

College of Humanities and Social Sciences
Department of Psychology

George Mason University

Clinical Psychology Doctoral Program

Student/Faculty Handbook

2008-2009

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I. INTRODUCTION

This handbook provides information about the Clinical Psychology Doctoral Program that is needed by the faculty members and students for planning the student's program of study. It is revised annually. During the year, updates are issued to students and faculty via email as policies and procedures are modified.

Please consult the University Catalog for the University's policies and procedures for doctoral degree programs. The Catalog contains a lot of important information that is not contained in this Handbook.

In addition to becoming familiar with the contents of this Handbook and the policies and procedures described in the catalog, students are strongly encouraged to maintain close and continual contact with their Advisors.

Jerome L. Short
Director of Clinical Training

II. MEMBERS OF THE CLINICAL FACULTY

Lauren Cattaneo	993-4728	Community and institutional responses to intimate partner violence, helpseeking; risk assessment.
Christy Esposito-Smythers	993-2039	Assessment, prevention, and treatment of adolescent suicide, depression, and substance abuse
Todd Kashdan	993-9486	Anxiety and depressive conditions (especially social anxiety); self-regulation,; risk and resilience processes; assessment and cultivation of positive emotions and traits.
James Maddux	993-3590	Social-clinical interface; social-cognitive theories of behavior change; close relationships; conceptions of mental disorder.
Patrick McKnight	993-8292	Research methods and statistics, program evaluation.
Lisa Meier	993-1371	<i>Director of Center for Psychological Services</i> Psychological and educational assessment; management of mental health delivery systems; evaluation of student therapist services.
Jonathan Mohr	993-1279	Manifestations and consequences of stigma; sexual orientation identity; close interpersonal relationships.
John Riskind	993-4094	Cognitive determinants of anxiety, fear, and worry; obsessive-compulsive disorder; social-cognitive vulnerability to psychopathology.
Jerome Short	993-1368	<i>Director of Clinical Training</i> Family stress and coping; Prevention programs; Mental health promotion
June Tangney	993-4051	Personality, social, and emotional development; criminal rehabilitation.

III. WHO'S WHO IN THE DEPARTMENT

Department Chair:

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Coordinator, Industrial/Organizational M.A. Program:

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Director, School Psychology/CAGS Program:

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IV. CLINICAL PROGRAM CURRICULUM

Training Model and Goals

The APA-accredited clinical psychology doctoral program at George Mason University is committed to the scientist-practitioner model. The program is unique in approaching clinical psychology from *social psychological* and *community* perspectives. A social psychological perspective uses theory and research from social psychology (especially social cognition) to understand emotional, cognitive, behavioral, and interpersonal functioning. A community perspective stresses the impact of social and cultural factors on the individual and the impact of the individual on the community. These perspectives share the assumption that psychological well-being, adjustment, and dysfunction can only be understood in the context of the individual's relationships, community, and culture. Most of the faculty members employ *cognitive-behavioral* and *interpersonal* approaches to applied clinical activities, but humanistic, existential, and psychodynamic perspectives also are represented in clinical supervision and in the curriculum.

Our goal is to train clinical psychologists who are capable of integrating research and applied clinical activities. Toward this end, we provide rigorous training in scientific methods and clinical activities, with an emphasis on those that are informed by empirical research. This training encourages students to be integrative and innovative while guided by the principles of science and ethics.

We aim to train students who have the flexibility to fill the evolving functions of clinical psychologists, including research, direct provision of clinical services, supervision, program development and evaluation, and consultation. We are interested in students who wish to become leaders and innovators in the profession and in society. Toward this end, we prepare students to work in a diverse and changing society by integrating multicultural perspectives into coursework, clinical training, and research.

We believe that clinical psychologists have a responsibility to have a positive impact on individuals and communities.

Requirements

A minimum of 72 graduate credits is required for the Ph.D. — 20 hours of general courses, 31 hours of core clinical courses, 9 hours of electives, and 12 hours of dissertation. The nine hours of electives should be centered on a theme (e.g., clinical child psychology, cognitive-behavioral therapy, clinical research). These electives can be formal courses, independent readings courses, practica, or other approved experiences. With approval, students can take elective courses offered by the other universities that belong to the Washington Area Consortium of Universities (<http://registrar.gmu.edu/students/consortium/index.html>).

All courses must be passed with a grade of “A” or “B”. A student who earns a “C” or lower in a course will have a second opportunity to take the course and pass with an acceptable grade. A student who fails to meet this requirement the second time may be removed from the program.

GENERAL REQUIREMENTS.....	20
Biological Basis of Behavior	3
(PSYC 702, 558, or 559)	
Developmental Basis of Behavior.....	3
(PSYC 704, 666, or 669)	
Social & Cognitive Foundations of Clinical Psychology (PSYC 833).....	3
History/Theories of Personality and Psychotherapy (PSYC 830).....	3
Advanced Statistics I (PSYC 611).....	4
Advanced Statistics II (PSYC 612).....	4
CLINICAL REQUIREMENTS.....	31
Psychological Assessment I (PSYC 810)	4
Psychological Assessment II (PSYC 811).....	4
Scientific Foundations of Clinical Psychology I (PSYC 822).....	3
Scientific Foundations of Clinical Psychology II (PSYC 823).....	3
Social-Cognitive Interventions in Clinical Psychology (PSYC 831).....	3
Community Psychology I (PSYC 840).....	3
Community Psychology II (PSYC 841).....	3
Practicum in Clinical Psychology (PSYC 881)	7
Professional Seminar (PSYC 890).....	1
ELECTIVES (9).....	9
Dissertation (PSYC 998 & 999).....	12
(Students must take at least 3 hours of 998 and at least 3 hours of 999)	
Internship (Full time for one year—no course credit)	
Optional: Part-time Externship in the 2 ND and/or 3 RD year (no course credit)	
TOTAL.....	72
(Students who earn the Clinical MA must have 74 hours.)	

TYPICAL SCHEDULE

YEAR 1 (23)

FALL (11)

Psychological Assessment I (810) (4)
Scientific Foundations of Clinical Psychology 1 (822) (3)
Advanced Statistics I (611) (4)

SPRING (12)

Psychological Assessment II (811) (4)
Scientific Foundations of Clinical Psychology II (823) (3)
Advanced Statistics II (612) (4)
Practicum in Clinical Psychology (881) (1)
(Attend second-year supervision group)

YEAR 2 (25)

FALL (13)

Social & Cognitive Foundations (833) (3)
Social-Cognitive Interventions (831) (3)
Practicum in Clinical Psychology (881) (3)
Community Psychology I (3)
Professional Seminar (890) (1)

SPRING (12)

History/Theories of Personality & Psychotherapy (830) (3)
Practicum in Clinical Psychology (881) (3)
Community Psychology II (3)
Elective or Biological or Developmental Bases (3)

YEAR THREE (18)

FALL (9)

Biological or Developmental Bases (3)
Elective (3)
Dissertation Proposal (998) (3)
Externship (Optional)

SPRING (9)

Biological or Developmental Bases (3)
Elective (3)
Dissertation Proposal (998) (3)
Externship (Optional)

YEAR FOUR (6)

FALL (3)

Dissertation (999) (3)

SPRING (3)

Dissertation (999) (3)

***YEAR FIVE: Internship**

* In order to apply for internship in the third year of the program, a student must have an approved dissertation proposal by December 1 of the third year. Students who apply in the fourth year must have an approved dissertation proposal by November 1 of the fourth year.

Electives

An “elective” is defined as any non-required coursework that is directly relevant to a student’s education and training as a clinical psychologist, as determined by the student and the advisor. A “course” is defined as any experience that is awarded credit hours by the university.

Courses can be regularly offered courses, special topics (PSYC 892), directed readings and research (PSYC 897), or practica (PSYC 881). (This list is not meant to be exclusive.).

Research experiences already required by the program (second-year project, dissertation) cannot be used to meet the elective requirement.

“Directly relevant” is a difficult term to define. Decisions will be made on a case-by-case basis. A good example of an ineligible course is a course in Spanish. A probably eligible course would be a course dealing with mental health issues among the Latino population in the United States. A course on accounting would be ineligible. A course dealing with management issues in health care settings might be eligible.

Eligible courses include those offered by the Department of Psychology, other departments and schools at George Mason University, and the universities in the Consortium of Universities in the Washington DC Metropolitan Area (see University Catalogue for more information). If at all possible, elective courses should comprise a “package” of experiences that focus on a theme (e.g., a special population, a specific disorder, a specific skill such as research methods and statistics).

Electives must be approved by a student’s advisor and the Director of Clinical Training (DCT). A request for approval of an elective should be accompanied by a catalogue description of the course, a syllabus, and a brief explanation of how the course meets the student’s education and training needs

Externship (PSYC 885-no course credit)

Although optional, most students will take a 16-20 hour Clinical Psychology Externship in the third year. The decision whether or to take an externship should be made in consultation with the advisor and will depend largely on the student’s career goals.

Information about externship sites can be found on the Clinical Program homepage. Students are also encouraged to consult with their advisors, the DCT, and current senior students in selecting sites and preparing their applications. The externship site should have an established training program, offer a full range of psychological services and training experiences, and provide weekly supervision by a qualified mental health professional.

The Clinical program cannot guarantee a student an externship position. Students from the various clinical doctoral programs in the Washington area compete for these positions. The application process usually involves submission of a formal application or cover letter, curriculum vita, letters of recommendation, and a personal interview.

Applications usually are made in early February to mid-March for positions beginning the following academic year. Students need to contact the desired sites for application information and to independently proceed with the application process.

Because training experiences, theoretical orientation, and supervisory styles vary widely across externship sites, students should carefully investigate the sites of interest to them before applying and before accepting an offer.

Twice yearly the DCT will distribute copies of the Extern Evaluation Form (see Appendix) to students on externships. It is the student's responsibility to get the externship supervisor to complete the form and return it to the DCT. Extern evaluations will be made available for review by the members of the clinical faculty and will be kept in the student's file.

Students also are asked to complete the Evaluation of Externship Site form (see Appendices) and return it to the DCT.

Internship

Internship consists of one year of full-time employment (2,000 hours) as a clinical psychologist in any number of different mental health and health care settings, including psychiatric hospitals, medical hospitals, university counseling centers, and community mental health centers. A few sites offer a two-year 20-hour a week internship.

The internship must be in clinical psychology (as opposed to school or counseling psychology) and must be APA-accredited. A student must have the permission of the advisor and the DCT to apply to sites that are not APA-accredited. Prior to application, the student must submit a written request that includes details of the program, the training it offers, and a rationale for application to that program.

Information about training sites is available from the Association of Psychology Postdoctoral and Internship Centers (www.appic.org).

Eligibility. A student is eligible for internship when he/she has passed the doctoral comprehensive exams, has an approved dissertation proposal, and will have completed all coursework prior to the beginning of the internship. Students are encouraged to complete the dissertation before leaving for internship.

In order to apply for internship in the third year of the program, a student must have an approved dissertation proposal by December 1 of the third year. Students who apply in the fourth year must have an approved dissertation proposal by November 1 of the fourth year.

Process. Students intending to apply for internships meet with their advisors in the summer or early fall of the application year to discuss and select internship sites that will best meet their training needs.

Once students have selected the internship sites to which they intend to apply, they must turn in a list of these selections, signed by the faculty advisor, to the DCT.

Internship selection and offers are made through a computerized Matching Program coordinated by APPIC. Students must register with APPIC for the Matching Program by early December and use a standardized application form. (Some internship sites may have their own applications or supplemental forms they wish students to submit in addition to the APPIC form.)

One of the application forms requires a detailed accounting of specific clinical experiences. Completion of this form will be much easier if the student keeps a running log of clinical experiences and hours beginning in their first semester. Please note also that one of the forms is a verification of readiness for internship that must be signed by the DCT. You will need, therefore, to submit one copy of your completed application and the requisite forms from each application to the DCT with sufficient time for the DCT to review and endorse it (at least one week).

Students usually are invited for interviews by internship programs usually during December and January. Both internship programs and student applicants submit rankings expressing their preferences, usually in mid January. Soon after that (usually 2-3 weeks), on a single designated Match Day, students are informed of the internship site with which they have been matched, and then must contact the site to accept and make arrangements for the internship year. Students also should inform the DCT and their advisors about the results of their internship application.

Applicants not matched through this process may then participate in the APPIC Clearinghouse, which begins shortly after distribution of match results and provides information on program that still have vacancies. A student may not arrange his/her own internship outside of the APPIC matching or Clearinghouse process without prior consultation with and permission of the advisor and the DCT.

Evaluations of the student's performance are provided by internship supervisors at the end of the internship year, reviewed by the DCT and clinical faculty, and placed in the student's file. Internships use their own evaluation forms, not a program form.

Internship Registration: During internship, students must register for at least one dissertation credit (PSYC 999) per semester. If the student does not have a total of 12 credits of PSYC 998 and PSYC 999, then he/she will also need a Special Registration credit, ZREG 80. If the dissertation is completed, students must register for 1 credit of PSYC 999 per semester to maintain enrollment in the university. Contact the Graduate Programs Assistant, Darby Wiggins (dwiggin3@gmu.edu), for more information about registration.

Program of Study

Students are required to prepare a Program of Study (see Appendices) that indicates the courses the student has taken and plans to take to satisfy graduation requirements (but not semester-by-semester). This is a University requirement and must be completed and approved before the student may be advanced to candidacy. Thus, most students complete the Program of Study form and have it approved **by the end of the spring semester of the second year**. The Program of Study must be approved by the advisor, the DCT, and the Associate Chair for Graduate Studies. Students are advised to submit an electronic copy to the Graduate Programs Assistant for review prior to obtaining signatures. Students should also retain an electronic copy for their records.

Students should meet with their advisors before the end of the first year to review the Program and Study and develop a plan for the next several years (e.g., electives, externship).

Reduction of Degree Requirements

Students may apply for a reduction of up to 30 hours of doctoral coursework based on prior graduate coursework. To do so, the student must present documentation and written justification for these reductions. Documentation consists of the following information:

1. Course title and a transcript showing the grade for the course.
 2. A copy of the catalog description of the course.
 3. A syllabus for the course or a list of topics covered in the course.
 4. Identification of the text(s) used in the course.
 5. A written description of how the course(s) fits into a coherent program of study.
- Requests for reductions must be made by the beginning of the second year of study.
 - Requests for reductions must be approved by the advisor, the DCT, and the Associate Chair for Graduate Studies.

Equivalency Examinations: A student may wish to petition for an equivalency examination when he/she has not had a graduate course or courses in an area required for his/her degree but believes that he/she has acquired equivalent knowledge and therefore, should be exempted from taking the course. In this case, the student should present an especially strong justification for being allowed to take an equivalency examination. Appropriate forms are available in the department office (See Appendices).

Application for permission to take an equivalency examination should be submitted to the Associate Chair for Graduate Studies at least eight (8) weeks before scheduled examination times. Such a request is forwarded to a committee appointed by the Associate Chair, and the committee will determine if the request is to be granted. The committee consists of faculty with expertise in the area of the examination and the student's advisor who serves as an ad hoc, non-voting member of the committee.

The equivalency examination is compiled by the appointed committee is a request is granted. The examination will consist of essay questions and will be a minimum of six (6) hours. Criteria for passing an equivalency examination are 85%, which represents the average of the grades of all of the committee members.

See University Catalogue for other policies regarding reductions and transfers of credit.
http://jiju.gmu.edu/catalog/chss/index.html#transfer_of_credit

Outside Employment

A student who seeks employment involving direct provision of clinical services in a setting that does not have a training relationship with the Clinical program (e.g., a private practice) must submit a written request to the advisor and the DCT prior to accepting such a position. This request must include a description of the job tasks, number of hours per week the student plans to work, a summary of the student's training and education experiences that establish his/her competence for the position, and a description of the supervision he/she will receive. Students cannot begin such employment without the approval of the advisor and the

DCT. Students are encouraged to consult with the DCT prior to entering into discussions with outside employers.

Students who engage in employment activities of a psychological nature must comply with the American Psychological Association Ethical Principles and the regulations of the Virginia Board of Psychology.

Although evaluations of graduate student performance in these positions will not be solicited by the program, unsolicited reports of student performance from these settings may be considered in evaluation of the student by the program.

V. THE ADVISOR

The Advisor-Advisee Relationship

The advisor serves a number of functions. He/she helps the student determine the schedule of classes for each semester; answers questions about the program; serves as the student's advocate; helps guide the student in the selection of specialty and research interests; helps the student develop a Program of Study; helps the student in decision-making regarding externship and internship applications; helps with the formation of the Dissertation Committee; provides feedback to the student following departmental student evaluations made at the end of each semester. The advisor also is the first point of contact if problems arise and should be consulted before program changes are made. Typically, but not always, the advisor serves as the student's research mentor and dissertation supervisor. **The student shares in the responsibility for developing a relationship within which he/she may achieve his/her academic goals.**

Assignment and Selection of Advisors

Entering students are initially assigned an advisor by the DCT based on a best-fit match between student and faculty research interests. The advisor helps the student become oriented to the program during the first semester and answers questions on an as-needed basis.

A student may later select a different advisor. Typically, this new advisor serves as the student's research mentor and eventual dissertation supervisor. This decision should be made by the end of the first semester of the first year. Students should notify the DCT of this decision.

The student may later change advisors if his/her research interest change. Both student and advisor are free to terminate the relationship if it proves unsatisfactory to either. The student must inform the DCT if he/she decides to change advisors.

VI. THE CLINICAL PRACTICUM SUPERVISOR

Assignment and Selection of Supervisors

By the end of the first year, clinical students should meet and negotiate among themselves for second-year Clinical Practicum (PSYC 881) supervisors. If supervisors for Spring semesters differ from those in Fall semester, students will meet again at the end of the Fall semester and make selections for the Spring semester. Students must distribute themselves roughly equally among available supervisors. The means by which this is accomplished is left to the discretion of the students. The DCT has the option of making changes in these assignments.

The Supervisor-Supervisee Relationship

It is the responsibility of the supervisor to provide feedback and guidance, evaluate the student's clinical skills, and serve as a role model during the early development of the student's clinical skills.

The supervisor supervises the student's work with psychotherapy and assessment clients. The supervisor and the Director of the Center for Psychological Services determine the number and type of clients to be seen by students, although the usual expectation is 2 to 4 psychotherapy clients at a given time. In addition, the supervisor supervises three comprehensive assessments completed with Center clients during the academic year (fall and spring semesters). These assessments must be completed within eight weeks of the assignment of the client to the student.

The nature of the supervision experience will vary among supervisors. Different supervisors will emphasize different clinical techniques and theoretical approaches. In addition, the format of supervisory sessions may differ. The form in which clinical material is presented and discussed also will vary among supervisors (e.g., listening to taped sessions versus reading typed transcripts). There are some basic similarities in what supervisors will do, as specified in Supervisor's Responsibilities (below).

The supervisor evaluates the student's clinical skills at the end of each semester and completes the Supervision Evaluation Form (See Appendices), which becomes part of the student's permanent record.

Students also evaluate the supervisors at the end of each semester using the Practicum Supervisor Evaluation Form (See Appendices). These evaluations are submitted to the DCT.

Supervisor Responsibilities

1. Knowledge about the use and interpretation of the major assessment instruments/strategies routinely used in the clinical assessment courses and practica, including:

WAIS and WISC
Stanford Binet
MMPI

Child Behavior Checklist
Diagnostic interviewing
Woodcock-Johnson

PAI

The degree to which specific strategies/instruments are employed will vary among supervisors.

2. Familiarity with the APA Ethical Code.

3. Listening to tapes (audio or video) of students' interactions with clients on a regular basis. The way in which tapes are used as a supervisory tool will vary among supervisors.
4. Providing at least 30 minutes of individual supervision per week and at least 90 minutes of group supervision per week.
5. Providing ongoing feedback to each supervisee either verbally or in writing.
6. Completing the Supervision Evaluation Form and reviewing it with the student at the end of each semester.
7. Distributing the Practicum Supervisor Evaluation Form to their supervisees at the end of each semester.
8. Helping/training students seek out and use consultants, including other members of the faculty.
9. Being familiar with Clinical Program Handbook and the Center for Psychological Services Handbook.
10. Attending the Center for Psychological Services Orientation at the beginning of the Fall semester.
11. Maintaining a professional manner in connection with clients and supervisees. This includes returning phone calls and replying to emails promptly, being on time for meetings, spending adequate time on each case, and reviewing and initialing client file entries.
12. Returning reports, progress notes, and other written material to supervisees in a timely manner. Supervisors are required to provide feedback to students on drafts of psychological assessment reports within *one week* of receipt of the report.
13. Reviewing with students the lists of supervisors and supervisees' responsibilities and the forms used for evaluation, during the first supervision meeting of the year.

Supervisee Responsibilities

1. Bringing tapes or transcripts of therapy or assessment sessions or process notes to supervision as requested by the supervisor.
2. Making sure that assessment instruments and scoring have been checked by the appropriate Center staff before they are presented in supervision.
3. Promptly completing psychological reports, process notes, intake and termination summaries and other written material.
4. Making and maintaining client contacts in a prompt and professional manner.
5. Being familiar with the current APA Ethical Code.
6. Being familiar with the policies and procedures of the Center for Psychological Services.
7. Attending the Center for Psychological Services Orientation at the beginning of the Fall semester.
8. Treating clients and supervisors with respect and professionalism, including being on time for supervision.
9. Being prepared for supervision meetings, including reviewing tapes ahead of time, and formulating questions for the supervisor.
10. Completing and turning in to the DCT the evaluation of the Practicum Supervisor Evaluation Form.

VII. THE CENTER FOR PSYCHOLOGICAL SERVICES

The George Mason University Center for Psychological Services (formerly the Psychological Clinic) has been in operation since 1976 and is the primary training facility for students completing practicum requirements in the clinical psychology doctoral program and school psychology MA/CAGS program. The Center is located off campus, within the northern Virginia community to allow for easier access by clients who are drawn from northern Virginia, the District of Columbia, and Maryland. Center services include intellectual, academic, and psychological assessments; short-term and long-term psychological interventions for individuals, couples, and families; and psychological consultations. The Center has always had as part of its mission the goal of serving as a research facility where faculty and students can contribute to scholarship psychology.

In addition, Center staff positions allow students to receive hands-on training in various aspects of mental health administration. The Center is staffed by graduate students who receive stipends for working in various administrative and clinical service positions such as Intake Coordinator, Clinical Records Specialist, Budget/Purchasing Coordinator, and Supervisory Assistant. All administrative and clinical activities performed by these graduate students are supervised by the Center Director, Dr. Lisa Meier, a licensed clinical psychologist. Post-practicum students have the opportunity to receive supervised and paid experience in the delivery of service to clients and also in providing supervision to first and second year practicum students.

A comprehensive Center Handbook describes Center policies and procedures, including guidelines for personnel using the Center (e.g., confidentiality, supervision, scheduling), procedural guidelines for assessment and psychotherapy, commonly used forms, and ethical principles of psychologists.

Proper attire: The Center for Psychological Services has a professional dress code. Students and faculty in the suite during service hours are expected to abide by the dress code, even if he/she not working with a client. Prohibited at the Center are blue jeans, shorts, mini-skirts, tank tops/camisoles (unless covered with an over-shirt of some sort), sneakers, flip flops, caps, and any attire that is excessively revealing. Clients come to the Center to consult with a professional. Attire that is too casual or too revealing takes away from the professional atmosphere and can influence a client's perception of the quality of service and client confidence in the person delivering the service.

Criminal background investigations: Because the Center provides services to minors, in accordance with University and Department of Psychology policy, all incoming clinical doctoral students will be subject to a criminal background investigation before the beginning of the Fall semester. More information on this policy can be found at www.gmu.edu/facstaff/policy/newpolicy/2221adm.html

VIII. CONFERRAL OF MASTER'S DEGREE

Students who have been admitted to the doctoral program with a concentration in clinical psychology may apply for the M.A. in Clinical Psychology upon completion of the 32 hours of coursework designated below. Students must also be in good standing in the program, as determined by the DCT.

The M.A. is awarded only to students admitted to the clinical doctoral concentration. The M.A. may qualify the student for a larger salary in University positions, as well as increasing his or her eligibility for off-campus employment.

Although only 72 credit hours are required for the Ph.D., the University requires that students who earn the 32-hour M.A. in Clinical Psychology must earn 42 credits beyond the M.A., for a total of 74 credits. Additional hours of PSYC 998 or 999 may be used to meet this requirement.

The student must initiate and complete all the administrative procedures for obtaining the Master's degree, including the following:

1. Submitting a "Secondary Program Application" form at the Admissions Office.
2. Checking and/or updating your graduation expected date on 4GMU or via Mason Online <http://registrar.gmu.edu>
3. Submitting a "Graduation Intent Forms (GIFs) via Mason Online <https://patriotweb.gmu.edu/> and obtaining approval from Advisor, DCT, and Associate Chair of Graduate Studies.
4. Requesting to change all "IP" to final grades.

Requirements:

Psychological Assessment I (PSYC 810) (4)
Psychological Assessment II (PSYC 811) (4)
Scientific Foundations of Clinical Psychology I (PSYC 822) (3)
Scientific Foundations of Clinical Psychology II (PSYC 823) (3)
Advanced Statistics I (PSYC 611) (4)
Advanced Statistics II (PSYC 612) (4)
Practicum in Clinical Psychology (PSYC 881) (3)
Seminar in Professional Psychology (PSYC 890) (1)

Two of the following courses:

Biological bases of behavior (PSYC 558, 559, or 702) (3)
Developmental bases of behavior (666, 669, or 704) (3)
Social and Cognitive Foundations of Clinical Psychology (PSYC 833) (3)
History, Systems, and Theories of Personality and Psychotherapy (PSYC 830) (3)
Social-Cognitive Interventions in Clinical Psychology (PSYC 831) (3)
Community Psychology I (PSYC 840) (3)
Community Psychology II (PSCY 841) (3)

IX. THE COMPREHENSIVE EXAMINATION

The University requires that all doctoral students undergo a written comprehensive examination, with the option of an oral examination in addition to the written examination. The comprehensive examination in Clinical Psychology consists of two parts: (1) a research paper to evaluate the student's research knowledge and abilities and (2) a clinical oral examination to evaluate the student's clinical knowledge and abilities.

The Research Comprehensive Examination

By September 1 of the third year, students are required to complete, under the direction of the research advisor, an empirical research project involving either the collection of new data or an original analysis of existing data. The project must be initiated after the student has entered the clinical program and must be approved by the research advisor before work on the project can begin. The student also will write by September 1 of the third year an APA-formatted article that is suitable for submission to a peer-reviewed journal. (Actual submission to a journal is not required as part of the examination).

The article will be graded by two members of the clinical faculty—the research advisor and one other member of the clinical faculty to be selected by the student and the advisor.

The article will be graded using the **Clinical Research Comprehensive Examination Feedback Form** (See Appendices). The following scale will be used for determining passing and failing of the article.

Strong Pass.....	3.5 to 4.0
Pass.....	2.5 to <3.5
Marginal Pass	2.0 to < 2.5
Failure.....	< 2.0

The two readers will complete the feedback form jointly and sign the form. The advisor will review the form with the student, who will then also sign the form. The signed form will be submitted to the DCT by October 1.

In the fall semester of the third year, each student will give a brief presentation (up to 30 minutes) based on the article to a meeting of the Clinical Faculty and students. The presentation will not be graded.

Procedures following failure of exam:

- The clinical faculty as a whole will review the article and meet to discuss and make recommendations for a remediation plan.
- By November 1, the advisor and student will submit to the DCT a remediation plan based on the recommendation of the clinical faculty. This plan will consist of specific revisions that must be made in the article in order to earn a passing grade. The plan may also consist of remediation experiences such as additional coursework, directed readings, consultation with statistical consultants, etc. The plan must be signed by the advisor and student and dated.

- A revised article must be submitted by the following September 1.
- The same two-person committee will review by October 1 the resubmitted article following the procedures used in the first review.
- *Failure to obtain a passing grade on the revision will result in dismissal from the Clinical program.*

Recommendations (not requirements) for Research Comprehensive Examination Project:

1. Develop a formal research proposal similar to a thesis or dissertation proposal. A good model for this proposal is an APA-style journal article minus the Results and Discussion section, but perhaps including a Planned Data Analysis section.
2. Enlist the input of a second member of the faculty (clinical or non-clinical) as a consultant and reader in the development of the research proposal. This person would serve in an advisory capacity, similar to a member of a thesis or dissertation committee. The extent of this person's involvement would be determined by the reader, the advisor, and the student.
3. Get approval of the proposal from the advisor and the reader by July 1 of the summer following the first year of the program. Approval by this deadline should allow enough time to secure HSRB approval before the beginning of the fall semester. Approval can consist simply of having the advisor and reader sign and date the title page of the proposal, a copy of which could be placed in the student's file for safe-keeping. The signing could be done in a meeting involving the student, the advisor, and the reader, but this is not necessary.

The Clinical Oral Examination

Overview

The oral exam requires the presentation of a videotaped intake interview with an assessment or consultation client of the Center for Psychological Services and a written report based on the interview. A two-person faculty committee reviews the videotape and the report and examines the student for basic clinical skills and case conceptualization.

To be eligible for the oral exam, the student must complete all coursework required in the first two years with a grade of “A” or “B”.

The oral exam may be held in the summer following the second year if the committee members agree. The oral exam must be completed by the end of the fall semester of the third year.

The oral exam is not considered passed and completed until the student has satisfactorily completed a comprehensive assessment or consultation with the assigned client and the Director of the Center for Psychological Services has notified the DCT in writing that the work has been completed. The report must be completed within 8 weeks of the oral examination.

Exceptions to these rules are rare and require approval of the advisor, the DCT, and the Associate Chair for Graduate Studies. A student who wishes to take the exam without

completing one or more of these requirements or who wishes to postpone the exam must submit a written request, with the endorsement of his/her advisor, to the DCT.

Oral Examination

The examining committee. The DCT will assign an examining committee usually consisting of two members of the Clinical Faculty. A student may request that a third member be appointed. The committee must have as a member at least one full-time member of the Clinical faculty. The student's second-year practicum supervisor typically serves as chairperson of the committee who is responsible for conducting the examination. The remaining one or two members of the committee will be assigned by the DCT. Should problems arise in the formation of the committee, the student should consult the DCT. If a student's second-year practicum was at the Counseling Center, that student's primary supervisor at the Counseling Center may serve in the place of one of the clinical faculty members. The Director of the Center for Psychological Services and part-time faculty members who teach clinical courses also may serve in the place of one of the full-time clinical faculty members. A student who had good reasons to believe that one or both of the members of his/her examining committee will not be able to judge his/her performance in a fair and unbiased manner can appeal to the DCT for a change in the composition of the committee.

The examination will take place at the Center for Psychological Services. The student is responsible for arranging a time and place for the examination before obtaining a client and scheduling an interview. The examination should occur within two weeks of the client interview.

Client assignment. The client must be at least 16 years old and must have requested a psychological evaluation. The student is responsible for contacting the client immediately and arranging an interview. If the client is a minor, the student might interview the parents first or speak to the parents on the phone and postpone meeting them until after the interview with the minor client. If the student has difficulty arranging the interview, if the client declines, or if delays occur for other reasons, the student must inform the committee and the Center Director and must request another client.

Examination material. The student will complete and videotape the initial interview with the client. In addition, the student will prepare a written report based on the interview. The videotape and report will serve as the basis for examination. The interview must be videotaped. Only the initial interview with the client is taped. Interviews with parents are not taped. The student may also audiotape the interview in addition to videotaping it.

Supervision. The student is not to receive supervision from anyone (including other students) before the examination unless the student has difficulty contacting the client or arranging the interview or if a client emergency (e.g., suicide risk) arises. Responsibility to the welfare of the client takes priority over other concerns. If the student believes that supervisory consultation with faculty is needed for the immediate welfare of the client, he/she should bring this to the attention of the Center Director, who will help decide an appropriate course of action.

Preparation

1. Arrange a time for the interview with the client.
2. Contact the members of your committee to schedule a two-hour period for the examination.
3. Interview the client. The interview should last no more than 1 ½ hours except under unusual circumstances (e.g., crisis intervention).
4. Write a detailed intake report. This report should include:
 - A narrative summary of information gathered in the interview, including information about the referral problem(s) and relevant history and background information.
 - One or more theory-based conceptualizations of or hypotheses regarding the nature, cause, and maintenance the referral problem(s), including a discussion of evidence for and against those conceptualizations or hypotheses.
 - Possible DSM-IV diagnoses along with rationales.
 - A plan for completing the evaluation, including indication of specific areas of information needing follow-up and a plan for gathering additional information.
 - The report should *not* include the actual name of the client.
 - The report does *not* become part of the client's official record.
 - The committee's copies should be collected and destroyed following the exam.
 - The report should be no more than six single-spaced typed pages.
5. Give the intake report to committee members several days before the exam is scheduled. Ask committee members how much time prior to the exam they would like the report. A week is always sufficient.
6. Schedule a room at the Center for Psychological Services for the examination and confirm with your committee
7. Before the exam, review the tape several times. Anticipate questions about problematic aspects of the interview, particularly ways that awkward or clumsy moments could have been handled more effectively. Some students have found it useful to take detailed notes of important events, noting the reading on the tape indicator, so the places can be found quickly.

Examination Procedure. The student should bring to the exam the videotape, extra copies of the intake report, and any supplemental notes. The student also is responsible for setting up the video equipment. Prior to the beginning of the exam, the student may be failed for an unprofessional report or for lateness in getting the report to the committee members.

To provide faculty with a broad sample of the student's clinical skills and broad clinical picture, at least two 10-minutes segments of the tape will be reviewed. These will consist of the first 10 minutes of the tape and a second 10-minute segment of the student's own choosing. This second segment can provide students an opportunity to present parts of the tape that show their skills in their best light. The student may audiotape the oral exam.

The examination has no minimum or maximum time limit, but the typical length of the examination is approximately 1 ½ hours. At the end of the oral exam, the committee will ask the student to leave the room for a few minutes while they discuss the evaluation and complete the Clinical Oral Examination Feedback Sheet (see Appendices). When the student returns to the

examining room, he/she will be told whether he/she passed or failed the exam, and the faculty will review the Feedback Sheet.

It is the responsibility of the faculty and the student to maintain a professional atmosphere during the exam. Committee members and the student must be prepared and come to the examination on time.

The examination will be concerned with:

- (1) Basic interviewing skills and other clinical skills taught in the first two years of the Clinical program in coursework and in practica. Such skills include basic listening skills and interaction skills; the skillful use of prompts and summaries; the ability to see connections in the material in the interview; and the ability to probe for maladaptive cognitive patterns, feelings, and behaviors.
- (2) An understanding of the theories and models of psychopathology and psychotherapy covered in coursework during the first two years of the program. The student is expected to demonstrate the ability to use theories and models of psychopathology and psychotherapy in the conceptualization of the client's concerns.
- (3) Case conceptualization. The adequacy of the case conceptualization is a particularly important aspect of the exam. The student should use a hypothesis testing approach. The students should not prematurely commit to any one conceptualization of the problem or diagnosis (such as learning disability or depression) but should systematically evaluate several alternative hypotheses. For example, a person who has requested an evaluation for a "learning disability" might be depressed or anxious or having other problems. A major part of the student's task is to synthesize the emotional, cognitive, and behavioral information with the client's social history and current complaints.
- (4) The quality of the intake report.

Grading and its consequences. The examination has four possible outcomes—fail, marginal pass, pass, and strong pass. The committee's decision must be unanimous. If members of the committee cannot reach unanimity, the committee will be disbanded, and a new committee will be appointed by the DCT to proceed with the examination, using the same client material.

A student who fails must be re-examined with material from a new client. He/she must arrange for a new Clinic client and a new time for the examination. Even if the student fails the exam, he/she must complete the evaluation of the original client.

A student who fails this second oral examination will be terminated from the Clinical program. If the student has not yet earned the MA degree, he/she may remain in the program and complete the MA provided he/she is otherwise in good standing.

If the student passes the exam, he/she must continue with completion of the assessment/consultation under the supervision of the committee chairperson or someone else designated by the DCT. Completion of the assessment usually will consist of additional interviews and psychological testing. In every assessment case, the student will write a report and meet with the client for an interpretive feedback session. The evaluation report must be completed within eight weeks of the date of the examination.

After the Center Director has verified in writing to the DCT the successful completion of the assigned assessment or consultation, the DCT will send a letter or email to the student notifying the student that he/she has passed the exam. The DCT will give a copy of this letter or email to the Associate Chair for Graduate Studies. **Passing the examination is not official until the student has completed the psychological evaluation of the client to the satisfaction of the supervisor and the Center Director.**

The student should also ensure that completion of the oral exam is verified with the appropriate signatures on the Tracking for Doctoral Candidacy form in his/her student file.

X. ADMINISTRATIVE ACTIONS ASSOCIATED WITH STUDENT EVALUATION

At the end of each semester, the Clinical Faculty meet to evaluate students. Each student will receive a letter from the DCT summarizing the results of his/her evaluation. Possible outcomes, which will be articulated in student letters, include the following (except dismissal, which is a University decision):

Commendation

Students may be commended when faculty perceive them to be making outstanding progress in one or more aspects of their work in the program.

Verification of Satisfactory Progress

Students who have reliably met program expectations will be informed that they are making satisfactory progress in the program.

Letter of Concern

When problems of any kind are identified by faculty, the student may receive a letter that describes the concerns about his/her performance or progress in the program. Such communication should serve as an impetus for the student to contact his/her advisor to discuss these concerns and appropriate ways to address them.

Probation

A student is placed on probation when the faculty has serious concerns about his/her progress in the program or his/her professional conduct. Probation increases the likelihood of termination from the program. When a student is placed on probation, he/she will be given in writing the specific reasons for the decision and the specific conditions that must be met for removal of probation. The student and his/her advisor will be required to develop a written plan for remediation. At the end of the probationary period, the Clinical faculty will meet to determine whether or not the student's progress has been sufficient to warrant (1) taking the student off probation, (2) continuing probation, or (3) termination of the student from the program.

Termination

A student may be terminated from the Clinical program when the faculty judge that the student is not making sufficient progress in the program and is not an appropriate candidate for a doctoral degree in Clinical Psychology. Causes for such action include, but are not limited to, unsatisfactory grades in courses, inadequate progress toward the completion of the degree, and failure to perform competently in practicum, externship, and internship settings. Termination means that the student may no longer enroll in coursework as a student in the Clinical program and cannot earn the PhD with a concentration in Clinical Psychology. It does not, however, preclude the student from applying to or taking courses in other programs of the Department of Psychology or the University.

Dismissal

This is a formal action taken by the University, usually as a result of accumulation of more than 9 hours of unsatisfactory graduate grades. The University may also dismiss students if they exceed the time limit for program completion after advancement to candidacy (five years, including internship). Violations of the University Honor Code may also result in dismissal. Dismissal disqualifies students from all further courses and programs at the University.

Student Awards

Outstanding First-Year Student Award. The clinical faculty usually gives this award to one first-year clinical student who has demonstrated excellence in more than one of the following areas: coursework, research, teaching, assessment, job-related work, program service, or other training-related activities.

Outstanding Advanced Student Award. The clinical faculty usually gives this award to an advanced clinical student who has demonstrated excellence in more than one of the following areas: coursework, research, teaching, assessment, psychotherapy, consultation, supervision, administration, job-related work, program service, or other training-related activities.

XI. RESEARCH EXPECTATIONS

Students are expected to become involved in research early on in their program and to make steady progress toward completion of the dissertation, as follows:

- (1) By the end of the first semester of study, each student will select a research advisor and begin discussions of research interests and possible dissertation topics.
- (2) Students take the Advanced Statistics course sequence (611-612) during the first year. A course requirement is the development of a research proposal under the supervision of the advisor.
- (3) Students are expected to maintain regular contact with the research advisor. Different advisors will have different expectations as to whether this contact involves individual meetings, group meetings, phone or e-mail contacts, and/or regular submissions of written material.
- (4) At the end of each spring semester, students are required to fill out a Research Activity Report (See Appendices) summarizing their research activities during the year. This report must be signed by the research advisor and submitted to the DCT before the last day of classes of the spring semester.
- (5) As noted previously, by September 1 of the beginning of the third year, students are required to complete, under the direction of the research Advisor, an empirical research project consisting of the collection of original data and write an APA-formatted article suitable for peer-review based on the research project.
- (6) All students must complete a doctoral dissertation (See section XIII).
- (7) ***All research must be approved by the GMU Human Subjects Review Board before data collection can begin.***
- (8) **Students and faculty will participate in bi-weekly lunchtime research presentations (scheduled for Wednesdays) which will provide students with opportunities to present completed research (third-year students present their second-year projects in the fall semester) and to present ideas for research proposals (usually in the spring semester).**

XII. ADVANCEMENT TO CANDIDACY & TIME LIMIT TO COMPLETION

Advancement to Candidacy indicates that a doctoral student has demonstrated a breadth and depth of knowledge in his/her field of study and is capable of exploring problems on the boundaries of knowledge.

Advancement to Candidacy is important because (1) advancement to candidacy is recorded on the transcript; some internships prefer applicants who have been advanced to candidacy; (2) certain University dissertation grants require advancement to candidacy, while others require both candidacy and a formally approved dissertation proposal; (3) advancement to candidacy triggers the five-years-to-completion deadline established by the University. A student must complete the degree within five years of advancement to candidacy (including the internship year) or face dismissal from the University.

Refer to the most recent University catalog for complete requirements for Advancement to Candidacy. The student must successfully complete all required coursework, pass the written and oral comprehensive examinations, and have an approved Program of Study.

As soon as a student has completed candidacy requirements, the Department notifies the Dean of the College of Humanities and Social Sciences.

A doctoral student who voluntarily terminates enrollment and is subsequently readmitted to the doctoral program after Advancement to Candidacy is still subject to the five-year time limit commencing with Advancement to Candidacy.

Extension Policy

Students who wish to request an extension of the five-year limit to completion of degree after advancement should make these requests to the Dean's office through their faculty advisor and the DCT. The request should include an explanation of the need for and time-line for completion of uncompleted work.

The request must be approved by the advisor, the DCT, and the Associate Chair for Graduate Studies before being forwarded to the Dean's office.

Extensions are not automatically approved. The student must have a legitimate reason (e.g., illness, family crisis) other than "I forgot," "I was too anxious to deal with it," or "My advisor never returned my phone calls."

XIII. THE DOCTORAL DISSERTATION

All students are required to complete a dissertation – an empirical research project that contributes to scientific knowledge in psychology. This contribution is generally achieved through the exploration of a problem on the boundaries of knowledge in the field. The dissertation involves the formulation of a research question or problem, the design of a study to answer the question, the collection and analysis of data, and the interpretation of this data in light of the research question.

Students must take at least 12 hours of dissertation credit, including at least 3 hours of Dissertation Proposal (PSYC 998) and at least 3 hours of Dissertation (PSYC 999). No more than 12 hours of 998 and 999 can be counted toward the 72 hours required for the PhD, except in the case of students who have received the MA in Clinical Psychology while at George Mason University and need an additional two hours to complete the requirement for the PhD (see section VIII: Conferral of Master's Degree.)

Dissertation Registration Requirements

PSYC 998: Dissertation Proposal: A student may sign up for a minimum of 1 hour of PSYC 998 at any time with permission of the advisor. Enrollment in 998 does not have to be continuous once begun. Students must earn a minimum of 3 hours of PSYC 998.

PSYC 999: Dissertation: Students must have an approved dissertation proposal to register for PSYC 999. Students are required to register for 3 hours of PSYC 999 per semester until they have completed 12 hours of PSYC 998 and PSYC 999 combined, after which they may take one hour of PSYC 999 per semester. This will be considered full-time study by the university as long as the advisor and department chair certify each semester that the student is working full time on the dissertation. (Loans from external sources may have a more stringent definition of “full-time study”.) Once students enroll in PSYC 999 (Dissertation), they are required by University policy to maintain continuous registration in PSYC 999 until graduation (not including summer). Students who plan to defend the dissertation or graduate in the summer must be enrolled in PSYC 999 in the summer.

Students on internship must maintain continuous registration by registering for at least one hour of PSYC 999. If the student does not have at least 12 hours of PSYC 998 and 999, then he/she must also do a “Special Registration” with ZREG 80.

Students must maintain continuous registration until final copies of the dissertation have been submitted to the College of Arts and Sciences for transmittal to the library. This policy helps ensure that students remain active and gives them access to use of Fenwick Library, Johnson Center Library, Consortium libraries, and other campus facilities, as well as the advice and feedback of faculty members.

For 998 registrations, contact Darby Wiggins, Graduate Program Assistant, for a call number. The call number will be used to register online. For additional information about registration, refer to Schedule of Classes.

For 999 registrations, email dwiggin3@gmu.edu with number of credits and the name of the dissertation committee chair. A reply email will be sent with a call number. For additional information about dissertation registration contact CHSS Enrollment Services Coordinator (MSN 3A3, College Hall C113A, 703-993-8864).

The Dissertation Proposal

Selection of Advisor

Dissertation projects usually are developed under the direction of the clinical faculty advisor. However, students are free to ask non-clinical faculty members to serve as dissertation advisors. The dissertation advisor must be a full-time tenured or tenure-track faculty member in the Department of Psychology.

The Dissertation Committee

The dissertation committee is responsible for supervising and approving the dissertation proposal and the final dissertation. The committee consists of the advisor and at least two other members of the graduate faculty at George Mason University. Graduate faculty members are typically full-time tenured or tenure-track faculty members, although term (non-tenure-track) faculty members also are eligible for appointment as graduate faculty. The student and his/her major Advisor select a second member from the Department of Psychology to serve on the committee. The third member of the committee must be selected from the graduate faculty outside the Department of Psychology. At least one member of the committee must be a member of the Clinical Faculty. Additional committee members may be selected from inside or outside the University.

The dissertation advisor provides the primary guidance and serves as chair of the committee. The roles and functions of the other members will vary depending on the preferences of the advisor and the other committee members.

After members of the committee have been selected and have agreed to serve, the advisor informs the DCT of their names and affiliations. The DCT forwards this information to the Dean of the College, who sends letters of appointment to the committee members and the student.

If a member of the committee resigns at any point of the dissertation process, the student must immediately find a replacement and notify the DCT. Neither the proposal nor the dissertation can be approved without a complete committee, as specified above.

Writing the Proposal

Specific guidelines for the written format and style of the proposal and final dissertation can be found in the *Guide for Preparing Graduate Thesis, Dissertation, and Projects*, which is available on the University website. The proposal and dissertation typically comply with guidelines found in the *APA Manual of Style*. If the *Manual* and the *Guide* conflict, the rules of the *Guide* prevail.

Different advisors and committees may have different expectations for the writing of the

proposal and different styles of supervision. The student should determine as early as possible these expectations and supervisory styles. No guidelines can be provided here concerning how long the proposal or dissertation should be, how large the research samples should be, how many drafts should be written, how often one should meet with the committee, how often one should meet with individual members of the committee, how one should resolve differences among committee members, and other such matters. The student should consult with the advisor and the committee on these matters.

Approval of the Proposal

The committee members indicate their approval of the proposal by signing the Proposal Approval Form (see Appendices). This signing is usually done at the end of a meeting of the committee and the student in which they discuss the proposal and decide on the final design of the study, appropriate data analysis, and other matters. By signing the Proposal Approval Form, the Committee members indicate agreement that

- a. The review of the literature is sufficient for the research problem or question.
- b. The hypotheses are clearly stated.
- c. The methodology of the study (measures, procedures, subjects) is clearly described and is appropriate for testing the hypotheses.
- d. The plan for data analysis is clear and specific and is appropriate for testing the hypotheses.

After approving the proposal, the committee may not require significant modifications to the methodology of the study. The Committee may require, however, additional statistical analyses beyond those planned and an updated literature review for the final version of the dissertation.

After the committee has approved the proposal, the student submits a copy to the Graduate Secretary, who forwards the proposal to the DCT and the Associate Chair for Graduate Studies for review.

Data collection may not begin until the proposal has been approved by the DCT, the Associate Chair for Graduate Studies and the GMU Human Subjects Review Board.

The Dissertation

Conducting the Research

The student implements the research plan as agreed upon for the approval of the proposal. The student consults with the Advisor on a regular basis and with the Committee as needed.

Writing the Dissertation

The student writes the final dissertation with guidance from the Advisor and the Committee.

Dissertation Defense

Approval of the final dissertation is contingent upon passing an oral defense of the

dissertation before the Committee. The oral defense of the dissertation is the final demonstration that the doctoral candidate has mastered the content and research methods of the discipline.

Prior to the defense, the student must complete the Approval to Defend Form (see Appendices) before he/she will be allowed to set a date for the defense. This form must be signed by all members of the dissertation committee and the Associate Chair for Graduate Studies. The student is responsible for getting ALL signatures. A dissertation committee member who signs this form agrees that he/she (1) has carefully read the dissertation; (2) finds the analysis and interpretation of the data appropriate; (3) does not anticipate that major changes will be necessary, and (4) believes that approval of the dissertation is conditional on only minor corrections and a successful defense.

It is customary to give the committee members at least two weeks to read the dissertation prior to the signing of the Approval to Defend form. The DCT and Associate Chair for Graduate Studies requires at least two days to review the proposal prior to signing the Approval to Defend Form.

This form with ALL signatures and the time and place of the defense must be submitted to the Graduate Program Assistant at least *three weeks* prior to the anticipated defense date, along with a copy of the dissertation. Alternatively, dissertation committee members may email the Graduate Program Assistant that they have approved the dissertation for a defense. This time allows the CAS Dean's office one week to prepare an announcement of the defense date that must be issued two weeks prior to the defense date. The student must file a copy (bound or boxed) with Johnson Center Library Reserve desk.

The candidate and all members of the committee should be present at the defense. If a committee member cannot attend the defense as scheduled, the student must notify the Associate Chair for Graduate Studies to discuss alternative means for examination by that committee member.

The defense is chaired by the advisor, who is responsible for directing the examination. The advisor opens the meeting by reviewing the examination procedures. The specific procedures will vary depending upon the wishes of the dissertation committee. The examination typically opens with a presentation of the dissertation research by the candidate. The student should consult with the advisor regarding the preferred length of this presentation. Following this presentation, the candidate is examined by the committee concerning any aspect of the dissertation and the student's knowledge of the broader discipline. Only members of the committee may participate in the examination. Other persons present who wish to question the candidate must submit questions in writing to the advisor in advance of the examination.

The defense is open to all members of the University community. The Dean may appoint an observer to attend the defense. Because the defense is a formal academic examination, attendance by family members and friends of the student who are not members of the University community is not permitted.

Following the examination, the student and observers (other than the Dean's

representative) are asked to leave, and the committee discusses the adequacy of the dissertation and of the candidate's performance. The committee then takes a vote on the outcome of the defense. The candidate is then brought back into the room and privately informed of the decision of the committee. No spectators or guests, other than the Dean's representative, are allowed to be present during this part of the examination.

Four outcomes of the committee's deliberations are possible.

- a. Pass without changes in the dissertation. The committee signs the approval form, approving the dissertation as is. This is a rare event.
- b. Pass with changes. The committee signs the approval form but with the expectation that the student and the advisor will make specific revisions agreed upon by the Committee.
- c. One or more Committee member withholds his/her signature until specific revisions are made in the dissertation and submitted to the committee for its review. This review may be done by circulating copies of the revised dissertation. The committee also may require a second and final oral defense.
- d. Fail. If the student fails the defense, another defense must be held within two months of the first examination. A student who fails the second defense will be terminated from the program.

After Final Approval of the Dissertation

Following approval of the final version of the dissertation, three original copies of the cover page of the dissertation must be signed by all members of the Committee in black ink. The cover page must also be signed by the DCT and the Associate Chair for Graduate Studies. Typically, a copy of the dissertation and signed cover pages is given to the Graduate Program Secretary who forwards it to the DCT and the Associate Chair for Graduate Studies for review. The student may also secure these additional signatures on his/her own. A copy of the dissertation is then submitted to the Dean for approval and signature. The student then sends the approved dissertation to the Library, where both copies will be bound and placed in the permanent reference section. Students may reclaim working copies from the Dean or the Library.

Students are required by the University to have their dissertations microfilmed. This service is provided by University Microfilms International (UMI) of Ann Arbor, Michigan. The one-time charge to the student will be approximately \$50.00. Arrangements for microfilming are coordinated through the College of Humanities and Social Sciences.

XIV. PROFESSIONAL ETHICS

Both faculty and students are expected to abide by the ethical code set forth by the American Psychological Association (see Appendices)

A student who believes that another student or a faculty member has committed an ethical violation should follow the procedures described in the APA Ethical Principles. A confidential consultation can be obtained from the American Psychological Association Ethics Office in Washington, DC 202-336-5500.

Policy on Discrimination

The University does not tolerate discrimination on the basis of age, race, sex, national origin, disability or religious beliefs. A student who believes he/she has been subject to such discrimination should contact the DCT, the Chair of the Department, or the University's Affirmative Action/Equal Employment Officer (703-993-8730).

Sexual Harassment

Sexual harassment by either faculty or students will not be tolerated by the Department of Psychology by the University. A student who believes that he/she has been subject to sexual harassment should contact the DCT, the Chair of the Department, or the University's Affirmative Action/Equal Employment Officer.

XV. GUIDELINES FOR GRADUATE STUDENT GRIEVANCES AGAINST FACULTY

During the course of graduate study, disagreement and conflict may arise between students and faculty either during formal classroom instruction or in the more informal individual instruction that takes place during the supervision of research and practical experiences. Indeed, the nature of the close working relationships inherent in graduate education in psychology, especially in a program with an applied focus, almost guarantees that conflict will arise on occasion.

When such conflict does arise, the Department expects that both the student(s) and faculty involved will conduct themselves in a professional manner. In addition, the Department is committed to ensuring that students and faculty are treated fairly when such disagreements arise. To this end, the Department endorses the following principles and guidelines for resolving disagreements and conflicts between students and faculty regarding instruction, training, and student-faculty relationships. (NOTE: Student concerns about faculty behavior that involves sexual harassment or racial/ethnic/gender discrimination should be handled according to the University guidelines description in the University Catalog.) The resolution of disagreement and grievances will be resolved more effectively if the following principles are kept in mind.

Faculty

1. The professional performance and behavior of faculty is subject to continual evaluation and review, including evaluation and review by students. Student evaluation may, on occasion, involve the resolution of a complaint by a student concerning faculty performance.
2. The Department expects faculty to treat a student's concerns with dignity and respect. Essential to this is listening to a student's concern attentively and nondefensively. Although defensiveness is difficult to avoid when one believes one is being unfairly criticized or challenged, nondefensive listening is the first step toward a successful resolution of a conflict. Nondefensive listening may be facilitated by recognition of the apprehension and anxiety a subordinate (the student) usually feels when confronting a person of power and authority.

Students

1. Faculty and students enter into an educational alliance whose objective is the imparting to students of knowledge and skill. As part of this alliance, faculty are responsible for setting standards for mastery of this knowledge and skill and for evaluating students' progress toward meeting these standards. Students in professional psychology programs provide services to various types of clients (individuals and organizations), and faculty are ultimately responsible for the quality of these services. Thus, faculty evaluation of student performance and progress provides assurance of the quality of these services.
2. Graduate education is, by nature, difficult, demanding, and stressful (If it wasn't, anyone could get a Ph.D.). Thus, subjective distress alone is not a valid indicator that a course is inappropriately demanding or that a student is being treated unfairly by a faculty member.

3. In trying to fulfill their responsibility in setting standards and evaluating students' progress, faculty will, on occasion, make errors in judgment that are usually unintentional. Even for faculty, to err is human, and most student grievances concern faculty behavior that is nonmalevolent in intent. Nonetheless, when such errors create problems or hardships for students, they have the right to address their concerns with the faculty in question.
4. The ability to effectively address and resolve disagreement and conflict in a mature manner is essential for the effective functioning of a professional psychologist in any setting. Thus, disagreement and conflict with faculty offers an opportunity for personal and professional development.
5. Faculty members also deserve to be treated with respect and dignity. Complaining about faculty behavior to one's Program Coordinator or the Department Chairperson is a serious matter and should not be done with malicious intent or simply to seek retribution for a perceived wrong or slight. Also, approaching a faculty member in an angry or hostile manner or complaining to others about the behavior of the faculty member is not an effective strategy for resolving conflict. Students also should be prepared to listen nondefensively to a faculty member's explanation of his/her side of the conflict.
6. The Department cannot guarantee that resolution of a complaint or conflict will be favorable to the student. Nor should faculty expect that the issue will be resolved in their favor simply based on their position as faculty. The Department does guarantee, however, that students and faculty will be fully heard, that their concerns will be treated with dignity, and that an honest attempt will be made to reach a reasonable solution.
7. A student who, in good faith and in keeping with the above principles and with the procedures outlined below, complains about faculty behavior will be protected from retribution by the faculty member in question and by other faculty to the extent that the university has control over faculty behavior. Retributive or vengeful behavior by faculty toward a student complainee will not be tolerated. The Department has no control, however, over a faculty member's emotions, and a faculty member may decide to sever a working relationship (e.g., dissertation supervision, collaborative research or writing project) with a student following a complaint that the faculty member views as frivolous, unfounded, or malicious. Faculty who do so will not necessarily be viewed as engaging in retributive behavior. If a faculty advisor terminates a working relationship with a student following a complaint by that student against that faculty member, the Department will make a good faith effort to secure another advisor for that student. The Department cannot, however, force a faculty member to work with a student.

Grievance Procedures

With these caveats in mind, the Department recommends that a graduate student who has concerns about the professional behavior of a faculty member take the following steps in the following order. Following these procedures will better ensure that the grievance will be resolved expeditiously and fairly.

1. Discuss the problem with the faculty member in question. Many disagreements, disputes, and

conflicts between faculty and students are the result of miscommunication or misinformation and can be resolved informally between the concerned parties. Consultation with the academic Advisor usually will be helpful in determining whether or not a grievance is legitimate and in developing an effective strategy for presenting the concern to the faculty member in question. If a student cannot discuss the concern with his/her Advisor, the student should consult another faculty member. The goal of such a consultation is to seek advice, not to spread rumor or simply complain.

The faculty member with whom the student consults concerning the grievance incurs certain responsibilities by agreeing to serve in this capacity: (1) To review with the student the Departmental policy and procedures described here. (2) To assist the student in determining the legitimacy of his/her concern and in developing a plan for discussing the concern with the faculty in question. In addition, the advisor may also choose a more active role in the resolution of the grievance by serving as the student's advocate or as a mediator. If the advisor/advocate believes that the faculty member in question has committed an illegal act or ethical violation, he/she should consult the Ethical Guidelines of the American Psychological Association.

2. If the discussion with the faculty member with whom the student has a concern does not produce a fair resolution, the student should consult with his/her Advisor (or other advising faculty) about the feasibility of bringing the matter to the attention of the student's Program Coordinator.
3. If consultation with the Program Coordinator does not produce a satisfactory resolution, the student should consult with his/her advisor (or other advising faculty) about the feasibility of bringing the matter to the attention of the Associate Chairperson for Graduate Studies. The Associate Chairperson may appoint an ad hoc committee charged with working with the student and faculty member in resolving the grievance. This committee may include a graduate student as a member.
4. If consultation with the Associate Chairperson for Graduate Studies does not produce a satisfactory resolution, the student has the option of bringing the matter to the attention of the Department Chairperson.
5. If consultation with the Department Chairperson does not produce a satisfactory resolution, the student should consult with his/her Advisor (or other advising faculty) about the feasibility of bringing the matter to the attention of the office of the Dean of the College of Humanities and Social Sciences.

XVI. DISSERTATION, THESIS, AND TRAVEL SUPPORT

Dissertation and Thesis Support

The department will provide up to \$400 to help cover the cost of dissertation research and up to \$250 to cover the cost of master's thesis research. These funds are to be used to assist in the collection of data, including payment to participants if the research requires a population not readily available at the University. All equipment, books, software, tests, etc that are purchased with department funds becomes the property of the department. These funds are provided in the form of reimbursements for expenses, not cash grants or up-front money paid to vendors. Therefore, keep good records of your expenses, including all receipts. Only original receipts (not photocopies) will be accepted.

Requests should be submitted to the Associate Chair for Graduate Studies and should include:

1. A copy of the signature sheet of your approved dissertation or thesis proposal.
2. A budget that specifies how you plan to spend the money. The budget must be signed by your advisor.
3. A statement from your advisor to the effect that he/she does not have funds to support this research (e.g., from a grant).

Travel Support

The department will provide up to \$300 to **doctoral** students to help pay for travel to a conference at which the student is presenting. To be eligible, the student must be either first author of the paper/poster or second author if the first author is a faculty member. Ordinarily only one such request per year will be approved. The department will help pay for airfare and conference registration but not lodging, meals, taxis, etc.

Requests should be submitted to the Associate Chair for Graduate Studies *at least two months prior to the date of travel* and should include:

1. A letter from the conference program chair indicating that your paper, poster, etc. has been accepted.
2. A budget describing how you plan to spend the money, including the exact cost of the airfare and/or conference registration fee.
3. Evidence that you have at least attempted to get money from other sources, including the organization sponsoring the conferences (some but not all offer support for students presenting), your advisor's grant, the University's graduate student organization (student may apply for Graduate Student Umbrella funds and department funds simultaneous but must provide evidence of GSU award or refusal before department funds will be awarded (www.gmu.edu/org/gstf/GSTF.html). Evidence of an attempt to get money from the University's graduate student organization is required.

Following approval of your request for funds, you must **immediately** complete a **Travel Authorization Form**, which must be signed by the Department Chairperson before travel arrangements can be made. No travel expenses will be reimbursed unless the Travel Authorization Form has been signed by the Department Chairperson prior to the travel.

Reimbursement request worksheets (obtained in DK 2003) with original receipts (not photocopies) must be submitted within one week of completion of travel. Nametags cannot be submitted in place of a conference registration receipt. You may make your own travel arrangement. You must submit a boarding pass with your airline ticket receipt. Date of travel and the cost of the flight must be on the receipt.

XVII: REDUCED-FEE PSYCHOLOGICAL SERVICES FOR CLINICAL STUDENTS

The Clinical faculty members are aware that doctoral training in clinical psychology is demanding and at times stressful and that students sometimes have personal problems that can interfere with their ability to carry out their responsibilities. Sometimes even professionals and professionals-in-training need the help of a professional. Below is a list of psychologists in private practice in Northern Virginia who are willing to provide reduced-fee psychotherapy services to GMU clinical psychology doctoral students. Information about fees can be obtained from the individuals listed below. These individuals have no formal relationship with the Clinical program.

Gail Curran, Ph.D.
703-734-6266

Leslie K. Dalton, Ph.D.
Licensed Clinical Psychologist
The Stone House
6073 Arlington Boulevard
Falls Church, VA 22044
(703) 550-4056
www.thestonehouse.ws/ldalton.htm

Michelle F. Eabon, Ph.D.
11244 Waples Mill Rd., Suite G-1
Fairfax, VA 22030
(703) 691-4204
Near intersection of Route 50 and I-66 in Fairfax.

Marcia Grenell, Ph.D.
6107 G Arlington Blvd.
Falls Church, VA 22044
703 536-7554

Ginny Gutman, Ph.D.
(teaches in the doctoral program at Gallaudet University; practice is near Shirlington)
1225 Martha Custis Drive, Suite 2
Alexandria, VA 22302
703-568-3744 or virginia.gutman.phd@verizon.net

Sarita B. Kaplan, Psy.D.
11333 Sunset Hills Rd.
Reston, VA 20190
703-742-8665

Jennifer Lager, Ph.D.
6832 Old Dominion Drive, Suite 200
McLean, VA 22101
703-244-9656

Janet Laubgross, Ph.D.
Near Route 50 & 66
Fairfax, VA
703-591-7828

Kolleen Martin, Ph.D.
13890 Braddock Rd
Centreville, VA 20121
703 623-4406

Marya A. Myslinski, Psy.D., PLLC
Licensed Clinical Psychologist
6107 G Arlington Blvd.
Falls Church, VA 22044
703-538-2770

Martin Schuh, Ph.D.
9306 Old Keene Mill Road
Suite B
Burke, VA 22015
(703) 440-9284

Carole W. Sebenick, Ph.D.
10721 Main Street, Suite 307
Fairfax, VA 22030
(703) 362-9313
www.FairfaxPsychologist.com

*All members of Northern Virginia Society of Clinical Psychologists, who responded to appeal via NVSCP message board. List compiled May 2007. Contact individual clinicians for current availability.

XVIII. RESEARCH INTERESTS OF NON-CLINICAL FACULTY

APPLIED DEVELOPMENTAL

Tim Curby	993-2457 / DK 2048	Contextual effects on children's behavior and development; Teacher-child interactions; Development of classroom observational measures.
Susanne Denham Director, Applied Developmental Program	993-1378 / DK 1024A	Preschoolers' social-emotional development and its assessment and promotion; Peer competence in preschool and elementary school; Developmental psychopathology; Parenting: Its impact on the above
Kimberly Eby	993-8671 / JC 241	Violence and gender; faculty roles in Interdisciplinary collaborative work; collaborative learning; teaching and learning strategies across the disciplines; responding to the needs of domestic violence survivors.
Elyse Lehman		<i>Faculty Emeritus.</i> Memory, attention, and problem solving in children and older adults; Educational applications-Learning disabilities, gifted children, attention deficit disorder; Everyday cognition-Children's art, soft object attachments; Eyewitness testimony
Robert Pasnak	993-1354 / DK 2049	Cognitive and socioemotional development in preschool, elementary school, and special education children
Koraly Perez-Edgar	993-9366 / DK 2050	Attentional Control and Attentional Biases, Anxiety, Social Reticeance/Shyness, Temperament, Biological substrates
Johannes Rojahn Director, School Psychology M.A./CAGS	993-4241 / DEM 202	Intellectual and developmental disabilities, autism (Socio-emotional competence, mental health/illness, psychopathology, self-injurious, stereotypic and aggressive behaviors; applied behavior analysis; assessment)

Adam Winsler 993-1881 / DK 2023

Development of self-regulation; Private speech; Bilingualism; ADHD; Early childhood education; School readiness among low-income, ethnically diverse children

BIOPSYCHOLOGY PROGRAM

Linda Chrosniak 993-4139 / DK 2045
Director, Honors Program in Psychology

Memory (animal and human) and effects of trace metals on memory; stress and the cognitive process involved in health interventions.

Jane Flinn 993-4107 / DK 2022

The role of metals in learning and memory and in Alzheimer's disease

Craig G. McDonald 993-2277 / DK 2018

Drug-induced neuroplasticity; Pavlovian conditioning and addiction; psychophysiology of visual perception and cognition

Robert F. Smith 993-4339 / DK 2044
Director, Biopsychology Program

Developmental neuroscience, esp. effects of drugs [currently, nicotine] on adolescent neurobehavioral development. Activity-dependent dendritic growth. Animal models of addiction.

CLINICAL

Lauren Cattaneo 993-4728 / DK 2021

Community and institutional responses to intimate partner violence, helpseeking, risk assessment.

Christy Esposito-Smythers
993-2039 / DK 2061

Assessment, prevention, and treatment of adolescent suicide, depression, and substance abuse.

Todd Kashdan 993-9486 / DK 2047

Emotional disturbances, social anxiety, self-regulation, personality, interpersonal processes, positive emotions, well-being, character strengths.

James Maddux	993-3590 / DK 2019	Social-clinical interface; Health psychology; Self-efficacy theory.
Patrick E. McKnight	993-8292 / DK 2065	Health services research, research methods, statistics, measurement, and program evaluation.
Lisa Meier	993-1371 / DEM 202	<i>Director of Center for Psychological Services.</i> Mental Health Administration and Training; Developmental Disabilities; comprehensive psychological assessment
Jonathan Mohr	993-1279 / DK 2042	Manifestations and consequences of stigma, prejudice, and discrimination; sexual orientation identity; close interpersonal relationships
John Riskind	993-4094 / DK 2043	Anxiety disorders, Generalized Anxiety, Obsessive Compulsive Disorder, mood disorders, Cognitive Vulnerability factors and processes, Cognitive behavioral theories and treatment, anxiety and suicide ideation, cognitive vulnerability and stress-generation
Jerome Short Director of Clinical Training	993-1368 / DK 2057	Family stress and coping; Prevention programs; Mental health promotion.
June Tangney	993-4051 / DK 2007A	Personality and social psychology, Moral emotions (shame, guilt, and empathy), Criminal behavior and rehabilitation, Substance abuse and HIV risk, Research ethics.

HUMAN FACTORS/APPLIED COGNITION

Carryl Baldwin	993-4653 / DK 2062	Auditory cognition & auditory displays, cognitive aging, transportation (highway and air, mental workload, and neuroergonomics.
Deborah Boehm-Davis Department Chairperson	993-1398 / DK 2003	Applied cognition; understanding interruptions and cognitive workload; transportation (Aviation and highway)

C. Alan Boneau		<i>Faculty Emeritus.</i> Recognition memory and imagery; Structure of psychology; Psychophysics
Robert Holt		<i>Faculty Emeritus.</i> Social cognition; Pilot cognition; Programmer cognition; Artificial intelligence; Computer assisted instruction; Computer adaptive testing; Relation of physiological measures to cognition
Maria Kozhevnikov	993-1342 / DK 2068	Neural mechanisms of mental imagery; individual differences in basic information processing capacities; cognitive styles; spatial navigation; design learning technologies to accommodate individual differences and learning styles.
Chris Monk	993-3408 / DK 2059	
Coordinator, Human Factors/Applied Cognition M.A. Program		Driver cognition, driver performance with in-vehicle devices, transportation safety, and interrupted task performance.
Raja Parasuraman	993-1357 / DK 2055	
Director, Human Factors/Applied Cognition Program		Human factors and cognitive neuroscience, human performance in human-machine systems, influence of automation and computer technology on attention, memory and vigilance. Cognitive neuroscience of attention using information-processing tasks, neuron-imaging (ERPs and fMRI) molecular genetics of cognition.
Matt Peterson	993-4255 / DK 2058	Cognitive neuroscience of attention, memory, and perception. Visual attention, visual search, and eye movements. Attentional control and multitasking
James Sanford	993-1351 / DK 2046	
Associate Chair for Undergraduate Studies		Human memory and cognition, false memory, testing effect
Jim Thompson	993-1342 / DK 2056	Cognitive neuroscience, including fMRI and ERPs; biological motion; social cognition; robotics.

INDUSTRIAL/ORGANIZATIONAL

Louis Buffardi 993-1363 / DK 3072

Coordinator, Industrial/Organizational M.A. Program

Employee attitudes; Quality of work life
organizational surveys; Work and family
issues; Human error

Jose Cortina 993-1347 / DK 3074

Associate Chair for Graduate Studies (*Spring 2009*)

Statistical interaction; Philosophy of
quantitative analysis; Personality testing

Reeshad Dalal 993-9487 / DK 3077

Employee performance, and its links with
mood/emotions, job attitudes and individual
differences, and advice-giving and advice-
taking from a decision-making perspective.

Theodore Gessner

Faculty Emeritus. Evaluation research;
Survey research; Person perception; Humor

Seth Kaplan 993-8475 / DK 3073

Personality, emotions, and well-being at
work. Understanding the meaning and the
psychological experience of work.
Psychometric and statistical issues.

Eden King 993-1620 / DK 3076

Effective and equitable management of
diversity in organizations, discrimination,
social stigma in the context of work

Lois Tetrick 993-1372 / DK 3066A

Director, Industrial/Organizational Program

Occupational health psychology including
stress, work-family, and safety;
psychological contracts and the employment
relationships; cross-cultural aspects of
industrial organizational psychology;
innovation; motivation, and compensation.

Stephen Zaccaro 993-1355 / DK 3066B

Organizational Leadership; Leader
Development; Group processes; Training;
Job attitudes; Occupational Stress;
Absenteeism.

SCHOOL PSYCHOLOGY PROGRAM

John Blaha

Faculty Emeritus. Assessment, learning disabilities

Jack Naglieri

993-3811 / DEM 202

Theory and measurement of intelligence, test development, cognitive processing, nonverbal assessment, nonbiased assessment of minorities, academic interventions, theory and measurement of resilience, learning disabilities, ADHD, gifted, autism, cross cultural assessment, and gender differences.

Johannes Rojahn

993-4241 / DEM 202

Director, School Psychology M.A./CAGS

Intellectual and developmental disabilities, autism (Socio-emotional competence, mental health/illness, psychopathology, self-injurious, stereotypic and aggressive behaviors; applied behavior analysis; assessment)

Ellen Rowe

993-4266 / DEM 202C

Assessment and remediation of social, emotional, and behavioral problems among children and adolescents and developmental psychopathology.

XIX. APPENDICES

Course Descriptions

Course descriptions appear in the University Catalog <http://jju.gmu.edu/catalog/index.html>
Syllabi for some courses can be found on the Department of Psychology's website
(www.gmu.edu/departments/psychology) Syllabi also are on file in the Department of
Psychology Undergraduate Office.

Student Resources

Information for students on University and Colleges policies, registration services, financial aid, supportive services, thesis/dissertation policy and graduation can be found on the Graduate Student Information webpage. Additionally, Program Handbooks, Programs of Study (POS), commonly used forms as well as other useful resources can be located here. Students are encouraged to bookmark this link and visit it often.

<http://mason.gmu.edu/~dwiggin3/GradPsychResources.html>

DOCTOR OF PHILOSOPHY IN CLINICAL PSYCHOLOGY
PROGRAM OF STUDY

Name: _____ G#: _____

Address: _____ Phone: _____

Date: _____

<u>COURSE TITLE</u>	<u>COURSE NUMBER</u>	<u>SEM/YR TAKEN</u>
GENERAL REQUIREMENTS (20 HOURS)		
<i>Biological Bases of Behavior (Choose one)</i>		
Biological Basis of Behavior	PSYC 702 (3)	
Neuronal Basis of Learning and Memory	PSYC 558 (3)	
Behavior Chemistry	PSYC 559 (3)	
<i>Developmental Basis of Behavior (Choose one)</i>		
Life-Span Development	PSYC 704 (3)	
Cognitive and Perceptual Development	PSYC 666 (3)	
Social and Emotional Development	PSYC 669 (3)	
<i>Social and Cognitive Foundations</i>		
Social & Cognitive Foundations of Clinical Psychology	PSYC 833 (3)	
<i>History, Systems and Theories</i>		
History/Theory of Personality & Psychotherapy	PSYC 830 (3)	
<i>Statistical Methods</i>		
Advanced Statistics I	PSYC 611 (4)	
Advanced Statistics II	PSYC 612 (4)	
Total Hours:		
CLINICAL REQUIRMENTS (31 HOURS)		
Psychological Assessment I	PSYC 810 (4)	
Psychological Assessment II	PSYC 811 (4)	
Scientific Foundations of Clinical Psychology I	PSYC 822 (3)	

Scientific Foundations of Clinical Psychology II	PSYC 823 (3)	
Social-Cognitive Interventions in Clinical Psychology	PSYC 831 (3)	
Community Psychology I	PSYC 840 (3)	
Community Psychology II	PSYC 841 (3)	
Practicum in Clinical Psychology	PSYC 881 (7)	
Professional Seminar	PSYC 890 (1)	
		Total Hours:
ELECTIVES (AT LEAST 9 HOURS)		
		Total Hours:
DISSERTATION PROPOSAL AND DISSERTATION (AT LEAST 12 HOURS)		
Dissertation Proposal	PSYC 998 (Min 3)	
Dissertation	PSYC 999 (Min 3)	
(ADD LINES AS NECESSARY)		Total Hours:
EXTERNSHIP AND INTERNSHIP		
Externship (optional)	PSYC 885 (0)	
Internship	SREG 800 (0)	
GRAND TOTAL (must be at least 72; 74 if student earned the clinical MA) :		

Major Advisor

Date

Director of Clinical Training

Date

Department Chair
or Associate Chair for Graduate Studies

Date

Application for Equivalency Examination for a Required Course

The following information must be provided in order to determine if a petition to take an equivalency examination is to be granted.

Date: _____

Name: _____

Address: _____

Telephone: _____

Core Course: _____

Documentation: _____

Course Title: _____

Attach Transcript
 Catalog description of course
 Syllabus
 Texts or copies of tables of contents
 Examinations
 Papers

Justification: _____

Supervision Evaluation Form
(Adopted Fall, 2006)

Student's Name _____ **Date** _____

Supervisor _____ **Training Site** _____

1 = Performed well below expectations for current level of training

2 = Performed below expectations for current level of training

3 = Met expectations for current level of training

4 = Performed above expectations for current level of training

5 = Performed well above expectations for current level of training

NA = Not applicable to work done this semester

A. Psychological Assessment Skills (e.g., interviewing and assessment techniques):

_____ 1. Develops rapport with clients.

_____ 2. Obtains relevant information efficiently.

_____ 3. Formulates a clear referral question or problem.

_____ 4. Applies clinical theory and research in case formulation.

_____ 5. Designs an assessment strategy (e.g., test selection) appropriate to the referral question.

_____ 6. Administers and scores tests correctly.

_____ 7. Organizes and integrates assessment information skillfully.

_____ 8. Generates appropriate and useful recommendations.

_____ 9. Writes assessment reports skillfully.

_____ 10. Completes assessments in a timely manner.

B. Psychological Interventions (e.g., psychotherapy and case management):

_____ 1. Develops working alliances with clients.

_____ 2. Applies clinical theory and research in case formulation and treatment.

_____ 3. Develops appropriate goals and strategies with different clients.

_____ 4. Carries out psychotherapy techniques effectively.

_____ 5. Makes useful observations and interpretations of client material.

- _____ 6. Challenges clients when necessary.
- _____ 7. Responds appropriately to relationship issues.
- _____ 8. Recognizes clinically important material and follows up appropriately.

C. Supervision Issues:

- _____ 1. Comes to supervision meetings prepared.
- _____ 2. Actively participates in supervision by presenting ideas, showing initiative, and giving feedback to others.
- _____ 3. Receptive to feedback and listens nondefensively.
- _____ 4. Is appropriately assertive in expressing own ideas.
- _____ 5. Presents own ideas in a clear manner.
- _____ 6. Actively seeks input from supervisor and (when appropriate) peers.
- _____ 7. Responds to feedback non-defensively.
- _____ 8. Incorporates feedback in clinical work (e.g., in interactions with clients, in written reports).
- _____ 9. Gives feedback to others in a supportive and professional manner.

D. Professional Reliability:

- _____ 1. Writes progress notes and therapy reports skillfully.
- _____ 2. Manages clients' scheduling, fees, and case issues efficiently.
- _____ 3. Professional reliability in attending meetings, completing reports and contacting clients in a timely fashion; and keeping client charts properly documented.
- _____ 4. Deals with clients in a respectful and professional manner.
- _____ 5. Deals with staff and colleagues in a respectful and professional manner.
- _____ 6. Sensitivity and adherence to ethical practices.
- _____ 7. Awareness of diversity issues and effectiveness in working with diverse populations.

Briefly list the professional activities that this student has engaged in.

Describe the student's strengths.

Describe the student's relative weaknesses.

Comments and suggested directions for the student's future growth.

Supervisor's signature

Date

Student's signature

Date

Practicum Supervisor Evaluation Form

Name of supervisor _____

Semester _____

Scale

1	2	3	4	5	6	7
Strongly						Strongly
Disagree						Agree

Time and Effort Expended

My supervisor

- | | | |
|-------|----|--|
| <hr/> | 1. | Was accessible. |
| <hr/> | 2. | Regularly listened to and critiqued tapes. |
| <hr/> | 3. | Regularly read and critiqued case notes. |
| <hr/> | 4. | Monitored all of my cases for which he/she was responsible. |
| <hr/> | 5. | Helped me make productive use of supervision time. |
| <hr/> | 6. | Demonstrated familiarity with Clinic policies and procedures as described in the <u>Clinic Handbook</u> and the <u>Clinical Program Handbook</u> |
| <hr/> | 7. | Was reliable (returned reports and other write-ups in a timely manner, kept appointments, on time for appointments, returned calls, etc.) |

Please describe problems, if any.

Specific Input on Client Management

My supervisor

- | | | |
|-------|-----|--|
| <hr/> | 8. | Assisted in conceptualization of client problems. |
| <hr/> | 9. | Assisted in developing treatment goals. |
| <hr/> | 10. | Assisted in developing treatment plans, strategies, techniques and/or skills. |
| <hr/> | 11. | Demonstrated familiarity with the APA ethical code and monitored potential ethical concerns. |
| <hr/> | 12. | Demonstrated expertise with a wide range of client problems. |
| <hr/> | 13. | Demonstrated knowledge of a wide range of theoretical approaches. |
| <hr/> | 14. | Demonstrated knowledge about the use and interpretation of the major assessment instruments/strategies we used in supervision this semester. |
| <hr/> | 15. | Helped me seek out and use consultants effectively. |
| <hr/> | 16. | Provided me with ongoing feedback throughout the semester. |

Please describe problems any
problems or concerns.

17. My supervisor reviewed with me at the beginning of the semester the Supervisee Responsibilities, Supervisor Responsibilities, the Supervision Evaluation Form, and the Supervisor Evaluation Form.

Yes _____ No _____

18. My supervisor provided a Supervisor Evaluation Form to me at the end of the semester.

Yes _____ No _____

19. My supervisor missed or cancelled _____ individual supervision meetings this semester.

20. My supervisor missed or cancelled _____ group supervision meetings during the semester. .

Consultation Rating Form
George Mason University Clinical Psychology Program

Student's Name _____ Date _____

Contact Person _____ Organization _____

1 = Performed well below my expectations

2 = Performed below my expectations

3 = Met my expectations

4 = Performed above my expectations

5 = Performed well above my expectations

NA = Not applicable.

A. Needs Assessment Skills:

_____ 1. Developed rapport with the contact person and others in the organization.

_____ 2. Obtained relevant information efficiently.

_____ 3. Understood the needs of the organization.

_____ 4. Formulated a clear description of the services she/he could offer.

B. Implementation of Project:

_____ 5. Collaborated with contact person and others in the organization.

_____ 6. Made useful observations.

_____ 7. Was receptive to feedback.

_____ 8. Was appropriately assertive in expressing her/his own ideas.

_____ 9. Adapted the project to best serve the needs of the organization.

_____ 10. Was aware of diversity-related issues and effectively responded to them.

C. Professional Reliability:

_____ 11. Was reliable in attending scheduled meetings.

_____ 12. Came to meetings prepared.

_____ 13. Completed project in a timely way.

D. Use of Project.

____ 14. Please describe the use of the student's project in your organization with the following scale.

1 = No plan to use the project;

2 = With more revision, plan to use the project in the future;

3 = Will use current version of the project in the future;

4 = Have begun use of the project;

5 = The project has already changed our organization.

E. Please describe below and/or on another page any comments that you have about this student's work.

Clinical Oral Examination Feedback Sheet

Name: _____

Committee: _____

Exam Date: _____

Scale:

1	2	3	4
Fail	Marginal Pass	Pass	Strong Pass

I. Interviewing Skills

_____ a) Empathy:

_____ b) Structuring the interview:

_____ c) Gaining relevant information:

_____ d) Probing for maladaptive patterns of cognition, feelings, and behaviors (e.g., thoughts, core beliefs, defenses, anger, shame, interpersonal styles)

_____ e) Other:

II. Case Conceptualization

- _____ a) Diagnostic issues (knowledge of DSM, psychopathology):

- _____ b) Assessment issues (knowledge of relevant tests, uses, integration):

- _____ c) Ability to use multiple models (perspectives) in conceptualization:

- _____ d) Consideration of alternative hypotheses:

- _____ e) Other:

III. Awareness of Process Issues

- a) Awareness of relationship issues (e.g., transference, countertransference)

- b) Awareness of avoidance of issues-client and/or therapist:

- c) Awareness of fluctuations in client's affective and cognitive state:

- d) Awareness of possible approaches for dealing with each of the above:

IV. Report Writing (Comments)

V. Other Comments

Note: Passing the exam is contingent on satisfactory completion of the assessment, generally within 8 weeks of picking up the case.

GEORGE MASON UNIVERSITY CLINICAL PSYCHOLOGY PHD PROGRAM

Extern Evaluation Form

(Adopted Fall, 2006)

Student's Name _____ **Date** _____

Supervisor _____ **Training Site** _____

1 = Performed well below expectations for current level of training

2 = Performed below expectations for current level of training

3 = Met expectations for current level of training

4 = Performed above expectations for current level of training

5 = Performed well above expectations for current level of training

NA = Not applicable to work done this semester

A. Psychological Assessment Skills (e.g., interviewing and assessment techniques):

_____ 1. Develops rapport with clients.

_____ 2. Obtains relevant information efficiently.

_____ 3. Formulates a clear referral question or problem.

_____ 4. Applies clinical theory and research in case formulation.

_____ 5. Designs an assessment strategy (e.g., test selection) appropriate to the referral question.

_____ 6. Administers and scores tests correctly.

_____ 7. Organizes and integrates assessment information skillfully.

_____ 8. Generates appropriate and useful recommendations.

_____ 9. Writes assessment reports skillfully.

_____ 10. Completes assessments in a timely manner.

B. Psychological Interventions (e.g., psychotherapy and case management):

_____ 1. Develops working alliances with clients.

_____ 2. Applies clinical theory and research in case formulation and treatment.

_____ 3. Develops appropriate goals and strategies with different clients.

- _____ 4. Carries out psychotherapy techniques effectively.
- _____ 5. Makes useful observations and interpretations of client material.
- _____ 6. Challenges clients when necessary.
- _____ 7. Responds appropriately to relationship issues.
- _____ 8. Recognizes clinically important material and follows up appropriately.

C. Supervision Issues:

- _____ 1. Comes to supervision meetings prepared.
- _____ 2. Actively participates in supervision by presenting ideas, showing initiative, and giving feedback to others.
- _____ 3. Receptive to feedback and listens non-defensively.
- _____ 4. Is appropriately assertive in expressing own ideas.
- _____ 5. Presents own ideas in a clear manner.
- _____ 6. Actively seeks input from supervisor and (when appropriate) peers.
- _____ 7. Responds to feedback non-defensively.
- _____ 8. Incorporates feedback in clinical work (e.g., in interactions with clients, in written reports).
- _____ 9. Gives feedback to others in a supportive and professional manner.

D. Professional Reliability:

- _____ 1. Writes progress notes and therapy reports skillfully.
- _____ 2. Manages clients' scheduling, fees, and case issues efficiently.
- _____ 3. Professional reliability in attending meetings, completing reports and contacting clients in a timely fashion; and keeping client charts properly documented.
- _____ 4. Deals with clients in a respectful and professional manner.
- _____ 5. Deals with staff and colleagues in a respectful and professional manner.
- _____ 6. Sensitivity and adherence to ethical practices.
- _____ 7. Awareness of diversity issues and effectiveness in working with diverse populations.

Briefly list the professional activities that this student has engaged in.

Describe the student's strengths.

Describe the student's relative weaknesses.

Comments and suggested directions for the student's future growth.

Supervisor's signature

Date

Student's signature

Date

Evaluation of Externship Site

Extern's Name _____	Placement Site _____
Supervisor(s) _____	Date _____

Please assign a rating of 1, 2, 3, 4, or 5 to each item below using the following scale. In deciding upon ratings, compare the externship with what you would expect from an externship in general with a similar amount of work responsibility. Indicate NA when Not Applicable.

Unsatisfactory	Needs Improvement	Acceptable	Very Good	Excellent
1	2	3	4	5

Quality of Supervision:

- ___ 1. Amount of Supervision.
- ___ 2. Level of Supportiveness.
- ___ 3. Case Conceptualization.
- ___ 4. Feedback on Written Work.

Comments:

Client Contact Opportunities:

- ___ 5. Assessment Cases.
- ___ 6. Individual Intervention Cases.
- ___ 7. Couple/Family Intervention Cases.
- ___ 8. Group Interventions.

Comments:

Externship Environment:

- ___ 9. Comfort of Working Environment (e.g., adequate office space, parking, safety).
- ___ 10. Quality of Seminars.
- ___ 11. Interaction with Other Trainees.
- ___ 12. Professional Manner with Clients and Other Staff.

Comments:

Briefly list the professional activities that this extern can engage in.

Describe the externship's strengths.

Describe the externship's relative weaknesses.

Comments and suggestions for getting the most from this externship.

Clinical Research Comprehensive Examination Feedback Form

(Adopted 03-08-07)

Student: _____

Advisor: _____

Second Reader: _____

- 1. Introduction: Thorough review and integration of theoretical and empirical literatures (thoughtful comparison of related studies/concepts, reasonable conclusions drawn).**

1	2	3	4
Fail	Marginal Pass	Pass	Strong Pass

- 2. Introduction: Quality of research aims, hypotheses, and predictions (clearly stated, complete, arising from literature review)**

1	2	3	4
Fail	Marginal Pass	Pass	Strong Pass

- 3. Methods: Appropriateness of the design to answer the question(s) posed**

1	2	3	4
Fail	Marginal Pass	Pass	Strong Pass

- 4. Methods: Adequacy of operationalization/assessment approach (e.g., construct validity of experimental manipulation, reliability of predictor and criterion variables, rationale for selection of measures)**

1	2	3	4
Fail	Marginal Pass	Pass	Strong Pass

5. Methods: Consideration of statistical power, experiment-wise error (where relevant)

1	2	3	4
Fail	Marginal Pass	Pass	Strong Pass

6. Results: Appropriateness of the data analysis strategy to answer the question(s) posed

1	2	3	4
Fail	Marginal Pass	Pass	Strong Pass

7. Results: Quality of the presentation of results (accurate, clear, complete)

1	2	3	4
Fail	Marginal Pass	Pass	Strong Pass

8. Discussion: Reasonableness of the inferences or conclusions drawn from the data

1	2	3	4
Fail	Marginal Pass	Pass	Strong Pass

9. Overall: Clarity of presentation and writing, organization

1	2	3	4
Fail	Marginal Pass	Pass	Strong Pass

10. Overall: Potential contribution to field (theoretical, empirical, or both – above and beyond what is out there)

1	2	3	4
Fail	Marginal Pass	Pass	Strong Pass

Mean of rated items: _____

Exam Outcome:

Strong Pass.....3.5 to 4.0

Pass.....2.5 to <3.5

Marginal Pass 2.0 to < 2.5

Failure..... < 2.0

Comments:

Date: _____ Student signature _____

Date: _____ Advisor signature _____

Date: _____ 2nd Reader signature _____

Research Activity Report

This form should be submitted to the DCT no later than 5:00 p.m. of the last day of classes of the spring semester. This information will be used in preparation of our annual report to APA and in the annual evaluation of clinical students. Failure to complete and return this form may have a negative affect on your next evaluation.

Name: _____

Advisor: _____

Date: _____

Advisor signature: _____

Or by forwarding this form by email to the DCT, you are stating that you have reviewed this documents and are in agreement with it

Student's Signature: _____

1. PUBLICATIONS, please give full citation in APA format

a. **Journal Articles published**

b. **Journal articles in press**

c. **Journal articles submitted** [include current status: e.g., in initial review, accepted pending revision, being revised for submission to another journal, rejected]

d. **Books** (author, editor; book chapters) [include current status, e.g., under contract, in press, published]

2. MEETING/CONFERENCE PRESENTATIONS (Use “*” to indicate refereed)

3. GRANTS [EXTERNAL FUNDING ONLY]

a. **Grants received** (amount and source of funds)

b. **Grants applied** for (amount and source of funds)

Please answer the following questions: (Information required by APA)

1. Member of professional/research societies (including student affiliates)

Yes _____ No _____

2. Authors/co-authors of papers or workshops at professional meetings.

Yes _____ No _____

3. Authors/co-authors of articles in professional and/or scientific journals.

Yes _____ No _____

4. Involve in grant-supported research (Including RA's)

Yes _____ No _____

5. Involved in teaching (Including TA's)

Yes _____ No _____

6. Involved part-time in delivery of professional services on or off campus (excluding internship)

Yes _____ No _____

Approval to Defend Dissertation

(last updated December 13, 2006)

This form must be signed by all members of your dissertation committee and the Associate Chair for Graduate Studies. You are responsible for getting ALL signatures. It is also acceptable for the dissertation committee members to email the Graduate Program Assistant that they give approval to defend the dissertation.

The signed form and a copy of your dissertation must be submitted to the Graduate Secretary least three weeks prior to your anticipated defense date.

By signing this form the dissertation committee member agrees that he/she:

- (1) has carefully read the dissertation
- (2) finds the analysis and interpretation of the data appropriate.
- (3) Does not anticipate that major changes will be necessary, and
- (4) Believes that approval of the dissertation is conditional on only minor corrections and a successful defense.

Name: _____

Dissertation Title: _____

Dissertation Chair: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

Associate Chair for Graduate Studies, Psychology

Date

Proposed Dissertation Defense Date:

Location: _____

Time: _____

Summary of F31 Predoctoral Fellowship Guidelines

The Ruth L. Kirschstein National Service Award for Individual Predoctoral Fellowship (F31) provides predoctoral training support for doctoral candidates who have completed their comprehensive examinations or the equivalent by the time of award and will be performing dissertation research and training. The applicant should provide evidence of potential for a productive research career based upon the quality of previous training and academic record. The applicant must propose a dissertation research project and training program which falls into a research area within the scientific mission of the NIAAA, NIBIB, NIDCD, NIDA, NIMH, or NINDS. The research training experience must enhance the applicant's conceptualization of research problems and research skills, under the guidance and supervision of a committed mentor who is an active and established investigator in the area of the applicant's proposed research.

The research training program should be carried out in a research environment that includes appropriate human and technical resources and is demonstrably committed to the research training of the applicant. The application must include evidence that current and ongoing instruction in the principles of responsible conduct of research will be incorporated into the proposed research training plan. Fellowship awardees are required to pursue their research training on a full-time basis, devoting at least 40 hours per week to the training program. The F31 fellowship supports research training applied toward preparation of a dissertation and does not support study leading to the M.D., D.O., D.D.S., Psy.D., or similar professional degrees.

Application forms for F31 (uses PHS 416-1) are available online at [www.http://grants.nih.gov/grants/funding/416/phs416.htm](http://grants.nih.gov/grants/funding/416/phs416.htm).

Writing Successful Proposals

A. General Strategies for Successful Proposals

Convincing reviewers of the merits of your proposal. Proposals are typically reviewed by a panel or group of scholars who are reasonably knowledgeable about the research area of your proposal. To succeed, you will have to be at least as knowledgeable as they are. Consider the reviewers to be "informed strangers." A primary function of your proposal is to persuade the review group that what you plan to do stands out in terms of conceptual innovation, methodological rigor, and substantive content. Remember that the review group has to choose among or rate many highly competitive proposals. Reviewers also can't read your mind—if you don't write it in the proposal, they won't know about it. You must include enough detail to convince them your hypothesis is sound and important, your aims are logical and feasible, you understand potential problems, and you can properly analyze the data.

The typical peer reviewer:

- ▶ has a breadth and depth of knowledge and a vested interest in ranking applications in an unbiased and fair manner based on likely contribution to knowledge.
- ▶ may not be extremely familiar with all techniques used in a grant. All parts of the grant must therefore be clear and written in such a way that a non-expert can understand them.

- ▶ may not know the applicant personally, or feel comfortable with his or her level of independence, knowledge of the field, ability to design experiments with appropriate controls, ability to decide what to do if proposed experiments don't work out, etc. It is the job of the applicant to convince the reviewer.
- ▶ may not fully understand the significance without a compelling argument.
- ▶ is capable of understanding preliminary data if presented.
- ▶ must read several applications in great detail and evaluate all of them. Therefore, the successful application is clear, precise, easy to read, and free of errors.

Basic questions reviewers ask about research proposals:

- ▶ How high are the intellectual quality and merit of the study?
- ▶ What are we going to learn as a result of the proposed project that we do not already know, i.e., what is its potential impact and why is it worth knowing?
- ▶ How novel is the proposal? If not novel, to what extent does potential impact overcome this lack? Is the research likely to produce new data and concepts?
- ▶ Is the hypothesis valid and is there evidence to support it?
- ▶ Are the goals or aims logical?
- ▶ Are the procedures appropriate, adequate, and feasible for the research?
- ▶ Is the investigator qualified to conduct the research?
- ▶ Are the facilities adequate and the environment conducive to the research?

Additional questions reviewers ask about training plans:

- ▶ Is the training plan distinct from the regular course of graduate study?
- ▶ Is the training plan feasible, i.e., can it be accomplished within time, funding, and geographic constraints?
- ▶ Will the training plan contribute significantly to the applicant's academic career?
- ▶ Is there appropriate coordination between research and training components?

Writing the proposal. Writing a grant or fellowship proposal is different from writing up the results of research. A major difference is that the proposal details what you *plan to do*, rather than reporting on work already completed. You must also take care to communicate effectively through clear and concise writing. Well-written proposals are organized, direct, concise, and carefully crafted to address the guidelines in the application. It is helpful to have several

objective experts review your proposal before you submit it.

Writing Tips

1. Prefer the active rather than the passive voice. For example, write "We will develop a cell line," not "A cell line will be developed."
2. Keep related ideas and information together, e.g., put clauses and phrases as close as possible to - preferably right after the words they modify.
3. Simplify and break up long, involved sentences and paragraphs. In general, use short simple sentences; they are much easier on the reader. Your goal is communication.
4. Edit out redundant words and phrases. Edit and proofread thoroughly. Look carefully for typographical and grammatical mistakes, omitted information, and errors in figures and tables. Sloppy work will definitely suffer in review. Reviewers feel that if the application is sloppy or disorganized, the applicant's research may be as well.

Writing a Proposal for a Research Project Grant

The sections below are based on a typical NIH research project grant.

Title

1. Make your title specific and detailed. If your application is a revision, do NOT change the title.
2. Stay within the 56-character limitation (this includes spaces between words).

Developing the Hypothesis

1. Most reviewers feel that a good grant application is driven by a strong hypothesis. The hypothesis is the foundation of your application. Make sure it's solid. It must be important to the field, and you must have a means of testing it.
2. Provide a rationale for the hypothesis. Make sure it's based on current scientific literature. Consider alternative hypotheses.
3. A good hypothesis should increase understanding of biologic processes, diseases, treatments and/or preventions.
4. Your proposal should be driven by one or more hypotheses, not by advances in technology (i.e., it should not be a method in search of a problem). Also, avoid proposing a "fishing expedition" that lacks solid scientific basis.
5. State your hypothesis in both the specific aims section of the research plan and the abstract.

Developing Your Research Plan

1. A top-quality research plan is the most important factor determining your application's success in peer review. As with a scientific publication, developing your ideas is key. Read the grant application kit carefully for specific elements to be included in the research plan. Before proceeding into specific sections of the plan, here are some general tips:
2. Your application should be based on a strong hypothesis.
3. Be sure your project has a coherent direction.
4. Keep the sections of the plan well coordinated and clearly related to the central focus.
5. Emphasize mechanism: A good grant application asks questions about mechanisms.
6. Don't be overly ambitious - your plan should be based on a feasible timetable.

7. Specific aims and experiments should relate directly to the hypothesis to be tested

PHS agency research plans include sections outlined in PHS 398 as follows:

A. Specific Aims (Should include 2-4 aims)

1. Your specific aims are the objectives of your research project, what you want to *learn*, not activities you plan to *conduct*. The project aims should be driven by the hypothesis you set out to test. Make sure they are highly focused.
2. Begin this section by stating the general purpose or major objectives of your research in a brief introductory statement. You also want to catch reviewers' attention, so make sure this is well written and compelling.
3. Be sure all objectives relate directly to the hypothesis you are setting out to test. If you have more than one hypothesis, state specific aims for each one. Keep in mind your research methods will relate directly to the aims you have described.
4. Choose objectives that can be easily assessed by the review committee. Do not confuse specific aims with long-term goals.

B. Background and Significance

1. Keep the statement of significance brief. State how your research is innovative, how your proposal looks at a topic from a fresh point of view or develops or improves technology.
2. Show how the hypothesis and research will increase knowledge in the field. Relate them to the longer-term, big picture scientific objectives and to the betterment of public health.
3. Justify your proposal with background information about the research field that led to the research you are proposing. The literature section is very important because it shows reviewers you understand the field.
4. Use this opportunity to reveal that you are aware of gaps or discrepancies in the field. Show familiarity with unpublished work, gained through personal contacts, as well.
5. Identify the next logical stage of research beyond your current application.

C. Preliminary Studies/Progress Report

1. By providing preliminary data, this extremely important section helps build reviewers' confidence that you can handle the technologies, understand the methods, and interpret results.
2. Preliminary data should support the hypothesis to be tested and the feasibility.
3. Explain how the preliminary results are valid and how early studies will be expanded in scope or size.
4. Make sure you interpret results critically. Showing alternative meanings indicates that you've thought the problem through and will be able to meet future challenges.
5. Preliminary data may consist of your own publications, publications of others, or unpublished data from your own laboratory or from others.
6. Include manuscripts submitted for publication.

D. Research Design and Methods

1. Describe the experimental design and procedures in detail and give a rationale for their use.

2. Organize this section so each experiment or set of experiments corresponds to one of your specific aims and is stated in the same order. Even holding to this structure, the experiments still must follow a logical sequence. They must have a clear direction or priority, i.e., the experiments should follow from one another and have a clear starting or finishing point.
3. Convince reviewers that the methods you chose are appropriate to your specific aims, that you are familiar with them, and that, unless innovative, they are well established. If your methods are innovative, show how you have changed existing, proven methods while avoiding technical problems. Describe why the new methods are advantageous to the research you propose to do.
4. More and more applicants are including colored charts, graphs, and photographs in their applications. If you must use color to get your point across, it is wise to also place a copy of the item in an appendix, noting this in the body of the text. (However, do not put important figures only in the appendix, or overly-reduced figures in the body of the application with enlargements in the appendix. The Research Plan must be self-contained. The appendix should not be used to circumvent the Research Plan page limits.) Many applicants are not aware that most of the study section members may receive only black and white photocopies of their original application. However, assigned reviewers do receive originals of the appendices (which is why five copies are requested) and usually receive original copies of the application as well. Now many applications are being distributed electronically.

Approach

1. State why you chose your approach(es) as opposed to others.
2. If you are choosing a nonstandard approach, explain why it is more advantageous than a conventional one. Ask yourself whether the innovative procedures are feasible and within your competence.
3. Call attention to potential difficulties you may encounter with each approach.
4. Reviewers will be aware of possible problems; convince them you can handle such circumstances. Propose alternatives that would circumvent potential limitations.
5. Consider the limitations of each approach and how it may affect your results and the data generated.
6. Spell it out in detail. While you may assume reviewers are experts in the field and familiar with current methodology, they will not make the same assumption about you. It is not sufficient to state, "We will grow a variety of viruses in cells using standard in vitro tissue culture techniques." Reviewers want to know which viruses, cells, and techniques; the rationale for using the particular system; and exactly how the techniques will be used. Details show you understand and can handle the research.
7. Make sure any proposed model systems are appropriate to address the research questions and are highly relevant to the problem being modeled.

Results

1. Show you are aware of the limits to - and value of - the kinds of results you can expect based on current knowledge of the subject. State the conditions under which the data would support or contradict the hypothesis and the limits you will observe in interpreting the results.
2. Show reviewers you will be able to interpret your results by revealing your

understanding of the complexities of the subject.

3. Many applications benefit from statistical analysis. The early involvement of a statistician to determine the amount of data to collect and the methods for analyses will favorably impress reviewers.
4. Describe your proposed statistical methods for analyzing the data you plan to collect. Define the criteria for evaluating the success or failure of a specific test.

E. Human Subjects

Assuring NIH human subjects are protected is a key responsibility of the applicant, in concert with the applicant's institution. Awards cannot be made until assurances are on file. If your proposed research does not involve human subjects, indicate this by noting "Not applicable in this appropriate section." Anyone reading your application will know immediately you have not just forgotten to complete this section. If your proposed research involves human subjects or samples from human subjects, read carefully and follow the Human Subjects Research section of the instructions. Include enough information so reviewers have no questions about what you propose to do. In addition, your research plan must be certified by your institution's institutional review board (IRB) prior to funding (unless exempt). Though IRB approval is not required at the time of application, you should start the process early because revisions and final approval can take time. Before an application can be funded, a Human Subjects Assurance must be on file with the Office of Human Research Protections (OHRP). Contact OHRP or your institutions grants and contracts office for details and help.

F. Vertebrate Animals

If the proposed research involves vertebrate animals, your project must be reviewed and approved by an institutional animal care and use committee (IACUC) prior to review, and an Animal Welfare Assurance must be on file with the Office of Laboratory Animal Welfare. See the instructions for item 5 of the face page of PHS 398 for further details.

G. Literature Cited

Refer to the literature thoroughly and thoughtfully but not to excess. The publications you cite need not be exhaustive but should include those most relevant to your proposed research. Research proposals typically do not fare well when applicants fail to reference relevant published research, particularly if it indicates that the proposed approach has already been attempted or the methods found to be inappropriate for answering the questions posed. Each citation must include the names of all authors (not et al.), name of the book or journal, volume number, page numbers (not first page only), and year of publication

Common Mistakes for Research Grant Proposals

Problems with significance:

1. Not significant nor exciting nor new research
2. Lack of compelling rationale
3. Incremental and low impact

Problems with specific aims:

1. Too ambitious, too much work proposed

2. Unfocused aims, unclear goals, listing of activities rather than research objectives

Problems with experimental approach:

1. Too much unnecessary experimental detail
2. Not enough preliminary data to establish feasibility
3. Little or no expertise with approach
4. Lack of appropriate controls
5. Not directly testing hypothesis or discussing alternative models
6. No discussion of interpretation of data

What are the major obstacles to grant writing and how can I overcome them?

“It’s such an overwhelming task”

Probably the biggest obstacle to writing grants and fellowships is that it seems to be an overwhelming task to many students. There is an array of information available from your school’s grants and contracts office, websites, department information, your advisor, and other students. Simply sifting through this information can seem daunting. Further, once you have identified a potential funding source and application process, the sheer amount of detail and work to complete as required is difficult to imagine. How can you overcome this obstacle? As with all complex tasks, it is important to approach grant writing one step at a time. You should first develop your research ideas carefully (and related training needs).

Next you should identify viable sources of funding and consult with others about the specific procedures to follow. Another strategy for simplifying this process is to talk with others who have been successful and gather copies of successful applications for the funding source you are interested in.

“I don’t have time”

This problem is not limited to applying for grants and fellowships. Graduate students and faculty typically juggle multiple tasks which makes it difficult to find time for everything (or sometimes for anything). But fellowships and grants almost always are submitted by specific deadlines. One strategy is to select a deadline and allocate an appropriate amount of time before that deadline to focus almost exclusively on preparing your application (which will require having already collected pilot data, reviewing the literature, etc.). This time will be specifically for putting it all together and writing the proposal. Some students find it helpful to create a timeline and ask their advisor to help them meet each deadline. You must also leave enough time for your department and university to process your submission.

“I don’t have any pilot data”

Grants and fellowships that emphasize a research plan often require some type of pilot data. For doctoral students, this is usually collected as part of the second year or master’s project, or collected in collaboration with your advisor. It is not necessary to have an accepted publication based on this pilot data, but it is important to make a case for your proposed research based on work you have already done (or ongoing work in your lab). Pilot data is particularly important if you are using new measures, novel situations, or participants from different ethnic or cultural groups (compared to previous studies).

“My area of research is hard to get funding for”

It is true that certain areas of research come into vogue for funding, often linked to specific advances in the fields, pressing social problems, or political winds. These concerns are often more pronounced for large-scale research projects. Remember that funding for predoctoral and postdoctoral students is linked primarily to the student and his or her capacity for success in academia. A strong academic record and clear career trajectory are very important!

“It’s just too much responsibility to have to worry about grants, budgets, reports, etc.—I just want to get through graduate school!”

But you also want to start a successful career, and grant funding is important!

What is my advisor’s role in the grant and fellowship process?

As with all research and training activities, you should always consult regularly with your advisor. Predoctoral applications benefit by one or two years in your advisor’s research lab, although some fellowships are for beginning graduate students only. For most fellowships with a training component, your training plan will be written in collaboration with your advisor. In some cases (for instance, NSF dissertation grants), your advisor must submit as the Principal Investigator (PI) on your behalf and you will be the Co-PI.

What is the review process?

Many foundations will assign reviewers to read and write a review of your proposal; in some cases, the reviewers meet to discuss their comments and in other cases the recommendations are sent to the foundation and evaluated by a specific committee appointed by the foundation. Applications to federal institutes are reviewed by committees comprised largely of academic researchers. Proposals under Program Announcements typically are reviewed by standing committees which may or may not be made public. For example, rosters for NIH committees are found on the agency website; however, NSF does not publish rosters. For NIH, you can request a specific committee at the time of submission in a cover letter. This makes sense if you find a review committee that has people who are working in your area. If you do this, it is a good idea to cite their work in your literature review. In most all cases, you will receive written and detailed reviews of your proposal. These will be very important in preparing a resubmission (when allowed). It is important to think of your reviews as helpful advice!

What are my chances of success and how can I improve them?

Success rates vary by source of funding, typically hovering between 10% and 30%. As an example, the graph below illustrates number of F31 (predoctoral fellowship) the National Institutes of Health (NIH) applications reviewed and awarded. As you can see, the submission rate has increased significantly over the last decade, although funding levels have increased only slightly. One way to improve your chance of success is to resubmit when appropriate and to be persistent! As another example, the National Science Foundation (NSF) receives approximately 40,000 proposals in all areas and funds about 11,000. Approximately 1,000 graduate fellowships are awarded each year from several thousand applications. If you search carefully on most websites you can determine number of grants received and number funded each year to determine success rates.