

College of Arts and Sciences
Department of Psychology

George Mason University

Clinical Psychology Doctoral Program

Student/Faculty Handbook

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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. It is not, however, the only source of information. The University Catalog contains information about the University's Graduate Program policies that are not contained here.

In addition to becoming familiar with the contents of this handbook, students are strongly encouraged to maintain close and continual contact with their Advisors.

James E. Maddux
Director of Clinical Training

II. MEMBERS OF THE CLINICAL FACULTY

Lauren Cattaneo	993-4738	Impact of mental disorder upon the family; aging
Todd Kashdan	993-9486	Social anxiety; curiosity; well-being and human strengths
James Maddux	993-3590	Social-clinical interface; health psychology; Social-Cognitive theories of behavior change.
Patrick McKnight	993-8292	Research methods and statistics, program evaluation.
Lisa Meier	993-1370	Director of Psychological Clinic. Psychological assessment; Management of mental health delivery systems.
Jonathan Mohr	993-1279	Counseling and psychotherapy process; Gay and Lesbian issues; Stigma.
John Riskind	993-4094	Depression; Anxiety; Cognitive theories and treatment
Jerome Short	993-1368	Family stress and coping; Prevention programs; Substance abuse treatment
Jelena Spasojevic	993-9487	Depressive rumination; interpersonal factors in depression and PTSD; refugees
June Tangney	993-4051	Personality, social, and emotional development; criminal rehabilitation

III. WHO'S WHO IN THE DEPARTMENT

Department Chair:

Dr. Deborah Boehm-Davis 993-1398 / DK 2003 dbdavis@gmu.edu

Associate Chair for Graduate Studies:

Dr. Jerome Short 993-1368 / DK 2045 jshort@gmu.edu

Associate Chair for Undergraduate Studies:

Dr. James Sanford 993-1351 / DK 2046 jsanford@gmu.edu

Office Manager:

Ms. Susan Ridley 993-1398 / DK 2003 sridley@gmu.edu

Graduate Program Assistant:

Ms. Darby Wiggins 993-1548 / DK 2014 dwiggin3@gmu.edu

Undergraduate Program Coordinator:

Ms. Jennifer Barrett 993-1759 / DK 2086 jbarret5@gmu.edu

Grants and Budget Administrator:

Ms. Pat Sperry 993-1495 / DK 2003 psperry@gmu.edu

Fiscal Services Assistant:

Ms. Christine Pettit 993-3235 / DK 2003 cpettit1@gmu.edu

Administrative Assistant:

Ms. Sara Montiel 993-1342 / DK 2086 smontiel@gmu.edu

Teaching Assistant Coordinator:

Dr. Michael Hurley 993-1384 / DK 2086 mhurley2@gmu.edu

Laboratory Manager:

Mr. Dave Cerri 993-1353 / DK 2024 dcerri@gmu.edu

Applied Experimental Program Coordinator:

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Industrial/Organizational Program Coordinator:

Dr. Lois Tetrick 993-1372 / DK 3066A ltetrick@gmu.edu

Industrial/Organizational M.A. Coordinator:

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Human Factor/Applied Cognition Program Coordinator:

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Human Factor/Applied Cognition M.A. Coordinator:

Dr. Chris Monk

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cmonk@gmu.edu**Developmental/Biopsychology/School (DBS) Program Coordinator:**

Dr. Elyse Lehman

993-1352 / DK 2048

elehman@gmu.edu**Applied Developmental M.A. Coordinator:**

Dr. Elyse Lehman

993-1352 / DK 2048

elehman@gmu.edu**School Psychology M.A. Coordinator:**

Dr. Jack Naglieri

993-3811 / Clinic 202

jnaglier@gmu.edu**Biopsychology M.A. & Ph.D. Coordinator:**

Dr. Jane Flinn

993-4107 / DK 2022

jflinn@gmu.edu**Director of Clinical Training:**

Dr. Jim Maddux

993-3592 / DK 2019

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Dr. Lisa Meier

993-1371 / Clinic 202

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Program directors and coordinators are responsible for approving graduation applications, transfer credits, and other student requests. Most of these forms and requests also require the signature of the Associate Chair for Graduate Studies.

IV. CLINICAL PROGRAM CURRICULUM

Training Model and Goals

The Clinical Psychology doctoral program at George Mason University is committed to the scientist-practitioner model. Our goal is to train clinical psychologists who are capable of integrating research and applied clinical activities. We provide rigorous training in both scientific methods and clinical interventions, with an emphasis on those that are empirically based. This training encourages students to be integrative and innovative while guided by the principles of science.

The program is unique in approaching clinical psychology from social psychological and community perspectives. A social psychological approach uses theory and research from social psychology to understand emotional, cognitive, behavioral, and interpersonal functioning. A community approach stresses the impact of social and cultural factors on the individual and the impact of the individual on the community. Most of the faculty members employ cognitive-behavioral and interpersonal approaches to clinical research and practice. Students have additional training opportunities throughout the Washington DC metropolitan area.

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 believe that in all of these activities, clinical psychologists have a responsibility to have a positive impact on their 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/consortium/>

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 (611).....	4
Advanced Statistics II (612).....	4
CORE 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
Clinical Psychology in the Community I (PSYC 840).....	3
Clinical Psychology in the Community 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

Sample 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 of Clinical Psych (833) (3)
Social-Cognitive Interventions (831) (3)
Practicum in Clinical Psychology (881) (3)
Biological or Developmental Core Course (3)
Professional Seminar (890) (1)

SPRING (12)

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

YEAR THREE (18)

FALL (9)

Clinical Psychology in the Community I (840) (3)
Elective (3)
Dissertation Proposal (998) (3)
Externship (Optional)

SPRING (9)

Clinical Psychology in the Community II (841) (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

*An Internship in fourth year requires an approved dissertation proposal by December 1 of the preceding academic year. An Internship in the fifth year requires a dissertation proposal by Nov. 1 of the preceding year.

Electives

An “elective” is defined as any non-required coursework that is directly relevant to your education and training as a clinical psychologist. 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. An 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 your advisor and the Director of Clinical Training. 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)

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 and the Director of Clinical Training (DCT) 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.

Externships are competitive, and the application process usually involves:

- (1) Submission of a formal application along with a curriculum vita, and letters of recommendation.
- (2) 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.

It is expected that evaluation of the student's performance will be provided to the student and the program by the externship site at the end of externship year. Externship supervisors may use their own evaluation forms or the program's Externship Skill Evaluation Form (see Appendix). Externship evaluations will be shared with the Clinical Faculty and subsequently kept in the student's file.

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 DCT to apply to sites that are not APA-accredited. The student must submit to the DCT, prior to application, 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 in the Association of Psychology Postdoctoral and Internship Centers (APPIC directory of internship sites and site evaluations from previous internship students.)

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 the DCT in the fall of the application year to discuss the internship application process. Students also should meet with their Advisors 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 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, however, may have their own applications or supplemental forms they wish students to submit as well.)

Important: One of the application forms requires a detailed accounting of specific clinical experiences. It will make completion of this form easier for students to keep a running log of each clinical experience from 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.

Students usually are invited for interviews by internship programs usually during December and January. Both internship programs and students 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 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.

Internship Registration...

During internship, students must register for Special Registration. Special Registration costs \$45.00 and allows the students to maintain active status without paying for additional graduate credit. 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, which articulates what courses the student has taken/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. The Program of Study form can be found in the Appendix.

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 reduction of up to 30 hours of doctoral 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.
- Applications for exemptions must be made by the beginning of the second year of study.
 - Applications should include a written description of how the course(s) fits into a coherent program of study and course materials showing the content of the course.
 - The request for exemptions 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 Appendix).

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 should a request be 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 the committee members.

See University Catalogue for other policies regarding exemptions and transfer of credit.

Dissertation Registration Requirements

Once doctoral students enroll in dissertation research (PSYC 998 and 999), they are required by university policy to maintain continuous registration in PSYC 998/999 until graduation, not including summer, unless the student plans to defend the dissertation in the summer. Clinical Psychology students who are off campus on internship can maintain continuous registration by registering for "Special Registration" SREG 800. After the internship is complete, the student will need to maintain continuous registration for the dissertation (PSYC 999) until graduation.

Registration for 998: Dissertation Proposal: Students may sign up for minimum of 1 credit hour of 998 per semester with permission of their Advisors.

Registration for 999: Dissertation: Students are required to register for 3 credits per semester until they are within 3 hours of the total dissertation hours required by the program. Once students have completed 9 hours of 998/999 combined, they may take one hour of 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”.)

Please note that even though students may have met the required dissertation hours as specified in their Program of Study, they must nonetheless maintain 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.

Dissertation Registration

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 chssdiss@gnu.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 LAHS Enrollment Services Coordinator (MSN 3A3, College Hall C113A, 703-993-8864).

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 DCT prior to accepting such a position. This request must include a description of the job tasks, 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 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 State of Virginia Board of Psychology Regulations.

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 Supervisory 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 Advisor-advisee relationship is a professional relationship and is negotiable. The student shares in the responsibility for developing a relationship within which he/she may achieve his/her academic goals. Both student and Advisor are free to terminate the relationship if it proves unsatisfactory to either.

Assignment and Selection of Advisors

Entering students are initially assigned an Advisor by the DCT. 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 should his/her research interest change. Again, the student must inform the DCT of the change as soon as the change occurs.

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 Supervisors. If Supervisors for Spring semesters differ from those in Fall semester, students will meet again and make new selections. In selecting their Supervisors, the students must ensure that they 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

The Clinical Supervisor provides feedback and guidance during required practicum experiences, evaluates the student's clinical skills, and serves as a role model during the early development of the student's clinical skills.

During second-year practicum (881), the Supervisor supervises the student's work with psychotherapy and assessment clients. The Supervisor and the Director of the Clinic (or Director of the University Counseling Center if the student's placement is there) determines the number and type of clients to be seen by students although the usual expectation is 2-4 clients. In addition, the Supervisor supervises three Comprehensive Assessments completed with Clinic 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. Supervisors will adhere to or 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 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 on page 17.

The supervisor evaluates the student's clinical skills at the end of each semester. An evaluation form is completed by the supervisor, on which the student is rated on variety of fundamental clinical skills, with the addition of written narrative, at the end of the academic year. The student and supervisor review each evaluation, and the student signs the evaluation. The appendix contains a copy of the Supervision Rating Form.

All evaluations are placed in the student's department file.

Students also evaluate the Supervisors at the end of each semester. These evaluations are submitted to the DCT. Appendix J contains a copy of the Practicum Supervisor Evaluation Form.

Supervisors' Responsibilities

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

Stanford Binet
WAIS and WISC
MMPI
PAI

Child Behavior Checklist
Diagnostic interviewing
Woodcock-Johnson

The degree to which specific strategies and 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 use of tapes 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 and providing written feedback to each student at the end of each semester before the formal end-of-semester evaluation by clinical faculty.
6. Distributing the Practicum Supervisor Evaluation Form to their supervisees at the end of each semester. (See Appendix).
7. Helping/training students seek out and use consultants, including other members of the faculty.
8. Being familiar with Clinical Program Handbook and the Psychology Clinic's manual, as well as attending the Clinic Orientation at the beginning of the year.
9. Maintaining a professional manner in connection with clients and supervisees, e.g., returning phone calls promptly, being on time for meetings, spending adequate time on each case, reviewing and initialing client file entries, etc.
10. 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.
11. Reviewing with students the lists of Supervisors' and Supervisees' responsibilities and the forms used for evaluation, during the first supervision meeting of the year. (See evaluation forms in Appendix.)

Supervisee's 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 Clinic 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 Psychological Clinic's manual, all policies and procedures of the Clinic, and the Clinical Program Handbook and attending the Clinic's Orientation.
7. Treating clients and supervisors with respect and professionalism, including being on time for supervision.
8. Being prepared for supervision meetings, including reviewing tapes ahead of time, formulating questions for the Supervisor, etc.
9. Completing and turning in to the DCT the evaluation of the Supervisor. (See Practicum Supervisor Evaluation Form in Appendix)

VII. THE PSYCHOLOGICAL CLINIC

The George Mason University Psychological Clinic is a training facility that provides a setting for the professional development of graduate students in Clinical, School, and Applied Developmental Psychology. In addition to their formal practicum experiences, students may also receive valuable experience and financial support as Clinic Intake Coordinators, Consultant Examiners, and Assessment Supervisors.

The Clinic provides psychological services to children and adults in the Northern Virginia area. Clinic services include intellectual, academic, and psychological assessments; short-term and long-term psychological interventions for individuals, couples, and families; and psychological consultations.

The Clinic also serves as a research facility for faculty and students.

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

The Clinic is under the direction of Dr. Lisa J. Meier.

Criminal Background Investigations: Because the Clinic 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 the link below.

<http://www.gmu.edu/facstaff/policy/newpolicy/2221adm.html>

VIII. CONFERRAL OF MASTERS DEGREE

Students who have been admitted to the doctoral program with a concentration in clinical psychology are awarded the MA 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 Director of Clinical Training.

The MA concentration in clinical psychology is not a terminal degree. It 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.

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
One of the following.....	3
Biological bases of behavior (PSYC 558, 559, or 702)	
Developmental bases of behavior (666, 669, or 704),	
One of the following.....	3
Social and Cognitive Foundations of Clinical Psychology (PSYC 833),	
History, Systems, and Theories of Personality and Psychotherapy (PSYC 830)	
Social-Cognitive Interventions in Clinical Psychology (PSYC 831)	

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 <http://registrar.gmu.edu> and obtaining approval from Advisor, DCT, and Associate Chair of Graduate Studies.
4. Requesting to change all "IP" to final grades.

IX. THE COMPREHENSIVE EXAMINATION

The comprehensive examination consists of two parts: a research paper to evaluate the student's research knowledge and abilities and a clinical oral examination to evaluate the student's clinical knowledge and abilities.

The Research Examination Paper

By July 1 of the second 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.

The article will be graded by two members of the clinical faculty – the Advisor and one other to be decided by the student and Advisor and be invited by the student.

A third person not on the Clinical faculty will be asked to provide feedback on the article but will not grade the article. This third person can be any appropriate (as defined by the Advisor) person who works in psychology or in a field related to the topic of the study (e.g. non-clinical Psychology faculty member at GMU, non-Psychology faculty member at GMU, faculty member at another university, research scientist at another facility). It is the responsibility of the student to invite this person to serve on the committee.

The paper will be graded by the two clinical faculty members as *fail*, *pass*, *strong pass* or *pass with honors*. If a failing grade is awarded, the student will have two months to make the changes recommended by the committee and resubmit the article to the committee for reconsideration. A student may request an extension of this deadline in the case of unusually extensive revisions.

A student who receives a failing grade on the revised paper will be terminated from the Clinical Program.

In the first half of the fall semester, each student will give a 15-20 min. presentation based on the article to a meeting of the Clinical Faculty and students. The presentation will not be graded.

The Clinical Oral Examination

Overview

The oral exam requires the presentation of a videotaped intake interview with an assessment or consultation client of the Psychological Clinic and a written report based on the interview. A 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, including either a developmental bases of behavior course or a biological basis of

behavior course, with a grade of “A” or “B”. For courses not taken, the student must have on record an exemption from those courses. Electives are not considered required courses for the purpose of eligibility to sit for the oral examination.

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 Clinic Director has verified 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 examination committee normally consisting of at least two members of the Clinical Faculty. 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 members. The Clinic Director and part-time faculty members who teach clinical courses also may serve in the place of a clinical faculty member. However, the Committee must have as a member at least one full-time member of the Clinical faculty. A student may request that a third member be appointed. The student’s second year supervisor typically will serve as Chair of the committee. 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.

The student is responsible for arranging a time and place for the examination. The committee Chair is responsible for managing the examination; he/she is not an advocate for the student.

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 Clinic Director and must request another client.

Examination Material. The student will complete and videotape the initial (or consultation) 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.

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 Clinic Director, who will help decide an appropriate course of action.

The Videotape. The interview must be videotaped. Only the initial interview with the client is taped. Interviews with parents are not taped. The student is responsible for the operation of the video equipment. The student may also audiotape the interview in addition to videotaping.

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 needed 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 Clinic or the main campus for the examination and confirm with your committee
7. Before the exam, review the tape several times. Anticipate questions about problematic aspect 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. Bring to the exam the videotape, extra copies of your intake report, and any notes you desire. You will also be responsible for setting up the video equipment. When the exam begins, the first thing the committee will do is to decide if they will proceed with the exam. You may be failed at this point for an unprofessional report or 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-minute segments of the tape will be reviewed. These will consist of a first segment at the beginning of the tape and a second segment of the student's own choosing. This latter segment can provide students an opportunity to present parts of the tape that show their skills in their best light.

The student can audiotape the oral exam. 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 Comprehensive Exam Feedback Sheet (see Appendix). 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 Exam Feedback Sheet.

Content of the Oral Exam. It is the responsibility of the faculty and the student to maintain a professional atmosphere during the exam. All committee members and students must come to the examination on time and prepared.

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 reexamined 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 the student 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 chair 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 Clinic Director has verified in writing to the DCT the successful completion of the assigned assessment or consultation, the DCT will send a letter to the student notifying the student that he/she has passed the exam. The DCT will give a copy of this letter 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 Clinic 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.

Request for Missing Information

Students who have not provided the necessary evaluation materials (e.g., the annual Research Activity Report, Plan of Study, or Advisor contact) will be requested to provide the missing items.

Letter of Concern

When problems of any kind are identified by faculty, the student may receive a letter detailing 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 discuss appropriate ways to address the communicated concerns. Occasionally, letters will specify required student actions (e.g., completion of a revised Plan of Study).

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 the specific reasons for the decision in writing and will be given 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. Toward 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 taking the student off probation, continuing probation, or termination of the student from the program.

Termination

A student is 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, failing grades in courses, failure to make progress towards 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.

It does not, however, preclude the student from applying to or taking courses in other programs of the Department or the University for which he/she is eligible.

Dismissal

This is an 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 (six 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.

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 Research Methods course sequence (611-612) during the first year to help prepare them for dissertation work. This course includes development and write-up of a dissertation research idea, in conjunction with (and graded by) the student's Advisor.
- (3) Students are expected to maintain regular contact with their research Advisors. Different faculty 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 academic year, students are required to fill out a Research Activity Report summarizing their research progress during the year. These reports must be countersigned by the research Advisor and submitted for consideration by the Clinical Faculty at the end-of-year student evaluation meeting.
- (5) Upon successful completion of Oral Comprehensive exams (usually in the fall of the third year), students may establish a Dissertation Committee. (See The Doctoral Dissertation).
- (6) In order to complete applications for internship in the third year, students must have an approved dissertation proposal by December 1 of the third year. Students who are in their fourth year or beyond must have an approved dissertation proposal by November 1 of the year prior to the anticipated internship year.
- (7) The University requires that all degree requirements, including the dissertation, be completed within six years (including internship year) of Advancement to Candidacy (which occurs upon completion of Comprehensive exams). However, the Clinical Faculty expects and requires more rapid progress for students to retain good standing in the program. Lack of progress on dissertation research, in the judgment of the Clinical Faculty, may result in a letter of concern, probation, or termination from the program.

XII. ADVANCEMENT TO CANDIDACY & TIME LIMIT TO COMPLETION OF DEGREE

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) completion of comprehensive exams and advancement to doctoral candidacy are recorded on your transcript; some internships prefer applicants who have been advanced to candidacy; (2) the clinical faculty will not write letters of recommendation for internships until exams are completed (exceptions have been made, but they must be requested through a formal petition; (3) certain university-based dissertation grants require candidacy, while others require both candidacy and a formally approved proposal; (4) the student must complete his/her degree within six years of advancement to candidacy (excluding internship) 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 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 Arts and Sciences via the Tracking for Doctoral Candidacy form.

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. The internship year is counted toward the six-year requirement.

Extension Policy

Students who wish to request an extension of the 6 year limit to completion of degree after advancement should make these requests to the Dean's office through their faculty Advisor and the graduate DCT coordinator of their program. The request should include a 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 automatic. 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 the theory or practice of psychology. This is generally achieved through consideration of a problem on the boundaries of knowledge in the field. The dissertation is an empirical project that 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.

The department requires 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 degree requirements, regardless of how many hours of 998 and 999 the student takes.

Students can begin enrolling in 998 at anytime with the permission of their Advisor. Students in the Clinical programs can register for 1 to 3 hours of 998 per semester. Once a student has initiated enrollment in 998, he/she must maintain continuous enrollment in 998 (both fall and spring of the academic year) until he/she has an approved proposal and therefore can enroll in 999. See University Catalogue for policies regarding continuous enrollment in 999.

The Dissertation Proposal

Selection of Advisor

Dissertation projects usually are developed from work with an Advisor from the Clinical faculty. However, students are free to approach other Clinical and non-clinical graduate faculty members in an effort to develop dissertation research and may select non-clinical faculty as dissertation Advisors. Faculty members are free to accept or decline responsibility for serving as a student's dissertation Advisor. The Advisor must be a full-time tenured or tenure-track faculty member in the Department of Psychology, exception are sometimes made to this rule. The Advisor does not have to be a Clinical faculty member.

The Dissertation Committee

Also referred to as the Doctoral Supervisory Committee, this committee is responsible for supervising and approving the dissertation proposal. The dissertation Advisor provides the primary guidance and serves as Chair of the committee. The Committee consists of the Advisor and at least two other members of the faculty at George Mason University. The student and his/her major Advisor select a second member from the Psychology Department to serve on the committee. The third member of the supervisory committee must be selected from the graduate faculty outside the Psychology Department. 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.

After members of the Committee have been selected and have agreed to serve, the Advisor informs the Associate Chair for Graduate Studies, who then forwards this information to the Dean of the College of Arts and Sciences, who then officially appoints the committee.

Should a member of the committee resign at any point of the dissertation process, the student must immediately find a replacement and notify the Associate Chair for Graduate

Studies. 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 from the College of Arts and Sciences. The proposal and dissertation typically comply with guidelines found in the APA Manual of Style. If the Manual and the University Guide conflict, the rules of the Guide prevail.

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 to resolve differences among committee members, and other such matters. The student should consult with the Advisor and the Committee on these matters.

During preparation of the proposal, the student must be enrolled in PSYC 998 for at least one hour each semester, with the number of hours per semester determined by the student and the dissertation Advisor.

Approval of the Proposal

The Committee members indicate their approval of the proposal by signing of the Proposal Approval Form (see Appendix). 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, etc. 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 examining the hypotheses.

After proposal approval, 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 by signing the approval form, a copy is submitted to the Graduate Secretary, who forwards the proposal to the Associate Chair for Graduate Studies for review. The Associate Chair will either recommend that the Department Chair sign the proposal or will return the proposal to the student for revisions.

Data collection may not begin until the proposal has been approved by the Department Chair or the Associate Chair for Graduate Studies.

After the proposal has been approved, the student must enroll in PSYC 999 for at least 3 hours each semester. When the student has earned a total of 9 hours of 998 and 999 combined, he/she must enroll in at least one hour of 999 per semester until the successful defense of the dissertation. Registration for 999 should be completed before the beginning of the semester. If continuous registration is not maintained, the University will assess the student for the tuition of the missed semester(s) before awarding the degree.

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 Appendix) before he/she will be allowed to set a date for the defense. 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.

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.

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 Associate Chair for Graduate Studies will require 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 your anticipated defense date, along with a copy of your dissertation. 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 dissertation and the Approval to Defend form must be submitted to the Associate Chair for Graduate Studies for his/her signature at least ONE WEEK prior to the beginning of the three week period.

The student must file a copy (bound or boxed) with Johnson Center Library Reserve desk.

The candidate and the Committee must 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. Following this presentation, the candidate is examined by the Committee concerning any aspect of the dissertation and 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 appropriate.

Following the examination of the student, the student and spectators 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 observer, 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 the Defense

An original and two copies of the cover page of the final dissertation must be signed by all members of the Committee in black ink. A copy of the dissertation and signed cover page is then given to the Graduate Secretary who forwards it to the Associate Chair for Graduate Studies for review. The Associate Chair either recommends to the Department Chair that he/she approve the dissertation or returns it to the student for revisions. After being signed by the Department Chair, a copy of the dissertation is submitted to the Dean for approval and signature. The Dean 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 Arts and Sciences.

XIV. PROFESSIONAL ETHICS

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

If you believe an ethical violation may have occurred, review the procedures suggested in the APA Ethical Principles and discuss this with either your Advisor, the DCT, or Department Chair. You may receive a confidential consultation 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. If you believe you have been subject to such discrimination, you should contact the Chair of the Psychology Department (703-993-1342), or the University's Affirmative Action/Equal Employment Officer (703-993-8730) as soon as possible.

Policy on Sexual Harassment

Sexual harassment by either faculty or students will not be tolerated by the Psychology Department or the University. If you believe you have been subject to sexual harassment, you should contact the DCT, the Chair of the Department, or the University's Affirmative Action/Equal Employment Officer as soon as possible.

XV. GUIDELINES FOR GRADUATE STUDENT GRIEVANCES AGAINST FACULTY

February 7, 1996

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 practica 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 Catalogue.) 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 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, 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 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 Arts and Sciences.

XVI. GUIDELINES FOR DISSERTATION, THESIS AND TRAVEL SUPPORT APPLICATIONS

July 2004

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 (currently Dr. Short). To apply, you must provide:

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.
 - If the budget includes copying, office supplies, postage, and other such items that can be purchased by or through the department, the budget must be reviewed and initialed by Dana Park prior to submission.
3. A statement from your Advisor 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 (currently Maddux). To apply, you must provide:

1. A letter from the conference 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.

4. All of the above must be submitted at least **two months** prior to the date of travel.

Following approval of your request for funds, you must **immediately** complete a **Travel Authorization Form**, which must be signed by the Chair before travel arrangements can be made. No travel expenses will be reimbursed unless the Travel Authorization Form has been signed by the Chair 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. Dates of travel and cost must be on the ticket receipt.

XVII. FACULTY RESEARCH INTERESTS

Clinical

Lauren Cattaneo	993-4738	Impact of mental disorder upon the family
Todd Kashdan	993-9486	Social anxiety; curiosity; well-being and human strengths
James Maddux Director of Clinical Training	993-3590	Social-clinical interface; Health psychology; Self-efficacy theory; Child clinical psychology
Patrick McKnight	993-8292	Research methods and statistics, program evaluation
Jonathan Mohr	993-1279	Sexual orientation identity; stigma and discrimination; interpersonal factors in psychotherapy
Lisa Meier	993-1371	Director of Psychological Clinic
John Riskind	993-4094	Depression; Anxiety; Cognitive theories and treatment
Jerome Short Associate Chair for Graduate Studies	993-1368	Family stress and coping; Prevention programs; Substance abuse treatment
Jelena Spasojevic	993-9487	Depressive rumination; interpersonal factors in depression and PTSD; refugees
June Tangney	993-4051	Personality, social, and emotional development; Television and social behavior; Social ethics

Developmental, Biopsychology, and School Psychology

Giorgio Ascoli	993-4383	Cognitive neuroscience; Dendritic structure and its effect on neuronal electrophysiology; Neural networks; Human consciousness; Lucid dreaming
Susan Bachus	993-4369	Schizophrenia and related disorders
Ann Butler	993-6335	Comparative anatomy
John Blaha	993-1360	Faculty Emeritus. Assessment, learning disabilities

Susanne Denham	993-4081	Social-emotional development in infants and preschoolers; Peer competence in preschool and elementary school; Developmental psychopathology; Parenting: Its impact on the above
Kimberly Eby	993-4338	Violence against women; Impact of violence on health; Domestic violence interventions and prevention
Jane Flinn	993-4107	The role of metals in learning and memory and in Alzheimer's disease
Elyse Lehman	993-1352	
Developmental/Biopsychology/School (DBS) Program Coordinator		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
Jack Naglieri	993-3811	
School Psychology M.A. Coordinator		Developmental Disabilities
Robert Pasnak	993-1354	Cognitive development in kindergarten and special education students; Thinking and problem solving at ages 18-22
Koraly Perez-Edgar	993-1342	Rational Control and Attentional Biases, Anxiety, Social Reticence/Shyness, Temperament, Biological substrates (Psychophysiology, Neuroimaging, Genetics)
Johannes Rojahn	993-4241	Socio-emotional adjustment and challenging behavior in individuals with developmental disabilities; Applied behavior analysis
Ellen Rowe	993-4266	Assessment and remediation of social, emotional, and behavioral problems among children and adolescents and developmental psychopathology.
Robert F. Smith	993-3703	Behavioral toxicology; Effects of alcohol, cocaine, and related drugs on behavioral development; Physiological psychology
John D. Wasserman	993-1748	Pediatric Neuropsychology

Adam Winsler	993-1881	Development of self-control and self-regulation; Private speech; Bilingualism, Attention Deficit Hyperactivity Disorder (ADHD)
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Industrial/Organizational and Human Factors/Applied Cognition

Debbie Boehm-Davis 993-8865

Department Chairperson

Applied cognition; understanding interruptions and
cognitive workload; transportation (Aviation and
highway)

C.Alan Boneau 993-2697

Faculty Emeritus. Recognition memory and
imagery; Structure of psychology; Psychophysics

Louis Buffardi 993-1363

Industrial/Organizational M.A. Coordinator

Employee attitude measure (i.e., job satisfaction,
organizational commitment, etc.) Work and family
issues; Human error

Jose Cortina 993-1347

Statistical interaction; Philosophy of quantitative
analysis; Personality testing

Theodore Gessner 993-4033

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

Robert Holt 993-1344

Faculty Emeritus. Social cognition; Pilot cognition;
Programmer cognition; Artificial intelligence;
Computer assisted instruction; Computer adaptive
testing; Relation of physiological measures to
cognition

Seth Kaplan 993-1342

Personality's role in job attitudes, task perceptions
and job stress, individual differences in workers'
and teams' behavior during non-routine and crisis
situations.

Chris Kello 993-1744

Perceptual, cognitive and neural systems that
underlie reading and spoken language processes

Eden King 993-1620

Effectors and equitable management of diversity in
organization, discrimination, social stigma in the
context of work

Maria Kozhevnikov 993-1342

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 A. Monk 993-3408

Human Factor/Applied Cognition M.A. Coordinator

Interrupted task performance, driver distraction,
transportation safety.

Raja Parasuraman 993-1357

Human Factors Program Coordinator

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

Visual perception, attention, cognitive aging

James Sanford 993-1343

Associate Chair for Undergraduate Studies

Human learning and memory; Cognition

Lois Tetrick 993-1372

Industrial/Organizational Program Coordinator

Occupational health psychology, motivation, and
compensation. Research focusing primarily on
individuals' perceptions of the employment
relationship and employees' reactions to these
perceptions including issues of occupational health
and safety, occupational stress, and
organizational/union commitment.

Jim Thompson 993-1342

Cognitive neuroscience, including fMRI and ERPs;
biological motion; social cognition; robotics.

Stephen Zaccaro 993-1355

Group processes; Leadership; Job attitudes;
Occupational stress and absenteeism

XVIII. APPENDICES

Course Descriptions

Course Descriptions appear in the University Catalog and syllabi for courses are on file in the Department Office. Click here for links to the Catalog: <http://jjju.gmu.edu/catalog/index.html>

**Program of Study Form
For the Doctor of Philosophy in Clinical Psychology**

Date:_____ Name:_____ SS/G#:_____

Address:_____ Phone:_____

CONTENT COURSES		
COURSE TITLE	COURSE NUMBER	SEM/YR TAKEN
GENERAL CORE REQUIREMENTS (20 HOURS)		
Biological Bases of Behavior Course (Choose one)	PSCY 702 (3)	
	PSYC 558 (3)	
	PSYC 559 (3)	
Developmental Basis of Behavior Course (Choose one)	PSYC 704 (3)	
	PSYC 666 (3)	
	PSYC 669 (3)	
Social & Cognitive Foundations of Clinical Psychology	PSYC 833 (3)	
History/Theory of Personality and Psychotherapy	PSYC 830 (3)	
Quantitative Methods I	PSYC 611 (4)	
Quantitative Methods II	PSYC 612 (4)	
NOTES:		Total Hours:
CLINICAL REQUIRMENTS (31 HOURS)		
Psychological Assessment I	PSYC 810 (4)	
Psychological Assessment II	PSYC 811 (4)	
Scientific Foundations of Clinical Psychology I	PSCY 822 (3)	
Scientific Foundations of Clinical Psychology II	PSYC 823 (3)	
Social-Cognitive Interventions in Clinical Psychology	PSYC 831 (3)	
Clinical Psychology in the Community I	PSYC 840 (3)	

Clinical Psychology in the Community II	PSYC 841 (3)	
Clinical Practicum	PSYC 881 (7)	
Professional Seminar	PSYC 890 (1)	
		Total Hours:
NOTES:		
ELECTIVES (9 HOURS)		
NOTES:		Total Hours:

DISSERTATION PROPOSAL AND DISSERTATION (12 HOURS)		
Dissertation Proposal	PSYC 998 (Min 3)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Dissertation	PSYC 999 (Min 3)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
NOTES:		Total Hours:
INTERNSHIP/EXTERNSHIP		
Externship	PSYC 885 (0)	

Internship	SREG 800 (0)	
NOTES:		Total Hours:
Grand Total Hours (72) :		

Major Advisor

Date

Director of Clinical Training

Date

Department Chair
OR Associate Chair for Graduate Studies

Date

Supervision Rating Form

Student _____

Supervisor _____

Semester and Year _____

- 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. Interviewing and Psychotherapy:

- 1. Displays accurate empathy: _____
- 2. Displays nonjudgmental acceptance: _____
- 3. Spontaneity: _____
- 4. Genuineness. _____
- 5. Makes useful interpretations, observations, and reframing of client material: _____
- 6. Can confront clients when necessary: _____
- 7. Management issues regarding appointment times, scheduling, fees, etc.: _____
- 8. Awareness of relationship issues, transference, and boundary issues: _____
- 9. Recognizes clinically important material and follows-up appropriately. _____

B. Assessment:

- 1. Formulates a clear referral question or problem: _____
- 2. Designs assessment strategy (e.g. test selection) appropriate to referral question: _____
- 3. Completes assessment in a timely manner.: _____
- 4. Generates appropriate and useful recommendations.
- 5. Organizes and integrates assessment information skillfully: _____
- 6. Administers and scores tests correctly: _____
- 7. Reports are well-written and well-organized.: _____
- 8. Overall skill in intellectual evaluations: _____
 - Overall skill in Personality tests--objective: _____
 - Overall skill in Personality tests--projective: _____

C. Clinical Interventions

- 1. Application of psychopathology, psychotherapy, and personality theory to case formulation: _____
- 2. Development of appropriate goals and strategies with different clients: _____
- 3. Ability to consider alternative formulations and theoretical approaches in work with clients: _____
- 4. Sensitivity and adherence to ethical considerations: _____
- 5. Consideration of clinical research in case formulation and treatment: _____
- 6. Awareness of diversity issues and effectiveness in working with diverse populations.: _____

D. Supervision Issues:

1. Self-assertion--presents own ideas, shows initiative, gives feedback to others: _____
2. Nondefensive--is receptive to feedback, listens nondefensively: _____
3. Incorporates feedback--is able to use feedback to modify interventions with clients based on comments of supervisor and peers: _____
4. Professional reliability--comes to meetings on time, attends regularly, completes reports and contacts clients in a timely fashion; keeps client charts properly documented. _____

Students Signature

Date

Faculty Signature

Application for Equivalency Examination for a Core 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: _____

**George Mason University
Practicum Supervisor Evaluation Form**

Name of supervisor _____

Semester _____

Scale

1

2

3

4

5

6

7

Strongly
Disagree

Strongly
Agree

Time and Effort Expended

My supervisor

- _____ 1. Was accessible.
- _____ 2. Regularly listened to and critiqued tapes.
- _____ 3. Regularly read and critiqued case notes.
- _____ 4. Monitored all of my cases for which he/she was responsible.
- _____ 5. Helped me make productive use of supervision time.
- _____ 6. Demonstrated familiarity with Clinic policies and procedures as described in the Clinic Handbook and the Clinical Program Handbook
- _____ 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

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

Please describe problems, if
any.

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

Yes _____ No _____

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

Yes _____ No _____

19. My supervisor did not provide at least 2 hours of weekly group supervision _____ times during the semester.

20. My supervisor did not provide at least 1 hour (for second year students) of weekly individual supervision _____ times during the semester.

George Mason University
Clinical Oral Comprehensive Exam Feedback Sheet

Name: _____

Committee: _____

Exam Date: _____

Scale:

1
Fail

2
Marginal
Pass

3
Pass

4
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 6 weeks of picking up the case.

**George Mason University
Department of Psychology**

Extern Evaluation

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 extern with what you would expect from an extern in general with a similar amount of training and work responsibility. Indicate NA when Not Applicable.

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

Psychological Assessment Skills:

- ___ 1. Intake Assessment Interviews.
- ___ 2. Comprehensive Psychological Assessment Interviews.
- ___ 3. Administration and Scoring of Psychological Tests.
- ___ 4. Quality of Written Reports.

**Clinical Interventions (e.g., psychotherapy, crisis intervention,
case management):**

- ___ 5. Individual Intervention Skills.
- ___ 6. Couple/Family Intervention Skills.
- ___ 7. Group Intervention Skills.
- ___ 8. Quality of Progress Notes and Intervention Summaries.

Supervision Issues:

- ___ 9. Professional Reliability in Timely Completion of Work.
- ___ 10. Incorporation of Supervisory Feedback in Work with Clients.
- ___ 11. Case Conceptualization Skills.

___ 12. Professional Manner with Clients and Other Staff.

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

Describe the extern's strengths.

Describe the extern's relative weaknesses.

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

Supervisor's signature

Date

Extern's signature

Date