MERCER
UNIVERSITY
DEPARTMENT OF CLINICAL PSYCHOLOGY

Student Handbook

Academic Year
2023 - 2024

This Student Handbook is intended to offer a framework of the intended professional student learning environment provided by the Department of Clinical Psychology faculty and staff. It is also provided to inform students of their rights as students, and equally important, their obligations and responsibilities. This Student Handbook does not constitute a contract, expressed or implied, between any applicant, student, faculty, or staff member and neither Mercer University, the College of Health Professions, nor the Department of Clinical Psychology. The University and College Student Handbooks supersede this Student Handbook. Updates and changes are made as necessary to the Student Handbook and become effective whenever the University, College, or Department administration so determine and will apply to both prospective students and those already enrolled. The Mercer University Department of Clinical Psychology reserves the right to make changes to policies and procedures without notice as necessitated by governing authorities or administrative needs.

Student Responsibility Form
Please complete and return by September 1.

Name: ____

Advisor: _______________________________________

I have received an electronic copy of the Mercer University Clinical Psychology Handbook. I understand that it is my responsibility to read and understand the requirements and procedures detailed in the handbook. I also understand that I am responsible for following through on the program requirements and procedures.

Signed: ____________________________ Date: ________________

Program Information

Vision

Mercer University's Department of Clinical Psychology will be a nationally recognized leader in evidence-based training in integrated health care.

Mission

The mission of the Department of Clinical Psychology is to prepare psychologists as integrated health care practitioners who contribute to and apply scientific knowledge of human behavior to benefit individuals, systems, and society.

Core Values

We endorse and promote the core values of the College of Health Professions and the ethical principles of psychologists, including beneficence and nonmaleficence, fidelity and responsibility, integrity, justice, and respect for people's rights and dignity.

Profile of a Graduate

The Mercer University Clinical Psychology graduate will demonstrate:

1. Foundational knowledge of the core domains of the science of psychology, including affective, biological, cognitive, developmental, and social aspects of behavior, and history and systems of the discipline.
2. Understanding of psychological science, the research methodology involved in generating knowledge, and the scientific foundations of the practice of psychology.
3. Knowledge, relational skills, and technical skills involved in evidence-based assessment, diagnosis, intervention, and consultation.
4. The ability to impart knowledge and skills to trainees and to colleagues along with the ability to assess the acquisition of such knowledge and skills.
5. Understanding of research and clinical practice within a context of ethical and professional attitudes, values, and standards that include self-reflection, self-assessment, and self-care.
6. Understanding of dimensions of diversity that impact personal and professional interactions with diverse individuals, groups, and communities.
7. Understanding of the perspectives of other health care disciplines and an ability to collaborate effectively in interprofessional activities to promote individual, institutional, and/or systems level change.

Program Outcomes

The mission of Mercer's Program in Clinical Psychology is to prepare psychologists as integrated health care practitioners who contribute to and apply scientific knowledge of human behavior to benefit individuals, systems, and society.

To this end, we aim to produce

1. Graduates with broad and general training in the science of psychology grounded in the biopsychosocial model. This aim reflects discipline-specific knowledge of history and systems of psychology, basic content areas in scientific psychology, research and quantitative methods, and advanced integrative knowledge in scientific psychology.

   a. Competency: Substantial discipline-specific knowledge of affective, biological, cognitive, developmental, and social aspects of behavior
   b. Competency: Substantial knowledge of history and systems of psychology
   c. Competency: Substantial understanding and competence in advanced integrative knowledge of affective, biological, cognitive, developmental, and social aspects of behavior
   d. Competency: Substantial understanding and competence in research methods
   e. Competency: Substantial understanding and competence in quantitative methods
   f. Competency: Substantial understanding and competence in psychometrics
2. Graduates who understand that the competent practice of psychology occurs in broad contexts that encompass diverse cultures, ethical/legal standards, and professional attitudes and values. This aim reflects profession-wide competencies.
   a. Competency: Research – Demonstrate the integration of science and practice in health service psychology
   b. Competency: Ethical and legal standards – Demonstrate ethical and legal standards in increasingly complex situations with a greater degree of independence across levels of training following the APA Ethical Principles of Psychologists and Code of Conduct, as well as relevant laws and regulations
   c. Competency: Individual and cultural diversity – Demonstrate sensitivity to human diversity and the ability to deliver high quality services to a diverse population
   d. Competency: Professional values and attitudes – Demonstrate professional values and attitudes in increasingly complex situations with a greater degree of independence across levels of training
   e. Competency: Communication and interpersonal skills – Demonstrate communication and interpersonal skills in increasingly complex situations with a greater degree of independence across levels of training
   f. Competency: Assessment – Demonstrate evidence-based assessment with a greater degree of independence across levels of training
   g. Competency: Intervention – Demonstrate evidence-based intervention with a greater degree of independence across levels of training
   h. Competency: Supervision – Demonstrate knowledge of supervision models and practices
   i. Competency: Consultation and interprofessional/interdisciplinary skills – Demonstrate knowledge and respect for the roles and perspectives of other professions

Our program was developed with careful attention to the Guidelines and Principles of Accreditation, now known as the Standards of Accreditation for Health Service Psychology. We anticipate that graduates will engage in a broad range of activities in health care environments that may include, but are not limited to, service delivery, consultation, program evaluation, and education and training of healthcare professionals. As such, graduates may contribute in traditional mental health settings as well as in a greater range of health care environments. The **practitioner-scholar** emphasis in our curriculum prepares students to apply research literature and contribute to the knowledge base and practice of the profession, consistent with the Doctor of Psychology (Psy.D.) degree.

Description of the Program

The Doctor of Psychology (Psy.D.) program in Clinical Psychology prepares psychologists to become integrated health care leaders who reflect the Mercer traditions of liberal learning, professional knowledge, discovery, service, and community. The program of study is full-time and involves a minimum of 4 years (12 semesters) of coursework and 1 year of clinical internship. Required courses involve 100 credit hours.

Core Faculty

Craig D. Marker, *Department Chair; Professor*
Davielle Lakind, *Assistant Professor*
Gail Kemp, *Assistant Professor*
Mary Beth McCullough, *Assistant Professor*
Michelle M. Robbins, *Clinical Associate Professor*
Mark A. Stillman, *Clinical Associate Professor*

Accreditation

Mercer University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award baccalaureates, master's, and doctoral degrees.

The Doctor of Psychology (PsyD) program at Mercer University is Accredited, On Contingency by the American Psychological Association (APA) Commission on Accreditation. The program will have this accreditation status until July 22, 2023.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Policies and Procedures

General Information

The Department of Clinical Psychology has adopted the following policies. These policies describe what is expected of you as a student. It is your responsibility to familiarize yourself with the information presented in this Student Handbook, along with the other information available in the University Student Handbook (https://provost.mercer.edu/handbooks). The University Student Handbook and College of Health Professions Student Handbook supersede all information provided in this Handbook.

The policies in this handbook have evolved through a continual process of feedback, discussion, and exchange among students, faculty, and administrators. The present policies will be supported and adhered to by both students and faculty until changed or amended through appropriate channels.

Academic Policies and Procedures

Student Rights and Responsibilities

This code seeks to promote high standards of behavior and academic integrity by setting forth the responsibilities of students as members of the University community. Abiding by the code ensures a climate wherein all members of the University community can exercise their rights of membership.

Code of Conduct

Mercer University strives to be a Community of Respect where everyone is held in mutual high regard. Standards of conduct are based on the values of mutual respect:
Respect for Academic Integrity. We value a community that encourages an academic atmosphere. We believe that honesty is important to learning.
Respect for Other Persons. We value the worth of every individual in the community and we respect the dignity of each member in the community. We take responsibility for the consideration of the rights of others.

- Gossip Free Policy
    - Definition: Casual or unconstrained conversation of reports about other people, typically involving details that are not confirmed as being rue
    - Rationale: Gossip is problematic and harmful to the educational and learning environment. It has a negative impact on individuals and the culture of the program as a whole. Thus, this behavior will not be tolerated. Some of the negative aspects of gossip include the following:
        - Gossip results in misunderstandings that can quickly lead to conflict and strained relationships
        - Gossip breaks down the trust level within the group, which results in students second-guessing each other, decreased teamwork and support, and general morale issues.

    - Gossip impacts productivity, can result in deadlines not being met or work not getting done properly
  - Policy: Mercer University's Clinical Psychology program has implemented a gossip free policy. Gossip involves discussions pertaining to faculty and students of the program, both current and former.
    - Students (and faculty) of the Clinical Psychology Program are responsible for holding each other mutually accountable for having a gossip free environment.
      - Do not participate in spreading gossip and rumors and do not tolerate it from others. Rumors and gossip sabotage the program/cohort's ability to work together effectively. It is disrespectful, nonproductive, and a selfishly motivated act that impeded students from performing
      - If you hear about an issue that pertains directly to you, verify the accuracy of the information by asking the student or faculty involved, rather than simply passing on the information
      - Failure to comply with the gossip free policy will lead to disciplinary action, up to and including dismissal from the program.

Respect for the University Community. We value showing respect for the rights and property of others. We take responsibility to act to maintain University property.
Respect for Community Authority. We acknowledge and value our privileges and rights as members of the University community. We take responsibility for acting to uphold community standards.

Attendance

Attendance is required for all scheduled classes, labs, and clinical experiences. Because of the interactive and collaborative nature of professional education and rigor of doctoral training, regular class attendance is essential for successful learning. Repeated absences are violations of Professional Behaviors.

Students are expected to attend all classes/labs/seminars each semester. It is the student's responsibility to learn about material covered, announcements, schedule changes, or assignments announced during a missed class or late arrival. If you know in advance that you must miss class, please inform the instructor as soon as possible and clarify whether there are additional actions that you can or should take given that you will not be present in class. In the case of unforeseen, emergency situations, please contact your instructor within 24 hours. After multiple excused absences, the faculty may assign an incomplete OR offer an alternative opportunity for you to demonstrate mastery of the course material covered on the day(s) of your absence, in lieu of the penalties listed below. Otherwise, absences are remediated in the following manner.

- **For any absence,** the student must contact the instructor/practicum supervisor to determine what is needed to make up for the missed time.
- **For 2 absences,** the student's final grade is reduced by 12.5% and the student is responsible for contacting the instructor/supervisor to determine what is needed to make up for the missed time. The student is required to meet with his/her advisor or remediation committee to determine how to remediate difficulties.
- **For 3 absences,** the student's final grade for the course is reduced by 18.75%. For practicum, the grade is reduced to a "U".
- **For 4 absences,** the student is automatically awarded a grade of F.

Tardiness

Coming on time for class and being prepared for class are important professional values that align with the APA competencies. Determining tardiness is at the discretion of the instructor and will be defined in the syllabus. Repeated tardiness could lead to a referral for a Student Professionalism, Development, and Support Committee. Grade penalties or utilizing timely course attendance as part of the grade is at the instructor's discretion and will be outlined in the syllabus. If a student misses 50% or more of the class then it is considered an absence.

Professional Conduct

In addition to the usual academic challenges, students must demonstrate personal maturity, emotional stability, social competence, ethical standards, and demeanor befitting a psychologist. These dimensions are assessed formally though departmental review of graduate students. Clinical students are in a professional training program, and those who do not behave in a professional manner throughout their training may be dismissed from the program. Examples of unprofessional behavior include: frequently arriving late for classes, supervision, clinical appointments with clients, or other professional meetings; excessive defensiveness with supervisors or instructors; rude, disrespectful behavior with faculty, classmates, or clients; inappropriate dress, especially during clinical activities; and intoxication on campus. Evidence of unethical behavior in research, clinical work, or classes (e.g., cheating on exams, plagiarism) is grounds for program dismissal.

Dress Code

Students are expected to prioritize professionalism in behavior and dress.

Personal Problems

As stated in APA's "Ethical Principals of Psychologists and Code of Conduct":
"Psychologists refrain from initiating an activity when they know, or should know, that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner. When Psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties."

The Department takes a similar position with regard to Psychologists-in-training. Examples of personal problems include, but are not limited to, substance abuse, maladaptive social behaviors, untreated mental or physical health issues, and dishonesty in dealing with peers, supervisors, clients, or others.

Standards of Performance / Termination

Each candidate for a Doctor of Psychology degree must secure credit, in the approved courses of the curriculum. In securing this credit, each candidate must have a grade point average (GPA) of at least 3.00. All Clinical Psychology courses require a minimum grade of "B" or "S" for Satisfactory. A student may repeat a maximum of two courses to improve a letter grade of C or C+ to B or higher, or U to S. Any course grade below C or a grade of U or "Unsatisfactory" is considered failing and will not count toward degree requirements. Students who earn a final grade of two classes of C or below (or a U) will be dismissed from the program.

Length of Degree and Residency

The time-to-degree for the Doctor of Psychology degree is at least five years from Program entry and must be completed within seven years. Leaves of absence do not count toward the seven-year time frame and must be approved by the Progress and Advancement committee. The time requirements begin when a student formally enrolls in his or her first graduate course. Students in the Program are required to spend at least four years in residence for coursework and clinical practica prior to attending a one-year internship. Program residency allows students to develop scholarship and clinical skills, benefit from peer socialization and support, and have access to core faculty and practicum supervisors who conduct ongoing assessment of student competence. During Year 2 of coursework, students begin their first practicum placement. They complete two additional years of clinical practica in Year 3 and Year 4. Students are required to have completed at least four semesters of practica before being allowed to apply to the internship Match.

Advisement

Students are initially assigned the Department Chair as their advisor when they begin the program. During the first semester, students complete a form choosing an advisor from the core faculty. The prospective advisor must sign this form. Faculty might not be available as advisors based on workload. The program will attempt to match you with a desired faculty member if your first choice is not available.

1. Students will meet with their faculty advisors after fall and spring semesters. Students are responsible for scheduling the appointment with the faculty member.
2. Students will meet with their faculty advisers as needed for academic counseling or personal and professional discussions.

Leave of Absence Policy

The University Student Handbook describes procedures for administrative or medical withdrawals on page 56 (https://provost.mercer.edu/handbooks).

Admission to Doctoral Candidacy

A student is admitted to doctoral candidacy after achieving a cumulative passing score on Written Competencies Exams.

Clinical Internship

Students complete one full year (or its equivalent) of internship in a clinical internship approved by the Director of Clinical Training (DCT) for the Mercer Clinical Psychology program. The clinical internship consists of no fewer than 2000 clock hours. Students are required to complete training at APA-accredited internship training programs. Requests to apply to unaccredited programs are considered by the DCT on an individual basis. These programs must hold APPIC membership, as well as following APPIC requirements for internship (https://www.appic.org/Joining-APPIC/Members/Internship-Membership-Criteria) and the State of Georgia licensing requirements. If students are seeking an exception to the requirement for internship programs to be APA-accredited, they are responsible for providing the following information to the DCT, who will evaluate the site for its adequacy in meeting the required standards:

a. The nature and appropriateness of the training activities;
b. Frequency and quality of supervision;
c. Credentials of the supervisors;
d. How the internship evaluates student performance;
e. How interns demonstrate competency at the appropriate level;
f. Documentation of the evaluation of its students in its student files.

Deadlines for Internship Application (all dates are before that year's internship application cycle)
August 31 -- CCE completed and passed
October 1 -- Dissertation proposal completed and passed

Application for Graduation
Students who expect to qualify for graduation must file applications for graduation with the Registrar's Office in the semester prior to completing degree requirements.

Degree Requirements
1. Completion of the Doctor of Psychology curriculum (totaling 92 semester hours for cohorts entering before 2019; 100 for cohorts entering in Fall of 2019 and after) with grades of at least "B" or "S" in each course.
2. Successful demonstration of professional performance standards throughout the student's career in the Clinical Psychology program.
3. Successful completion of practica, content area and clinical competencies examinations, internship, and dissertation.
4. Recommendation by the faculty of the Clinical Psychology program with final verification by the Department Chair.
5. Payment of all financial obligations to the University.

Final Academic Check & Recommendation for Graduation
The Office of the Registrar checks academic records and clears for graduation those students who have met all degree requirements. The registrar's office notifies students of their status in that regard and grants clearance for graduation.

Commencement Participation & Awarding of Diplomas
Students who have met all degree requirements are eligible to participate in commencement. If a student is on an internship that ends during the Summer semester after commencement, he or she is eligible to walk if: 1) all other requirements are completed and 2) the internship

director indicates that the student is likely to finish the internship successfully. Diplomas are not distributed at commencement. Degree conferral will occur after the internship ends. Graduates are notified of the availability of diplomas for pick up at the Office of the Registrar.

<u>Deadlines for Participation in May Graduation Ceremony:</u>
December 15 (of internship year) -- Dissertation defense completed and passed
February 1 (of internship year) -- All revisions of dissertation completed
March 1 (of internship year) -- Final bound copy of dissertation due to the Department
In order to participate in the May ceremony, only internship credit hours can be taken in the Summer semester.

Student Progress

Scaling on milestone assessments of discipline-specific knowledge and profession-wide competencies is as follows (specific rubrics are in the appendices):

Scale	Minimum Levels of Achievement
1. In need of additional instruction 2. Basic knowledge and competencies 3. Intermediate knowledge and competencies 4. Advanced knowledge and competencies 5. Functioning as entry-level professional	**Discipline-Specific Knowledge** Should be 4 or above after the applicable course and Written Competency Exam **Profession-Wide Competencies** 1st year students - should be above 2 at the end of their second semester. 2nd and 3rd year students - should be between 3 and 4. 4th year students - required to be 4 or above.

Biannual Review
After each Fall and Spring semesters, the Student Progress and Advancement Committee reviews each student grades, practicum evaluations, written or clinical competency examination results, research mentor reports, and academic advisor reports. Students are assessed after both Fall and Spring semesters, with formal ratings using the Student Progression Rubric provided after the Spring meeting. Academic advisors review the evaluations with their students. Students who are not meeting developmentally appropriate requirements are referred to an ad hoc committee composed of core faculty to assess and guide students in improving (see Student Professional Development and Support section below).

Written Competency Examination
Students receive written feedback on the Written Competency Examination within 10 business days after the exam has been taken. The Written Competency Examination covers discipline-specific knowledge. Students must receive scores of 4 or above on all discipline-specific knowledge areas. The scoring rubric is seen in the appendix and more information on the procedures are listed in the Written Competency Examination section of the handbook.

Clinical Competency Examination

Students are provided verbal feedback regarding their performance on their Clinical Competency Examination immediately following the exam. The Clinical Competency Examination covers profession-wide competencies. Students must receive scores of 4 or above on all competencies. The scoring rubric is seen in the appendix and more information on the procedures are listed in the Clinical Competency Examination section of the handbook.

Dissertation

Students are provided verbal feedback on their dissertation defense immediately following the meeting. The dissertation covers the profession-wide competency of research. Students must receive scores of 4 or above on the research profession-wide competency at the time of the proposal defense and a 5 at the time of the dissertation defense. The scoring rubric is seen in the appendix. More information on the dissertation can be found in the dissertation section of the handbook.

Student Professional Development & Support

The Student Progress and Advancement Committee meets after every Fall and Spring semesters. As part of the Student Progress and Advancement Committee evaluation, students are sometimes appointed an ad hoc support committee of two faculty members. This ad hoc committee's goal is to assess and guide students in improving their academic performance and developing their professional competencies. The committee may hold hearings on student issues specific to professional or academic requirements and recommend actions that may include (but are not limited to) student advisement, remediation, probation, or dismissal when warranted. If remediation actions are not satisfied by the student or the student has a second referral, the committee may impose probationary conditions with explicit requirements and a timeline for removal from probation. A third referral will lead to dismissal from the program. The committee will determine any consequences that will result from student noncompliance with probation requirements. If remedial actions are not sufficiently achieved by the student, or if remediation is not appropriate in the event of a severe student conduct violation, the committee may recommend that a student be dismissed from the program.

First-year students found to have made insufficient progress to advance to practicum are afforded the opportunity to engage in a formal remediation plan during the fall term of their second year. Successful remediation results in practicum placement the following spring. Should a student not successfully remediate a deficiency, they may be offered the opportunity to complete a terminal M.S. degree, prior to leaving the program.

Other examples of issues for which student may be referred to the ad hoc support committee include:

- The student receives a grade below B.
- The student is not progressing at a minimum level of achievement needed as assessed in the Annual Review of Students.
- The student repeatedly has been identified as having significant difficulties with professional writing skills.
- The student fails to satisfactorily progress through the program or has fallen more than one year behind in their approved program of study.

- The student is dismissed by a practicum or internship site.
- The student receives an *Incomplete* in a practicum seminar.
- The student fails the *Written or Clinical Competency Examination*.
- The student presents significant concerns in professional development or conduct including:
    - Unethical conduct.
    - Serious violations of program policy.
    - Problems with fitness to practice or engagement in training.
    - Unprofessional demeanor or behavior.
    - Serious difficulties with professional judgment.

The chair of the ad hoc support committee documents specific issues and concerns that were discussed in the meeting, the student's plans to address such issues, and the committee's recommendations for additional steps that can be taken by the to promote student success, remediation, and other actions. A copy of this written summary is forwarded to the student, the student's academic advisor, and to the Department Chair and is maintained in the student's academic file.

Record Keeping

The Program keeps paper copies of the student's files for seven years. After that time, student files are scanned and kept electronically. It is the responsibility of the student to keep course syllabi for licensure purposes. It is recommended that students us a service, such as the Association of State and Provincial Boards' credential bank service (http://www.asppb.net/?page=TheBank).

Admission Requirements

Students are admitted for a program of study that typically begins in the fall semester. The priority deadline for receipt of applications for fall enrollment is April 15. Consideration cannot be guaranteed for applications received after that date. Qualified applicants are accepted on a rolling admissions basis or placed on a waiting list until all positions have been filled. The Clinical Psychology Program participates in the Centralized Application Service, known as PSYCAS.

- Completion of an undergraduate (Bachelor's) degree from a regionally-accredited college or university in the United States.
- Preferred undergraduate Grade Point Average (GPA) of 3.00 on a 4.00 scale for the last two years of college and for psychology courses.
- An undergraduate major in psychology (preferred) or a minimum of 12 semester hours taken among psychology coursework.
- Completion of all prerequisites prior to matriculation with required GPA of 3.00. If you have taken a prerequisite more than once, we will use your best attempt in calculating your prerequisite GPA.
  The prerequisites for Mercer's PsyD Program are:
    - Introductory psychology,
    - Abnormal psychology,

  - Developmental psychology, and
  - Statistics or research methods course.
- Graduate Record Examination (GRE) general test scores. A competitive combined Verbal plus Quantitative GRE score is 299. Completion of the GRE Psychology subject area test is recommended, particularly for non-psychology majors. Applicants are encouraged to submit official GRE scores directly through PSYCAS using our program code 2019.
- A personal statement describing educational and career goals in psychology.
- Arrangements for three letters of reference, including at least one from a psychology instructor
- Qualified applicants with complete files and who meet or exceed the admissions criteria listed above may be invited to campus for a personal interview.
- International students or domestic students with credentials from institutions outside the United States are required to have those credentials evaluated by a professional evaluation service. Transcripts from colleges and universities outside the U.S. must be evaluated by World Education Services (WES) and submitted to PSYCAS. Please see www.wes.org/psycas for instructions. Additionally, applicants whose native language is not English must also demonstrate satisfactory proficiency in English Language as measured by the Test of English as a Foreign Language (TOEFL). Until these documents have been submitted, an application for admission cannot be considered.

Transfer Credit

Course credit for as many as nine (9) semester hours of prior graduate psychology courses may be awarded. Transfer credits will be awarded when the course being evaluated meets all the following criteria:

1. All transfer credit must be awarded during the student's first academic year in the doctoral program.

~~2.~~ Courses that meet the criteria defined by the APA Standards of Accreditation as discipline-specific knowledge will be considered for transfer. Specifically, these are: biological bases of behavior, cognitive-affective bases of behavior, social psychology and social neuroscience, history and systems, lifespan and developmental psychology, research methods, psychometrics, and statistical methods. Courses that meet the criteria defined by the APA Standards of Accreditation as profession wide competencies will only be considered for transfer from other doctoral clinical psychology programs in rare cases.

3. It was completed no longer than five years before the student's first enrollment in the program.
4. A grade of B or higher was received. A grade of P (pass) or CR (credit) or other such grades cannot be accepted as equivalent.
5. The course is not offered solely in an online format.

Procedure for Transfer Credit The student must provide the Progress and Advancement Committee using the transfer credit form and attaching the required documentation (syllabus). The Progress and Advancement Committee will consider the quality/rigor, currency, standardization, and fairness of the method of establishing the knowledge of courses being evaluated. The committee may require the student to provide further documentation and supporting material such as class notes and to meet with them. The resulting evaluations are reviewed by the Department Chair who makes the final determination.

Background Checks and Drug Screenings

Drug and background checks are required for all Clinical Psychology students as part of their participation in service learning, clinical experiences, and clinical internships. Students will incur charges associated with the background and drug check(s). Once admitted to the program, the students are required to have a drug screen and background check prior to New Student Orientation. If either test is deemed positive by the verification company, the matter will be brought before the Program's Admissions Committee for review. The student's acceptance could possibly be reversed and the student not allowed to matriculate based on the results of these evaluations. Neither the University nor the Clinical Psychology Program will be held liable for a student's failure to graduate or obtain a state license due to a positive criminal background check and/or failed drug screen. Repeat criminal background checks and drug screens may be required as determined by the Clinical Psychology Program or clinical site.

Confidentiality of Clinical Records

All clinical records and patient materials are considered privileged and confidential. As part of a student's training, student trainees provide clinical services to patients at Mercer University and at other off-site practicum placements. Each practicum placement site, including Mercer University sites, maintains Policies and Procedures governing the confidentiality of client records. Provisions relating to patient confidentiality are specifically incorporated into this Policy by reference.

Confidentiality of Education Records

Student Rights Pertaining to Education Records

The Family Educational Rights and Privacy Act (FERPA) affords students at Mercer University certain rights with respect to their education records. These rights include:

1. The right to inspect and review a student's education records within 45 days of the day the Office of the Registrar receives a request for access. The student should submit to the Registrar a written request that identifies the record(s) the student wishes to inspect. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected. If the registrar does not maintain the records, the student shall be advised of the correct official at the University to whom the request should be addressed.

2. The right to request the amendment of the student's education records that the student believes is inaccurate. The student should write the Registrar, clearly identify the part of the record he/she wants changed, and specify why it is inaccurate. If the University decides not to amend the record as requested by the student, the Registrar or other appropriate official, if the record is maintained by another office, will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment.

Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A "school official" is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement personnel and health staff); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

4. The right of a currently enrolled student to request that his/her "directory information" not be released by Mercer University. The University at its discretion and without the written consent of the student may release "directory information" which includes the following items; student name, address, telephone number, date and place of birth, academic program, dates of attendance, degrees and honors received, most recent previous institution attended and participation in officially recognized activities and sports. A student request for non-disclosure of the above items must be filed with the Office of Registrar.

5. The right to file a complaint with the US Department of Education concerning alleged failures by Mercer University to comply with the requirements of FERPA. The name and address of the office that administers FERPA are: Family Policy Compliance Office, US Department of Education, 400 Maryland Avenue, SW Washington, DC 20202-4605.

Ethical Principles and Code of Conduct

Students are required to learn and comply with the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct, which is specifically incorporated into this Policy by reference. The Ethic Principles and Code may be viewed at http://www.apa.org/ethics/code/index.aspx.

During practicum experiences, practicum supervisors are to be aware of the most recent version of the APA Ethical Principles and Code of Conduct and ensure that the students measure themselves and their practice of psychology against its parameters. Practicum supervisors are to involve students in discussions of the Ethical Principles and Code of Conduct at the beginning of each practicum semester and to integrate the Ethical Principles and Code of Conduct where relevant with specific course content. During the coursework, practicum, and internship training, faculty and supervisors will conduct evaluations of the student, which include an assessment of the student's ethical behavior. Further, the Professional Values and the Professional Issues & Ethics courses are devoted to student acquisition and integration of competencies in ethics and professionalism into the professional practice of psychology.

Students also are made aware of licensing requirements for Psychologists in Georgia and the Ethical Principles and Code of Conduct of the Georgia State Board of Examiners of Psychologists, which is specifically incorporated into this Policy by reference. The state licensure rules and requirements for psychologists may be viewed on line at: http://sos.ga.gov/index.php/licensing/plb/44.

Financial Assistance

We attempt to provide financial assistance to our students through the Federal Work Study program. Applications for positions are sent to current and incoming students in the Summer. Students must complete a FAFSA to be eligible. Other information about financial aid can be found here: https://financialaid.mercer.edu/atlanta-campus/.

Health and Immunizations

Students will complete the Student Record of Immunizations and Health Screening prior to matriculation in the program. If any series of immunizations are in progress (i.e., hepatitis B series), timely completion is required, with notification to the Student Health Center on the Atlanta campus (http://studentaffairs.mercer.edu/studenthealthcenter/) and the Department of Clinical Psychology Program Specialist. Annual tuberculosis (TB) screening is required to continue in the practicum placements. Students are responsible to keep track of due dates for annual physical examinations, future immunization requirements (i.e., tetanus boosters), and TB screenings. Appropriate planning for appointment times is required by the student to meet these requirements.

Any concerns related to safety of the immunizations or screenings related to specific health issues (medical conditions, pregnancy, etc.) should be discussed with your personal physician. Failure to meet requirements due to these concerns may prohibit involvement in practicum placements, thus stopping progression within the program. These situations will be handled on a case by case basis by the Department Chair, the Director of Clinical Training, and the Program's Student Progress and Advancement Committee, and in consultation with the College's Associate Dean.

Influenza Vaccination

All students in the Clinical Psychology Program receive an annual influenza vaccination during each fall semester. The CDC emphasizes to clinicians the urgency of vaccination for people who care for people at higher risk for influenza-related complications. The requirement is consistent with the CDC recommendation, as during clinical experiences, clinical internships, and service-learning students are in contact with higher risk populations. Further, an increasing number of clinic sites require students to have this vaccination before starting the practicum. Students who are allergic to the vaccination will need to have medical documentation of this and may be required to follow other procedures to prevent transmission.

Health Insurance

All students enrolled at Mercer University are automatically enrolled in a student health insurance program each semester and the premium is billed to your account. Please check with Student Affairs for the most current information: https://atlstuaffairs.mercer.edu/shac/insurance.cfm

Grievance Policies and Procedures

The Department follows the grievance policy indicated in the University Student Handbook. The most up-to-date and complete version can be found in the University Student Handbook at www.mercer.edu/provost/handbooks.

Academic Grievances and Appeals Policy:

Policy: Students have the right to bring grievances against a faculty member or an administrator and to appeal decisions concerning academic matters. A "grievance" is typically a complaint relating to some allegedly improper action or behavior. An "appeal" is typically a request for review of a routine judgment or decision. Such matters may include, but are not limited to, failure to abide by requirements described in the course syllabus; arbitrary awarding of grades; and discrimination based on race, color, national origin, disability, veteran status, sex, sexual orientation, genetic information, age, or religion (except in limited circumstances where religious preference is both permitted by law and deemed appropriate as a matter of University policy).

Time Frame: For grievances and appeals of any kind, students are required to initiate them with the appropriate faculty member no later than thirty (30) days from the completion of the term in which the course was offered. Grievances or appeals received after this period will not be honored.

Informal Resolution Procedure: Student grievance and appeal procedures encourage each student to handle complaints as close to the source as possible. If a student has a complaint against a faculty member, the student should first attempt to resolve the issue by an informal meeting with the faculty member involved. If this is not satisfactory, or if the student believes that he or she cannot discuss the complaint with the instructor, the student may follow the Formal Resolution Procedure.

Formal Resolution Procedure: The following protocol should be followed:

1. The student should meet with the appropriate department chair or after submitting to this person a formal written account of the grievance or appeal. This narrative must be submitted no later than thirty (30) days from the date on which the student was formally notified of the instructor's decision.
2. If the grievance or appeal is not satisfactorily resolved by the department chair, the student should meet with the associate dean after submitting to the associate dean a formal written account. This narrative must be submitted no later than thirty (30) days from the date on which the student was formally notified of the department chair's decision.
3. If the grievance or appeal is not satisfactorily resolved by the associate dean, the student should meet with the Provost after submitting to the Provost a formal written account of the grievance or appeal. This narrative must be submitted no later than thirty (30) days from the date on which the student was formally notified of the associate dean's decision.

If the student has a grievance or appeal involving a dean, he or she should schedule an appointment with that dean in an attempt to resolve the matter. If the matter is not resolved or if the student believes that he or she cannot discuss the issue with that dean, the student may address the grievance or appeal to the Provost. In all academic grievance and appeal procedures, the decision of the Provost is final.

Outside Work Activities

Any clinical student who anticipates engaging in non-clinical or clinical related activities that are not part of the approved clinical program activities must secure permission for such activities from the faculty if they are greater than 7 hours per week. This is the case regardless of whether the activities are volunteer or paid. The following procedures apply to all clinical students who wish to do paid or non-paid clinical activities, outside of a program approved practicum or research setting.

The Director of Clinical Training will review students' requests with input from the faculty. Please allow at least 2 weeks for the approval process.

Procedures for Applying for Outside Clinical Activities
I. Prepare a letter for the Director of Clinical Training describing:

- the job (i.e., type of activity)
- the # hours per week
- the name, phone number, and professional background of the supervisor (describe if the person is a licensed professional)
- the amount and type of supervision provided
- whether or not the supervisor or "site" has professional liability insurance to cover your activities, and the amount of the insurance
- whether or not it is a "paid" or "volunteer" position

II. The letter should acknowledge that you understand that:

- under APA ethical guidelines and the GA state licensing guidelines, you may not represent yourself as a psychologist or as a graduate student in our program/department
- the hours accumulated in an outside clinical setting cannot be counted toward your clinical hours for internship
- the Mercer University liability insurance policy does not cover your activities in case of malpractice, as the activities are not a part of your training program

III. Have the letter co-signed by your advisor

Non-Discrimination Policy

The Department of Clinical Psychology endorses the University's and the College of Health Professions' policy on non-discrimination, which is described in detail on the University's website: https://provost.mercer.edu/handbooks/studenthandbook.cfm.

The core of the policy statement reads as follows:
Mercer University is committed to providing equal opportunity for all student applicants and enrolled students, without discrimination on the basis of race, color, national or ethnic origin, sex, age, or disability, as a matter of University policy and as required by applicable state and

federal laws such as Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973.

Plagiarism and Cheating

Mercer University strives to be a community of respect that includes respect for academic integrity. Students operate under an honor system and will exhibit the values of honesty, trustworthiness, and fairness regarding all academic matters. Students, faculty, and staff are expected to report any violations in the forms of, but not limited to, cheating, plagiarism, and academic dishonesty to the honor council appropriate for their campus and program. Procedures related to Honor Systems and Academic Integrity are outlined in the specific handbooks for each campus and can be found on the Provost website at http://provost.mercer.edu/handbooks.

Program Endorsed Student Organizations and Activities

Student Membership – APA, SEPA, and GPA

The American Psychological Association (APA) is the professional organization for psychologists in the United States. The Association's divisions are active at the state, regional, and local level, providing conferences for professional interaction and training and public advocacy on psychological issues, as well as opportunities for referral. Students are encouraged to apply for membership in APA, the Southeastern Psychological Association (SEPA), and the Georgia Psychological Association (GPA). Included in these memberships are access to conference information, funding opportunities, and national, regional, and local information. Web access to these organizations may be found at http://www.apa.org/apags/about/index.aspx, at http://sepaonline.com, and at http://www.gapsychology.org.

Fund-Raising Projects

Fund raising activities must be pre-approved by the College of Health Professions Office of Admissions and Student Affairs. Forms are available in the Office and online.

Record Keeping

The Program keeps paper copies of the student's files for seven years. After that time, student files are scanned and kept electronically. It is the responsibility of the student to keep course syllabi for licensure purposes. It is recommended that students use a service, such as the Association of State and Provincial Boards' credential bank service (http://www.asppb.net/?page=TheBank).

Services for Students with Disabilities

Students requiring accommodations for a disability should inform the instructor at the close of the first class meeting or as soon as possible. The instructor will refer them to the Disability Support Services Coordinator to document the disability, determine eligibility for accommodations under the ADAAA/Section 504, and to request a Faculty Accommodation Form. Disability accommodations or status will not be indicated on academic transcripts. In order to receive accommodations in a class, students with sensory, learning, psychological, physical, or medical disabilities must provide their instructor with a Faculty Accommodation Form to sign. Students must return the signed form to the Disability Services Coordinator. A new form must be requested each semester. Students having a history of a disability, perceived as having a disability, or having a current disability who do not wish to use academic accommodations are also strongly encouraged to register with the Disability Services Coordinator and request a Faculty Accommodation Form each semester. For further information, please contact the Mercer University Disability Services Coordinator, or visit the Disability Support Services website at http://www.mercer.edu/studentaffairs/disabilityservices.

Social Media

Mercer University guidelines regarding social media and university policy may be found at http://socialmedia.mercer.edu/www/mu-socialmedia/upload/Social-Media-Guidelines.pdf and in the College of Health Professions Handbook found at https://chp.mercer.edu/student-resources/student-handbooks/. In addition, the Clinical Psychology Program has formulated the following guidelines adopted from the Council of University Directors of Clinical Psychology (CUDCP):

Overview

Electronic media may be accessed or used in ways that may reflect poorly on students, training programs, academic institutions, and the psychology profession. As a highly visible practice, practitioners and practitioners in training must recognize the potential impact of this information on their professional communication and image. In this regard, the Council of University Directors of Clinical Psychology (CUDCP) has noted the following to its member programs, including Mercer's Program in Clinical Psychology.

- Some internship programs conduct web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.
- Clients may conduct web-based searches on trainees' names and find information about therapists (and may decline to come to clinics based on what they find).
- Employers may conduct online searches of potential employees prior to interviews/offers.
- Legal authorities are looking at websites for evidence of illegal activities. Some prima facie evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.
- A student's postings on a variety of list-serves (psychology or otherwise) might reflect poorly on the student and the student's program.
- Although signature lines are ways of indicating your uniqueness and philosophy, one is not in control of where the emails will end up and might affect how others view you as a professional. Quotations on personal philosophy, religious beliefs, and political attitudes might cause unanticipated adverse reactions from other people.
- Greetings on answering machines and voicemail messages that might be entertaining to peers, express individuality, and indicate humor may not portray a positive professional demeanor. Phones used for professional purposes (research, teaching, or clinical activities), should contain greetings that are professional in demeanor and content.

Rules and Guidelines for Social Networking

Questions about specific situations and/or rules should be addressed to the Department Chair or the Director of Clinical Training. However, students generally are advised to do the following:

- Block clients, students, research participants, and other professional contacts from seeing email status messages and personal photographs.

- Conduct periodic Google searches on yourself to find out what information about you can be accessed on the Internet.
- Remove nonacademic or nonprofessional electronic signatures from emails sent to patients, research participants, and other professional contacts. Use the Mercer University email address to contact clients and others for university-related business.
- Set website privacy settings to highest privacy settings available (i.e., "Friends only") on social networking websites. Monitor privacy settings periodically.
- Ensure that voicemail greetings accessed by professional contacts are professional in tone and content.
- Never become a "friend" of a patient or research participant online, thereby enabling them to access personal information.

Student Professionalism Policy

The Clinical Psychology Program at Mercer University adheres to the *APA Ethical Principles and Code of Conduct of Psychologists.* These principles and code exist to promote integrity, competency, and responsibility in the field of psychology. Students enrolled in the Program are regarded as "psychologists-in-training." As such, students are expected to adhere to these principles and code as the primary requirements for professional behavior in the classroom, in clinical settings, and in the community. Students will be called upon from the start of the program to exercise a high standard of confidentiality and respect for patient information.

The dynamic interplay between the standards of *academic honesty, clinical competence,* and *interpersonal integrity* shapes the ethical nature of the student training experience. Given the clinical nature of the programs, it is the ethical obligation of faculty to monitor student progress in academic, research, and clinical performance, as well as the level of professionalism directed toward self, colleagues, peers, faculty, and community. Any concerns regarding a student in any one of these areas will result in faculty addressing the concern with the individual student and other faculty members.

The *Graduate Honor System of Mercer University* also sets forth the guiding requirements for academic honor for all graduate students of the University. The *Graduate Honor System of Mercer University* is administered by the Graduate Honor Council. The most recent version of this Code can be located at http://provost.mercer.edu/mu-provost/handbooks/upload/graduatehonorsystem.pdf.

Student Travel to Research Conferences

Students are eligible to be reimbursed up to $600 for travel to research conferences if they are the primary presenter (first author or presenting for the first author), pending Provost and Dean approval.

To be eligible for reimbursement:

Prior to the event

1. You must complete the University Student Travel Request form.
2. Have it signed by your advisor and bring the signed form to the Department Chair.
3. The Department Chair will sign it, request the Dean's signature, and send it to the Provost.

The request form needs to be delivered to the Provost at least 30 days before the event, so make sure there is enough time to get the required signatures.

Following the event
1. Complete the travel expense reconciliation.
2. Submit the form with original receipts, the approved travel request form, and proof of conference presentation.

Use of Student Information

As part of the ongoing assessment, evaluation, and review of the curriculum, student information is used for evaluation and feedback to improve the educational program and to document student progress. Course evaluations, faculty evaluations, student progress assessment and feedback, surveys, videotaped encounters, and group work are included in this process. Data are primarily reported in the aggregate, and individual identification is protected.

There will be some instances when videotape review will be used to teach clinical skills. When data are used for documenting and publishing about the curriculum and student outcomes, appropriate institutional review will occur and aggregate data used. If the use of identifying information is needed, appropriate student consent will be obtained.

Graduate Assistantship Guidelines

The award of a graduate assistantship carries with it high expectations of helpfulness, responsibility, professionalism, and ethical standards. Graduate assistants must be above reproach when dealing with sensitive and confidential information throughout the course of their assignment.

- Weekly hours typically consist of 12 hours per week through end of semester exams (consisting of X hours each fall and spring semester)
- Assistantship duties are to be considered a priority over other nonacademic work or practicum duties
- Assistants are expected to be available at the convenience of the assigned supervisors and are expected to notify their supervisor as soon as possible if illness or other conflicts interfere with normal work expectancies in any way
- Office resources are to be used only when directed by a faculty or staff member for business purposes.
- Assistantships may be terminated at any time due to such things as poor academic or work performance, general unavailability of the student to complete assistantship hours in a satisfactory manner, violations of policy, and unethical or inappropriate behavior.

Course Schedule & Enrollment

The Mercer University Clinical Psychology degree programs span a minimum of 12 consecutive semesters. Following satisfactory completion of all coursework except the dissertation, students enroll in a one-year internship or the equivalent. Full-time enrollment follows a recommended program sequence for each matriculating class and is defined as a minimum of 6 credit hours per term. Matriculating students are expected to maintain full-time enrollment during the academic year, consisting of fall, spring, and summer semesters.

Doctor of Psychology Curriculum

Biological, Methodological, & General Psychology Requirements (25 hours)

CPSY 701	Psychometric Theory & Assessment (3)
CPSY 702	Lifespan Developmental Psychology (3)
CPSY 703	Biological Bases of Behavior (3)
CPSY 710	Cognition & Affective Processes (3)
CPSY 711	Social Psychology and Social Neuroscience (3)
CPSY 712	Research Design (3)
CPSY 714	Statistical Methods (3)
CPSY 715	Advanced Statistical Methods (3)
CPSY 812	Seminar in History & Systems (1)

Ethics, Professional Values, & Cultural Diversity Requirements (7)

CSPY 716	Professional Values (1)
CPSY 717	Ethics & Professional Issues (3)
CPSY 718	Individual & Cultural Diversity (3)

Assessment (21)

CPSY 708	Psychopharmacology (3)
CPSY 721	Psychopathology (4)
CPSY 731	Personality Assessment (4)
CPSY 732	Cognitive Assessment (4)
CPSY 833	Neuropsychological Assessment (3)
CPSY 865	Child Psychopathology (3)

Intervention (14)

CPSY 733	Clinical Interviewing (4)
CPSY 743	Evidence-based Assessment & Therapy I (4)
CPSY 745	Evidence-based Assessment & Therapy II (3)
CPSY 874	Child & Family Behavior Therapy (3)

Consultation, Supervision, and Health Psychology (14)

CPSY 704	Integrated Primary Healthcare and Consultation (3)
CPSY 726	Health Psychology I (3)
CPSY 835	Psycho-oncology (3)
CPSY 861	Health Psychology II (3)
CPSY 960	Consultation & Supervision (2)

Practicum & Internship Requirements (12 hours)

CPSY 893	Practicum (1) (taken for at least 6 credits; most students will have 9)
CPSY 993	Internship (taken for 6 credits)

Dissertation (7 hours)

CPSY 971	Clinical Dissertation (taken for at least 7 credits)*

Electives

CPSY 880	Special Topics (Subtitle) (1-3)

Course Descriptions

CPSY 701. Psychometric Theory & Assessment (3 hours)

The course provides an overview of psychometrics and its application to psychological assessment. Principles and methods underlying scaling techniques, rating instruments, psychological tests, and other forms of psychological measurement are addressed.

CPSY 702. Lifespan Developmental Psychology (3 hours)

This course examines normal transitions in development across infancy, childhood, adolescence, adulthood, and later adulthood. Cognitive, emotional, and social development are considered along with physical growth and development. Cultural, gender, and family influences are emphasized, and applications to clinical practice are considered.

CPSY 703. Biological Bases of Behavior (3 hours)

This course provides an introduction to the anatomy and the neurophysiology of the nervous system. Neurological foundations of human behavior are addressed along with an overview of endocrine processes. The impact of somatic systems on behavior and psychopathology is emphasized, and foundations of language, cognition, learning, and memory, and brain neurochemistry are examined.

CPSY 704. Integrated Primary Healthcare (3 hours)

This course focuses on contemporary cross-cutting issues in the practice of health psychology. The role of the psychologist in primary care is examined in the context of specific chronic illnesses along with considerations related to disease prevention and health promotion. Psychological factors associated with diagnosis, treatment, and treatment adherence are discussed, and cross-cutting issues related to consultation, adherence, pain management and stress and coping are introduced.

CPSY 708. Psychopharmacology (3 hours)

This course provides an introduction to psychotropic drugs, their neurochemical basis, mechanisms of action, and clinical applications. Principles of use and current controversies in psychopharmacology and an overview of major drugs of abuse are addressed.

CPSY 710. Cognitive and Affective Processes (3 hours)

This course presents current research and theory in cognitive science with a focus on both cognitive and affective processes. Topics including attention, memory, perception, decision making, language, and emotion are addressed with an emphasis on clinical application.

CPSY 711. Social Psychology and Social Neuroscience(3 hours)

This course provides an overview of representative social psychological theory and research as well as a focus on concepts and applications relevant to personality, human interaction, group dynamics, and behavior. Applications to contemporary clinical issues are considered.

CPSY 712. Research Design (3 hours)

This introductory course in the statistics and research methods sequence provides a survey of research design and methodologies. Correlational, experimental, quasi- experimental, and systematic single-subject designs are covered as well as basic concepts underlying the use of various experimental research methods. The course focuses on the development of critical thinking and methodological skills required to evaluate and review published research. Ethical and diversity issues in psychological research are examined.

CPSY 714. Statistical Methods (3 hours)

This course includes an overview of quantitative research methods, basic concepts, and methods used in descriptive, correlational, and inferential statistics. Parametric and non-parametric statistical methods are examined with an emphasis on the requisite skills necessary for the design of rigorous and systematic quantitative research investigations.

CPSY 715. Advanced Statistical Methods (3 hours)

Advanced statistical methods for systematic inquiry are covered along with additional skills required for independent research. These include qualitative approaches, quantitative factor analytic, path analysis, and multivariate methods, as well as literature review skills emphasizing the integration and synthesis of findings appropriate to a dissertation proposal.

CPSY 716. Professional Values (1 hours)

Students will learn about important professional issues such as licensure, accreditation, practice versus research, supervision requirements, and relationships with other health professionals. This one-hour credit course is also designed to explore current topics in ethics. The American Psychological Association ethics codes are the framework of this course.

CPSY 717. Ethics & Professional Issues (3 hours)

This course explores ethical and legal issues related to professional conduct. Emphasis is placed on ethical reasoning, as well as the American Psychological Association ethical principles, and relevant state regulations. Issues related to assessment, therapy, forensics, consultation, and supervision are a primary focus.

CPSY 718. Individual & Cultural Diversity (3 hours)

This course examines cultural and racial stereotypes that influence assessment and intervention with various racial and ethnic populations in our society. An understanding of cultural differences and the unique medical and mental health needs of various populations are addressed. Group differences that impact the utilization of health promotion, disease prevention, and disease management activities are addressed.

CPSY 721. Psychopathology (4 hours)

This course focuses on the description, etiology, presentation, and treatment of psychiatric disorders that typically present in adulthood. It provides a broad theoretical foundation from which to view and understand the development of psychopathology by examining theories and accounts of the development of normal and abnormal personalities and behavior. A primary focus of the course is the current DSM classification system.

CPSY 726. Health Psychology I (3 hours)

This course provides an introduction to psychosocial assessment and intervention methods in the context of treatment of existing health problems, illness prevention, and health maintenance. Assessment of factors influencing quality of life in chronic illness is addressed.

CPSY 731. Personality Assessment (4 hours)

This course examines major approaches and techniques for objective personality assessment. Theory, principles, and issues in objective assessment as well as administration and interpretation are addressed. Emphasis is placed on producing coherent descriptions of personality process within the context of professional reports.

CPSY 732. Cognitive Assessment (4 hours)

This course introduces major approaches and instruments for assessing intellectual and cognitive functioning in children and adults. The history of intellectual assessment and theories of intelligence are addressed with particular attention given to test administration, interpretation, and report writing skills. Laboratory sessions focusing on skill development are included.

CPSY 733. Clinical Interviewing (4 hours)

This course focuses on training in basic listening and interviewing skills, with emphasis on the clinical interview in the context of a comprehensive initial assessment. Students are exposed to directive and nondirective approaches to interviewing as well as related theoretical and empirical literature. Demonstrations, role-plays, and structured exercises allow development of skills in establishing the therapeutic relationship and collecting of relevant assessment information.

CPSY 743. Evidence-based Assessment and Therapy I (4 hours)

This course covers methods of assessment and intervention used in behavior analysis and cognitive behavior therapy. Emphasis is placed on varied measurement and data collection procedures central to this approach. Methods of systematically manipulating variables through single-case research designs also are introduced as means of establishing functional relationships, selecting treatment outcomes, and evaluating impact of change strategies.

CPSY 745. Evidence-based Assessment and Therapy II (3 hours)

The course provides a survey of varied approaches to psychotherapy and their common features. Topics may include interpersonal, psychodynamic, and group psychotherapy, and integrative approaches to therapy.

CPSY 812. History and Systems of Psychology (1 hour)

This course provides an overview of the historical and philosophical precursors as well as major figures contributing to modern psychology. The differentiation of psychology from philosophy is examined, and attention is paid to the historical development of various theories of personality.

CPSY 833. Neuropsychological Assessment (3 hours)

This course covers the scientific basis of neuropsychology and neuropsychological assessment. Brain-behavior relationship, neuropsychological assessment techniques, and the uses of neuropsychological evaluation are covered. Students develop skills in the use of basic neuropsychological screening and assessment instruments through administration and interpretation.

CPSY 835. Psycho-oncology (3 hours)
This course introduces the student to the field of psycho-oncology, also referred to as psychosocial oncology. The student will learn about the application of behavioral science knowledge and methodology to the understanding and management of cancer patients and their families as well as the individual at high risk for cancer. The role of psychosocial factors in the etiology, prevention, detection, treatment, and rehabilitation of cancer will be explored. Emphasis will be placed upon the interaction of biological, psychological, and social factors throughout the course of malignant disease. This course will focus on adult oncology.

CPSY 861. Health Psychology II (3 hours)
This course focuses on contemporary cross-cutting issues in the practice of health psychology. The role of the psychologist in primary care is examined in the context of specific chronic illnesses along with considerations related to disease prevention and health promotion. Psychological factors associated with diagnosis, treatment, and treatment adherence are discussed, and cross-cutting issues relating to consultation, adherence, pain management, and stress and coping are introduced.

CPSY 865. Child Psychopathology (3 hours)
This course introduces students to the theories, models, concepts, and terminology of developmental psychopathology. Etiologies of childhood disorders and their continuity across childhood, adolescence, and adulthood are considered. Methods for cognitive, personality, and neuropsychological assessment are addressed as well as implications for working with diverse populations of children and adolescents.

CPSY 874. Child and Family Behavior Therapy (3 hours)
Behavioral assessment and treatment approaches to the major disorders of childhood are surveyed. Specific strategies for intervention in dysfunctional parent-child interaction, as well as parent-adolescent and parental discord, are covered. Attention is directed to working with diverse populations of children and families.

CPSY 880. Special Topics (subtitle) (1-3 hours)
This course provides opportunities to address selected topics of specific faculty expertise or student interest. Topics may be offered to students in small groups or on an individual basis.

CPSY 893. Practicum (1-3 hours)
The six-course practicum series involves supervised clinical field experiences with primary foci on assessment and therapy to develop the requisite knowledge and skills of the core competencies. Students will demonstrate increasing knowledge and skills over the series of courses. In addition to required hours at the assigned training site, students meet weekly in a practicum seminar led by a faculty member. Beginning in the Fall semester of year two,

students will progress through at least six semesters of practicum experiences.

CPSY 960. Consultation & Supervision (2 hours)
This course incorporates theory, research, and practices relating to clinical supervision and consultation within ethical, multicultural and interdisciplinary contexts. It explores the manner in which psychologists function as supervisors and consultants in community, educational, and healthcare settings.

CPSY 971. Clinical Dissertation (1-3 hours)
Following admission to doctoral candidacy, Psy.D. students undertake independent clinical research such as a methodologically-based literature review, program evaluation, development and pilot data on a clinical assessment or intervention protocol. The project is undertaken under the guidance of their doctoral dissertation chair and committee. Students will enroll in CMP 971 during multiple semesters, with a minimum of 7 credit hours.

CPSY 993 Internship (1-2 hrs)
Prerequisites: Completion of comprehensive examinations and all coursework, except the dissertation. This course entails enrollment at the start of a 1 or 2 year internship, with repeated enrollment for the duration of internship. The total number of credits awarded for internship is fixed at 6.

Practicum Guidelines

Purpose of the Practicum Experience

Practicum and internship are the supervised out-of-class contacts with clinical populations that take place within a health care delivery system. Practicum training provides an environment for students to apply theoretical knowledge, to practice implementation of techniques based on this knowledge, and to foster professional and personal attitudes important to the identity of a professional psychologist. Therefore, student progress in practicum is evaluated in three major areas: theoretical knowledge, clinical skills, and professional attitudes.

A primary goal of practicum training is the development, by means of supervised direct client contact, of competent and ethical clinicians able to deliver basic and effective assessment and therapeutic intervention skills. Ethical standards of the American Psychological Association are incorporated into student training.

General Information

Practicum placements follow the 12 month academic calendar (August through July). Specific starting and completion dates may vary. The only exception to this are sites, such as College Counseling Centers, that are closed during the summer. Students spend 16 hours per week in an agency or program formally affiliated with the school. Students provide 8 to10 hours of "direct service" (as defined below) per week. The remaining time can involve supervision, paperwork, “indirect service” activities, research, and "training activities." Students accrue a minimum of 500 hours in the practicum training experience over the course of the academic year.

Doctoral students receive a minimum of one hour of individual supervision per week from a licensed doctoral-level psychologist at the practicum site. The second hour of required weekly supervision may be provided in a group setting at the practicum site. In addition, all students must enroll in a weekly practicum seminar led by a faculty member who provides didactic training emphasizing diagnostic and intervention skills applicable to a variety of clinical populations and an opportunity for consultation. The specific content and emphasis varies according to the practicum setting and expertise of the faculty member.

Definitions

- *"Direct service"* includes face-to-face provision of psychological services to individuals designated by the agency/program.
- *"Indirect service"* may include community outreach, consultation, education, program development and/or evaluation, and support services (e.g., report writing, record maintenance, or case preparation).
- *"Training activities"* include formal supervision, case conferences, case management/utilization review meetings, rounds, administrative/planning meetings, in-service training/seminars, and co-therapy with senior mental health staff.

Professional Liability Insurance

All students enrolled in practicum placements must be covered by Professional Liability Insurance. Although students are covered through the University’s policy, students are encouraged to purchase additional coverage through American Psychological Association American Professional Agency, Inc.

Practicum Training Sites

The Director of Clinical Training grants provisional approval to a site until it is determined that it can provide the type of practitioner training Mercer University requires. Full approval is granted after a student has successfully completed a practicum and both the agency and the Clinical Training Committee determine that this has been a positive experience for both the student and the agency.

Training sites are selected based on their overall appropriateness to the use of the practitioner model of training graduate level psychology students, (i.e., emphasis on the acquisition of clinical skills, relevant treatment population, credentials of staff and site (registration, licensure, accreditation, etc.), availability of adequate supervision by experienced clinicians (licensed doctoral-level psychologists), and an emphasis on training. Every effort is made to be certain that students receive competent supervision within a mentoring relationship in an environment conducive to learning, and that supervision requirements can and will be met by the training site. Supervision requirements are detailed in a subsequent section of this guideline.

Policy on Training Sites with Creedal Statements

Mercer University has a policy of nondiscrimination against students with regard to race, age, ethnic background, and sexual orientation. Practicum sites are expected to conduct their selection and training in a nondiscriminatory manner.

Sites are expected to select applicants without regard to race, sex, age, ethnic background, or sexual orientation unless they have compelling legal or therapeutic reasons for limiting the applicant pool. Sites that have a selection policy that disallows students based on any of the above criteria must notify the school and clarify the legal and/or therapeutic rationale for such policies. Such sites will be approved by Mercer University if the Director of Clinical Training in consultation with the Clinical Training Committee determines that an adequate legal and/or therapeutic rationale exists for the selection policies.

Practicum Application Procedures

During the spring semester, the Director of Clinical Training assigns each student to interview at different practicum sites. Assignment of interviews involves the appropriate matching of the student's needs, level of experience, and clinical interests with available approved training experiences. Students contact the sites and schedule interviews during a designated time period. Students who do not follow the guidelines for placement can expect disciplinary action.

Once a student accepts an offer, this verbal acceptance is binding and viewed as a contractual agreement between Mercer University, the practicum site, and the student. The Director of Clinical Training also must be notified in writing of any acceptance or rejection of a placement offer.

Individual Training Agreements

The student, Mercer University, and the training site enter into a contractual relationship in which the student's delivery of service and other relevant activities within the training arrangement are exchanged for clinical supervision, exposure to clinical populations, exposure to professional role models, case management supervision, and participation in other professional activities such as rounds, staffing, and seminars.

After acceptance of student training has been agreed upon, an Individual Training Agreement (ITA) is completed and signed by site supervisor, the student, and the Director of Clinical Training.

This agreement will identify the student, site, supervisor, days and times of attendance, and amount of supervision. ITA completion is the student's responsibility; student, site supervisor, and Director of Clinical Training signatures are needed, and the school copy must be in the Training Office prior to entering practicum. Without a completed, signed ITA submitted to the Training Office, student progress will not be evaluated, nor will credit be awarded.

Supervision Requirements for Practicum

Trainees receive a total of two or more hours of supervision and training per week on site. At least one of these hours must be spent in primary individual supervision with a licensed doctoral-level psychologist. Primary supervision is offered at a regular, preset, uninterrupted time each week. Supervisors are expected to communicate clear expectations to students at the beginning of their practicum and to provide clear feedback regarding clinical competence and progress throughout the year. Students are required to audiotape or videotape some of their clinical work to be played in individual supervision and in their practicum seminar on campus.

The Director of Clinical Training should be informed immediately of any difficulties encountered at the practicum or of any substantive changes in the practicum experience (e.g., change of supervision).

Practicum Seminars

The practicum seminar serves as an auxiliary training component in a student's clinical training. The seminar leader works as a "partner in training" with the student's on-site supervisor to oversee education. Although the seminar leader may provide general feedback about student progress, supervision of individual cases remains the responsibility of the on-site supervisor, who has direct contact with the practicum setting and with individual patients.

In the seminar, students receive didactic training, present their clinical work, and consult with peers and the seminar leader regarding challenging assessment and treatment issues. The major objectives include: (1) introducing, via didactic and experiential training, fundamental skills in conceptualization and clinical service; (2) providing exposure to a variety of clinical issues in different settings; (3) enhancing students' capacity to generalize their clinical experiences across domains and groups; (4) fostering students' development in specific technical interventions and global clinical competencies; and (5) evaluating students' progress in professional development and growth in the major areas of competency.

All practicum students are required to attend a weekly practicum seminar throughout the academic year. Students present, on a rotating basis, audiotapes or videotapes of their diagnostic interviews, as well as testing protocols and reports only after the site supervisor has evaluated the student’s work. Seminar leaders’ feedback should not be considered as supervision of the on-site clinical work; site supervisors are ultimately responsible for the content of reports that will be utilized for clinical purposes. When turning in testing protocols and reports to seminar leaders, all identifying information should be removed to ensure client confidentiality.

Practicum

Clinical orientations, specific treatment options and opportunities, and client populations will vary across training settings. Mercer University does not endorse a particular theoretical orientation and encourages students to explore a variety of evidence-based treatment perspectives. However, sites are encouraged to provide knowledge and modeling of therapy within an organized theoretical framework, so that students may learn to use this framework to guide their conceptualizations and interventions. With time and experience, students may recognize strengths and limitations of a variety of approaches and develop proficiency in formulating and working within an approach best suited to their own personal style and clinical interests. The therapy practicum presents an excellent opportunity for this kind of learning.

Practicum students are expected to adjust to and work in an established program in a way that is mutually beneficial to the training site and to students' professional growth. The learning that takes place in such an environment will transfer to other clinical situations and become an integral part of the foundation for sound clinical practice in the future.

Evaluation of Progress

Each semester, practicum supervisors and seminar leaders evaluate students in basic areas of clinical functioning associated with our program aims. A formal evaluation form is provided, and it is expected that supervisors will review this written evaluation form with the student and provide direct feedback regarding the student's clinical strengths and weaknesses. Students are responsible for returning supervisor evaluation forms to their seminar leader on a timely basis.

Seminar leaders will maintain primary responsibility for monitoring student progress and will evaluate student progress each semester. The seminar leader will review evaluation forms submitted by site supervisors and the student’s evaluations of his or her practicum site. The seminar leader will discuss each student’s progress with his or her site supervisor and will assign a grade of credit/no credit (‘S’/’U’) each semester.

Any students who experience difficulties of any kind on their practicum are encouraged and expected to consult with their seminar leader and the Director of Clinical Training as appropriate. Practicum supervisors are advised to contact the Director of Clinical Training with their concerns as they arise.

Procedures for Minor Practicum Remediation

Requests for minor remediation within the ordinary time frame of practicum placement can be handled informally. This request might come from any relevant personnel such as supervisors, seminar leaders, or the Director of Clinical Training. Such remediation would be part of ongoing course work and handled as other in-course assignments, typically through consultation between the seminar leader and practicum supervisor.

Process for Remediation of Clinical Skills

Students on practicum who may need remediation in clinical training are referred by Student Progress and Advancement Committee to an ad hoc Student Professional Development & Support team. This ad hoc committee goal is to assess and guide students in improving their academic performance and developing their professional competencies. The committee may hold hearings on student issues specific to professional or academic requirements and recommend actions that may include (but are not limited to) student advisement, remediation, probation, or dismissal when warranted. If remediation actions are not satisfied by the student, the committee may impose probationary conditions with explicit requirements and a timeline for removal from probation. The committee will determine any consequences that will result from student noncompliance with probation requirements. If remedial actions are not sufficiently achieved by the student, or if remediation is not appropriate in the event of a severe student conduct violation, the committee may recommend that a student be dismissed from the program.

Professional Conduct

Students are expected to conduct themselves in an ethical and appropriate manner at the clinical training site and to become familiar with the Ethical Principles and Code of Conduct and Guidelines for Providers of Psychological Services published by the American Psychological Association as well as professional psychologists in the state of Georgia. Furthermore, students are expected to follow the College of Health Professions guidelines stated in the community of respect section of the Student Handbook.

Students are expected to conduct themselves in a manner consistent with the principles of the profession of psychology at all times, including outside of the classroom and practicum. Enrolling in the practicum and signing the Individual Training Agreement constitute an agreement to abide by these guidelines. The following are examples of inappropriate and/or unethical behaviors on a practicum:

1. Acting in a manner inconsistent with the tenets of psychology as published in the *APA: Ethical Principles of Psychologists and Code of Conduct*, and/or legal requirements of professional psychologists in the state of Georgia.
2. Failure to follow program guidelines.
3. Failure to appear for any scheduled event at a training site without notifying the supervisor in advance of absence.
4. Taking vacation time without obtaining prior approval from the supervisor.
5. Taping an interaction or playing a tape of an interaction with a patient without the express permission of the supervisor and patient.
6. Removing materials from the training site without approval of the supervisor.
7. Withdrawing from the training site without permission of the program.
8. Accepting a training site then turning it down to accept another.
9. Inappropriate use of computer generated interpretive reports.

Consequences for failure to meet the professional conduct expectations of the program and Mercer University may result in verbal warnings, written warnings, referral to the training committee, a remediation plan, referral to the Student Progression Committee, probation, or dismissal.

Practica Responsibilities

Practicum experiences unite student, practicum agency and supervisor, and Mercer University in a working relationship in which all parties are responsible to each other as discussed in the sections below.

Site Supervisor

Site supervisors have the responsibilities outlined below:

- Clear expectations of student participation should be communicated to students at the beginning of the practicum.
- Regular, preset, uninterrupted supervision time and clearly articulated expectations for use of supervision (tapes, process notes, etc.) are required.
- Adequate clinical opportunities to meet student training needs should be provided.
- Clear feedback to students regarding clinical competence and progress should begin early in the training year and be ongoing throughout. There should be timely completion and return of student evaluations each term.
- The Director of Clinical Training should be informed of any difficulties encountered at the practicum as early as possible and should also be notified of any substantive changes in the practicum experience.
- Students should be oriented to the agency, including record keeping and expectations for professional conduct, before they begin their clinical work.
- The agency or program on-site director or supervisor receives no reimbursement for these services from the Clinical Psychology program. The on-site supervisor or director provides no personal therapy to the student and accepts no reimbursement from the student.

Director of Clinical Training

The Director of Clinical Training is responsible as outlined below:

- The Director of Clinical Training will provide students with up-to-date practicum resource materials describing approved practicum experiences, prerequisites, expectations, and placement procedures.
- The Director of Clinical Training, with assistance of other Mercer University faculty will advise students in the practicum selection and application process in order to secure a good match between student training needs and training site offerings/requirements.
- Together, the Director of Clinical Training and the Practicum Seminar Leader will monitor student progress during practicum training and will be available for consultation and advisement to the practicum site and student.
- The Director of Clinical Training will develop new training sites and recommend their affiliation to the Clinical Training Committee.
- The Director of Clinical Training will regularly visit, call, and write to individual practicum sites and facilitate a close training relationship between the school and the site.

Practicum Students

Students are responsible as outlined below:

- Students are expected to conduct themselves in reliable, ethical, and appropriately professional ways in all practicum activities including timeliness, notification of absences, permission for vacation, and other professional responsibilities.
- Students should integrate themselves into training sites and develop good working relationships with staff and patients.
- Students are expected to comply with policies and procedures at their community placement sites. Students are expected to seek clarification of any confusion or uncertainty about these policies and procedures as soon as possible with their practicum on-site supervisor or with the Director of Clinical Training.
- Cultivation of an attitude of openness to self-examination and new learning is expected.
- The Director of Clinical Training should be advised of any difficulties encountered at the practicum; students are expected to seek advisement and consultation in a timely manner with seminar leaders or with the Director of Clinical Training when any concern exists.
- The Director of Clinical Training should be notified of safety concerns students may have at a training site.

Competency Exam Guidelines

Written Competency Examination

At the end of Summer semester of the second year (dates announced in advance), students are eligible to take qualifying examinations. The purpose of these examinations is to allow the student to demonstrate foundational knowledge and critical appreciation of the research and scholarly literature in the broad field of psychology, and in the specialty areas of clinical psychology, including:

- *Affective Aspects of Behavior* -- Includes topics such as affect, mood, and emotion. Psychopathology and mood disorders do not by themselves fulfill this category.
- *Biological Aspects of Behavior* -- Includes multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology can be included in this category, they do not, by themselves, fulfill this category.
- *Cognitive Aspects of Behavior* -- Includes topics such as learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do not, by themselves, fulfill this category.
- *Developmental Aspects of Behavior* -- Includes transitions, growth, and development across an individual's life. A coverage limited to one developmental period (e.g., infancy, childhood, adolescence, adulthood, or late life) is not sufficient.
- *Social Aspects of Behavior* -- Includes topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.
- *Advanced Integrative Knowledge in Scientific Psychology* -- Includes graduate-level scientific knowledge that entails integration of multiple basic discipline-specific content areas (i.e., integration of at least two of: affective, biological, cognitive, social, or developmental aspects of behavior).
- *Research Methods* -- Includes topics such as strengths, limitations, interpretation, and technical aspects of rigorous case study; correlational, experimental, and other quantitative research designs; measurement techniques; sampling; replication; theory testing; qualitative methods; mixed methods; meta-analysis; and quasi-experimentation.
- *Statistical Analysis* -- Includes topics such as quantitative, mathematical modeling and analysis of psychological data, statistical description and inference, univariate and multivariate analysis, null-hypothesis testing and its alternatives, power, and estimation.
- *Psychometrics* -- Includes topics such as theory and techniques of psychological measurement, scale and inventory construction, reliability, validity, evaluation of measurement quality, classical and contemporary measurement theory, and standardization.

The Director of Clinical Training coordinates these examinations. The qualifying examinations are given only once a year at the end of summer.

Each examination begins at 8 a.m. and continues until 12 p.m. The Department provides students with computers and word processing software to complete the examination. All questions on the qualifying examinations are based on specified reading lists made available to the students in the summer. These reading lists are updated each year by the faculty. Most of the items on the reading lists are recent articles from peer-reviewed scientific journals. The lists do include a few older (classic) articles and an occasional book or book chapter. Reading materials may not be taken into the testing room and used during the examination. In each day's examination, the student is presented with 3 to 4 questions. Questions are likely to integrate domains (e.g., affective neuroscience, cognitive affective). In studying for the qualifying examination, it is considered crucial that students in fact read and study all items on the reading list.

Two faculty members with expertise on the topic grade each question anonymously, using the following marking system:
1=Knowledge and competencies not present
2=Beginning level of achievement of knowledge and competencies
3=Intermediate level of achievement of knowledge and competencies
4=Required level of achievement of knowledge and competencies
5= Advanced level of achievement of knowledge and competencies

In order to pass in a given area, the student must achieve an average (between the two evaluators) of at least 4 for each discipline-specific knowledge area. Any student who falls short of an average mark of 4.0 must arrange to retake an examination in that area (different questions but based on the same reading list) before the end of the fall semester. The same grading system is used. In this case, however, the student must pass the re-examination to remain in good standing in the Clinical Psychology program. Failure to pass the re-examination would be considered sufficient grounds for termination.

Clinical Competency Examination Guidelines

All students are required to sit for and pass a clinical competency examination. The examination evaluates the student's knowledge and skills in assessment, diagnosis, case conceptualization and treatment formulation, treatment delivery, and evaluation of treatment efficacy. As part of the determination of a student’s preparedness for the predoctoral internship, it is a prerequisite to internship eligibility.

Students are required to successfully pass a *Clinical Competency Examination* (CCE) prior to applying for internship. Eligibility for the CCE occurs only after successful completion of 2 years of practicum. The CCE is a two-part examination that includes a written case presentation of a patient treated during the student’s practicum and an oral defense of that document. The CCE is designed to assess students’ knowledge, clinical reasoning within a conceptual model, technical skills, relationship skills, and ability to communicate professionally in both written and oral formats. The CCE may be retaken one additional time if a student fails to pass the exam on his or her first attempt.

Students must submit a *CCE Application* (Appendix 1) in order to take the exam during that year. On this form, the student describes the clinical setting, treatment modality, and patient demographics (age, sex, presenting problem, and diagnosis) of the case that he or she intends to use for the CCE. If the examination is a second CCE for the student, the names of previous CCE committee members should be included on the request form.

Eligibility to take the CCE

Students are eligible to take the CCE if they (1) are in good academic standing in the doctoral program with a GPA of 3.00, (2) have completed all required prerequisite courses (717, 718, 721, 732, 733, 743, 745) and (3) have successfully passed the six credit hours of practicum across three years of training.

The CCE Committee

Once a student has submitted the *CCE Application*, the Director of Clinical Training assigns a faculty committee to assess the student’s written case presentation and to conduct the oral defense. This CCE Committee will consist of two core faculty members, with one faculty member serving as Chair.

A student’s current therapy practicum seminar leader will likely be excluded from serving on his or her CCE Committee. The committee members serve only as examiners, not as advisors in preparation of the materials. Once the student’s CCE Committee is assigned, a meeting date and time for the oral examination will be scheduled. Then, the student is informed of the faculty members who will serve on his or her CCE Committee and the scheduled date and time for the oral defense.

Preparation for the CCE

As noted above, the CCE is based upon work with a patient whom the student has treated during practicum. Students must bear in mind that the patient’s welfare and opportunity to get maximum benefit from treatment always takes priority over the student’s preparation for the

CCE. As such, utilizing a case for the CCE does not limit the student's access to the formal avenues of supervision typically available. The CCE is an important evaluation of the student's knowledge and ability in providing services, covering a wide range of specific domains associated therewith. The CCE should be an independent work product that reflects the *student's* competence and performance. As such, there are limitations on the extent of consultation that students can seek regarding their CCE case from faculty members, peers, and other professionals outside the CP program. These parameters are delineated below:

- Students cannot present their CCE case in practicum seminar, either in a written or oral format.
- The practicum seminar leader cannot review or provide feedback to the student regarding his/her written case presentation, audio/video-recorded session, and transcript from the CCE case.
- While they may assist students in finding appropriate resources for preparing the CCE, faculty members should not provide consultation to students about the specifics of their CCE case.
- Site supervisors and/or faculty members cannot provide input regarding preparation of the student's written CCE documents, including the session transcript. Practicum supervisor input should be limited to the amount routinely provided to the student's cases.
- The student's site supervisors may not serve as CCE Committee members, nor may they attend or participate in the oral examination.
- Students cannot seek paid or no-charge consultation regarding the CCE from persons outside the Clinical Psychology program, with the exception of that which is routinely provided by their practicum site supervisors.

Given the parameters outlined above, if a student has questions about the appropriateness of any assistance to prepare for the CCE, he or she should consult with the program's Director of Clinical Training.

Content and Structure of the CCE

Case Presentation Guidelines

The case selected for the CCE should provide the CCE Committee members with an adequate sample of the student's clinical knowledge and skills. The student must have been the primary service provider for this patient. Students are not limited in their choice of patient characteristics or problems, types of assessment and treatment modalities, or setting.

It is expected that the patient would have been seen for a minimum of three sessions, in order to ensure an adequate opportunity for the student to demonstrate the following competencies: pre-treatment evaluation, assessment and diagnosis, case conceptualization, treatment planning, therapeutic intervention, and case termination (if applicable). Students must submit an audio- or video-recorded session that includes a demonstration of the treatment modality used in therapy. This session must not be limited in scope – for example, a session focused solely on relaxation training or termination would not be appropriate.

Content of the Written Case Presentation

The written case presentation should provide a diagnostic assessment, a formal case formulation, and a description of the entire course of therapy, either in progress or completed. The document must not exceed a maximum of twenty (20) pages (not including the title page, references, and any appendices) must be written in APA style. Students must also submit a session transcript and critique of that session (described below), but that text is *not* included in the 20-page limit. *IMPORTANT NOTE* – The patient's name and the name(s) of anyone associated with the patient *must not appear* on any written materials or recordings submitted by the student. The written document should include the following components:

A. ASSESSMENT AND DIAGNOSIS

The case should demonstrate the student's competence in pre-intervention assessment. This assessment would include the following information (as available): an interview with the patient, collateral interviews, suitable psychological testing, behavioral assessment, and review of previous psychological reports/treatment records. In addition, the student should be prepared to support, and critically discuss, decisions made regarding the pre-treatment evaluation procedure(s) that were used with this patient. Specifically, this section of the written case presentation must include:

1. Introduction and reason for referral, including relevant demographic information
2. Relevant patient history, including the following:
    -- Prior treatment history
    − Any previous assessment results
    − History of family interaction
    − Developmental history
    − Medical history
    − Social, academic and work history
    − Substance use or abuse
    − Other relevant information
3. Current presenting problem(s)
4. Results of current assessment and/or testing, including sources of assessment information noted above
5. DSM-5 diagnosis, with a specific rationale for the diagnosis and discussion of differential diagnoses. A decision tree of differential diagnoses should be clearly articulated. It will be assumed that any diagnosis provided stems from the student's own clinical assessment, not simply the patient's past psychiatric history (i.e., previous diagnoses).

B. CONCEPTUALIZATION AND TREATMENT FORMULATION

The student should describe the conceptual formulation that guided work this patient. The treatment plan, including goals and appropriate intervention strategies, should be described fully. The student should be able to justify the treatment plan based on the conceptualization of the case and treatment efficacy. This section of the written case presentation must incorporate the following:

1. *A general description of the theoretical perspective used in the treatment of this patient.* The student should describe both the general tenets of this theoretical

approach and (as appropriate) the specific treatment model derived from this perspective that was applied to this patient's presenting problems.

2. A clearly-articulated formulation of this patient's presenting problem(s) that is organized within the framework of this theoretical perspective and treatment model. The student must use specific information from the patient's background and presentation in treatment to support his or her application of the theoretical model.
3. *A thorough outline of the student's treatment plan for this patient, as derived from the chosen theoretical model.* A generic plan for the treatment of a particular disorder or treatment within a particular setting is not sufficient. Instead, the student should describe the primary therapeutic strategy for use with *this* patient – i.e., a treatment strategy tailored to the particular patient. Students should denote specific interventions used with the patient, in the context of *that patient's* presenting problems or dynamics – e.g., if challenging cognitive distortions, then describe examples of that patient's cognitive distortions and how they were (or would be challenged). As appropriate, the termination strategy employed with the patient should be reported. Overall, the student should *clearly* demonstrate how the treatment plan is consistent with the theoretical approach used with this patient.
4. A briefly prepared *alternative conceptualization* must be included as a means to re-formulate the approach taken, and to consider and evaluate other possible interventions

C. COURSE OF TREATMENT

In this section, the student provides a structured summary of the course of therapy (as planned or implemented) from the initial interventions to termination. This summary may be organized in a number of ways, but should demonstrate how treatment would progress over time. The student should demonstrate how presenting problems and central issues in the patient's therapy were (or would be) addressed throughout the course of treatment, within the context of the theoretical approach and formal treatment plan described in Section B above.

D. ETHICAL AND LEGAL CONSIDERATIONS

In this section, relevant ethical and/or legal issues should be addressed. The student should describe key areas of professional ethics that were applicable to this case (e.g., confidentiality, informed consent, etc.). Also, specific ethical and legal issues that arose during the course of treatment, or that were especially pertinent to this patient, should be discussed (e.g., suicidal/homicidal risk, abuse issues, supervision, professional boundaries, values conflict, etc.). The student should include a description of how such issues were managed. Specific principles from the APA *Ethical Principles of Psychologists and Code of Conduct*, as well as relevant state laws and regulations, should be cited as a framework for discussing these issues.

E. DIVERSITY ISSUES

In this section, the student should review diversity and/or multicultural issues relevant to the assessment and treatment of the patient. Examples of such issues include, but are not limited to: race, ethnicity, culture, socioeconomic status, sexual orientation, age, gender, and religious preference. The student should address the following:

- Information about the patient's cultural background that influenced the diagnosis, case conceptualization, and/or treatment strategy.
- Ways that the student and patient were similar and/or different from a cultural diversity perspective – and how this similarity or contrast impacted therapeutic rapport and the patient's treatment.
- How the student's own cultural background, values, and worldview may have impacted his/her view of the patient and/or therapeutic interactions.
- Specific steps taken to address relevant diversity issues in treating this patient.

Though not required, the student may frame his or her presentation of diversity issues in the context of a particular theory or model for understanding diversity issues. However, in doing so, he or she must clearly delineate how this theory or model applies specifically to working with this patient.

F. SUMMARY & NARRATIVE SELF-ASSESSMENT

In the summary, the student must include a brief description of the session that was submitted to the CCE Committee as an example of the student's work with this patient – i.e., the recorded session and transcript. The student should note methods used in this session and how these relate to the stated treatment goals. The student will discuss specific portions of this session in greater detail in the Self-Critique section of the CCE. The self-assessment should address the entire course of the student's work with the patient. Issues addressed in this self-assessment include, but are not limited to: challenges or obstacles that the student faced with this patient; management of relevant therapist variables and/or countertransference; quality of the therapeutic relationship; and ways that student might have approached the case, or specific aspects of the case, differently. This section should be 1 to 1 ½ pages in length and provide an appropriate context (stage of treatment, previous work/progress) for faculty committee members reviewing the student's CCE materials.

Self-Critique of an Audio- or Video-Recorded Session

Students must provide a sample of their work with the patient chosen for the CCE by submitting an entire treatment session and a self-critique of their interventions with the patient during that session.

A. RECORDED SESSION AND TRANSCRIPT

An audio- or video-recorded therapy session must be presented to the CCE Committee at the same time as the *Written Case Presentation*. A transcript of the session must accompany the recording. Unless there is a specific accommodation from the campus ADA Officer stating otherwise, the student is required to prepare his or her own transcript of the therapy session. The session number should be included in the title of the transcript. Each therapist and patient verbalization should be labeled and sequentially numbered. As noted previously, students must not include the patient's name (or the names of anyone associated with the patient) on the transcript or on any other CCE materials.

All members of the student's CCE Committee should receive a copy of the session recording and transcript. It is the student's responsibility to assure that written consent for taping is present in the patient's clinical chart at the practicum site. Also, the student must include the *Verification of Consent for Audio/Video-Recording* form as an appendix with the CCE written document, confirming that written consent is on file at the site. Students are responsible for ensuring confidentiality of the recorded material, including deletion of any references to names of individuals throughout the recording, and deletion of patient names on any consent forms.

Video-recordings involve particular issues of confidentiality, and warrant special sensitivity to ensure that no one other than faculty members review the video. The student must seek consultation and approval from the Director of Clinical Training regarding the use of video in the CCE before selecting a case in which sessions are video-recorded.

The student is responsible for submitting an audio- or video-recording of adequate quality to enable the CCE Committee members to hear and/or see the recorded therapy session. The written transcript does not substitute for a session recording of inadequate quality. Presentation of inadequate audio- or video-recordings may result in postponement of the CCE until such time as a recording of sufficient quality can be provided.

B. SELF-CRITIQUE OF THE THERAPY SESSION

The Self-Critique is a document separate from the full therapy session transcript and has a two-column format as follows:

1. The left-side column contains the segments of dialogue from the session that are being critiqued
2. The right-side column contains the critique and analysis of the interaction
3. The critique is aligned with the relevant dialogue

The student should critically assess his or her behavior in the session with respect to the process and content of therapy. This self-critique should include at least two examples of competent implementation of the treatment approach, and at least two examples of problematic interactions. Examples of areas for self-critique include, but are not limited to: listening skills, empathy, adherence to a planned technical strategy, and management of the therapeutic relationship. The critique should refer to specific interchanges between therapist and patient(s) in the transcript/recording, not to the entire session or the overall course of treatment.

Content of the Oral Examination

Students are required to successfully complete an oral defense of their written case presentation in order to pass the Clinical Competence Exam. This oral examination is attended by the student and members of his or her CCE Committee. Prior to the oral examination meeting, faculty members on the students' CCE committee review the written case presentation, the recorded session and transcript, and the self-critique document. The CCE oral examination includes the following components:

A. INTRODUCTION

To begin the oral examination, the student is asked to provide a brief introduction to the case. The purpose of this introduction is to set the stage for a more formal, semi-structured oral presentation of the student's work with this patient. As such, the introduction might include the following:

- A basic statement of patient demographics and the treatment setting
- The patient's reason for seeking services and main presenting problem
- A statement of the assessment and/or treatment modalities and theoretical approach used with this patient
- The student's rationale for choosing this case for the CCE

During this introduction, members of the CCE committee may comment briefly on areas of the written case conceptualization that require more or less attention during the oral examination. They may also note particular aspects of the case itself that may be emphasized during the oral defense meeting.

B. THE ORAL CASE PRESENTATION

Faculty members on the CCE Committee will guide the student in presenting his or her work with this patient in the following domains:

- Assessment and diagnostic skills
- Medical/health considerations
- Conceptualization and treatment formulation
- Course of assessment and/or treatment
- Intervention skills
- Relationship skills
- Ethical and legal considerations
- Diversity issues
- Knowledge of general psychology – including *biological*, *developmental*, *social, cognitive-affective*, and *learning* factors relevant to the case.

Throughout the oral examination, the student should highlight and build upon information conveyed in his or her written case presentation. Much of the oral examination is allotted to critical evaluation of the student's ability to respond to the Committee's in-depth exploration of his or her knowledge, clinical reasoning, and clinical skills. The student is required to think on his or her feet, to consider and evaluate other possible interventions, to support or re-formulate the approach taken, and to demonstrate knowledge of related psychological issues. A key component of the examination is assessing the student's ability to flexibly apply his or her clinical knowledge in order to meet the needs of the case at hand. Any questions about the student's work that remain after review of the areas noted above will also be addressed.

In all cases, the Committee is free to explore and question the student until the members are assured that they can render an accurate decision about whether the student has passed, failed, or needs to resubmit the CCE. Students may bring prepared materials for the oral presentation, as well as reference materials. However, it is at the discretion of the committee to determine how the oral examination is structured. Adaptations of the content within the domains referenced above may be made, depending upon the particulars of the case presented. Oral presentations of prepared material (e.g., PowerPoint Presentations) should be limited to **20 minutes** in order to provide adequate time to address questions or concerns raised by committee members.

EVALUATION OF THE CCE

Faculty members on the CCE Committee evaluate both the written case presentation and oral examination to determine whether the student has successfully completed the exam. To do so, the student's competence is assessed in of the domains listed below. The criteria enumerated for each of these areas are intended to represent the minimum level of competence that students should demonstrate at this point in their training. The student must demonstrate adequate competence in these domains by the end of the oral examination in order to pass the CCE. If significant deficiencies emerge in either the written case presentation or the oral examination, the student will not receive a passing grade on the CCE.

Evaluation of the Written Case Presentation

Students are evaluated in each of the following areas of the written case presentation. The written presentation may not exceed twenty (20) pages, *not* including the title page, self-critique, references, and appendices. Again, the criteria articulated for each of these domains are general standards that represent an appropriate level of competence. These criteria are not intended to provide a comprehensive list of specific competencies and skills that may be taken into consideration in evaluating the student's work.

Assessment and Diagnosis

- Demonstrates knowledge of relevant medical background, diagnostic criteria, and the ability to integrate information from a variety of sources to support the diagnosis
- Demonstrates adequate knowledge and clinical reasoning in selection of assessment methods
- Provides an adequate qualitative description of the patient (e.g., presenting problems and issues, personality dynamics and/or style, motivation for treatment, communication style, etc.)
- If an evaluation has already been completed prior to seeing the patient, explains how the prior evaluation information was incorporated into his or her evaluation

Conceptualization and Treatment Formulation

- Demonstrates knowledge of the treatment model selected and the theoretical framework that the treatment model represents
- Utilizes specific case information to elaborate discussion of key concepts or principles of the theoretical approach used with this patient
- Uses the case formulation model associated with the treatment approach selected

Treatment Planning & Course of Treatment

- Demonstrates adequate clinical reasoning in the development of a treatment plan, guided by the case formulation
- Describes how salient themes associated with the case formulation are represented through his or her therapeutic interventions over the course of treatment
- Is able to organize a synopsis of the treatment in the context of his or her treatment plan and the unfolding salient themes addressed in therapy
- Shows ability to critique his or her own work, including strengths and weaknesses, referring to specific interchanges on the session transcript

Ethical and Legal Considerations

- Demonstrates knowledge of ethical guidelines relevant to treatment and management of this case
- Articulates the implications of ethical dilemmas that emerged (or reasonably could have emerged) with this case

Diversity Issues

- Demonstrates knowledge of possible cultural models relevant to assessment and treatment of this patient
- Discusses implications of these diversity models to his or her work with this patient

Supervision and Consultation Issues

- Demonstrates demonstrate knowledge of supervision models and practices

Narrative Self-Assessment

- Demonstrates ability to critically examine his or her own work with this patient along relevant parameters
- Articulates strengths and areas for improvement in an open and professional manner

Written Communication Skills

- Demonstrates ability to communicate clearly through professional writing skills
- Uses professional terms and definitions in an appropriate, unambiguous manner
- Provides a written document that is well-organized and comprehensible

Evaluation of the Recorded Session and Transcript

CCE committee members will review the student's audio- or video-recorded session and the accompanying transcript as an example of his or her clinical skills *and* ability to promote an effective therapeutic relationship. As such, the recorded session and transcript should provide a representative sample of the student's work with this patient. Students will be evaluated using the following criteria:

Evaluation of Clinical Intervention Skills

- Demonstrates appropriate skills through the use of clinical methods that are consistent with the treatment plan

- Utilizes interventions that are consistent with the model chosen and the content of these interventions are consistent with the problem formulation
- Correctly identifies and describes appropriate examples of specific techniques or strategies from the chosen theoretical approach to this case
- Implements chosen interventions in a competent and ethical manner, consistent with the student's level of training

Evaluation of Relationship Skills

- Demonstrates adequate relationship skills in the session – e.g., listening skills; accurate empathy; language consistent with the patient's frame of reference; conveying warmth, respect and concern for patient; encouraging patient to discuss difficulties by being appropriately reinforcing; tolerating patient's affect, etc.
- Manages difficulties or problems in the therapeutic alliance (e.g., diversity and value issues, resistance, the student's own personal issues or dynamics) in an appropriate and ethical manner

Evaluation of the Oral Examination

In the CCE oral examination students are evaluated on their ability to clearly articulate case material and to elaborate upon information provided in the written case presentation. As such, this aspect of the CCE is not simply an exercise in which the student gives an oral presentation of his or her written document. Instead, the student should be prepared to address questions or concerns raised by committee members in greater depth and with the ability to spontaneously generate ideas about the case material. Students should also be prepared to field questions about their knowledge base in both clinical psychology and general psychology, as these questions pertain to his or her work with this patient.

In order to pass the CCE, the student must demonstrate an appropriate level of competence in each of the following areas during the oral defense:

Ability to answer questions and elaborate upon each of the domains covered in the written case presentation

- Presents patient demographics, reason for referral, and results of the initial evaluation
- Describes the theoretical model chosen and how it applies to this case
- Explains the central issues addressed in treatment in the context of the theoretical approach taken with this patient
- Summarizes the course of work with this patient, including salient aspects of the therapeutic relationship and (if appropriate) termination of therapy
- Discusses how specific therapeutic methods employed with this patient are aligned with treatment goals and the treatment formulation.
- Understands and can articulate relevant professional/ethical considerations with this case, as well as pertinent diversity/multicultural issues
- Describes rationale for the case and therapy session selected for the CCE
- Demonstrates adequate knowledge and clinical reasoning in discussing the case
- Problem solves when presented with hypothetical questions about the case

Ability to apply working knowledge of major content areas in psychology to the treatment of this patient

- Discusses biological, social, cognitive, learning, and/or developmental factors that are relevant to this case
- Demonstrates knowledge of professional literature and empirical research regarding the effectiveness of the treatment approach taken with this patient

Ability to critique one's own work with this patient

- Assesses his or her effectiveness in directing interventions by identifying at least two strengths and two weaknesses
- Generates alternative strategies in working with the patient
- Discusses relevant therapist variables and/or countertransference issues
- Appraises quality of the relationship
- Describes pertinent obstacles to treatment and management of these challenges

Ability to respond to constructive feedback about any aspect of the case presentation

- Modifies his or her previous ideas and attitudes about the clinical material to incorporate feedback about the case
- Responds to challenging questions and comments about the case material in a respectful, non-defensive manner
- Upholds his or her position in a professional manner by providing supporting evidence

Ability to communicate case material orally

- Expresses self clearly and directly, remaining focused on main points
- Presents information in a manner that is organized, coherent in speech, and easy to follow
- Discusses clinical material in an articulate manner, with appropriate word choice and communication style

OUTCOME OF THE CCE

The CCE Committee members evaluate the written case presentation, the recorded session/transcript, and the self-critique prior to the student's oral examination. Committee members may discuss their initial evaluation of the student's performance to determine whether there are problem areas or deficits that need to be explored more thoroughly during the oral examination. The student's performance on the oral examination may compensate for some difficulties in the written case presentation, recorded session/transcript, and/or self-critique aspects of the CCE.

During the oral examination, committee members ask questions in order to arrive at independent ratings of the student's performance in all major domains of the CCE. Once each committee member is satisfied that he or she has been able to rate the student's competence in each of these areas, the student is dismissed from the meeting and committee members discuss the student's performance to arrive at a consensual rating. The committee may ask the student to provide more information in order to reconcile a discrepancy in their ratings.

If committee members cannot reach agreement on their evaluation of the student's CCE performance, a third faculty member will be consulted to resolve the discrepancy. This faculty member will be asked to review all written materials, the recorded session, and a recording of the CCE oral examination itself in order to reach his or her decision.

Examination Outcome

Students receive a final evaluation of *Pass, Fail, or Fail Contingent upon Revision* for their overall performance on the Clinical Competence Exam. Components of the CCE are not evaluated separately. The student must demonstrate a sufficient level of competence in each of the major domains of the CCE by the end of the oral examination in order to receive a passing grade. Students are typically informed of their CCE outcome at the conclusion of the oral defense meeting. A written evaluation of the student's work on the CCE is provided approximately two weeks after exam completion.

PASS

A passing grade indicates that the Review Committee appraised the student's performance on all components of the CCE as demonstrating competence in each of the following areas:

- Interprofessional / Interdisciplinary Considerations
- Assessment and Diagnosis
- Conceptualization and Treatment Formulation
- Clinical Skills
- Relationship Skills
- Professional and Ethical Considerations
- Diversity and Multicultural Issues
- Application of General Psychology
- Self-Critique of one's Clinical Work
- Written Communication Skills
- Oral Communication Skills

FAIL

A failing grade indicates that there are significant problems and/or deficiencies one or more of the competency areas listed above, based upon the Committee's review of the student's performance on the written case presentation, the recorded session/transcript and self-critique, and the oral examination. If the examination is failed, the committee members discuss with the student the strengths and weaknesses of his or her work on the CCE and offer suggestions for a remediation plan.

FAIL CONTINGENT UPON REVISION

The CCE Committee may reach a decision, whereby, the student is asked to reconsider and revise deficits found in one or more of the major areas of the written case presentation or the self-critique. In this event, the student will have up to two weeks, contigent on the committee's recommendation, to resubmit the written case presentation with the requested modifications made. If the document is not received by the committee members within this time-frame, this will result in a failing grade. The CCE committee will review the revised written materials and will issue either a passing grade, a failing grade, or a split decision based on the extent to which the student adequately addressed and corrected that major area(s) of concern. The student will be notified of the outcome within one week of receipt of the revised document(s).

Failure and Remediation Policy

In the event that a student fails the CCE and plans to retake the exam, he or she must begin a remediation process. Likely, the student will be required to complete an additional practicum experience at an appropriate training site, as determined in consultation with the student's academic advisor and the Director of Clinical Training. This practicum experience may entail the typical requirements of 16 hours per week on-site for a minimum of 2 semesters.

Students who are retaking the CCE are encouraged to make use of all available training resources to promote their remediation efforts, including workshops, coursework, and advisement with faculty. The student is expected to discuss written and oral feedback from the CCE Committee with his or her advisor, seminar leader, and other faculty as appropriate.

The student is encouraged to obtain consultation regarding all phases of the remediation process from his or her advisor and other faculty. It is the student's responsibility to develop and implement a remediation process and to decide when he or she is sufficiently prepared to retake the CCE. When the student decides that the remediation process is complete, he or she may apply to retake the examination with a different case.

When a student has failed the CCE for the first time, the earliest the exam can be retaken is during the next regularly-scheduled period for taking the examination *or* after the student successfully completes *any required Remediation Plan*. The procedures for conducting the re-examination are consistent with those specified in the previous sections.

IMPORTANT NOTE – Students can only take the Clinical Competency Exam two times. A student who fails the CCE re-examination is automatically dismissed from the program.

Appeal of CCE Decisions

Any student wishing to pursue an appeal of his or her CCE Committee's decision, or who believes that he or she has been treated in a biased fashion or without due process, should file a Grade Appeal according to procedures outlined in the current *Handbook*.

The student's appeal must be made in writing and should initially be presented to the Chair of the CCE Committee for consideration. If the CCE Committee Chair does conclude that there are not sufficient grounds to support the appeal, the student may submit his or her appeal to both the Director of Clinical Training and Department Chair for further review. The Department Chair will then render a decision regarding the student's appeal. If the student disagrees with this decision, avenues for further appeal are outlined by the program Handbook.

GENERAL PROCEDURES FOR COMPLETING THE CCE

Student Responsibilities Prior to the Exam

A student who is planning to take the Clinical Competence Exam during the Summer I term is required to complete the following during the Spring semester of that year:

1. Review prerequisites for the CCE are indicated in the Program Handbook and consult with the Academic Advisor as needed. Students are not eligible to complete the CCE until all prerequisite requirements have been met.

2. Submit the completed *CCE Application*.
4. Confirm attendance at their scheduled CCE Examination. The Director of Clinical Training will assign CCE Committee members for each student who is taking the CCE, and each examinee will be notified of the composition of his or her CCE Committee. The student is responsible for contacting Committee members within a specified period in order to schedule the date of the Oral Defense.
5. Provide each member of the CCE Committee with a hard copy of the written case presentation, the recorded session and transcript, and the Self-Critique/Self-Assessment document at least **2 weeks before the scheduled date of the Oral Defense**. A hard copy of all *written* documents must also be provided to the Program Specialist at this time. The student is expected to confirm with each member of his/her CCE Committee whether the medium used for the session recording (e.g., tape, CD, DVD, etc.) is acceptable for their review.
6. The student must make arrangements to record the CCE Oral Examination, allowing at least three hours of recording time. It is the student's responsibility to ensure adequate listening quality of the audio-recording. Deliberation by the student's CCE Committee following the oral examination and subsequent feedback to the student will not be included in the audio-recording. Recordings of the CCE Oral Examination will be collected by the program's Administrative Coordinator following the exam and become the property of Mercer University, Atlanta Campus. Students taking the CCE are required to complete the steps above and to meet all stated deadlines. Any student who fails to do so will not be eligible to take the CCE during that year.

Policies and Procedures for CCE Materials
Faculty members on the student's Committee must return all CCE written documents, as well as their copy of the session recording, to the program's Administrative Coordinator following the examination. One copy of the student's written materials are kept on file in the program. Otherwise, if the student has successfully passed the CCE, written documents and recordings will be destroyed in order to protect the patient's confidentiality.
The student must provide the recording of the *CCE Oral Examination* meeting to his or her CCE Committee Chair at the completion of the oral examination meeting. This recording is then forwarded to the program's Administrative Coordinator. For students who receive a *Fail Contingent upon Revision* or a split decision, audio-recordings will be kept on file by the program until a final decision is made. Audio-recordings of the oral examination for student who failed the CCE will be kept on file for a period of one year. If a student appeals the outcome of the CCE, the audio-recording of the oral examination is kept on file until the appeal process is complete.

The following CCE documents will be placed in the student's academic record:

Notification of CCE Outcome. This document is prepared by the CCE Committee at the oral examination meeting and denotes the outcome of the student's CCE at that point (*pass*, *fail*, or *split-decision*). If a third anonymous faculty reader is required to resolve a split-decision, a final decision (*pass* or *fail*) will be added to this document at the completion of his or her review.

CCE Evaluation Form. The form is prepared by the CCE Committee Chair and documents the committee's evaluation of the student's competence across the major domains covered by the examination. The CCE Committee Chair provides this document to the program's Administrative Coordinator no later than fifteen (15) days after the exam is completed. The student and his/her academic advisor also receive a copy of this form.

Questions/Concerns about CCE Procedures

The program's Director of Clinical Training is responsible for administration of the Clinical Competence Examination. Any student who has questions about CCE procedures should consult first with his or her academic advisor, and then follow-up with the program's Director of Clinical Training as needed.

Dissertation Guidelines

These guidelines are designed as the primary resource for information about the clinical dissertation process from start to finish. Students are strongly encouraged to review these guidelines prior to developing a dissertation topic, selecting a dissertation chair/advisor, and selecting committee members. The latest edition of the *APA Publication Manual* should be used as the primary guide for editorial style and word processing instructions.

The clinical dissertation is the capstone project of the Psy.D. degree; its objective is to provide the student with a mentored experience in integrating and applying empirical research in order to address a specific issue in health service psychology. In some respects, the clinical dissertation resembles a traditional research dissertation (i.e., in organization and editorial standards). However, the orientation of the project is focused on clinical applications of the empirical knowledge base, rather than on the production of original empirical research. In this way, the clinical dissertation is consistent with the Psy.D. practitioner-scholar model. The primary training goal of the clinical dissertation is the development of skills needed to become critical consumers of the empirical literature. The final product should be of potentially publishable quality and should represent a significant scholarly contribution to the field.

Working with Other Students are Part of a Larger Lab Project

Collaborative research projects are common. However, the dissertation proposal and defense must be the student's work alone. Variables and questions can be carved out of larger projects. If students are working on research projects together, then access to all parts of the project must be shared or shared with a faculty advisor. Discussion of variables used for the dissertation and authorship of any subsequent manuscripts should ideally begin at the beginning of a project and involve a purposeful and thoughtful examination of expected contributions of the individuals who are involved in the project. Keep in mind that it is possible that several dissertations/manuscripts will be planned, each of which could involve different authors or in the case of manuscripts different authorship orders. It is also helpful for everyone to recognize that initial authorship and authorship order can change throughout the development of the project if necessary, in order to better reflect the actual contributions of all investigators.

The APA Principles of Psychologists and Code of Conduct (2010, Section 8.12) offers the following guidelines:

- Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed.
- Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status.
- Minor contributions to the research or to the writing for publication are appropriately acknowledged, such as in footnotes or in an introductory statement. Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation.
- Faculty advisers discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.

Scope of the Dissertation

A broad range of inquiry is permitted in the dissertation. Students are expected to focus upon a psychological issue that is grounded in theory and that is addressed by current research. The appropriateness of the project is determined by the dissertation chair and committee members, and should represent a potentially publishable review or study that could be presented to professional psychologists in a conference or workshop setting. Students are not limited to research on clinical populations. All students, however, are required to provide a clinical rationale for proposed projects. The final dissertation document should demonstrate the following:

- Mastery of theoretical, clinical, and empirical literature relevant to the topic studied.
- Methodological and statistical knowledge relevant to the area of inquiry.
- Ability to integrate specific research findings and synthesize them to develop clear conclusions.
- Ability to write clearly and concisely in the style adopted by the profession.

Beyond those requirements, the clinical dissertation may take a variety of forms, including

- A systematic review or meta-analysis.
- Treatment development with production of a written manual or adaptation of an existing empirically supported intervention.
- A case report (of a series of individuals or a group) or controlled single-subject study.
- Program development and/or evaluation.
- A new statistical analysis of archival data.
- Original empirical research (study design, data collection/analysis, and reporting of results).

The format of the dissertation proposal and the final document will be determined in collaboration with the student's advisor. Other types of projects not listed here may also be considered, as long as they meet the requirements for demonstrating mastery of the literature and the ability to apply scientific theory and research to a clinical issue or problem.

Sequential Steps for Completing the Dissertation

The sequence of procedures required to successfully complete the dissertation is listed below. Each of these procedures is described in some detail in separate sections of these guidelines. Students should

1. Develop preliminary topics/questions.
2. Approach a core faculty member as a prospective dissertation chair to discuss ideas for the project. Obtain that faculty member's agreement to serve as dissertation chair.
3. Choose an additional dissertation committee member (must also be a core faculty member) by first discussing possible candidates with the dissertation chair.
4. Research and refine the topic.
5. Hold an informal pre-proposal meeting with the dissertation committee to agree on the nature and scope of the project.
6. Prepare a formal proposal for the dissertation.
7. Submit the dissertation proposal to the committee chair for review.
8. Submit the dissertation proposal to the other committee member(s) for review.

9. Schedule the dissertation proposal defense meeting date and time with committee members and submit a completed *Dissertation Proposal Defense Scheduling Form*, along with a request to reserve a meeting room, to the Program Specialist.
10. Defend the proposal to the dissertation committee.
11. Submit *Oral Defense of Dissertation Proposal Form* and a copy of the dissertation proposal to the Program Specialist.
12. Implement the project and prepare the dissertation document.
13. Submit the dissertation document to the committee chair for review.
14. Submit the dissertation document to the other committee member(s) for review.
15. Schedule the dissertation final defense meeting date and time with committee members and submit a completed *Final Dissertation Defense Scheduling Form*, along with a request to reserve a meeting room, to the Program Specialist.
16. Complete the oral defense of the completed dissertation with the dissertation committee.
17. Submit the *Final Oral Defense of the Dissertation Form* to the Program Specialist.
18. Make any final revisions to the dissertation document within 30 days of the final defense.
19. The student must print one copy for the department.

When to Start

Students should begin thinking about possible dissertation topics as they progress through the program curriculum. The dissertation process is, first and foremost, a training experience. The student should first find a faculty member with shared interests who is willing to work closely with her or him on the project. The decision when to begin formal work on the dissertation is made jointly by the student and the faculty member who agrees to serve as the chair of the dissertation committee. If a student plans on applying to internship in his or her 4th year, it is recommended to hold the pre-proposal meeting in the spring semester of the 3rd year. The proposal must be defended before the student submits applications to the Match.

Registration

Registration for dissertation credit begins in the Fall term after the student has successfully completed the CCE. From this point forward, students should expect to be continuously registered for dissertation credit during the Fall, Spring, and Summer semesters until the project is successfully defended. Enrollment for dissertation credit must continue during the student's doctoral internship. If the dissertation is not completed prior to finishing internship, the student must register for an extended dissertation credit each semester until the project is completed. Students who have finished all coursework and have not started internship must also register for dissertation credits until the project is completed.

Students must have completed an approved final version of the dissertation, and submitted this final document to the program administration, by the end of the seventh academic year after entering the program.

Choosing a Topic

Students should choose a dissertation topic that is genuinely of interest to them. Any significant scholarly work requires a long-term commitment, and it is difficult to sustain the necessary commitment to the dissertation process if the student is not truly invested in the outcome.

Students must appropriately limit the scope of their dissertation topic in order to complete the project in a timely manner.

Dissertation topics must be clinical in nature or have a clear clinical application. The topic must be relevant to professional practice. The student should expect to have a number of discussions with faculty members and to conduct a minimal literature review before finally deciding on a topic. Students may approach more than one faculty member to discuss ideas, decide on a general project, and then choose a committee chair.

Selecting a Committee

Students are required to have two core faculty members in the clinical psychology program on their dissertation committee, one of whom must serve as committee chair. If a student wishes, he or she may also ask a third member to sit on the dissertation committee. This third member may be an adjunct faculty member, a practicum supervisor, or an academic or health service professional who is not formally affiliated with the Clinical Psychology program.

All committee members must have a doctoral degree. At least one member of the committee should have some expertise in the content area of the research. If the student selects a third committee member, she or he may be selected for a variety of reasons (e.g., a practicum supervisor who is especially familiar with the student's dissertation topic, a faculty member in another program who has expertise regarding the chosen dissertation topic).

All members of the student's dissertation committee must attend the proposal defense and the final dissertation defense. The two core faculty members serving on the committee must also attend the pre-proposal meeting. Committee members must be available to attend any additional meetings requested by the student's dissertation committee chair.

The Dissertation Committee Chair

The dissertation chair is the faculty member with whom the student will work most closely and the committee member with the greatest authority within the committee. The chair acts as the major advisor, although other committee member(s) may also help to develop the dissertation and provide suggestions for changes to dissertation documents. It is important that the student and chair discuss the composition of the committee and the working style of the committee.

The dissertation chair is the first and major line of quality control on the dissertation committee and, as such, must be highly critical and evaluative. To maintain a good working relationship, students should bear in mind that the responsibility for the quality of the work and its timely completion is primarily theirs. A timeline for completion of the project should take into account faculty schedules. The student should remember that faculty members may be on leave between terms and/or during the summer months.

In order to develop a good working relationship, the student should communicate his or her needs clearly to his or her dissertation chair. The chair works closely with the student to set realistic goals and to provide guidance for completion of tasks.

Dissertation Committee Members

When selecting the dissertation committee, the student should be sure to consider any possible conflicts of interest or dual relationships. Examples of possible dual relationships include working with personal therapists, business associates, employers (including a licensed psychologist to whom the student reports as a psychological assistant), friends, or relatives. Dual relationships should be avoided when possible.

Changes in committee members are rare and require that the student request formal approval from the Department Chair. Such a request should provide a clear rationale for requesting the change. Dissertation chairs or committee members who leave the program's faculty may continue to serve on the committee if that is mutually acceptable. If it is not, students can discuss potential replacements with the Department Chair.

The Dissertation Proposal

The dissertation proposal is composed of a review of the literature, the clinical rationale for examining this particular dissertation topic, and a detailed outline of the procedures that will be used in the project, including the planned analysis of findings. The specific content and structure of the dissertation proposal are developed jointly with the dissertation chair. The proposal document may be relatively brief but is expected to be a minimum of 10 pages of text (excluding title page, abstract, references, and appendices). If appropriate, the proposal may be used, with revisions, as the Introduction to the final dissertation document.

Proposal Defense

The formal defense of the dissertation proposal is designed to ensure that the student has a workable plan that meets the standards of scholarship and scientific sophistication appropriate to earning a doctoral degree. The student may be questioned about any aspect of his or her dissertation proposal. Students should be prepared to explain their topic, specific issues, clinical rationale, the proposed method, and the scope and quality of the published literature.

The student should make sure that all dissertation committee members are given sufficient time to read and reflect upon the proposal prior to the defense. When the proposal defense is planned, each committee member should be asked how much time in advance of the meeting he or she would like to review the document. Typically, students work with their dissertation chair on a number of drafts before other committee members review the proposal. Committee members should have approximately two weeks for reading, reflecting, and discussion before the proposal defense is scheduled.

Students are responsible for scheduling their proposal defense with committee members and with the Program Specialist. The proposal defense is usually scheduled for 1.5 hours. Students must submit the *Dissertation Proposal Defense Scheduling Form* to the Program Specialist as soon as the date is set with the faculty.

Outcomes of the dissertation proposal defense include pass, fail, and pass with minor or major revisions (pass with revisions is the most common). At the discretion of the committee, revisions may require approval from all committee members or only from the dissertation chair.

The dissertation chair and committee members will sign the *Oral Defense of the Dissertation Proposal* form after the defense has been passed or when it has been decided that subsequent revisions do not need full committee review. Students should bring this form to the defense meeting, obtain signatures from committee members, and then submit it and a copy of the approved proposal to the Program Specialist.

Final Dissertation Document

The dissertation document should contain clear conclusions about, and implications for, the issue addressed by the project. As a significant piece of scholarship, the final dissertation document should be well-organized, well-written, and professionally presented. More detailed information about the content and structure of the final dissertation document is provided below.

Final Dissertation Defense

When the committee members are satisfied with the dissertation document, they will inform the student that she or he may proceed to the final dissertation defense. The student must provide the final document to the dissertation chair and committee member(s) at least two weeks before the defense. The *Dissertation Final Defense Scheduling Form* should be submitted to the Program Specialist so that a room can been reserved for the defense meeting.

During the final dissertation defense, the student presents a synopsis of her or his work that includes the rationale for the topic chosen, methods, primary findings, and conclusion. This presentation serves as a basis for questions and comments from the dissertation committee. Like the proposal defense, the final defense is an examination of the scholarship and the quality of both the research and the written document. The student must be prepared to discuss all aspects of his or her project, including theoretical and clinical implications and methodological strengths and weaknesses of the research.

The student must bring the *Final Oral Defense of the Dissertation* form to the final defense. All dissertation committee members sign this form upon successful completion of the defense. Then the student submits the form to the Program Specialist. Even though the student may have successfully defended the dissertation, committee members may ask him or her to make specific revisions to the dissertation document. These revisions must be completed, with the dissertation chair's approval, before the document is submitted for binding.

Submission of the Completed Dissertation Document

Students who were required to make specific changes to the dissertation document in the final defense have 3 months to successfully complete these revisions and obtain approval from the dissertation chair. If the student has not satisfactorily completed all revisions requested by his or her committee by the end of this 3-month period, he or she must register for additional dissertation credit. Committee members sign the signature page of the dissertation only after all revisions to the document have been completed. At this point, students may send the dissertation document for binding. In order to be eligible to participate in the campus graduation ceremony, students must submit the final bound copy of the dissertation to the Program Specialist by the established deadline.

Dissertation Project Documents

Please note that the student is responsible for the academic integrity of all work associated with the dissertation project. Although committee members may provide editorial input and assistance with tasks such as statistical analyses, all components of the dissertation must represent independent, original scholarship (e.g., enlisting a statistical consultant to conduct analyses or using a professional copyeditor would be ethical violations).

Dissertation Proposal

The dissertation proposal should contain at least three major sections. These are

- Statement of the Problem/Clinical Rationale
- Preliminary Review of the Literature
- Proposed Methods

Note that these are not required headings; a different organizational format may be chosen by the student in consultation with the committee chair. However, all dissertation proposals will include background (making clear the clinical relevance of the project), an initial literature review, and a comprehensive outline of the proposed methods and procedure.

With the committee's approval, the dissertation proposal may be written as the Introduction to the final dissertation. Proposals must be written in APA style in accordance with the current edition of the *Publication Manual*. In general, the student should assume that the readers are knowledgeable psychologists but ones who may not be experts in the specific topic area.

Statement of the Problem/Clinical Rationale

The first section of the proposal should provide the introduction to the problem or issue that will be addressed by the dissertation project. This introduction should demonstrate the theoretical and/or practical significance of the topic, as well as the general approach used to address this topic in the empirical literature. A major goal of the dissertation is to demonstrate that the student can critically evaluate the empirical literature or conduct an empirical investigation to address a psychological issue that is relevant to professional practice. This section should make the clinical rationale of the proposed project explicit. It should end with a clear statement of the primary focus of the dissertation.

Preliminary Review of the Literature

This section should contain a brief, critical review (i.e., including synthesis and analysis of previous studies, not just straightforward reporting of findings) of the literature relevant to the dissertation topic. If the proposed dissertation is a systematic review, this section will primarily serve to highlight the research question and review a few exemplary studies that have contributed to the development of that question. The student's dissertation committee must determine whether there is a sufficient literature to support the proposed study. Committee members should be given an indication of the amount and quality of the existing empirical literature available to address the proposed dissertation topic. Thus, it is important that the initial review includes enough articles to give committee members a sense of the amount of literature available, the variability of types of studies, and the quality of the published research.

Proposed Methods

The dissertation proposal should offer a clear, systematic research plan to be followed. It should describe the conceptual framework, literature review strategy or other research methods, plans for data analysis, and hypotheses. The exact content of this section will vary depending on the format of the proposed project but will generally include a description of:

- The clients, participants, or subjects involved (in a meta-analysis or systematic review, studies, not participants, are the subjects; criteria for study inclusion should be proposed).
- Measures that have been used in previous investigations or will be used in the current project (provide a citation and brief description for each measure and a summary of its psychometric properties).
- Treatments or variables that will be manipulated.
- Procedures (in sufficient detail for someone else to conduct the study).

Final Dissertation Document

The final document will vary somewhat in length, format, and organization based on the type of dissertation project completed. However, all dissertation documents should be prepared in accordance with the current edition of the *APA Publication Manual*. The final dissertation is expected to be a minimum of 20 pages of text (excluding references and appendices).

The *APA Publication Manual* is the authority both for writing style and formatting instructions. Though it is oriented primarily to the preparation of journal articles, the *Publication Manual* includes an appendix on other documents such as dissertations. Students should reference this appendix, since the conventions described therein apply to the dissertation. The present section of the dissertation guidelines focuses on formatting and typing requirements that are specific to our program.

Editorial Style and Grammar

Most errors in editorial style occur because students do not realize there are rules to organization, hyphenation, headings, seriation, indentation of long quotations, citations of published references, and formatting for citations and references.

As a handbook on grammar, the *APA Publication Manual* is not comprehensive, but does an excellent job of covering precisely those points that seem to give students the most trouble. Some of these grammatical rules are largely universal today. Other rules take a position where several forms are acceptable among grammarians (e.g., a comma after the penultimate item in a series). Certain grammatical errors have become so commonplace that they are sometimes accepted as correct. However, the formality of a dissertation calls for strictly correct usage.

Students should also note that respect for diversity includes consideration of bias in language. The *APA Publication Manual* provides guidelines for reducing such bias. Specific examples are given to help guide revisions of text. Recommendations for reducing bias in language address gender, sexual orientation, racial and ethnic identity, physical challenges, and age.

The student's dissertation committee, and especially the chair, is responsible for monitoring compliance with the APA format. The committee can assist the student with writing issues such as clarity and organization, in addition to providing guidance about content. However, students should bear in mind that they are solely responsible for the finished product, which must be original work.

Formatting

The final dissertation document must be professionally bound, with *one bound copy* submitted to the Program Specialist within 3 months of the student's final defense. Students typically produce additional copies for themselves and their dissertation chair. The bound document must include all pages of the final dissertation, including the completed signature page.

Appendices

Application for CCE
Individual Practicum Training Agreement
Dissertation Proposal Defense Scheduling Form
Oral Defense of the Dissertation Proposal
Dissertation Defense Scheduling Form
Oral Defense of the Dissertation
Written Competency Exam Rubric
Clinical Competency Exam Rubric

Appendix 1 Application for CCE

Application for CCE

Name of Applicant:

Date:

Clinical Setting:

Brief Case Demographics (age, sex, presenting problem, initial diagnosis, primary theoretical/conceptual model applied – limited to the space provided):

Current Practicum Supervisor & Seminar Leader:

Anyone Who Might Need to Excluded and Why (e.g., if this is your second attempt, who was on your first committee):

When Would You Like to Schedule Your Exam (e.g., general time when you are hoping to schedule your exam; Week and Day; List at Least 3 Possible Options – Deadline: August 1):

Individual Practicum Training Agreement

Practicum placements generally are expected to follow the Mercer University Academic Year Schedule.

Name of Practicum Site ____

Address of Practicum Site ____

Name of Onsite Director of Practicum ____

Signature ____

Phone Number ____

Email Address ____

Name of Onsite Supervisor of Practicum ____

Signature ____

Phone Number ____

Email Address ____

Name of Student Trainee ____

Signature ____

Phone Number ____

Email Address ____

Name of Director of Clinical Training ____

Signature ____

Phone Number ____

Email Address ____

Dissertation Proposal Defense Scheduling Form

The formal defense of the dissertation proposal is designed to ensure that the student has a workable plan that meets the standards of scholarship appropriate to earning a doctoral degree. The defense also allows the dissertation committee to reach clear agreement about the structure and scope of the proposed project.

The student should make sure that all dissertation committee members are given sufficient time to read and reflect upon the proposal prior to the defense (two weeks is recommended). This form should be completed to verify that the proposal document has been received in a timely manner and the defense has been scheduled (defenses usually last 1.5 hours). Faculty members' signatures indicate that they agree to serve on the dissertation committee and grant their approval to schedule the defense.

Please submit this form to the Program Specialist once all signatures have been obtained.

Student Name:

Proposed Dissertation Title:

Proposal Defense Date, Time, and Place:

Committee Chair
Name (please type):

Signature Date

Second Committee Member
Name (please type):

Signature Date

Third Committee Member (optional)
Name (please type):

Signature Date

Student

Signature Date

Oral Defense of the Dissertation Proposal

The dissertation chair and committee members will sign this form after the proposal defense has been passed. The student should bring this form to the defense meeting, obtain signatures from committee members, and then submit it and a copy of the approved proposal to the Program Specialist.

Student Name: ____

Proposed Dissertation Title: ____

____

Signatures indicate that the student has passed the oral defense of the dissertation proposal. Any remaining revisions to the proposal document that are required by the committee will be overseen and approved by the dissertation chair.

Committee Chair

________________________ Signature ________________ Date

Second Committee Member

________________________ Signature ________________ Date

Third Committee Member (optional)

________________________ Signature ________________ Date

Student

________________________ Signature ________________ Date

Dissertation Defense Scheduling Form

The formal defense of the dissertation is the cumulating event of the graduate experience.

The student should make sure that all dissertation committee members are given sufficient time to read and reflect upon the defense prior to the meeting (two weeks is recommended). This form should be completed to verify that the document has been received in a timely manner and the defense has been scheduled (defenses usually last 1.5 hours). Faculty members' signatures indicate that they agree to serve on the dissertation committee and grant their approval to schedule the defense.

Please submit this form to the Program Specialist once all signatures have been obtained.

Student Name: ______________________________

Dissertation Title: ______________________________

____

Defense Date, Time, and Place: ______________________________

Committee Chair
Name (please type):

______________________________ ______________
Signature Date

Second Committee Member
Name (please type):

______________________________ ______________
Signature Date

Third Committee Member (optional)
Name (please type):

______________________________ ______________
Signature Date

Student

______________________________ ______________
Signature Date

Oral Defense of the Dissertation

The dissertation chair and committee members will sign this form after the defense has been passed. The student should bring this form to the defense meeting, obtain signatures from committee members, and then submit it and a copy of the approved Defense to the Program Specialist.

Student Name: ____

Dissertation Title: ____

____

Signatures indicate that the student has passed the defense of the dissertation defense. Any remaining revisions to the dissertation document that are required by the committee will be overseen and approved by the dissertation chair.

Committee Chair

______________________ Signature Date ______________

Second Committee Member

______________________ Signature Date ______________

Third Committee Member (optional)

______________________ Signature Date ______________

Student

______________________ Signature Date ______________

WRITTEN COMPETENCY EXAM

Clinical Psychology Program
Mercer University
Written Competency Exam Rubric

Criterion	Functioning as entry-level professional (5)	Advanced knowledge and competencies (4)	Intermediate knowledge and competencies (3)	Basic knowledge and competencies (2)	In need of additional instruction (1)	Rater 1	Rater 2
Discipline-Specific Knowledge							
Human development	Written presentation demonstrates a detailed, precise, accurate, and comprehensive knowledge of psychological theories or concepts	Written presentation demonstrates an accurate and sufficient knowledge of psychological theories or concepts	Written presentation demonstrates a sufficient knowledge of psychological theories or concepts	Written presentation demonstrates inconsistent accuracy and/or insufficient knowledge of psychological theories or concepts	Written presentation demonstrates inaccurate and/or insufficient knowledge of psychological theories or concepts		
Biological bases	Written presentation demonstrates a detailed, precise, accurate, and comprehensive knowledge of psychological theories or concepts	Written presentation demonstrates an accurate and sufficient knowledge of psychological theories or concepts	Written presentation demonstrates a sufficient knowledge of psychological theories or concepts	Written presentation demonstrates inconsistent accuracy and/or insufficient knowledge of psychological theories or concepts	Written presentation demonstrates inaccurate and/or insufficient knowledge of psychological theories or concepts		
Social bases	Written presentation demonstrates a detailed, precise, accurate, and comprehensive knowledge of psychological theories or concepts	Written presentation demonstrates an accurate and sufficient knowledge of psychological theories or concepts	Written presentation demonstrates a sufficient knowledge of psychological theories or concepts	Written presentation demonstrates inconsistent accuracy and/or insufficient knowledge of psychological theories or concepts	Written presentation demonstrates inaccurate and/or insufficient knowledge of psychological theories or concepts		

Cognitive bases	Written presentation demonstrates a detailed, precise, accurate, and comprehensive knowledge of psychological theories or concepts	Written presentation demonstrates an accurate and sufficient knowledge of psychological theories or concepts	Written presentation demonstrates a sufficient knowledge of psychological theories or concepts	Written presentation demonstrates inconsistent accuracy and/or insufficient knowledge of psychological theories or concepts	Written presentation demonstrates inaccurate and/or insufficient knowledge of psychological theories or concepts		
Affective bases	Written presentation demonstrates a detailed, precise, accurate, and comprehensive knowledge of psychological theories or concepts	Written presentation demonstrates an accurate and sufficient knowledge of psychological theories or concepts	Written presentation demonstrates a sufficient knowledge of psychological theories or concepts	Written presentation demonstrates inconsistent accuracy and/or insufficient knowledge of psychological theories or concepts	Written presentation demonstrates inaccurate and/or insufficient knowledge of psychological theories or concepts		
Integrated knowledge	Written presentation demonstrates a detailed, precise, accurate, and comprehensive knowledge of psychological theories or concepts	Written presentation demonstrates an accurate and sufficient knowledge of psychological theories or concepts	Written presentation demonstrates a sufficient knowledge of psychological theories or concepts	Written presentation demonstrates inconsistent accuracy and/or insufficient knowledge of psychological theories or concepts	Written presentation demonstrates inaccurate and/or insufficient knowledge of psychological theories or concepts		
Research Methods	Written presentation demonstrates a detailed, precise, accurate, and comprehensive knowledge of psychological theories or concepts	Written presentation demonstrates an accurate and sufficient knowledge of psychological theories or concepts	Written presentation demonstrates a sufficient knowledge of psychological theories or concepts	Written presentation demonstrates inconsistent accuracy and/or insufficient knowledge of psychological theories or concepts	Written presentation demonstrates inaccurate and/or insufficient knowledge of psychological theories or concepts		
Quantitative Methods	Written presentation demonstrates a detailed, precise, accurate, and comprehensive knowledge of psychological theories or concepts	Written presentation demonstrates an accurate and sufficient knowledge of psychological theories or concepts	Written presentation demonstrates a sufficient knowledge of psychological theories or concepts	Written presentation demonstrates inconsistent accuracy and/or insufficient knowledge of psychological theories or concepts	Written presentation demonstrates inaccurate and/or insufficient knowledge of psychological theories or concepts		

Psychometrics	Written presentation demonstrates a detailed, precise, accurate, and comprehensive knowledge of psychological theories or concepts	Written presentation demonstrates an accurate and sufficient knowledge of psychological theories or concepts	Written presentation demonstrates a sufficient knowledge of psychological theories or concepts	Written presentation demonstrates inconsistent accuracy and/or insufficient knowledge of psychological theories or concepts	Written presentation demonstrates inaccurate and/or insufficient knowledge of psychological theories or concepts		

Scoring Rubric (*Average score*)
< 4.0 – Fail
≥ 4.0 – Pass

No score can be below 4 or the student needs to retake section

Decision: Pass / Fail

Profession-Wide Competencies (not included in Pass / Fail, but used in annual student evaluations to show developmental progress)

Criterion	**Functioning as entry-level professional (5)**	**Advanced knowledge and competencies (4)**	**Intermediate knowledge and competencies (3)**	**Basic knowledge and competencies (2)**	**In need of additional instruction (1)**	**Committee Member 1**	**Committee Member 2**
Research: Knowledge, skills and competence	Demonstrates exceptional knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. Displays exceptional and substantial knowledge of scientific methods, procedures, and practices.	Demonstrates advanced knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. Displays substantial knowledge of scientific methods, procedures, and practices.	Demonstrates intermediate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. Displays knowledge of scientific methods, procedures, and practices.	Demonstrates basic knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. Displays basic knowledge of scientific methods, procedures, and practices.	Demonstrates some knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. Displays some knowledge of scientific methods, procedures, and practices.		

Formulation of research	Demonstrates exceptional and substantially independent ability to formulate research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.	Demonstrates substantially independent ability to formulate research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.	Demonstrates intermediate independent ability to formulate research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.	Demonstrates basic ability to formulate research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.	Demonstrates some ability to formulate research or other scholarly activities.		
Quality of Research	Conducts entry-level professional quality of research or other scholarly activities.	Conducts research or other scholarly activities.	Conducts research or other scholarly activities at an intermediate level.	Conducts research or other scholarly activities at a basic level.	Needs more work and instruction at conducting research or other scholarly activities.		
Evaluation and Dissemination of Research	Critically evaluates and disseminate research or other scholarly activity via professional publication and presentation at the local, regional, or national level. Has published or presented one or more projects.	Advanced level critical evaluation OR dissemination research or other scholarly activity via professional publication and presentation at the local, regional, or national level.	Intermediate level critical evaluation OR dissemination research or other scholarly activity via professional publication and presentation at the local, regional, or national level.	Basic level critical evaluation OR dissemination research or other scholarly activity via professional publication and presentation at the local, regional, or national level.	Needs more instruction on critical evaluation and dissemination of research.		
Ethical and Legal Standards: Knowledge	Demonstrates a detailed, precise, accurate, and comprehensive knowledge of key areas of professional ethics relevant to the case	Demonstrates accurate and sufficient knowledge of key areas of professional ethics relevant to the case	Demonstrates sufficient knowledge of key areas of professional ethics relevant to the case	Demonstrates inconsistent accuracy and/or insufficient knowledge of key areas of professional ethics relevant to the case	Demonstrates inaccurate and/or insufficient knowledge of key areas of professional ethics relevant to the case		

Consistency of Action with Ethical and Legal Standards:	Acts as an entry-level professional in knowledge of and action in accordance with Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology; and relevant professional standards and guidelines.	Acts with advanced knowledge of and action in accordance with Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology; and relevant professional standards and guidelines.	Acts with intermediate knowledge of and action in accordance with Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology; and relevant professional standards and guidelines.	Acts with basic knowledge of and action in accordance with Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology; and relevant professional standards and guidelines.	Needs additional instruction in knowledge of and action in accordance with Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology; and relevant professional standards and guidelines.		
Application of Ethical and Legal Standards	Acts as an entry-level professional in recognizing ethical dilemmas and applying ethical decision-making processes in order to resolve the dilemmas.	Acts at an advanced level in recognizing ethical dilemmas and applying ethical decision-making processes in order to resolve the dilemmas.	Acts at an intermediate level in recognizing ethical dilemmas and applying ethical decision-making processes in order to resolve the dilemmas.	Acts at a basic level in recognizing ethical dilemmas and applying ethical decision-making processes in order to resolve the dilemmas.	Needs more instruction to act at an advanced level in recognizing ethical dilemmas and apply ethical decision-making processes in order to resolve the dilemmas.		
Conducting Self in Ethical Manner	Acts as an entry level professional in conducting self in an ethical manner in all professional activities.	Acts at an advanced level in conducting self in an ethical manner in all professional activities.	Acts at an intermediate level in conducting self in an ethical manner in all professional activities.	Acts at an basic level in conducting self in an ethical manner in all professional activities.	Needs more instruction in conducting self in an ethical manner in all professional activities.		
Individual and Cultural Diversity: Knowledge of Assessment and Treatment of Diverse Populations	Demonstrates excellent mastery of knowledge related to assessment and treatment of diverse populations; excellent understanding of test bias, ethnic/racial/cultural/	Demonstrates sufficient mastery of knowledge related to assessment and treatment of diverse populations; sufficient understanding of diversity issues related to assessment	Demonstrates sufficient knowledge related to assessment and treatment of diverse populations; sufficient understanding of diversity issues related to assessment and treatment;	Demonstrates inconsistent mastery of knowledge related to assessment and treatment of diverse populations; inconsistent understanding of diversity issues related to assessment	Demonstrates insufficient knowledge related to assessment and treatment of diverse populations; insufficient or inaccurate understanding of diversity issues		

	individual differences in psychopathology and appreciation of diversity in treatment planning; excellent self-awareness relevant to issues of diversity that are case-related, including concepts of power and privilege	and treatment; sufficient self-awareness of issues of diversity that are case-related, including power and privilege	sufficient self-awareness of issues of diversity	and treatment; little self-awareness relevant to issues of diversity	related to assessment and treatment; insufficient self-awareness relevant to diversity issues		
Understanding of One's Own Cultural History, Attitudes, and Biases	Demonstrates an entry-level professional understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	Demonstrates an advanced level of understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	Demonstrates an intermediate level of understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	Demonstrates a basic level of understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	Needs more instruction and self-reflection on how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves		
Knowledge of Cultural Theories and Empirical Knowledge Related to Addressing Diversity in Professional Activities	Demonstrates entry-level professional knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service	Demonstrates advanced knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service	Demonstrates intermediate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service	Demonstrates basic knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service	Needs more knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service		
Ability to Integrate Awareness and Knowledge of Individual and Cultural Differences	Demonstrate an entry-level professional ability to integrate awareness and knowledge of individual and cultural differences in the conduct of	Demonstrate an advanced ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles	Demonstrate an intermediate ability to integrate awareness and knowledge of individual and cultural differences in the conduct of	Demonstrate basic ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles	Needs more ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research,		

	professional roles (e.g., research, services, and other professional activities). Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	(e.g., research, services, and other professional activities). Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	professional roles (e.g., research, services, and other professional activities). Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	(e.g., research, services, and other professional activities). Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	services, and other professional activities).		
Application of Cultural Knowledge	Demonstrate the entry-level professional knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.	Demonstrate an advanced knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.	Demonstrate an intermediate knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.	Demonstrate a basic knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.	Needs a knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.		
Professional Values and Attitudes	Demonstrates superior professionalism relevant to the case. Professional identity is clearly evident in integration of science and practice, and knowledge of issues central to the field. Conducts self in a professional manner, accepts personal responsibility and acts to safeguard the welfare of others in a superior fashion.	Demonstrates professionalism relevant to the case. Professional identity exists in integration of science and practice, and knowledge of issues central to the field. Conducts self in a professional manner, accepts personal responsibility and acts to safeguard the welfare of others.	Demonstrates some professionalism relevant to the case. Professional identity exists in adequate integration of science and practice, and knowledge of issues central to the field. Adequately conducts self in a professional manner, accepts personal responsibility and acts to safeguard the welfare of others.	Demonstrates inadequate professionalism relevant to the case. Professional identity inconsistent in integration of science and practice, and knowledge of issues central to the field. Inconsistently conducts self in a professional manner, accepts personal responsibility and/or acts to safeguard the welfare of others.	Demonstrates unsatisfactory professionalism relevant to the case. Professional identity not present in integration of science and practice, and knowledge of issues central to the field. Does not conduct self in a professional manner, accept responsibility and/or safeguard the welfare of others.		

Demonstration of Professional Behavior	Entry level professional behavior that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	Advanced level behavior that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	Intermediate level behavior that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	Basic level behavior that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	Needs more work to reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.		
Professional Engagement in Self-reflection	Entry level professional engagement in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness	Advanced engagement in self-reflection regarding one's personal and professional functioning	Intermediate engagement in self-reflection regarding one's personal and professional functioning	Basic engagement in self-reflection regarding one's personal and professional functioning	Needs self-reflection regarding one's personal and professional functioning		
Responsiveness to Feedback and Supervision	Actively seeks and demonstrate openness and responsiveness to feedback and supervision at level similar to an entry-level professional	Actively seeks and demonstrate openness and responsiveness to feedback and supervision at an advanced level	Actively seeks and demonstrate openness and responsiveness to feedback and supervision at an intermediate level	Actively seeks and demonstrate openness and responsiveness to feedback and supervision at a basic level	Needs to actively seeks and demonstrate openness and responsiveness to feedback and supervision		
Response to Complex Situations	Responds professionally in increasingly complex situations at an entry level professional level	Responds professionally in increasingly complex situations at an advanced level	Responds professionally in increasingly complex situations at an intermediate level	Responds professionally in increasingly complex situations at a basic level	Needs to respond professionally in increasingly complex situations		
Communication and Interpersonal Skills	Demonstrates mature and sophisticated ability to establish and maintain rapport in a manner that is	Demonstrates ability to establish and maintain rapport in a manner that is developmentally	Demonstrates intermediate ability to establish and maintain rapport in a manner that is	Demonstrates ability to establish rapport but has some difficulty; might recognize social cues	Demonstrates obvious and gross difficulties in establishing and/or maintaining rapport;		

	developmentally appropriate for the individual; consistently recognizes, accurately interprets and adjusts for social cues; consistently recognizes interpersonal ruptures and responds appropriately; consistently displays good judgment regarding boundaries.	appropriate for the individual; recognizes, accurately interprets and adjusts for social cues; recognizes interpersonal ruptures and responds appropriately; usually displays good judgment regarding boundaries.	developmentally appropriate for the individual; generally recognizes, accurately interprets and adjusts for social cues; generally recognizes interpersonal ruptures and usually responds appropriately; usually displays good judgment regarding boundaries.	but sometimes has difficulty interpreting and adjusting appropriately or in a manner that is not developmentally appropriate; at times recognizes interpersonal ruptures and responds appropriately; sometimes displays good judgment regarding boundaries.	may interact in a manner that is developmentally inappropriate; unable to recognize, interpret, and/or adjust in response to social cues; obvious interpersonal ruptures and/or unable to respond appropriately; displays poor judgment regarding boundaries.		
Assessment: Knowledge	Demonstrates excellent understanding and ability to assess individuals; shows broad knowledge of multiple theories relevant to assessment methods, as well as pertinent to psychometric concepts; understands strengths and weaknesses of different methods and formats; selects and administers appropriate assessment instruments, integrates findings, and communicates in a sophisticated manner. Demonstrates excellent knowledge and ability to utilize the DSM-5 for diagnosis.	Demonstrates consistent understanding of assessment; shows knowledge of theories relevant to assessment methods and psychometric concepts; understanding of strengths and weaknesses of different methods and formats; selects and administers reasonable assessment instruments; integrates and communicates findings accurately. Demonstrates competent knowledge and ability to utilize the DSM-5 for diagnosis.	Demonstrates some understanding of assessment; shows some knowledge of theories relevant to assessment methods and psychometric concepts; adequate understanding of strengths and weaknesses of different methods and formats; selects and administers adequate assessment instruments; integrates and communicates findings accurately. Demonstrates competent knowledge and ability to utilize the DSM-5 for diagnosis.	Demonstrates basic understanding of assessment; marginal knowledge of theories relevant to assessment and psychometric concepts; marginal understanding of strengths and weaknesses of different methods and formats; inconsistent ability to select and administer assessment instruments; and/or marginal integration and communication of findings. Demonstrates marginal knowledge and ability to utilize the DSM-5 for diagnosis	Demonstrates obvious deficits in basic understanding and/or ability to select and administer assessment instruments; inadequate knowledge of theories relevant to assessment and psychometric concepts; deficits in knowledge of strengths and weaknesses of different methods and formats; and/or unable to accurately integrate and communicate results of assessment. Does not have adequate knowledge and is unable to demonstrate ability to utilize the DSM-5 for diagnosis.		

Assessment: Conceptualization	Demonstrate entry-level professional level of current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	Demonstrate advanced level of current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	Demonstrate intermediate level of current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	Demonstrate basic level of current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	Needs more instruction on current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology		
Assessment: Contextualization	Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural) at the level of an entry-level professional	Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural) at an advanced level	Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural) at an intermediate level	Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural) at a basic level	Needs more instruction and understanding of human behavior within its context (e.g., family, social, societal and cultural)		
Application of Assessment Knowledge	Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process at the level of an entry-level professional	Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process at an advanced level	Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process at an intermediate level	Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process at a basic level	Needs more instruction and ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process		
Selection of Assessment Methods	Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods	Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods	Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods	Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods	Needs more instruction on selecting and applying assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data		

	appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient at the level of an entry-level professional	appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient at an advanced level	appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient at an intermediate level	appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient at a basic level	using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient		
Interpretation of Assessment Results	Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision making biases, distinguishing the aspects of assessment that are subjective from those that are objective. At the level of an entry-level professional	Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision making biases, distinguishing the aspects of assessment that are subjective from those that are objective. At an advanced level	Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision making biases, distinguishing the aspects of assessment that are subjective from those that are objective. At an intermediate level	Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision making biases, distinguishing the aspects of assessment that are subjective from those that are objective. At a basic level	Needs more instruction on interpreting assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision making biases, distinguishing the aspects of assessment that are subjective from those that are objective.		
Communication of Assessment Results	Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. At the level of an entry-level professional	Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. At an advanced level	Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. At a intermediate level	Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. At a basic level	Needs improvement on communicating orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.		

Intervention Skills	Clearly describes and demonstrates an intervention strategy to achieve important therapeutic goals; applies the strategy in a mature, skilled manner that is consistent with the treatment model Clearly describes and demonstrates an evidenced based practice that is appropriate to the patient.	Describes and demonstrates an appropriate intervention strategy to achieve therapeutic goals; applies the strategy in a manner that is consistent with the treatment model Describes and demonstrates an evidenced based practice that is appropriate to the patient.	Adequately describes and demonstrates an intervention strategy to achieve therapeutic goals; applies the strategy in a manner that is consistent with the treatment model Adequately describes and demonstrates an evidenced based practice that is appropriate to the patient.	Describes and demonstrates somewhat clearly an intervention strategy to achieve a relevant therapeutic goal; applies the strategy in a manner that is somewhat consistent with the treatment model Describes and demonstrates somewhat clearly an evidenced based practice that is appropriate to the patient.	Does not demonstrate or describe an appropriate intervention strategy to meet therapeutic goals. Does not demonstrate the ability to apply the strategy in an effective manner Does not describes or demonstrates an evidenced based practice that is appropriate to the patient.		
Therapeutic Relationship Building	At the level of entry-level professional the student establishes and maintains effective relationships with the recipients of psychological services	At an advanced level the student establishes and maintains effective relationships with the recipients of psychological services	At an intermediate level the student establishes and maintains effective relationships with the recipients of psychological services	At a basic level the student establishes and maintains effective relationships with the recipients of psychological services	Student needs work at establishing and maintaining effective relationships with the recipients of psychological services		
Development of Evidence-Based Intervention Plans	At the level of entry-level professional the student develops evidence-based intervention plans specific to the service delivery goals	At an advanced level the student develops evidence-based intervention plans specific to the service delivery goals	At an intermediate level the student develops evidence-based intervention plans specific to the service delivery goals	At a basic level the student develops evidence-based intervention plans specific to the service delivery goals	The student needs work at developing evidence-based intervention plans specific to the service delivery goals		
Implementation of Interventions	At the level of entry-level professional the student implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables	At an advanced level the student implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables	At an intermediate level the student implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables	At a basic level the student implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables	The student needs instruction on implementing interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables		

Application of Literature on Clinical Decision Making	At the level of entry-level professional the student demonstrates the ability to apply the relevant research literature to clinical decision making	At an advanced level the student demonstrates the ability to apply the relevant research literature to clinical decision making	At an intermediate level the student demonstrates the ability to apply the relevant research literature to clinical decision making	At a basic level the student demonstrates the ability to apply the relevant research literature to clinical decision making	The student needs more instruction to demonstrate the ability to apply the relevant research literature to clinical decision making		
Adaptation of Evdience-Based Approaches	At the level of entry-level professional the student can modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking	At an advanced level the student can modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking	At an intermediate level the student can modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking	At a basic level the student can modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking	The student needs more instruction on how to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking		
Evaluation of Intervention Effectiveness	At the level of entry-level professional the student can evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation	At an advanced level the student can evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation	At an intermediate level the student can evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation	At a basic level the student can evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation	The student needs more instruction on how to evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation		
Consultation and Interprofessional / Interdisciplinary Skills	Demonstrates exceptional knowledge and respect for the roles and perspectives of other professions	Demonstrates knowledge and respect for the roles and perspectives of other professions	Mostly demonstrates knowledge and respect for the roles and perspectives of other professions	At times demonstrates knowledge and respect for the roles and perspectives of other professions	Rarely demonstrates knowledge and respect for the roles and perspectives of other professions		
Supervision - Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors							

act as role models and maintain responsibility for the activities they oversee.							
	At the level of entry-level professional the student can demonstrate knowledge of supervision models and practices	At an advanced level the student can demonstrate knowledge of supervision models and practices	At an intermediate level the student can demonstrate knowledge of supervision models and practices	At a basic level the student can demonstrate knowledge of supervision models and practices	The student needs more knowledge of supervision models and practices		
Clinical Reasoning, Conceptualization, and Treatment Planning	Demonstrates a detailed, precise, accurate and comprehensive knowledge of normal development as well as a theory of psychopathology and treatment model; applies a case formulation in a clear, detailed, plausible manner; describes a treatment plan that is clear, detailed, and plausible	Demonstrates accurate and sufficient knowledge of normal development as well as a theory of psychopathology and a treatment model; applies a case formulation in a clear and plausible manner; describes a plausible treatment plan	Mostly demonstrates accurate and sufficient knowledge of normal development as well as a theory of psychopathology and a treatment model; applies a case formulation in a plausible manner; describes a plausible treatment plan	Demonstrates inconsistent and/or marginal knowledge of normal development as well as a theory of psychopathology and a treatment model; applies case formulation in an inconsistently clear and/or implausible manner; describes a treatment plan that is inconsistently clear or plausible	Demonstrates inaccurate and/or insufficient knowledge of normal development as well as a theory of psychopathology and a treatment model; applies a case formulation in an inappropriate and/or inaccurate manner; describes a treatment plan that is unclear and/or implausible		
Interdisciplinary Effectiveness	At the level of entry-level professional the student can demonstrate knowledge and respect for the roles and perspectives of other professions.	At an advanced level the student can demonstrate knowledge and respect for the roles and perspectives of other professions.	At an intermediate level the student can demonstrate knowledge and respect for the roles and perspectives of other professions.	At a basic level the student can demonstrate knowledge and respect for the roles and perspectives of other professions.	The student needs more knowledge and respect for the roles and perspectives of other professions.		
Knowledge of Consultation Models and Practices	At the level of entry-level professional the student demonstrates knowledge of consultation models and practices.	At an advanced level the student demonstrates knowledge of consultation models and practices.	At an intermediate level the student demonstrates knowledge of consultation models and practices.	At a basic level the student demonstrates knowledge of consultation models and practices.	The student does not demonstrate knowledge of consultation models and practices.		

Written Communication	Demonstrates excellent ability to relate in writing; report is precise, organized, contains only rare errors in grammar, spelling, or proofreading; does not rely on jargon; includes clear examples; and integrates information from various sources. Demonstrates ability to critically examine his or her own work with this patient along relevant parameters.	Demonstrates sufficient ability to communicate in writing; report is reasonably well-organized with limited errors in grammar, spelling or proofreading; uses jargon infrequently; includes clear examples; integrates information from various sources; not overly verbose or tangential. Demonstrates a sufficient ability to critically examine his/her own work.	Mostly demonstrates sufficient ability to communicate in writing; report is reasonably organized with occasional errors in grammar, spelling or proofreading; uses jargon; includes examples; integrates information from various sources; not overly verbose or tangential. Demonstrates a ability to critically examine his/her own work.	Demonstrates inconsistent ability to communicate in writing; report is moderately disorganized with some errors in grammar, spelling, or proof-reading; uses jargon, includes few examples; information is not well-integrated and may be verbose or tangential. Demonstrates a minimal ability to critically examine his/her own work.	Demonstrates insufficient mastery or ability to communicate in writing; reports use jargon, are disorganized, contain numerous errors in grammar, spelling, or proofreading; rare examples do not clarify meaning; trouble integrating information; verbose and/or tangential. Demonstrates an insufficient ability to critically examine his/her own work.		
Oral Communication	Demonstrates consistent, sophisticated ability to express self clearly, directly, and in an organized and knowledgeable manner. Articulates strengths and areas for improvement in an open and professional manner.	Demonstrates ability to express self clearly, directly, and in an organized and knowledgeable manner. Articulates strengths and areas for improvement in an appropriate manner.	Mostly demonstrates ability to express self clearly, directly, and in an organized and knowledgeable manner. Articulates strengths and areas for improvement in a generally appropriate manner.	Sometimes demonstrates ability to express self clearly, directly, and in an organized and knowledgeable manner. Articulates strengths and areas for improvement only when directly questioned.	Demonstrates obvious and gross difficulty in expressing self clearly, directly and knowledgeably; disorganized; demonstrates lack of assertiveness, timidity OR can be aggressive/ overassertive, blaming. Articulates strengths and areas for improvement in a defensive and unprofessional manner.		

Clinical Competency Examination Rubric

Clinical Psychology Program
Mercer University

Student Name: ______________________________ Date: ______________________

Committee Members: ______________________ ______________________

Decision: Pass / Fail

Criterion	**5= Advanced level of achievement of knowledge and competencies**	**4=Required level for graduation of achievement of knowledge and competencies**	**3=Intermediate level of achievement of knowledge and competencies**	**2=Beginning level of achievement of knowledge and competencies**	**1=Knowledge and competencies not present**	**Not Applicable (X)**	**Committee Member 1**	**Committee Member 2**
Research: Knowledge, skills and competence								
Formulation of research								
Quality of Research								
Evaluation and Dissemination of Research								
Ethical and Legal Standards: Knowledge								
Consistency of Action with Ethical and Legal Standards:								

Application of Ethical and Legal Standards								
Conducting Self in Ethical Manner								
Individual and Cultural Diversity: Knowledge of Assessment and Treatment of Diverse Populations								
Understanding of One's Own Cultural History, Attitudes, and Biases								
Knowledge of Cultural Theories and Empirical Knowledge Related to Addressing Diversity in Professional Activities								
Ability to Integrate Awareness and Knowledge of Individual and Cultural Differences								
Application of Cultural Knowledge								
Professional Values and Attitudes								
Demonstration of Professional Behavior								

Professional Engagement in Self-reflection								
Responsiveness to Feedback and Supervision								
Response to Complex Situations								
Communication and Interpersonal Skills								
Assessment: Knowledge								
Assessment: Conceptualization								
Assessment: Contextualization								
Application of Assessment Knowledge								
Selection of Assessment Methods								
Interpretation of Assessment Results								
Communication of Assessment Results								
Intervention Skills								

Therapeutic Relationship Building								
Development of Evidence-Based Intervention Plans								
Implementation of Interventions								
Application of Literature on Clinical Decision Making								
Adaptation of Evidence-Based Approaches								
Evaluation of Intervention Effectiveness								
Written Communication	Demonstrates excellent ability to relate in writing; report is precise, organized, contains only rare errors in grammar, spelling, or proofreading; does not rely on jargon; includes clear examples; and integrates information from various sources. Demonstrates ability to critically examine his or her own work with this patient along relevant parameters.	Demonstrates sufficient ability to communicate in writing; report is reasonably well-organized with limited errors in grammar, spelling or proofreading; uses jargon infrequently; includes clear examples; integrates information from various sources; not overly verbose or tangential. Demonstrates a sufficient ability to critically examine his/her own work.	Mostly demonstrates sufficient ability to communicate in writing; report is reasonably organized with occasional errors in grammar, spelling or proofreading; uses jargon; includes examples; integrates information from various sources; not overly verbose or tangential. Demonstrates a ability to critically examine his/her own work.	Demonstrates inconsistent ability to communicate in writing; report is moderately disorganized with some errors in grammar, spelling, or proof-reading; uses jargon, includes few examples; information is not well-integrated and may be verbose or tangential. Demonstrates a minimal ability to critically examine his/her own work.	Demonstrates insufficient mastery or ability to communicate in writing; reports use jargon, are disorganized, contain numerous errors in grammar, spelling, or proofreading; rare examples do not clarify meaning; trouble integrating information; verbose and/or tangential. Demonstrates an insufficient ability to critically examine his/her own work.			
Oral Communication	Demonstrates consistent, sophisticated ability	Demonstrates ability to express self clearly, directly, and	Mostly demonstrates ability to express self clearly, directly, and	Sometimes demonstrates ability to express self	Demonstrates obvious and gross difficulty in			

	to express self clearly, directly, and in an organized and knowledgeable manner. Articulates strengths and areas for improvement in an open and professional manner.	in an organized and knowledgeable manner. Articulates strengths and areas for improvement in an appropriate manner.	in an organized and knowledgeable manner. Articulates strengths and areas for improvement in a generally appropriate manner.	clearly, directly, and in an organized and knowledgeable manner. Articulates strengths and areas for improvement only when directly questioned.	expressing self clearly, directly and knowledgeably; disorganized; demonstrates lack of assertiveness, timidity OR can be aggressive/ overassertive, blaming. Articulates strengths and areas for improvement in a defensive and unprofessional manner.			
PWC Final Average Score								

CCE CHECKLIST

Checklist (Provide initials for each committee member):

	5= Advanced level of achievement of knowledge and competencies	**4=Required level for graduation of achievement of knowledge and competencies**	**3=Intermediate level of achievement of knowledge and competencies**	**2=Beginning level of achievement of knowledge and competencies**	**1=Knowledge and competencies not present**	**Not Applicable**
Introduction and reason for referral, including relevant demographic information						
Prior treatment history						
Any previous assessment results						
History of family interaction						
Developmental history						
Medical history						
Social, academic and work history						
Substance use or abuse						
Current presenting problem(s)						
Results of current assessment and/or testing, including sources of assessment information noted above						
DSM-5 multiaxial diagnosis, with a specific rationale for the diagnosis and discussion of differential diagnoses						

A general description of the theoretical perspective used in the treatment of this patient.						
A clearly-articulated formulation of this patient's presenting problem(s)						
A thorough outline of the student's treatment plan for this patient, as derived from the chosen theoretical model.						
Structured summary of the course of therapy						
Ethical and/or legal considerations						
Diversity issues						
Self-assessment						
Transcript/recording showed use of technique presented in theoretical model						

PWC Rubric - Average score: __________

<4.0 – Fail
≥ 4.0 – Pass

No score below 4 on any PWC or needs to retake

CCE Checklist Rubric - Average score: __________

< 4.0 – Fail
≥ 4.0 – Pass