue your student ID and parking permit. The parking permit is \$50 per year.

How are tuition and fees handled?

Graduate Assistantships cover tuition – 9 credits in the fall, 9 credits in the spring, and 6 credits in the summer. Students are responsible for tuition beyond those covered by their assistantship. 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 credits in the summer. 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 on the [Collins Center for the Arts website](http://umaine.edu/collinscenterforthearts).

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 UMaine students are eligible for services through 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. 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?

The first person to approach with questions is your academic advisor. Some questions are better directed to the Director of Clinical Training or the Department Chair. Your advisor can point you in the right direction.