STUDENT HANDBOOK
SCHOOL-CLINICAL CHILD PSYCHOLOGY PROGRAM
(Revised: September 2021)

2021-2022
Yeshiva University
Ferkauf Graduate School of Psychology
School-Clinical Child Psychology Program
1165 Morris Park Avenue, Bronx, NY 10461
646-592-4381
http://yu.edu/ferkauf/school-clinical-child-psychology/

The Combined School-Clinical Child Psychology Program reserves the right to modify the content and procedures listed in the handbook at any time. Students are expected to abide by its guidelines and be knowledgeable of the information within this document. Students are expected to submit a signed statement of understanding to their program director no later than October 1, 2020.
The statement of understanding is located on the last page of the Handbook.

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INTRODUCTION

The School-Clinical Child Psychology Program is a *Psychology Health Service Provider Program* that offers preparation for the Doctor of Psychology (Psy.D.) degree. "Psychologists are recognized as Health Service Providers if they are duly trained and experienced in the delivery of preventive, assessment, diagnostic and therapeutic intervention services relative to the psychological and physical health of consumers based on: 1) having completed scientific and professional training resulting in a doctoral degree in psychology; 2) having completed an internship and supervised experience in health care settings; and 3) having been licensed as psychologists at the independent practice level" (APA, 1996, 2011).

The program is accredited by the American Psychological Association as a Combined Clinical-School Psychology Program. (Office of Program Consultation and Accreditation American Psychological Association; 750 First Street NE; Washington DC 20002-4242; (202) 336 5979; https://www.accreditation.apa.org/). The last accreditation visit was in 2017. The Program received a ten-year full accreditation. The next site visit will occur in 2027. The program is also approved by the National Association of School Psychologists and is registered with the New York State Department of Education. The program provides basic and applied training that permits students to work across the lifespan in schools, mental health facilities, hospitals, medical centers, rehabilitation centers, early childhood centers and developmental disabilities facilities.

1. After completing a course of study specified by the program, a school psychology externship, and passing required competency examinations, students earn a Master of Science degree in School Psychology. (See Appendix A for list of requirements.)

2. Students may apply for the Provisional State Certification in School Psychology from NY, NJ, or CT contingent upon successfully completing their third or fourth year in the program. Students must complete a minimum of 600 hours on externships in schools or school-based clinics or related facilities to meet the requirements for certification. The MS in School Psychology, by itself, is not sufficient to gain certification. The Program recommends a student for provisional certification once they have met requirements.

3. Students are considered doctoral candidates after successfully completing two years in the program and passing required competency examinations.

4. Students may apply for the Bilingual Extension to the Advanced Certificate in School Psychological Services after their fourth year.

5. Students are eligible to apply to take the NYS Psychology Licensing Examination upon graduation and completing a minimum of 1,750 hours on internship.

The Program is designed for full-time students without prior school psychology experience. The Program includes four years of didactic courses with integrated practica and externships that are sequenced for complexity. The culminating educational experience is the full-time predoctoral internship, usually completed in the fifth year. The predoctoral internship may be completed in schools, medical centers, mental health and developmental disabilities facilities, infant/early childhood centers, or other sites approved by the program.

Students have access to relevant Albert Einstein College of Medicine facilities such as the Children's Evaluation and Rehabilitation Center at the Rose Kennedy Center for Excellence in Developmental Disabilities, the Early Childhood Center, the Fisher-Landau Center for Learning Disabilities and the Samuel Gottesman Library, which are located on the same campus as the Ferkauf Graduate School of Psychology.

There are eight core faculty members with primary responsibilities within the program. The Program Director is Dr. Melanie Wadkins, and the Director of Clinical Training is Dr. Sophia Hoffman. The majority of core faculty members are licensed psychologists. Two faculty members are Nationally Certified School Psychologists. Adjunct faculty are hired to supplement the full-time staff according to particular program needs.

- Program's Website address: https://www.yu.edu/ferkauf/degrees-programs/school-clinical-child-psychology
- Program's Listserv: The Program has its own "by-invitation" only Listserv. Currently, more than 500 members including alumni, students and faculty use the Listserv.
- The Program Director's phone number is 646-592-4375, and her email address is: melanie.wadkins@yu.edu.

THE PROGRAM'S HISTORY

The School Psychology program at Yeshiva University began in 1964 under the direction of Dr. Lillian Zach who was primarily responsible for its design and orientation. From the late 1960's to the early 1970's, the program was awarded one of the first NIMH School Psychology training grants in the metropolitan area. At that time students were awarded the Ph.D. in School Psychology and were eligible for New York State Certification as a School Psychologist.

The School Psychology Psy.D. Program was developed in 1979 and received accreditation from the American Psychological Association in 1988. The New York State Board of Regents approved the granting of the degree of Doctor of Psychology (Psy.D.) in both School and Clinical Psychology in October 1980.

The School Psychology Program was considered to have two parallel training tracks, a five-year track for beginning students and a three-year track for certified school psychologists. The two tracks were separated in 1999. Subsequently, the three-year program closed and has not accepted applicants since 2003.

The five-year track evolved into an independent program that was accredited (2003, 2010, and 2017) by the American Psychological Association as a Combined School-Clinical Psychology Program. In 1996, the Program received approval from the New York State Department of Education to change its name from School Psychology to School-Clinical Child Psychology.

FERKAUF GRADUATE SCHOOL'S MISSION STATEMENT

Yeshiva University was founded on the principle that the best of the heritage of contemporary civilization - the liberal arts and social sciences - is compatible with the ancient traditions of Jewish law and life. At the graduate level of training, this mission is embodied in an emphasis on the moral dimensions of the search for knowledge and the ethical principles that govern professional practitioners. Yeshiva University is committed to the love of learning for its own sake as well as teaching and research that strives for excellence. A third goal of the University is to serve the communities of the city, the nation and the world by preparing well-trained professionals in many fields and providing pioneering resources for community service.

The educational mission of the Ferkauf Graduate School of Psychology is to train highly qualified professional psychologists in the fields of clinical and school psychology for the Doctor of Psychology degree and to train skilled researchers in the field of clinical health psychology for the Doctor of Philosophy degree. To these ends, students receive training in the basic skills common to all psychologists and quality training in the specialty fields to prepare them to apply established knowledge toward prevention and intervention and to advance our understanding in those fields.

The Combined School-Clinical Child Psychology Psy.D. Program is one of three doctorate-granting programs at Ferkauf Graduate School. The others are: Clinical Psychology Psy.D. (APA-accredited) and Clinical Psychology with

Health Emphasis Ph.D. (APA-accredited). The school also grants master's degrees in Mental Health Counseling and Marriage and Family Therapy, as well as a Master of Science in School Psychology.

The following sections on Nondiscrimination, Accommodations, Sexual Assault Prevention and Privacy Rights are copied from the Academic Catalog.

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COMMITMENT TO NON-DISCRIMINATION

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The complete non-discrimination and anti-harassment policy and complaint procedures (Appendix B) can be accessed at: https://www.yu.edu/sites/default/files/inline-files/TitleIXPolicy%28June2020%29.pdf

Non-Discrimination and Anti-Harassment Policy & Complaint Procedures
(including Sexual Harassment, Sexual Abuse/Assault, Stalking, Domestic Violence and Dating Violence)

EXECUTIVE SUMMARY

The following is a brief summary of the Policy. Please read the full Policy for more details, including definitions and examples of discrimination and harassment; complaint reporting procedures and guidelines; and the investigation and resolution processes.

- Yeshiva University prohibits discriminatory practices, harassment, and sexual misconduct of any kind and in any form.
- Complaints may be made to the University's Title IX Coordinator or Deputy Title IX Coordinator, Security Department, Dean of Students, Unlawful Harassment Panel, Office of Human Resources, Office of the General Counsel or Confidential Compliance Hotline. Complaints also may be made to any other University personnel identified as "campus security authorities" including the Undergraduate Office of Student Life, Cardozo Office of Student Services and Advising, and Undergraduate Office of University Housing and Residence Life.
- There is no time limit on when a complaint can be made.
- No University employee may discourage an individual from making a complaint.
- Any University employee with any knowledge of a violation of the Policy must report the incident to the Title IX Coordinator or a Deputy Title IX Coordinator, Security Department, Dean of Students, Unlawful Harassment Panel, Office of Human Resources, or Office of the General Counsel, even if the actual victim of such discrimination, harassment or sexual misconduct is not interested in filing a formal complaint.
- All complaints must be reported to the Title IX Coordinator.
- The University will respond to all complaints promptly, thoroughly, fairly, and impartially.
- The University may take reasonable and prudent interim protective measures and accommodations to protect the parties involved and the University community.
- Complaints of discrimination or harassment, as well as sexual abuse/assault, stalking, domestic violence and dating violence, will be overseen by the Title IX Coordinator, and a fair and impartial investigation will be commenced upon receipt of a complaint or upon receiving information which the University determines, on its own, warrants further investigation.
- The University expects all members of the University community to cooperate with investigations.
- Retaliation is prohibited against anyone who files and/or participates in the investigation of a complaint (including an individual who testifies or assists in any proceeding related to a complaint), even if the complaint is unsubstantiated. Those who knowingly make a false report will be subject to serious disciplinary action.

Title IX Coordinator
Dr. Chaim Nissel, University Dean of Students
Yeshiva University – Wilf Campus
2501 Amsterdam Avenue - Rubin Hall 110
New York, NY 10033
(646) 592-4201 / drnissel@yu.edu

Deputy Title IX Coordinator – Human Resources
Ms. Renee Coker, Senior Director, Talent Management
Yeshiva University – Human Resources - Wilf Campus, BH 806
2495 Amsterdam Avenue, New York, New York 10033
(646) 592-4336 / renee.coker@yu.edu

Deputy Title IX Coordinator – Athletics
Mr. Joe Bednarsh, Athletic Director
Yeshiva University – Wilf Campus, Rubin Hall Suite 104
2501 Amsterdam Avenue, New York, New York 10033
(212) 960-0015 / joe.bednarsh@yu.edu

Deputy Title IX Coordinator – Cardozo
Jenn Kim, Dean of Students
Associate Dean of Student Services & Advising
Benjamin N. Cardozo School of Law
55 Fifth Avenue, Room 1000
New York, New York 10003
(212) 790-0429 / jennifer.kim@yu.edu

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

The Office of the Dean assists students with documented disabilities or medical conditions in obtaining reasonable accommodations. If you believe that you may need an accommodation, please make an appointment to meet with Assistant Dean Michael Gill, 646-592-4373, as soon as possible to discuss your situation.

Students seeking reasonable accommodations should bear in mind that they are responsible for the following:

- Advising the Office of the Dean of the exact nature of the accommodation(s) desired.
- Providing supporting documentation in a timely manner.
- Submitting a "Request for Reasonable Accommodations" form and getting a completed form back from the Program Director.
- Discussing accommodation implementation with the Professor and obtaining the signature of the Professor.
- Returning completed form to the Program Director.
- Meeting all academic responsibilities and deadlines, taking into account any agreed-upon accommodations.
- Bringing any problems to the immediate attention of the Program Director.
- No accommodations will be given retroactively.

Supporting documentation should be recent and come from an appropriate, licensed professional who is not a member of the student's family. The documentation must be dated, signed, and written on the letterhead of the professional. The documentation must be submitted to the Office of the Dean, along with the "Request for Reasonable Accommodations" form (see Appendix C). The adequacy of the documentation will be determined by the Yeshiva University's Office of

Disability Services or by consultants whom the Office may engage. At times, additional documentation may be required. All documentation will be kept confidential as required by law.

To expedite a request and ensure that appropriate accommodations can be provided, students should be sure that their documentation fulfills the requirements listed on the following pages.

I. <u>For students with learning disabilities</u> (evaluation/documentation within past 3 years):
    a. Identification of the tests administered as part of a psycho-educational evaluation;
    b. The nature of the learning disability;
    c. Description of the student's functional limitations in graduate school;
    d. Recommendations regarding effective accommodations to equalize the student's educational opportunities and the rationale for each recommendation.

II. <u>For students with Attention Deficit Hyperactivity Disorder</u> (evaluation/documentation within past 3 years):
    a. Assessment consisting of a history of symptoms, including evidence of ongoing impulsive, hyperactive or inattentive behavior that has significantly impaired functioning over time;
    b. Identification of the tests administered as part of a psycho-educational evaluation (including standardized measures for inattention, hyperactivity and impulsivity, if possible);
    c. Description of the student's functional limitations in graduate school;
    d. Recommendations regarding effective accommodations to equalize the student's educational opportunities and the rationale for each recommendation.

III. <u>For students with physical, sensory and health-related disabilities:</u>
    a. Specific diagnosis from professional, including test results if relevant;
    b. Date of initial diagnosis and date of last in-person contact with the student;
    c. Statement as to the "major life activities" impacted by the student's impairment(s) and level of severity;
    d. Description of the student's functional limitations in graduate school;
    e. Recommendations regarding effective accommodations to equalize the student's educational opportunities and the rationale for each recommendation.

IV. <u>For students with psychiatric disorders</u>
    a. Specific DSM diagnosis;
    b. Instruments and procedures used to make the diagnosis;
    c. Date of the diagnosis and date of last in-person contact with the student;
    d. Description of the student's functional limitations in graduate school;
    e. Recommendations regarding effective accommodations to equalize the student's educational opportunities and the rationale for each recommendation.

Please feel free to meet with Assistant Dean Michael Gill to discuss any questions or concerns that you may have regarding the requirements above.

All syllabi contain the following statement regarding requests for accommodations:

> *Statement on Disability Accommodation Requests*
> Students with disabilities who are enrolled in this course and who will be requesting documented disability-related accommodations should register with the Office of Disability Services (https://www.yu.edu/student-life/disability) during the first week of class. Once you have been approved for accommodations, please contact the Program Director to ensure the successful implementation of those accommodations. Please discuss your approved accommodations with each faculty member within the first two weeks of school.

Students with disabilities may require additional time for taking tests and completing work in class. Unless efficiency or speed is the essential skill that is being assessed, students may be allowed additional time for all exams, quizzes, in-class writing assignments and labs. Based on the documentation submitted to Office of Disability Services, extended time is typically approved for one and one half the allotted time. **The extended time accommodation does not apply to take home exams.** Extended time ensures that a student's performance is reflective of his/her mastery of the material rather than the speed at which a student performs.

If you have any questions or concerns about the implementation of your accommodations, please contact your Program Director as soon as possible.

SEXUAL ASSAULT PREVENTION

During the 1990 Legislative session, the New York State Legislature passed, and the Governor signed into law as Chapter 739 of the Laws of 1990, new requirements for colleges and universities regarding campus security. The law requires each college to provide specific information to incoming students about sexual assault prevention, the legal consequences of sex offenses, the college's policies, available counseling and support services, and campus security procedures.

The University provides educational programs to promote the awareness of sex offenses and the availability of victim counseling services. The University urges any victim to report the crime to both the Security and Safety Department 212-960-5221, 24-hour emergency phone (212) 960-5330, and the Police Department. It should be noted that notification to the Police Department is solely the option of the victim and the University will support that decision. It is imperative that the victim makes every attempt to preserve any evidence of the crime for later prosecution. Student victims have the option to change academic schedules and/or on-campus residence hall assignments, if such changes are reasonably available. The University disciplinary action will be taken for any such offense by University employees or students. During this action, the accuser and the accused are entitled to the same opportunities to have others present during the proceeding. The accuser and the accused must be informed of the outcome (I.e., final determination with respect to the alleged sex offense and any sanction that is imposed against the accused) of any University disciplinary proceeding. If the accused is a student, the sanction may include his/her suspension or expulsion.

Compliance with this procedure does not constitute a violation of the Family Educational Rights and Privacy Act (FERPA).

PRIVACY RIGHTS

FERPA
Yeshiva University has adopted regulations to protect the privacy rights of its students under the Family Educational Rights and Privacy Act (FERPA) of 1974. Among its several purposes, FERPA was enacted to:
- Protect the privacy of students' educational records;
- Establish the rights of students to inspect and review their educational records;
- Provide students with an opportunity to allow inaccurate or misleading information in their educational records to be corrected.

Please visit the Office of the Registrar or its website (www.yu.edu/registrar) to obtain the Yeshiva University FERPA Policy Statement.

HIPAA
In line with HIPAA regulations concerning protected health information, it is important that you understand that any

case information you present from your work will need to be de-identified, unless authorized by the client. This means that any information that would allow others to identify the person must be changed or eliminated. This includes obvious information like names and birth dates but it may also contain other protected health information that is so unique to that person that it would allow for identification. This includes diagnosis, race/ethnicity, or gender. If diagnosis, race/ethnicity, or gender is directly related to the case presentation, it can be included if it will not allow for identification.

The following individually identifiable data elements, when combined with health information about that individual, make such information Protected Health Information (PHI):

- Names
- All geographic subdivisions smaller than a state
- All elements of dates (except year) directly related to an individual including birth date, admission date, discharge date, date of death
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images; and
- Any other unique identifying number, characteristic, code, or combination that allows identification of an individual.

PROGRAM'S MODEL AND MISSION

The program follows a Practitioner-Scholar model of training (the Vail model) which was further articulated at the Mission Bay conference (1986). This pivotal conference on "Standards and Evaluation in the Education and Training of Professional Psychologists" was the first conference systematically designed to articulate a blueprint for professional psychology education and training models (Bourg, Bent, McHolland, & Stricker, 1989). Resolutions of the Mission Bay conference that influenced the model's development included the following: (a) a statement that "education and training in professional psychology should be carried out by programs that have an explicit, primary commitment to practitioner training" (Bourg et al., 1989 , p. 67); (b) a statement that "professional applications of psychology should be related to an evolving and developing knowledge base that includes disciplines other than psychology" (Bourg et al., 1989 , p. 67); (c) a strong commitment to diversity; (d) an articulation of particular knowledge, skills, and attitudes for the education of professional psychologists; (e) the identification and definition of the six professional core competency areas; and (f) a declaration of continuing commitment to evaluation, including clinical competency examinations for all graduates.

Our Program has six major training goals with related specified competencies. These competencies relate to the delivery of comprehensive clinical and psycho-educational services for children, adolescents, their families and teachers and adults in diverse environments, the development of a life-long learning attitude and professional identity.

The competencies are grounded in a conceptual understanding of typical and atypical child development, as well as a thorough knowledge of the other core areas of psychology – biological, cognitive, affective and social bases of behavior, human diversity, history of psychology and methods of scientific inquiry.

The Program's mission is to provide doctoral-level training through an interdisciplinary model that concentrates on both school and clinical psychology (see below for description of the Combined-Integrated orientation). While the training emphasis is primarily focused on to children, adolescents and families, students also work with adults and caretakers/parents. Alumni are prepared to deliver psychological and psycho-educational services to children, adolescents, adults and families in urban and suburban schools, medical centers, mental health settings, early childhood centers, and other schooling environments.

The Program requires students to understand and utilize the knowledge generated in such disciplines as life-span developmental psychology, child and adolescent psychology, psychotherapy, education, neuro-developmental disorders, family and systems theory, psychopathology, psychopharmacology, measurement and school psychology. Hence the program includes educational, psychodynamic, cognitive-behavioral and family systems approaches for working in diverse settings across the lifespan. The training program was developed to prepare students to meet future challenges by emphasizing the combined-integrated nature of school and clinical psychology.

Therefore, one goal of training is to provide the student with the competencies which will help him/her to identify cognitive and emotional strengths, in order to answer the following question: "Given a unique set of strengths and weaknesses, what are the best practices for working with a given child, adolescent, adult, family or caregiver?" This philosophy is the focus of assessment, intervention and consultation courses and constitutes the primary content for the varied externship and internship experiences.

The program has evolved from a traditional base in school psychology to a program that can more accurately be described as combined school-clinical child psychology. Students gain approximately 3,500 hours of supervised field experiences in schooling environments, hospitals, and mental health facilities, in urban and suburban centers, with largely multi-cultural populations, between early childhood and adulthood. These extensive practica, externship, and internship experiences are graded for complexity and integrated with the didactic training components.

The objectives are achieved through a prescribed five-year sequence of courses, research, supervised practica, externship and internship experiences that are sequenced for complexity and demand greater skills and expertise with each ensuing year. The process is enhanced by the student's professional socialization with a faculty who act as appropriate role models and mentors through their own professional experiences as educators, researchers, service providers, and consultants. It is continued by the faculty's professional involvement in associations and organizations and via close faculty student relationship and advisement.

The Combined-Integrated (C-I) Model
APA accredits three specific specialty areas: Clinical, Counseling and School Psychology. In 1975 APA stated that, "combined professional scientific psychology is a new area of accreditation for programs that do not clearly fit the model for separate programs in clinical, counseling, and school psychology. This area of accreditation is defined as a combination of clinical, counseling and/or school psychology" (p.1093).

Prior to 2003 there was a paucity of literature concerning the C-I model of training. In 2003, Givner and Furlong wrote the first substantive article on the relevance of C-I training for school psychology. They wrote,
> The Consensus Conference on Combined and Integrated Doctoral Training in Psychology held on May 2-4, 2003 at James Madison University, was an historic step towards defining the C-I model. The training directors of all 10 APA-accredited programs attended the conference along with representatives from two of the other training councils, APA's Education Directorate, the Committee on Accreditation, Association of Psychology

Postdoctoral and Internship Centers, (APPIC), The National Register of Health Service Providers in Psychology, past-presidents of Divisions 2, 12, and 29, National Council of Schools of Professional Psychology (NCSPP), American Psychological Association of Graduate Students (APAGS), International Association of Applied Psychology, Association of Directors of School Psychology Training Clinics, and Association of State and Provincial Psychology Boards (ASPBP). p. 1

The Consensus Conference succeeded in articulating a common set of characteristics and principles that distinguishes the combined-integrated training model.

Prominent among these principles are:
combined-integrated programs intentionally combine at least two specialties;
combined-integrated programs provide intentional exposure to multiple theoretical orientations;
combined-integrated programs provide intentional exposure to multiple practice settings; and
combined-integrated programs provide intentional exposure to the parameters of practice, including a variety of populations served, problems addressed, procedures and settings, across the life span. p. 1

One of the most important outcomes of the Consensus Conference was the elementary, but important observation that there is a fundamental difference between "combined" training that provides training in traditional specialties in the same program (students receive some common experiences and more intimate exposure to other specialties) and "integrated" training (students have substantially overlapping training experiences involving both theory and fieldwork). Programs can have different degrees of integration while still being "combined." The Yeshiva University model is a combined, fully integrated program.

Givner and Furlong go on to state,

Advocates of combined-integrated programs see advantages in de-compartmentalizing the training of students when both child-oriented specialties have more that unite them than divide them. To define the purview of a school psychologist or a child clinical psychologist by the building in which they work, or to compartmentalize their areas of expertise into separate disciplines by viewing psychopathology as the domain of the clinical psychologist but not the school psychologist is creating tenuous boundaries that need not exist. It leaves the impression that multiple experts best serve children and that the disciplines do not inform each other about training. It may be controversial to state that an examination of academic training programs would probably demonstrate more convergence of content, knowledge, skills, and experience between school psychology and clinical child psychology than is promulgated" ("Relevance of Combined-Integrated Model of Training to School Psychology: The Yeshiva Program" The School Psychologist, 2004, 145-153).

Shortly afterwards, Beutler and Givner (2004) were significant contributors to a special two-volume edition of the Journal of Clinical Psychology that was devoted to C-I training. (Beutler, L., Givner, A., Mowder, B., Fisher, D. and Reeve, R. "A history of Combined-Integrated doctoral training in psychology" Journal of Clinical Psychology. Volume 60, Issue 9, Date: September 2004, Pages: 911-927). Givner's 2004 presentation at the annual meeting of the Council of Directors of School Psychology Programs was part of a panel discussion introducing the model to school psychology directors. This was followed by Givner and Blom-Hoffman's presentation (2005) at NASP ("The Relevance of Combined-Integrated Training for School Psychologists") that provided a first look at the empirical data that supported the model. Additional validation for the excellence of the model was provided by Givner, Blass and Shrage, at APA's 2005 conference ("Interns' and Internship Directors' Perceptions of Combined and Integrated Programs"). In 2006 and 2007, Givner presented the empirically based model at the annual meeting of the Trainers of School Psychologists.

Program's Philosophy
As mentioned above, the program adheres to a Practitioner-Scholar training model within a combined-integrative

orientation. The disciplines of school psychology and clinical psychology are integrated throughout the course work. At the same time the program provides students with a pedagogical orientation that is eclectic in both theory and practice. The Program's faculty is trained in psychodynamic, cognitive-behavioral and systems approaches for working with children, adolescents (0-18), and young adults. All students are exposed to these theoretical orientations. Students are taught to respect the value of each approach and to integrate theory and practice across varied orientations. Each student develops a model that combines and integrates the varied approaches. We recognize that a value of this type of program is the high regard for each orientation in its own right, that permits students to integrate an approach that is truly their own; but one that is also respectful of evidence-based treatments from all orientations.

Program's Structure

The Practitioner-Scholar model provides intensive practicum training in both school psychology and clinical psychology. It focuses on the development and refinement of knowledge and skills so that students will be able to function as a school-clinical psychologist. It is built upon core theoretical foundations in normal and atypical child and adult development, biological, cognitive, affective and social bases of behavior, cultural and individual differences and research. The training integrates theory, research and practice and is sequential and graded for complexity. The integration of science and practice is accomplished through a lockstep, sequentially graded, 110-credit curriculum that includes approximately 3500 hours of supervised field experiences in addition to assessment and treatment practica in our in-house clinic.

The first year includes coursework in core areas of psychology: ethical and professional practice, multiculturalism, development, cognitive and affective development, social psychology, skills development courses in cognitive and social-emotional assessment. (See curriculum sequence on the Allocation Chart).

Didactic courses in the second, third and fourth years focus on theory, evidence-based practice from different orientations in schools and clinical settings, and research. Emphasis is placed on ethnic, cultural, gender and individual differences throughout the curriculum. Skills training and didactic course work in the second, third and fourth years are complemented by approximately 1800 hours of externships and additional clinic-based practica. These experiences occur with a predominantly multicultural population.

The second-year field experience (externship) entails approximately 500- 600 hours in a school; the third year field experience (externship) occurs in community-based mental health facilities, hospitals, medical centers, special education facilities, or early childhood centers (approximately 600 hours). The fourth year field experience (externship) may occur in any of the above-mentioned placements or in a school, if the student's trajectory is to apply for a school psychology internship in the fifth year (approximately 600-900 hours). All field experiences (externships) are supervised by appropriately credentialed psychologists.

The culminating experience is the predoctoral internship (1500-1750 hours), which occurs in the final year of study and may occur in any of the settings mentioned above.

In summary, this model bridges the professional disciplines of School Psychology and Clinical Psychology and adheres to the integration of science and practice. The curriculum initially focuses on foundations of psychology and is followed by intensive training in advanced assessment, evidence-based interventions, family and school consultation, research, cultural diversity, and professional development. The third and fourth years' curricula permit students to advance their knowledge and skills in elective areas of study.

Discipline-Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession as stated in APA's Standards of Accreditation

"All students in accredited programs should acquire a general knowledge base in the field of psychology, broadly

construed, to serve as a foundation for further training in the practice of health service psychology" (SOA, p. 8).

The Program's curriculum provides students with the **Discipline Specific Knowledge** (DSK) that "serves as a cornerstone for the establishment of identity in and orientation to health services psychology." (SOA p. 8) All students are required to take the following sequence of courses to acquire this knowledge.

- **Biological foundations** are acquired primarily in a first-year course: PSS 6399 Biological Bases of Behavior
- **Social Psychology foundations** are acquired primarily in the course: PSA 6405 Social Psychology
- **History and Systems foundations** are acquired primarily in the course: PSA 6601 History and Systems of Psychology
- **Cognitive and Affective foundations** are acquired primarily in a first-year course: PSA 6472 Cognitive & Affective Bases of Behavior
- **Developmental Psychology** are acquired primarily in a first-year course: PSA 6515 Lifespan Development

The Program evaluates these foundational knowledge-based competencies through examinations, written papers, participation in class (each course uses a rubric – detailed in the syllabus - for evaluating students), and rating scales completed by faculty.

In instances when a student wishes to transfer credit for a particular course from prior graduate training program, the Program faculty in consultation with the instructor for the specific course will review the student's prior syllabus and ascertain if the potential transfer course meets the same objectives as the Program's course and uses similar processes. If it is agreed that the course can be transferred, the student will receive credit for the course.

Students in the School Clinical Child Psychology Program attain Profession-wide competencies in:
  i. Research
 ii. Ethical and legal standards
iii. Individual and cultural diversity
 iv. Professional values, attitudes, and behaviors
  v. Communication and interpersonal skills
 vi. Assessment
vii. Intervention
viii. Supervision
 ix. Consultation and interprofessional/interdisciplinary skills

These competencies are developed through coursework, supervised practica in our school's Parnes Center for Psychological and Psychoeducational Services, externship (field placements) and internship experiences.

Specific Coursework, Practica and externships related to each Profession-Wide Competency are described below.

  i. **Research:** Students take courses in *Statistics* and *Research Methods in Professional Psychology* during their first three years in the program. At the end of the first-year students are matched with faculty research advisors (The courses are Research Project I and Research Project II). Students are required to participate in the research lab of their faculty research advisor, complete a Literature Review (Research Project I) on their selected research topic, conduct an empirical study, write the introduction, methods, results, discussion chapters of Research Project II and defend it at an oral examination. **Psychometrics** are taught through several courses, including Research Methods and the five required assessment courses. This knowledge is applied during the development of the student's research projects. The Program evaluates these competencies in form

of examinations and participation in class (each course uses a rubric – detailed in the syllabus - for evaluating students), rating scales completed by faculty and a rubric for the student's RP I and II and oral examination.

ii. **Ethical and legal standards:** Students take *Ethical and Professional Issues in Professional Psychology* during their first semester. These issues are also covered in all assessment and treatment courses and on externship and internship. The Program evaluates these competencies in form of examinations, papers, and participation in class (each course uses a rubric – detailed in the syllabus - for evaluating students), and semi-annual rating scales completed by faculty, practicum supervisors, and externship/internship supervisors.

iii. **Individual and cultural diversity:** Issues of individual and cultural diversity are embedded throughout the program's course work, practica, externship, and internship. Training begins in the first semester's class on *Integrating Race and Gender in Multiculturalism* and continues in all aspects of the program. The Program evaluates these competencies by using examinations and observation of participation in class, written papers, (each course uses a rubric – detailed in the syllabus - for evaluating students), and semi-annual rating scales completed by faculty, practicum supervisors, and externship/internship supervisors.

iv. **Professional values, attitudes, and behaviors:** The development of professional values, attitudes and behaviors is a primary focus of all aspects of our training program. Faculty mentorship and comportment are critical elements for modeling of appropriate values, attitudes, and behaviors. As such students have multiple sources for such mentorships. When students enter the program, they are initially assigned to a faculty advisors. By the end of the first-year students are matched with a faculty research advisor who will become their primary professional model and resource. Students will work with their faculty research advisor for approximately three years, during which they will be mentored by the faculty member as well as more advanced students in the research lab. Many students will co-author papers and presentations with faculty and fellow students. Students will receive additional opportunities to develop these competencies in the third and fourth year clinical practica when they are supervised by professional psychologists who volunteer their time to work with students. Additionally, students will be mentored in their second, third, fourth and fifth years by externship/internship supervisors. The Program evaluates these competencies by using live supervision and monitoring of student behavior which are ultimately assessed with semi-annual rating scales and qualitative methods by faculty and clinical supervisors (i.e., practicum and externship/internship).

v. **Communication and interpersonal skills:** These competencies are critical elements in all aspects of training; be it, **assessment** (being able to communicate assessment results to parents, teachers, and other professionals, in both written and oral formats; being able to do so in a respectful and empathic manner); **treatment** (being able to establish rapport, active listening, empathy, conduct treatment, have social-emotional awareness, stay regulated, be respectful of others, understand the cultural and diversity issues related to treatment process and assessment, etc.); **consultation** (working with parents, teachers in a collaborative manner); **professional presentations** (being able to deliver - orally and in written format - scholarly material to multi-disciplinary audiences); **student participation** in all coursework. The Program evaluates these competencies by using live supervision and monitoring of the student behavior which are ultimately assessed with rating scales and qualitative methods by faculty and clinical, externship and internship supervisors.

vi. **Assessment:** Assessment competencies are developed through a five-course sequence in the first and second years (*Cognitive Assessment, Psychoeducational Assessment, Appraisal of Personality, and Practicum in Child Assessment I-II*) that involve didactic and practical components that are graded for complexity. A sixth course in *Neuropsychological Assessment* is available as an elective in the third year. The first-year courses provide foundational knowledge and assessment skill sets that are applied during the second year when students conduct child/adolescent evaluations in the Parnes Clinic. In addition, students in the second, third, and fourth years participate in externships in school and clinical settings that are supervised by licensed

psychologists on-site and that use live observation. Finally, students complete a 1500-1750 hour predoctoral internship that includes extensive supervision of treatment and assessment activities. All assessment courses use live supervision and videorecording. Evaluations are based on rubrics developed for each class.

vii. **Intervention:** Competencies are developed through a nine-course sequence that is graded for complexity through the second, third and fourth years in the program. Students develop beginning theoretical and practical competencies during the following second year courses: *Beginning Work with Children, Parents and Families; Cognitive Behavioral Psychotherapy for Youth I, II.* In the third and fourth years, students complete two, year-long clinical practica: *Practicum in Child Therapy I-II: CBT; and Practicum in Child Therapy I-II: Psychodynamic*. They also take a year-long theory course entitled *Psychodynamic Theory and Psychodynamic Therapy for Youth.* In addition, students in the third and fourth year complete approximately 500-600 hour externships in clinical settings that are supervised by licensed psychologists on-site and that use live observation. Finally, students complete a 1500-1750 hour predoctoral internship that includes extensive supervision of treatment and assessment activities. All treatment courses use live supervision and videorecording. Evaluations are based on rubrics developed for each class. In addition, practicum and externship/internship supervisors complete detailed rating scales that address all competencies.

viii. **Supervision:** Foundational competencies are developed during the first-year class: *Consultation and Supervision.* This class reviews model of supervision. Also, second year students are selected to supervise and mentor first year students in the first-year assessment classes. Similarly, third year students supervise second year students in assessment, and fourth year students supervise third years. In addition, students have two additional opportunities to supervise others. The first is during participation in the various research labs, where advanced more experienced students will supervise less experienced students. The second opportunity is while on internship, when most interns are be part of the supervisory process of less experienced externs. In addition to examinations in the courses, externship/internship supervisors complete detailed rating scales that address all competencies.

ix. **Consultation and interprofessional/interdisciplinary skills: S**tudents take a year -long course in *Consultation and Supervision* (Spring of first year) followed by *Consultation-Based Interventions* (Fall of second year). The second course is taken concurrently with the beginning of a year-long 500-600 hour externship in the schools. During this externship, students further develop their consultation skills by working with teachers, administrators, and parents. During the third- and fourth-year externships and predoctoral internship students continue to develop their consultation competencies in clinical and school settings. In addition to examinations in the courses, externship and internship supervisors complete detailed rating scales that address all competencies.

PROGRAM GOALS, OBJECTIVES AND COMPETENCIES

Our primary goal is to train students for careers in Health Service Psychology. The program's emphasis is on the application of skills and knowledge in the delivery of psychological and psycho-educational services to children, adolescents, and families in diverse environments. Students are able to work from different theoretical perspectives in multidisciplinary settings and are able to provide assessment, psychological and psycho-educational intervention, consultation, and prevention services. Further, the program emphasizes a strong commitment to diversity throughout its course work and field experiences. The program prepares students to be consumers of research and be able to integrate science and practice

The Program has six goals:
- Goal #1: Produce graduates who have the requisite knowledge in the core areas of Health Service Psychology for the doctoral level practice of school-clinical psychology with an emphasis on children and families

- Goal #2: Develop students' professional identity as a doctoral level psychologist with specialized and integrated training in the disciplines of school-clinical psychology. Upon graduation to continue to be an active participant in the profession. Have realistic sense of self, be self-reflective and develop emotional intelligence.

- Goal #3: Develop students' skills and related knowledge base for conducting psychological and psychoeducational assessments across the lifespan – with an emphasis on childhood and adolescence.

- Goal #4: Develop advanced skills and knowledge in the treatment of children, adolescents, their families and adults; be prepared to work effectively in schools, mental health facilities and medical centers; to integrate science and practice.

- Goal #5: Enhance students' sensitivity to individual and cultural diversity and ability to work with children, families and adults from diverse backgrounds

- Goal #6: Foster the relation between science and practice. Be knowledgeable of the linkage between research and its application to practice

Graduates of the program are competent to:
Provide direct psychological and psychoeducational services to children, adolescents, parents, families, adults, and teachers. They are able to:

- **Conduct, interpret, and report on psychological and psychoeducational evaluations**; Assessment information is derived from many sources including, classroom observation, school and clinic records, intake interviews, objective, empirically validated instruments, and child, adult, and teacher interviews. The school-clinical psychologist is trained to collect, coordinate, and finally communicate relevant information in writing and orally.
- **Work with varied intervention and assessment models.** Be able to apply evidence-based interventions, psychodynamic intervention, use standard and objective assessment.
- **Consult and advocate** for children/adolescents and adults within an interdisciplinary environment; Collaborate with the teacher, parent, other mental health professionals and physicians to provide the best understanding and interventions for the child.
- **Integrate and interpret empirical data;** The school-clinical psychologist is an effective consumer of research and integrates research findings in practice.
- **Work with multi-cultural populations**; Knowledge, experience and sensitivity to multi-cultural and multi-ethnic and other diversity issues are critical for the delivery of school and clinical services.
- **Work with a systemic orientation** in both schools and mental health facilities; By obtaining knowledge of the individual child, of psychoeducational techniques, and of the culture of the social system, the school-clinical psychologist can develop an effective view of the functioning of the system.

FACILITIES AND RESOURCES

The Ferkauf Graduate School of Psychology is housed in the Rousso Building (1165 Morris Park Avenue; Bronx, NY 10461) on the campus of the Albert Einstein College of Medicine (AECOM). The college and its affiliated institutions constitute one of the nation's leading centers for medical education and research. The School-Clinical Child Psychology program has developed working relationships with many of the facilities on the AECOM campus, which permit our students to fulfill their externship and research requirements with AECOM faculty. Students have been

able to conduct research projects in learning disabilities, childhood depression, adolescent intervention, pediatric AIDS, early childhood disorders, socio-emotional development and conduct disorders with research investigators who are expert in these specialized areas.

The Ferkauf Graduate School of Psychology moved to the Rousso Building in 1999. The school's Main Office, the Admissions Office, the Registrar's Office, the Dean's Office, the Student Lounge, and faculty offices are located on the first and second floors of the Rousso building. Most classrooms and a full computer lab are also located in the building.

Additional classrooms and the Parnes Center for Psychological and Psychoeducational Services is located in the Van Etten Building – approximately two blocks from Rousso. The space in Van Etten was renovated in summer of 2019 and includes updated classrooms, the Parnes Clinic, a new student lounge, and the Testing Library.

Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic

The Parnes Clinic is the in-house training facility for all doctoral programs at Ferkauf. It is directed by Dr. William Salton and is also located in the Van Etten building on the Albert Einstein College of Medicine campus. The Center and the Testing Library operate on a 12-month basis, five days a week. In addition to Dr. Salton, the clinic is staffed by a full-time Postdoctoral Fellow, a full-time secretary, and several paid student assistants. Students from all doctoral programs conduct assessment and treatment within the center.

The Center has 23 therapy/assessment rooms - all of which have state of the art audio-visual capacity for observation and interaction with supervisors. Two large play therapy rooms are devoted to working with young children, as are designated rooms for family therapy.

The program has developed the clinic into a research facility where students can develop their doctoral research projects. Many archival studies have investigated assessment practices and long and short- term effectiveness of the Center's interventions.

The Testing Library

The Testing Library contains all testing materials required for assessment courses in all programs. Dr. Esther Stavrou is responsible for the management of the Testing Library. Graduate students from the three doctoral programs serve as "librarians" and coordinate the distribution and return of all test materials. We consider the Testing Library to have one of the most extensive holdings of assessment instruments in the metropolitan area. There are currently more than 200 different instruments housed in the Testing Library.

The Testing Library uses a computer-driven distribution program. All students at Ferkauf are required to register with the Testing Library (using their Ferkauf ID cards). Registration for first year students is usually conducted during Orientation and other students may register at any time during the first few weeks of the semester. Once you have registered with the Library you are permitted to borrow any material that has been assigned by your class instructor. Students may not borrow material for use on externship or internship or for use by individuals outside the program. The Testing Library will provide you with a copy of the Library's borrowing regulations, daily schedules and calendars.

The D. Samuel Gottesman Library

The Gottesman Library is a major asset and one of the premier research medical and health-related facilities of its kind in the country. The Gottesman Library contains over 155,000 volumes and subscribes to 2,300 periodicals including an extensive collection of journals relevant to the professional practice of clinical and school psychology. It is located on the first floor of the Forscheimer Building.

The library staff is supportive and always available to assist you. They provide orientation programs for students at the beginning of the school year. Students have remote access to library holdings from their computers. Students can obtain Library and ID Cards from the Security Office located on the ground floor in the same building as the Gottesman Library.

The Gottesman Library hours are:

Monday-Thursday:	8:30 am-midnight
Friday:	7:30 am-4 pm
Saturday:	7:30 pm-10:30 pm
Sunday:	10:30 am-10:30 pm

Computer Resources
Yeshiva University, recognizing the increasing role of high technology, continually enhances its computer facilities and services. A wide area network (WAN) links computer resources on all YU campuses, yielding access to such resources as the online catalog and mini-MEDLINE systems at Albert Einstein College of Medicine as well as all Internet-based resources worldwide, with library computers offering menu-driven search capabilities. A scientific/educational computer center on the Resnick Campus provides an excellent research-oriented educational environment for students, faculty, and researchers

Yeshiva University supports computer facilities available to all registered students and faculty. Remote access to University library resources, including PsycINFO and online journals is also available remotely. Ferkauf has its own computer room with terminals and printers available to students. These Dell computers are all connected to the Internet, and all have Windows, Microsoft Office, SPSS, and email access. The Resnick Campus of the Albert Einstein College of Medicine (Einstein) has several computer rooms for student and faculty use. The university wide computer network provides email as well as access to all of Yeshiva University libraries and other network-based services. Technical support is available at regular office hours to help students requiring assistance. Technical support is also provided to faculty. Special software for teaching and/or other scholarly activities is purchased upon request.

The Student Lounges are located on the first and second floors of the Rousso Building and a third enhanced lounge is located in the Van Etten Building adjacent to the clinic and Testing Library. It is the prime place where students from all programs tend to congregate. There are couches, vending machines, microwaves, copy machine and other amenities in the lounge.

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STUDENTS

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The student body remains diverse. Students have come from 27 different states, the District of Columbia, Puerto Rico and from 14 different foreign countries. The student body is a reflection of the demographics of the tri-state New York metropolitan region. It is largely to this community that the graduates return as practicing school and clinical child psychologists.

Admission Procedures and Requirements
The University is committed to a policy of equal opportunity and nondiscrimination in admission and other facets of its educational programs and activities. The University encourages applications from qualified students without regard to sex, religion, age, race, handicap, color, or national origin, within the meaning of applicable law.

Admissions are conducted through the PSYCAS system. To fulfill all Admissions requirements, two official transcripts showing degrees conferred must be received by the Admissions office prior to the start of the first week of the Fall Semester. As mandated by the New York State Education Department, you must comply with the Measles, Mumps and Rubella (MMR) regulations. Proof must be shown either by immunization or by showing serological evidence (titers) that you are immune to Measles, Mumps and Rubella. Documented proof must be submitted to the

Admissions office prior to the start of the first week of the Fall Semester.

Policies regarding Applicants to Program
Students are admitted into the program for the fall semester. Applications and supporting documents must be received through the PSYCAS system by January 15th to be considered for matriculation in September. Completed applications include undergraduate and graduate transcripts, Graduate Record Examination (taken no more than five years prior to the date of application), written reports and letters of recommendation.

GRE results are to be sent to the Admissions Office at Ferkauf Graduate School - the proper Institutional Code is 2995. Students who have degrees from institutions where the language of instruction is other than English are required to submit the Test of English as a Foreign Language (TOEFL) as well as the General GRE scores.

Applications for admission are initially reviewed by the Program Director. Individual and group interviews are arranged for each applicant who passes this initial screening. The initial interview is conducted by a full-time faculty member. Applicants are also interviewed in a group format by the Program Director followed by a group discussion, that is evaluative, with current students. The students' evaluations are considered in the final consideration for admission. Each applicant's credentials are then reviewed by the faculty and decisions are then finalized.

Upon admission into the program the entering cohort is assigned two faculty advisors. As the cohort moves up each year, another faculty pair becomes their advisors. By the end of the fourth year the students will have had an advisory experience with every faculty member.

Student Selection
The Program attempts to enroll students with minimum scores of 159 on the verbal and 148 on the quantitative sections of the GRE and a minimum of a 3.40 GPA. Between 2003-2014 the Program received more than 1900 applications for admissions. The mean GRE scores for students who entered the Program in 2019 were GREV = 158; GREQ = 156; Analytic = 4.3. The mean GPA for students who entered the Program in 2020 was 3.67.

Undergraduate preparation
Undergraduates are expected to have at least 12 undergraduate credits in psychology; including courses in statistics, experimental, biological bases of behavior, abnormal psychology or human development. To encourage diversity of thought and orientation, applications from outstanding students with backgrounds that differ from the above are also considered.

Orientation and Registration
An orientation meeting for entering students is held during the month of June. Aside from the social aspect, the main purpose of this meeting is to complete all registration materials for the fall semester. A second orientation for all students admitted into the school is held just prior to the beginning of classes. Issues that deal with housing, insurance, identification cards, security, student organizations, financial aid, and student life are reviewed during that meeting. A third meeting is held with the entering class one month after school begins.

REGISTRATION & STUDENT STATUS

The Academic Catalog provides School-wide policies and procedures regarding registration, status, transfer of credits and other significant policies and procedures.

Requirements for a doctoral degree must be completed within ten (10) years of admission. Continuation in the program beyond the time limit is grounds for dismissal.

Registration takes place through MY YU (www.yu.edu/myyu) twice a year: May for the fall semester and December for the spring semester. Students are expected to register each semester during the specific registration period. Students must meet with their assigned academic advisor beforehand to review course requirements and obtain their RAC (registration access code).

Please refer to the Catalog for information on:
- Maintenance of Matriculation
- Cross-registration
- Independent Study
- Waiver of Required Courses
- Withdrawal from Courses
- Grading Policy
- Eligibility for Graduation
- Commencement
- Change of Status
- Dismissal

<div align="center">EVALUATION OF PERFORMANCE</div>

Evaluation of performance in the program is ongoing throughout a student's academic tenure and is based on, but not limited to, the following criteria:
1. Coursework
2. Faculty Evaluation
3. Assessments
4. Interpersonal Skills
5. Professional and Ethical Behavior

In addition to the factors above, students are required to gain and demonstrate a sense of multicultural sensitivity throughout their academic tenure. Students are expected to become aware of their own cultural identity and examine their own biases and prejudices. They should acquire (1) An awareness of their own cultural worldview, (2) An accepting attitude towards cultural differences, (3) Knowledge of different cultural practices and worldviews, and (4) The skills to understand, communicate and effectively interact with people from different cultures in their own clinical work. Most importantly, students must develop multicultural humility, recognizing that developing multicultural sensitivity and competence is a lifelong process that is challenging and anxiety provoking.

The program director reviews the student's progress with the faculty regularly. Strengths and weaknesses are considered to ensure maximal development and to avoid potential problems. Students who are seen as unqualified to continue may be dismissed from the doctoral program. Students receive written evaluations of their performance at the end of each semester. The evaluations are a synthesis of faculty, field supervisor and clinical supervisor evaluations. Students whose evaluations indicate that they are unqualified to continue may be dismissed from the doctoral program.

Satisfactory Academic Performance and Standards
Satisfactory academic performance and standards are comprised of a student's performance of academic, clinical and research activities. Academic performance and standards include overall course grades as well as critical analytic skills, written communication skills, intellectual engagement, class participation, academic progress (meeting deadlines), appropriate professional and ethical behavior, interpersonal skills, multicultural sensitivity, and teaching and/or other scholarly activities. Clinical performance includes the demonstration of clinical competencies in clinical

coursework, on the comprehensive examinations, and in practicum settings as evaluated by faculty and supervisors. Research performance includes the demonstration of research competencies in research coursework, in the active participation in the mentor's research, in the design and execution of doctoral research projects, and in research related scholarly activities.

Students are required to maintain a satisfactory level of academic performance in each academic semester as defined by, but not limited to, the following criteria: 1) Minimum semester and cumulative GPA of 3.25; 2) Timely completion of ALL course work and in meeting deadlines and academic progress standards for academic, clinical, interpersonal skills, and professional and ethical requirements; 3) Passing the competency exams (any student who fails an exam is given one (1) more opportunity to retake the exam after receiving remediation. If the student does not pass the re-take they will not be permitted to continue in the program); 4) Satisfactory evaluations from clinical settings and satisfactory evaluations from clinical supervisors; 6) Satisfactory evaluations from research supervisors, 7) Maintenance of competent interpersonal skills as evaluated by program faculty; and 8) Maintenance of professional and ethical behavior as evaluated by program faculty.

Failure to meet or progress in any academic, clinical, research, interpersonal skills or professional and ethical requirements may prevent the student from moving ahead in the program and may be grounds for academic warning, probation or dismissal. Please refer to the **"Unsatisfactory Academic Performance," "Academic Warning," "Academic Probation,"** and **"Dismissal"** sections for more information.

Unsatisfactory Academic Performance

Students who exhibit deficiencies in regard to their academic performance, supervisor or faculty evaluations, academic progress, interpersonal skills, and/or professional and ethical behavior are informed of such deficiencies by faculty after faculty review. Academic performance is comprised of performance of academic, clinical, and research activities. Students with unsatisfactory performance in these areas are placed on "academic warning," "academic probation" or are subject to dismissal. A student does not first have to be placed on academic warning to be placed on academic probation and does not need to be placed on warning or probation before she can be dismissed from the program.

> **Academic Warning** status is an initial indication of serious academic, clinical, interpersonal, professional or ethical deficiencies. If a student meets any of the requirements below, a faculty committee will meet to determine a remediation plan for the student. The student is required to meet with their academic advisor prior to the following semester to develop a schedule for the completion of the remediation plan. If, at the end of the subsequent semester, the student has not met the requirements of remediation, they will be placed on academic probation.
>
> *Academic warning occurs in (but is not limited to) the following circumstances*:
>
> a. When a student receives a semester or cumulative GPA below 3.25, receives one (1) or more grades of *B-* within a semester, receives one (1) *C* grade within a semester, and/or receives two (2) incomplete *(I)* grades within a semester;
>   i. Any student who receives a grade of *C* or below in any course (required or elective) must retake that course.
> b. When a student receives an unsatisfactory evaluation of their clinical performance (interviewing, assessment, or treatment) as indicated by a poor practicum/supervisory evaluation (or *B-* or below grade) during the course of the semester;
> c. When a student receives an unsatisfactory evaluation of their research performance as indicated by a poor supervisory evaluation (or *B-* or below grade) during the course of a semester;
> d. When a student fails any competency examination.

       i. Should they fail the retake examination, they will be dismissed from the program;

e. When interpersonal skills are judged to be unsatisfactory as defined by individual program standards;
f. When professional and ethical behaviors are judged to be unsatisfactory as defined by individual program standards;
g. When a student falls more than one (1) semester behind in his/her progress in the program as defined by individual program standards

Academic Probation is an indication of very serious or persisting academic, behavioral, or professional deficiencies and occurs in the following instances:

a. When a student receives a semester or a cumulative GPA below 3.0, receives two (2) *C* grades or more within a semester, receives a grade of *F* in a course, or receives more than two (2) incomplete grades (*I*) in a given semester.
      1. PLEASE NOTE: All incompletes (*I*) will convert to *F*'s after one (1) semester. It is the student's responsibility to ensure the work is completed in a timely fashion.
      ii. If a student receives an *F* grade, a committee consisting of program faculty appointed by the program director will be assembled to review the reason for receiving the *F* grade. A decision will be made as to whether the appropriate action will be to place the student on academic probation or to dismiss the student.
b. When a student persistently fails to meet academic progress standards as defined by individual program standards. If unsatisfactory progress is made in meeting programmatic deadlines for clinical, research or academic activities and the problem persists, the student will be placed on academic probation;
c. When a student demonstrates serious or persisting deficiencies in clinical performance, which are defined as follows: When a student who received a B- or lower in a clinical practicum course (from any supervisor) or an unsatisfactory evaluation from an externship supervisor AND shows evidence of continued unsatisfactory performance following remediation efforts, or fails or is terminated from a training site, such deficiencies will constitute a basis for probation.
d. When interpersonal skills are judged to be unsatisfactory as defined by individual program standards;
e. When professional and ethical behaviors are judged to be unsatisfactory as defined by individual program standards;
f. When a student fails to meet the requirements of remediation after being placed on academic warning.

Students who meet any or all of the criteria above will be placed on academic probation immediately and/or for the following semester (depending on the reason for the probation). Students who are placed on academic probation are not permitted to apply for their next externship or internship or to attend an externship or internship they received while they are on probation. If the problems above persist after the following semester, the student will be dismissed from the program.

Procedure for Faculty/Students. If a student is placed on academic warning or academic probation, the student must meet with their academic and research advisor prior to the following semester to develop a remediation plan and/or schedule for the completion of remaining degree requirements. Elements of a remediation plan may include, but are not limited to, academic performance benchmarks, deadlines for completing requirements, closer supervision of clinical responsibilities, etc. If the student misses a subsequent deadline, they risk the consequence of being dismissed from the program. If a student wishes to change a deadline, they must submit a request in writing to the appropriate advisor at least one (1) month prior to the deadline. Only one (1) request per year will be granted. Students are allowed one (1) probationary period during their academic tenure.

If probation or a leave is decided, the student shall receive a letter from the program director that outlines the

reason for academic probation or a leave, specifies a remediation plan as applicable, and provides a timeline for remedying the issues.

The student must sign and return the letter acknowledging that it will be the student's responsibility to communicate their understanding of the identified problem, respond to communications and engage in the remediation plan or grievance procedure in a timely manner. The student's response to the feedback and their willingness to engage in remediation will also be considered in the evaluation process.

INTERPERSONAL COMPETENCIES

In addition to the competency exams described above, the doctoral program admits its students each year with the expectation that they will complete their studies and graduate. The doctoral program has adopted the Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs (1) model policy developed by the Student Competence Task Force of the Council of Chairs of Training Councils, as stated below:

Students in professional psychology programs (at the doctoral, internship, or postdoctoral level) should know—prior to program entry and at the outset of training—that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than and, in addition, a student-trainee's knowledge or skills may be assessed (including, but not limited to emotional stability and well-being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure—insofar as possible— that the students who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of their administrative authority, professional psychology education and training programs, faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework and with due regard for the inherent power difference between students and faculty, students should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than and, in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g., the ways that student relates to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impeding professional development or functioning); and (d) resolution of issues or problems interfering with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; and by participating in personal therapy in order to resolve issues or problems).

This policy is applicable to settings and contexts where evaluation would appropriately occur (e.g., coursework, practica, supervision), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). However, irrespective of setting or context, when a student's conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the student, (b) raises questions of an ethical nature, (c) represents a risk to public safety,

or (d) damages the representation of psychology to the profession or public, an appropriate representative of the program may review such conduct within the context of the program's evaluation processes.

Although the purpose of this policy is to inform students that evaluation will occur in these areas, it should also be emphasized the program's evaluation processes and content should typically include: (a) information regarding evaluation processes and standards (e.g., procedures should be consistent and content verifiable); (b) information regarding the primary purpose of evaluation (e.g., to facilitate student development; to enhance self-awareness, self-reflection, and self-assessment; to emphasize strengths as well as areas for improvement, to assist in the development of remediation plans when necessary); (c) more than one source of information regarding the evaluative area(s) in question (e.g., across supervisors and settings); and (d) opportunities for remediation, provided that faculty, training staff, or supervisors conclude satisfactory remediation is possible for a given student-trainee. Finally, the criteria, methods, and processes through which students will be evaluated are clearly specified in a program's handbook, which should also include information regarding due process policies and procedures (e.g., including, but not limited to, a review of a program's evaluation processes and decisions).

Personal and professional growth is critical for functioning effectively as a psychologist. Interpersonal and professional skills include the following:

Ethical Concerns
1. Demonstrate knowledge and application of APA's Ethical Principles of Psychologists and Code of Conduct and NASP's Principles for Professional Ethics;
2. Demonstrate a knowledge and application of statutes regulating professional practice;
3. Demonstrate a concern for client welfare; and
4. Demonstrate an appropriate client-psychologist relationship

Professional Deportment Issues
1. Appropriate manifestation of professional identity (e.g., attire, behavior);
2. Appropriate involvement in professional development activities (e.g., professional associations);
3. Appropriate interaction with peers, colleagues, staff, students; and
4. Awareness of impact on colleagues (faculty, trainees)

Sensitivity to Client and Diversity Issues
1. Acknowledgment of and effective dealing with children, parents, teachers, school administrators, and other school and clinical staff, (e.g., social workers, guidance counselors, speech therapists. psychiatrists) of diverse ethnic and racial groups, and lifestyles is imperative for students to function as psychologists.

Use of Supervision Issues
1. Appropriate preparation;
2. Accept responsibility for learning;
3. Open to feedback and suggestions;
4. Apply learning to practice;
5. Willing to self-disclose and explore personal issues affecting professional process functioning;
6. Appropriately self-reliant; and
7. Appropriately self-critical

Other Trainee Issues
1. Effective management of personal stress;
2. Lack of professional interference because of own adjustment problems and/or emotional responses;

3. Develop realistic professional goals for self; and
4. Appropriate self-initiated professional development (e.g., self-initiated study)

Faculty members are responsible for evaluating the progress of each doctoral trainee. The primary purpose of this assessment is to facilitate students' personal and professional growth. It is important to maintain close working relationships between students and faculty so that doctoral program policies and procedures can be implemented to maximize trainee development and growth.

The doctoral program recognizes that developmental stressors are inherent in the transition to graduate school and during the course of the training program. Students make significant developmental transitions during their graduate training and may need extra support. When clinical work begins, there is additional stress inherent in being a member of a helping profession. Therefore, supervision is frequent and intensive during graduate training. All these factors may increase a trainee's sense of personal and professional vulnerability. It is the responsibility of the doctoral program to make available procedures and opportunities that can facilitate growth and minimize stress. Such measures include, but are not limited to, orientation meetings, identifying clear and realistic expectations, timely evaluations with suggestions for positive change, and contact with support individuals (e.g., supervisors) and groups (e.g., other students or former students).

1 This statement was developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC) (http://www.apa.org/ed/graduate/cctc.html) and approved by the CCTC on March 25, 2004. Impetus for this document arose from the need, identified by a number of CCTC members, that programs in professional psychology needed to clarify for themselves and their student-trainees that the comprehensive academic evaluation of student-trainee competence includes the evaluation of intrapersonal, interpersonal, and professional development and functioning. Because this crucial aspect of academic competency had not heretofore been well addressed by the profession of psychology, CCTC approved the establishment of a "Student Competence Task Force" to examine these issues and develop proposed language. This document was developed during 2003 and 2004 by a 17-member task force comprised of representatives from the various CCTC training councils. Individuals with particular knowledge of scholarship related to the evaluation of competency as well as relevant ethical and legal expertise were represented on this task force. The initial draft of this document was developed by the task force and distributed to all of the training councils represented on CCTC. Feedback was subsequently received from multiple perspectives and constituencies (e.g., student, doctoral, internship), and incorporated into this document, which was edited a final time by the task force and distributed to the CCTC for discussion. This document was approved by consensus at the 3/25/04 meeting of the CCTC with the following clarifications: (a) training councils or programs that adopt this "model policy" do so on a voluntary basis (i.e., it is not a "mandated" policy from CCTC); (b) should a training council or program choose to adopt this "model policy" in whole or in part, an opportunity should be provided to student-trainees to consent to this policy prior to entering a training program; (c) student trainees should know that information relevant to the evaluation of competence as specified in this document may not be privileged information between the student-trainee and the program and/or appropriate representatives of the program.

MENTORING

The faculty are strong exemplars for modeling professional conduct, values, and attitudes. Faculty members serve as professional role models for clinical expertise, scholarship, research, and professional involvement. Students are encouraged to use academic advisors as a resource for academic advisement and guidance. Mentorship takes many forms: (a) at orientation, new students are assigned to a faculty advisors; (b) a research mentor who will take on a primary mentorship role is assigned to students at the end of their first year; (c) in the third and fourth years students are assigned to outside clinical supervisors – one per student- who will again mentor students; and (d) each student will have experiences with a minimum of four outside field supervisors who will also be available for mentorship. Alumni are also available as mentors and have often assisted student in the transition to the workforce after graduation. We are especially delighted that the professional values related to scholarship and professional development can be witnessed by an impressive number of our students having published and presented with faculty during their time in the program and beyond. Students authored or co-authored more than 100 publications and presentations between 2014-17.

THERAPY FOR STUDENTS

Knowing oneself is critical to becoming a successful psychologist. While not a requirement, all students are encouraged to be in their own psychotherapy as the faculty believe it enhances one's ability to become an effective clinician. The faculty believe that entering one's own personal therapy is an asset, not a deficit. Understanding and being open to the process of psychotherapy and learning to differentiate one's own difficulties from one's patients are important to one's development as a professional psychologist. Under certain circumstances, a student may be required by the faculty to enter therapy when it is felt that there are professional or personal problems/behaviors that interfere with the student's ability to provide services and interact in a professional setting.

CHANGES OF STATUS, LEAVES AND DISMISSAL

Leave of Absence

Students who are not taking any coursework or working on research but who expect to return at some future time should file a Request for Leave of Absence Form, available in the Office of the Registrar. The leave of absence must be approved by both the Program Director and the Dean and should be signed and returned to the Office of the Registrar prior to the start of classes for the given semester. Students may apply for a leave of absence for a maximum of two (2) semesters. Students are only eligible for a leave of absence after the completion of one (1) semester of coursework. The Dean will evaluate all requests for leave of absence and give the final approval.

PLEASE NOTE that under current Immigration and Naturalization Service regulations, foreign students in F-1 classification are not permitted to be on leave of absence.

Involuntary Leave Policy

When students are experiencing emotional difficulties or find themselves going through a personal crisis, they are strongly encouraged to seek out the relevant support services on campus. Depending on the campus and the specifics of the situation, counseling, guidance and/or outside referrals can be provided. While the University strives to help all students succeed academically, socially, and emotionally, there are times that safety concerns regarding a student's health and well-being need to be considered. It is for this situation that the following guidelines apply.

- Yeshiva University reserves the right to place a student on an involuntary leave of absence when the student:

  a. Poses a direct threat to the health and safety of themselves or others. The University should determine whether a student warrants involuntary leave only from a student's observed conduct, actions, and statements, and not from mere knowledge or belief that the student is an individual with a disability, and
  b. Is not able or willing to temporarily withdraw from the University.
  c. The student demonstrates unsatisfactory academic, interpersonal, or ethical performance in the program. If a student meets the requirements for academic warning or academic probation, the program director can determine that the student must take a leave of absence as part of the student's remediation plan.

  This policy may not be used in lieu of previously codified student discipline procedures.

  The University will maintain the confidentiality of information regarding involuntary leaves in accordance with federal, state, and local law.

Procedures for Removal

- When it comes to the attention of any member of the University community that a student may pose a threat to the health and safety of themselves and/or others, the individual should immediately take reasonable steps to notify their supervisor, a program director and/or the dean of the school. The program director should take

immediate action to assess the nature and magnitude of the threat to the student and to others, which may involve consultation with others including counseling and other relevant support services. In accordance with the U.S. Department of Education's Office of Civil Rights, procedures should be followed to ensure that a student considered for involuntary leave under this policy is not be subject to an adverse action based on unfounded fears, prejudice, or stereotypes.

- A psychological, psychiatric, or medical evaluation by a healthcare provider may be necessary to determine if a leave of absence is necessary or appropriate. The student may be asked to provide relevant psychological or medical records from his/her healthcare provider.
- A student whose involuntary leave is under consideration will be informed in person, if practical, or in writing, and will be provided with an opportunity to be heard in an interview with the appropriate counseling staff and/or administrative official.
- Students will be informed in person, if practical, or in writing, and will be provided with an opportunity to be heard in an interview with appropriate counseling staff and/or administrative official.
- Students will be informed in person, if practical, to be followed by written notification from the School, or the School's decision regarding their student status.
- A student who is placed on involuntary leave may appeal the decision to the dean within ten (10) business days of the decision. The appeal should be in writing and set forth the basis for the appeal. The dean or their designee will review the appeal and their decision will be considered final.
- In cases of a safety emergency, a student may be removed from the University campus, provided the student is given notice and an opportunity to be heard, pending a decision regarding the student. The student is still offered the option for an appeal prior to the rendering of a final decision.
- The University reserves the right to make appropriate arrangements regarding the health and safety of the student.
- A student placed on involuntary leave must remain off campus for the duration of their leave. A student on involuntary leave may not visit the campus or any other facility owned by the University without written approval from a University official.
- The School will notify all relevant parties of the leave of absence.

Readmission
A student who neither registers nor secures an official leave of absence for any semester will be considered to have withdrawn from the School. A student who wishes to resume studies will be required to apply for "readmission". Students who withdrew from the School and wish to apply for readmission must follow the regular admissions procedures. Their admission will be subject to the usual admissions criteria in effect at the time of application for readmission.

Official Withdrawal
If the need for a leave extends beyond two (2) semesters –taken together or separately – the student must withdraw from the School and apply for readmission. Students who wish to withdraw must submit an Application for Official Withdrawal Form, available in the Office of the Registrar. The form should be signed by both the program director and the dean and returned to the Office of the Registrar. Students who are registered for courses at the time of their withdrawal will be subject to the tuition refund rates in effect on the date of their withdrawal. Students are responsible for contacting the Office of Student Finance regarding deadlines for tuition reimbursement.

Dismissal
Students accepted into Ferkauf Graduate School of Psychology are expected to complete the program requirements successfully. When a student's academic performance, supervisor or faculty evaluations, interpersonal skills, or professional and ethical behavior is unsatisfactory, faculty provide timely feedback and offer students an opportunity to remedy deficiencies. The program director or the dean of the Graduate School may counsel voluntary withdrawal

or recommend termination from the Graduate School under conditions including, but not limited to, the following:

a. Violations of American Psychological Association (APA) ethical principles, legal statutes, or University or Graduate School codes and policies as described in this academic catalog;

b. Persisting or marked unsatisfactory academic performance, as evidenced by:

- Failure to satisfactorily meet remediation requirements when on academic probation;
- Students on academic probation who, in the subsequent semester, receive a *C* grade, an *Incomplete* grade or a *F grade*;
- Obtaining GPA below 3.0 for any two (2) semesters;
- Failure to pass the retake of the competency examinations;
- Failure to complete academic or research requirements within a timeframe specified by the student's academic or research advisor or program director;

c. Ethical violations including, but not limited to, cheating, exercising dishonesty or plagiarizing;

d. Consumption, influence or possession of alcohol or illicit drugs in class or on the Yeshiva University premises. Yeshiva University Policy on Drugs and Alcohol can be accessed here;

e. Failure to meet generally accepted standards of personal integrity, professional conduct or emotional stability, or inappropriate or disruptive behavior toward colleagues, faculty or staff, or any other individual;

f. Failure to make satisfactory progress toward a degree within the time frames detailed in the "Time Limitations" provision;

g. A pattern of unsatisfactory clinical performance, despite remediation efforts, including but not limited to the following: i) more than one (1) unsatisfactory evaluation of a psychotherapy or assessment lab or clinical training experience; ii) failure to complete the required number of year-long approved externship experiences, or an approved internship training experience, within timeframes specified by the program.

h. A pattern of unsatisfactory research performance, despite remediation efforts, including but not limited to the following: i) more than one (1) unsatisfactory evaluation of a research course or experience or ii) failure to meet research deadlines within the timeframes specified by the program.

i. A pattern of unsatisfactory interpersonal skills and professional behavior, evidenced despite remediation efforts, including but not limited to the following: i) inappropriate interpersonal or professional behavior. (This refers to conduct in classes and on campus, in private meetings with faculty, and to behavior in our Clinic, with supervisors and at externship or internship sites. In all venues with which the students may have contact with patients and supervisors, students are expected to conduct themselves in a manner which adheres to ethical and professional standards); ii) psychological problems that impair professional functioning, academic performance, or progress throughout the program; iii) failure to evidence compliance with faculty recommendations for remediation of impaired interpersonal skills or professional behavior.

Code of Ethics
Maintenance of good standing while a student is at the School is partially dependent on developing and maintaining standards of ethical and professional conduct. Students should be aware of the Ethical Principles of Psychologists and Code of Conduct (2002) and amendments (2010, 2016). All entering students are given a copy of the Ethical

Principles and the University's Non-Discrimination Statement upon admission and are asked to sign a statement that they read the material. See Appendix D for a copy.

Drug Screenings and Background Checks

While we do not perform drug screens or background checks upon admission, students should be aware that varied externship and internship settings may require that you complete drug testing, background checks and have a physical exam prior to beginning these experiences. Many sites, especially those at hospitals or medical centers, require health clearance prior to start; therefore, keeping up to date records on immunizations and health records is recommended. Sites may also require a formal criminal background check and drug screening. A student whose background check or drug screen is not acceptable to the site will not be permitted to attend the externship/internship. Students must receive approval from the Program Director/Director of Clinical Training to attend any externship or internship. (See the Yeshiva University Policy on Drugs and Alcohol).

THREE PROGRAM GUIDELINES CONCERNING PROFESSIONAL DEPORTMENT

Professional Attire

As a student, we expect you to engage in culturally competent practices including, but not limited to, examining the intersectional nature of identities and how issues of race, ethnicity, language, religion, class, country of origin, sexual orientation, gender identity/expression, etc. play an important role in effective service delivery for clients and families. As a student, you will be continually required to demonstrate awareness, knowledge, and skills related to issues of human diversity. Another area of cultural competence that warrants discussion is professionalism. As students, you sit in class, interact with peers and faculty and work with clients in varied settings. Each situation has its own set of explicit and implicit rules and expectations. For example, one explicit set of rules deals with professional attire.

The Program emphasizes that you are to always act and dress professionally. We understand that there are formal and informal dress codes that reflect context and culture. We witness significant changes in student attire throughout the year. For example, during externship and internship interview processes, student attire is dramatically different and reflects clearly stated demand characteristics. We understand that attire makes a statement about one's self. Nonetheless, dress protocols during the rest of the year should be professionally casual - especially when working with clients.

It is the Program's policy that at all times, but especially when seeing clients, students must dress in a professionally casual manner. Defining "professionally casual manner" is subjective. So, students should ask themselves if their attire matches the professional image that they want to present to peers, faculty, clients, parents, other professionals, and future employers.

While a student may believe that their attire is appropriate, a faculty member may offer feedback or may request that a student leave the building should the student's attire not be considered to be appropriate.

Please make every effort to follow this policy. It is a reflection of your development as a psychologist.

Computer/Technology Use During Class

Generally speaking, it is the expectation of the program that students will use technology respectfully during classes for appropriate purposes only. Please refer to your course syllabi as individual faculty members may have their own policies regarding the use of technology in their classes. For example, a faculty member may determine that student use of computers in the classroom is prohibited unless needed as an accommodation for a documented disability. However, it is the program policy, that if a faculty member finds that a student is using their computer during class for purposes other than those connected to the class material, the student will lose half a grade. If it

occurs a second time the student will lose an additional half grade. Should it happen a third time, the student will fail the class.

Email Etiquette
Email is a popular and quick way to communicate with others you will encounter throughout your training and professional career. The advantages are obvious: email is immediate and easy. However, these advantages make it easy to end up leaving a bad impression or causing a miscommunication with a contact, employer or faculty member. Because emails are ubiquitous and often written quickly, they can also lead to unprofessional communications. Every email interaction provides information about you, and gives the reader an opportunity to form an opinion.

You should take care to use the following guidelines to help you craft emails that you send in the context of your graduate training. The New York Times article linked here also gives several examples.
http://www.nytimes.com/2006/02/21/education/21professors.html?pagewanted=1&_r=2&

Email guidelines
- All messages should have a concise and descriptive subject line. The purpose of the subject line is to alert the reader as to the content of the message.
- Begin with a salutation. For example, if you are emailing a professor, it would be appropriate to begin your email with "Dear Dr. Smith" or "Professor Smith." If you typically call Dr. Smith "Pat," then go ahead and begin the email with "Pat." If you are unsure of how to address a professor, "Professor Smith" or Dr. Smith" is the best default choice.
- Be thoughtful about tone. Without the contextual cues provided by in-person tone of voice and facial expressions, it is easy to be misunderstood, so you need to be especially mindful of how requests or feedback are communicated. It is important to communicate a respectful request rather than an expected demand ("would you be willing" vs. "I need you to" or "Send me").
- Use traditional rules of grammar, spelling and punctuation in your message. Use spell check but also remember to proofread the message yourself, as spell check won't catch everything. Misspellings and grammatical mistakes make you appear careless and unprofessional.
- If you are making a request or asking a question, make sure you communicate the steps you have already taken on your own to resolve a problem or answer a question. Because emails are quick and easy, students sometimes ask questions of professors or other contacts before taking initiative. Take that initiative first (e.g., check the reading, ask a peer, reread the take home exam question, etc.). Consider what the question is revealing about you—does it suggest that you have not investigated the matter on your own, or cannot tolerate uncertainty?
- Close your message with a signature. Be certain that you have included your full name if it is someone you are less familiar with (full name for a professor of a big class, first name for research advisee or supervisor) and, if appropriate, some context as to the nature of your relationship with that individual.
- Before you send, double check to make sure you are replying only to whom it is necessary (Do not "reply to all" if all parties need not be included). Also check it over to make sure you are not including any confidential or sensitive information that you would not want read aloud or shared with others.
- **Reply to emails in a timely fashion. Most people expect that you will reply within one business day**. This means you need to make it a habit to check your email account(s) on a daily basis. If the person emails you back and provides help or information, you should respond to say thank you.
- **Avoid sending an email when emotional**. You can draft an email, but do not send it when you are not calm. Feeling emotional or experiencing conflict can make emailing a message tempting, but your emotions may cloud your judgment and create larger problems. Draft your message and return to it when you feel better regulated. It can be a good idea to run your email by someone else outside the situation before sending if it is related to an emotionally laden issue. Face to face communication is preferable in these situations if possible.
- **Only a guide**. Use these tips as a guide. Avoid being formulaic in how you write emails so that you seem

robotic or odd. Be genuine and aware of your communication. Use email as a chance to practice your clinical skills. Use the examples for inspiration, but there are many ways to abide by these tips without treating email like a form letter communication.

Here are some sample emails with mistakes, followed by a re-worded email as an example of improved email etiquette.

1. Instead of this. . .

Dr. Smith,
I need the notes from class I missed. I want to come by your office today to get them. Please let me know.

Celeste

Try This. . .

Dear Dr. Smith,

Thanks so much for your offer to provide notes from the class that I missed. I will be on campus tomorrow and could pick them up then if that is convenient for you; if not, let me know another time that will work well with your schedule.

Thank you again,
Celeste

2. Instead of this . . .

Hi,

Thursday October 1st is not a good date for me to present in class. I would much prefer the following week. However, I will work with any date to which I am assigned.

Thanks,
Celeste

Try this. . .

Dear Dr. Smith,
Thanks so much for putting in the time to schedule our presentations. I wondered if it would be at all possible to reschedule my presentation from October 1st to the following week? I don't think I will have adequate case material at that time to present based on just completing my intake. I apologize if this is an inconvenience in any way, and if it is not possible, I will work with whatever date I am assigned.

All best,
Celeste

3. Instead of this. . .

Hey Dr. Smith--
I've been trying to do a lit search all day, but something is wrong with my library password, and it's not letting

me log in. So, I am wondering if you could do a search for me on the terms "theory of mind" and "autism," then email me abstracts that look appropriate so I could keep making progress?
Thanks—
Celeste

Try this . . .

Do not start any email with "Hey"
Don't send your professor an email asking him or her to do your work for you. Problem-solve other ways that you could handle this situation, perhaps seeking assistance from a friend.

4. Instead of this. . .

Hey Dr. S!

I loved ur talk today! I am working on my research project and am interested in doing it on something similar—the effect of pressure to be thin on eating habits. Do you know some good measures of pressure to be thin, and would you share them with me? Thanks for helping me out with my project! Cel

Try this. . .

Dear Dr. Smith,

I very much enjoyed your talk today and am actually doing my research project on a similar topic. I have begun a literature search on measures of pressure to be thin, which I know you also looked at in your research. I noted that you used the scale by X, instead of the scale by Y. Would you have time to discuss this in a meeting? I know you have a very busy schedule, so please let me know any time that is convenient for you, or let me know if there is someone else I should reach out to.

Thank you for considering my request,
Celeste

ACADEMIC INTEGRITY

Academic integrity is the guiding principle for all that students do during their academic tenure; from taking exams, making oral presentations, to writing term papers. It requires that students recognize and acknowledge information derived from others and take credit only for ideas and work that are their own. It is a violation of the principle of academic integrity to:

- Cheat on an examination;
- Submit the same work for two different courses without permission from the professors;
- Receive help on a take-home examination that calls for independent work;
- Plagiarize
- Falsify or fabricate data

Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. A student who presents someone else's work as his or her own work is stealing from the authors or persons who did the original thinking and writing. Plagiarism occurs when a student directly copies another's work without citation; when a student paraphrases major aspects of another's work without citation; and when a student combines the work of different authors into a new statement without reference to those authors. It is also plagiarism to use the ideas and/or work of another student and present them as his/her own. It is not plagiarism to formulate your own presentation of an idea or concept as a reaction to someone else's work; however, the work to which you are reacting should be discussed and appropriately

cited.

Fabrication is making up data or results and recording or reporting them. Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

A student's affirmation of any examination, course assignment, or degree requirement is assumed by the School to guarantee that the thoughts and expressions therein not expressly credited to another are literally the student's own. Evidence to the contrary may result in failure in the course, dismissal, or such other penalties as deemed proper.

ETHICAL VIOLATIONS

As future psychologists, students in the Program are expected to be familiar with and follow both the APA and NASP Ethical Codes. Violations of APA and/or NASP ethical principles, legal statutes, or University or Ferkauf Graduate School codes and policies in regard to strict standards of conduct may take many forms including, but not limited to, the following:

- Plagiarism;
- Cheating;
- Legal infractions including, but not limited to, theft and possession of illegal drugs or weapons;
- Deliberate actions causing harm to others, including but not limited to unlawful harassment, failure to respect others' rights and dignity, and failure to fulfill professional responsibilities;
- Misuse of University property;
- False representation, including false or misleading statements on admission, registration, scholarship application, or other School forms, or records dealing with outside employment, attendance at other institutions, financial status, departmental or degree requirements, or any other items of student information;
- Utilization of work submitted to fulfill one's course requirements in a second course, unless expressly permitted by the second course's instructor;
- Coercion, any form of abuse of others, misuse of influence, or engagement in exploitative relationships;
- Other proscribed professional activities, including but not limited to: practicing outside the boundaries of one's competence; offering of any psychological services by an individual not licensed as a psychologist unless these services are delivered in the context of a supervised clinical training setting; engaging in sexual intimacies with current or former clients or their significant others, engaging in dual role relationships, etc.

Procedure for Ethical Violations. If a student is involved in behaviors that are thought to be unethical, the following procedure is to be followed:

Once a complaint has been presented in writing or otherwise, the Program Director meets with the complainant and the student to discuss the issues.

a. When the initial discussion is completed, the Program Director may inform the program's faculty and then form a subcommittee of the program faculty – usually two (2) members – to meet with the student and access all relevant information about the charges and clarify all issues. The student will have the opportunity to present their own views on all points.

b. The subcommittee will report to the program's faculty and a recommendation will be forthcoming.

c. The program director will meet with the student to discuss the recommendation. This procedure is not a litigious one.
d. The recommendation may be forwarded to the dean who has the option to review the issues or to form a faculty committee to advise them about the problem.

Social Media Use
Students are required to adhere to the Social Media Policy established by the University.

- *YU Student Technology Resources Use Handbook:*
  https://www.yu.edu/sites/default/files/legacy/uploadedFiles/Offices_and_Services/ITS/About_Us/Policies/ITS_Handbook_for_Students.pdf
- *YU General Guidelines for Use of Social Media:*
  https://www.yu.edu/sites/default/files/inline-files/guidelines_for_yu_related_social_media_profiles_yu.pdf

Any student who posts content (on a personal or University website) that is deemed inappropriate and/or a violation of Ferkauf's code of ethics will be subject to disciplinary action.

Further Review of Cheating and Plagiarism:
Faculty members have a special obligation to expect high standards of academic honesty in all student work. Students have a special obligation to adhere to such standards. In all cases of academic dishonesty, the instructor shall make an academic judgment about the student's grade on that work and in that course. The instructor shall report the alleged academic dishonesty to the Program Director.

From the University of Missouri, Office of Academic Integrity, Standard of Conduct for Academic Integrity

"The term cheating includes but is not limited to: (i) use of any unauthorized assistance in taking quizzes, tests, or examinations; (ii) dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; (iii) acquisition or possession without permission of tests or other academic material belonging to a member of the University faculty or staff; or (iv) knowingly providing any unauthorized assistance to another student on quizzes, tests, or examinations.

"The term plagiarism includes, but is not limited to: (i) use by paraphrase or direct quotation of the published or unpublished work of another person without fully and properly crediting the author with footnotes, citations or bibliographical reference; (ii) unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials; or (iii) unacknowledged use of original work/material that has been produced through collaboration with others without release in writing from collaborators."

From The Writing Center at University of North Carolina at Chapel Hill, Plagiarism handout

"*Why are my instructors so concerned about plagiarism?*

In order to understand plagiarism, it helps to understand the process of sharing and creating ideas in the university. All knowledge is built from previous knowledge. As we read, study, perform experiments, and gather perspectives, we are drawing on other people's ideas. Building on their ideas and experiences, we create our own. When you put your ideas on paper, your instructors want to distinguish between the building

block ideas borrowed from other people and your own newly reasoned perspectives or conclusions. You make these distinctions in a written paper by citing the sources for your building block ideas. Providing appropriate citations will also help readers who are interested in your topic find additional, related material to read—in this way, they will be able to build on the work you have done to find sources.

Think of it this way: in the vast majority of assignments you'll get in college, your instructors will ask you to read something (think of this material as the building blocks) and then write a paper in which you analyze one or more aspects of what you have read (think of this as the new structure you build). **Essentially, your instructors are asking you to do three things:**

- Show that you have a clear understanding of the material you've read.
- Refer to your sources to support the ideas you have developed.
- Distinguish your analysis of what you've read from the authors' analyses.

When you cite a source, you are using an expert's ideas as proof or evidence of a new idea that you are trying to communicate to the reader.

"*What about "common knowledge"?*

In every professional field, experts consider some ideas "common knowledge," but remember that you're not a professional (yet). In fact, you're just learning about those concepts in the course you're taking, so the material you are reading may not yet be "common knowledge" to you. In order to decide if the material you want to use in your paper constitutes "common knowledge," **you may find it helpful to ask yourself the following questions:**

- Did I know this information before I took this course?
- Did this information/idea come from my own brain?

If you answer "no" to either or both of these questions, then the information is not "common knowledge" to you. In these cases, you need to cite your source(s) and indicate where you first learned this bit of what may be "common knowledge" in the field.

"*What about paraphrasing?*

Paraphrasing means taking another person's ideas and putting those ideas in your own words. Paraphrasing does NOT mean changing a word or two in someone else's sentence, changing the sentence structure while maintaining the original words, or changing a few words to synonyms. If you are tempted to rearrange a sentence in any of these ways, you are writing too close to the original. That's plagiarizing, not paraphrasing.

Paraphrasing is a fine way to use another person's ideas to support your argument as long as you attribute the material to the author and cite the source in the text at the end of the sentence. In order to make sure you are paraphrasing in the first place, take notes from your reading with the book closed. Doing so will make it easier to put the ideas in your own words. When you are unsure if you are writing too close to the original, check with your instructor BEFORE you turn in the paper for a grade. So, just to be clear—do you need to cite when you paraphrase? Yes, you do!

"*How can I avoid plagiarizing?*

Now that you understand what plagiarism is, you're ready to employ the following steps to avoid plagiarizing in your written work.

Step 1: Accentuate the positive. Understand the value of citations.

Do you feel that you use too many citations? Too few? Many students worry that if they use too many citations their instructors will think that they're relying too heavily on the source material and therefore not thinking for themselves. In fact, however, using citations allows you to demonstrate clearly how well you understand the course material while also making clear distinctions between what the authors have to say and your analysis of their ideas.

Thus, rather than making your paper look less intellectually sophisticated, using citations allows you to show off your understanding of the material and the assignment. And instead of showing what you don't know, citing your sources provides evidence of what you do know and of the authority behind your knowledge. Just make sure that your paper has a point, main idea, or thesis that is your own and that you organize the source material around that point.

Are you worried that you have too few citations? Double-check your assignment to see if you have been given any indication of the number or kind of source materials expected. Then share your writing with another reader. Do you have enough evidence or proof to support the ideas you put forward? Why should the reader believe the points you have made? Would adding another, expert voice strengthen your argument? Who else agrees or disagrees with the ideas you have written? Have you paraphrased ideas that you have read or heard? If so, you need to cite them. Have you referred to or relied on course material to develop your ideas? If so, you need to cite it as well.

Step 2: How can I keep track of all this information? Improve your note-taking skills.

Once you've reconsidered your position on using citations, you need to rethink your note-taking practices. Taking careful notes is simply the best way to avoid plagiarism. And improving your note-taking skills will also allow you to refine your critical thinking skills. Here's how the process works:

1) Start by carefully noting all the bibliographic information you'll need for your works cited page. If you're photocopying an article or section out of a book or journal, why not photocopy the front pages of the source as well? That way you'll have the bibliographic information if you need it later. If you forget to gather the information for a book, you can usually get it from the library's online card catalogue. Simply pull up the entry for the book you used to see the bibliographic information on that source. If you're working on an article from a journal, you can return to the database from which you got the original citation to find the bibliographic information.

2) Next, try thinking about your notes as a kind of transitional space between what you've read and what you're preparing to write. Imagine yourself having a conversation with the author of the story/novel/play/poem/article/book you're reading, **in which you repeatedly ask yourself the following questions:**

    - What is the author trying to explain?
    - Why does s/he think these points are important?
    - How has s/he decided to construct the argument?
    - How does the structure of the argument affect the reader's response to the author's ideas?

- How effective is the author's argument?

Adopting this "conversational" approach to note-taking will improve your analysis of the material by leading you to notice not just what the author says, but also how and why the author communicates his or her ideas. This strategy will also help you avoid the very common temptation of thinking that the author's way of explaining something is much better than anything you could write. If you are tempted to borrow the author's language, write your notes with the book closed to ensure that you are putting the ideas into your own words. If you've already taken a step away from the author's words in your notes, you'll find it easier to use your own words in the paper you write.

(3) Finally, be careful to use quotation marks to distinguish the exact words used by the author from your own words so that when you return to your notes later in the writing process, you won't have to guess which ideas are yours and which ones came directly from the text. You'll have to experiment with different note-taking techniques until you find the one that works best for you

Step 4: Seek instruction.
Tell your professors that you'd like to make sure you're not plagiarizing. Ask them if they'd be willing to meet with you to review your draft *before you turn it in for a grade.* Ask if they'd be willing to help you identify any passages that need better citation. Bring your draft, your notes, and your sources so your professor can see the original. Be proactive in this process! Point out areas you're not sure about. Don't wait silently, thinking that a passage must be okay if the professor doesn't point it out. Have this conversation well before the draft is due and explain to your professor that you are trying not to be reckless.

Also remember that you can make an appointment with a Writing Center coach. Bring your draft and source materials and show your coach the passages you're concerned about. Your coach can teach you strategies for paraphrasing, summarizing, and quoting effectively, and for attributing properly.

"How can I tell whether I've plagiarized?

If you've followed the above guidelines but still aren't sure whether you've plagiarized, you can double-check your work using the checklist below.

You need to cite your source, even if:
- you put all direct quotes in quotation marks.
- you changed the words used by the author into synonyms.
- you completely paraphrased the ideas to which you referred.
- your sentence is mostly made up of your own thoughts, but contains a reference to the author's ideas.
- you mention the author's name in the sentence.

STUDENT GRIEVANCES AND DISCIPLINE

Policy
Yeshiva University's Ferkauf Graduate School of Psychology is committed to a policy of resolving all student grievances through a set of appeal procedures designed to resolve the student's issue or concern fairly. Students may appeal evaluation decisions by instructors or supervisors when they believe they were subject to harassment, discrimination, and/or unsubstantiated claims of unsatisfactory performance that deviate significantly from standard evaluation procedures used by that faculty member. Harassment or discrimination represent an infringement on individual rights based on race, religion, color, creed, age, national origin or ancestry, sex, marital status, physical or

mental disability, veteran or disabled veteran status, genetic predisposition/carrier status, sexual orientation, gender identity or any other basis made unlawful by any applicable law, ordinance, or regulation. If a student has a grievance against a faculty member, a student, or as a result of any program procedure, they are assured of all due process, respect, and confidentiality.

Procedure
The following procedure should be initiated within the semester in which the problem or incident occurs and no later than thirty calendar days beyond the final day of classes in any given semester.

Step 1: Informal Level. Students should first discuss their issue(s) or concern(s) with the primary instructor, supervisor, or faculty advisor who provided the evaluation or formal action recommendation. The purpose of this meeting is to clarify the reasons for the evaluation decision or formal action and to provide the student with an opportunity to respond to the decision or action. The meeting also provides an opportunity for the student and faculty member to reach a common understanding of the identified problem(s) and clarify recommendations and the expected timeframe within which problems will be remedied. A follow-up meeting is often scheduled to evaluate the student's compliance with these recommendations. Every effort should be made to resolve disagreements at this level and safeguard confidentiality by involving only essential parties.

Step 2: Meet with Program Director. When the student thinks that their issue or concern is still unresolved by their primary instructor, supervisor, or advisor and can demonstrate that there is a basis for suspecting unsubstantiated claims of unsatisfactory performance, harassment, or discrimination, they may arrange a meeting to discuss the issue or concern with the program director. Students are expected to submit written documentation of evidence for their complaint within thirty (30) days of the evaluation or incident, or by the final day of classes of the semester in which the problem occurred. The program director will review all documentation and testimony and will notify the student and relevant faculty of their decision to grant or deny the appeal.

Step 3: Departmental Committee. If the program director cannot resolve the student's issue, or the student files (within thirty (30) days) a written appeal of a decision made by the program director, then the program director asks the dean to appoint a committee of faculty to address the student's concern. The faculty on the committee cannot be faculty members from the student's program. The student will have the opportunity to orally present the nature of their appeal to the committee. The committee will review all documentation and testimony and will notify the dean and the student of their decision to grant or deny the appeal.

Step 4: Review by Dean. Should the department committee not be able to resolve the student's issue, or the student wishes to appeal a decision by the departmental committee, the student must submit in a written request (within thirty (30) days of the decision) that the dean review the action, clearly stating the reasons for such a review. The dean may grant or deny the request. If the dean grants the request, they will evaluate all the available materials as to the facts and circumstances, including any recommendation from the departmental committee, and may request a personal interview with the student. The dean's decision shall be final as to whether to review the determination, and, if so, whether to adhere to the committee's recommendation.

Student Discipline
A student's admission, continuance on the rolls of the School, the receipt of academic credits, honors, and awards, graduation; and the conferring of any degree, diploma, or certificate upon the student are entirely subject to the disciplinary powers of the School and to the student maintaining high standards of ethical and academic conduct. The School is free to dismiss the student at any time for infringement on these standards.

GRADUATION REQUIREMENTS AND STATISTICS

The graduation requirements for students in the School-Clinical Child Psychology Program are:

- Completion of a prescribed 110-credit course of study;
- Maintenance of a 3.25 GPA;
- Completion of two research projects and an oral examination (a review of the literature and an empirical study);
- Completion of approximately 3500 hours of supervised field experiences – including three part-time placements during the second, third and fourth years in schools and mental health facilities, and a full-time internship in the fifth year;
- Passing the three-part assessment competency examination after the first and second years in the program, the therapy practicum evaluation, and the oral and written research competency examination after completion of RPII;
- Demonstration of professional and personal competence
- Adherence to the ethical code of conduct

Time to Completion of Program

Graduation Year:	# of Graduates	Mean # of yrs. to Graduate	Median # of yrs. to Graduate	% of students to complete program in 5 years
2021	20	5.28	5	80.0% (n=16)
2020	21	5.05	5	85.7% (n=18)
2019	17	5.18	5	82.4% (n=14)
2018	20	5.20	5	80.0% (n=16)
2017	16	5.13	5	87.5% (n=14)
2016	23	5.13	5	91.3% (n=21)
2015	24	5.12	5	87.5% (n= 21)
2014	21	5.24	5	80.9% (n= 17)
2013	18	5.22	5	83.3% (n= 15)
2012	24	5.37	5	66.7% (n= 16)
2011	18	5.44	5	72.2% (n= 13)
2010	18	5.06	5	94.4% (n= 17)

CULTURAL AND INDIVIDUAL DIVERSITY

The faculty of the combined PsyD in School-Clinical Child Program at the Ferkauf Graduate School of Psychology is committed to the practice of cultural humility, and we integrate this practice into our training. Cultural humility goes beyond the concept of cultural competence to include: 1. A personal lifelong commitment to self-evaluation and self-critique (intrapersonal), 2. Recognition of power dynamics and imbalances, a desire to fix those power imbalances and to develop partnerships with people and groups who advocate for others (interpersonal), and 3. Institutional accountability (Tervalon & Murray-Garcia, 1998)[1]. Across all levels of theoretical and applied training in the

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[1] Tervalon, M., and Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Undeserved, 9*, 117-125.

program, the Program faculty aims to prepare students to work clinically with people of diverse, intersecting identities to provide culturally affirming and strength-based mental health supports. We strive to do this both through specific courses and pedagogical practices as well as by reflecting on our own biases. We are committed to becoming a Program that trains psychologists in the framework of anti-racism and social justice to disrupt structural inequities and amplify the voices of those historically marginalized in our field.

The program's focus on individual differences, diversity and multiculturalism is embedded through all course work and practica. Several required courses specifically focus on these issues and other electives may be taken to strengthen students' knowledge and skills. The program also offers a 15-credit New York State approved Bilingual Extension to the Advanced Certificate in School Psychological Services.

We have been successful in attracting ethnic and multi-culturally diverse students as well as students who identify with other diversity characteristics. For example, 16% are students of color, 30% were born or raised outside of the United States, 19% were born outside the northeast, 13% are non-traditional/older students, 42% are married, 26% have children, 8.8% self-identify as GLBTQ, 38% had a prior career, 4.4% were professional athletes or artists and 37% are not Jewish.

Students in the Program work and study in a largely urban center with a diverse multi-cultural population. Many of the children and adults who are referred to our clinic are from low socioeconomic and/or minoritized populations. The demands of working in such an environment are complex and require that students possess the knowledge and sensitivity required of this challenge. The program's training philosophy and commitment to culturally competent training is demonstrated through course work, faculty advisement, the distributed practicum and Internship preparation, and the careful monitoring of clinical casework under supervision. Students are trained to meet the needs of youth in urban settings, with a focus on socially just practice, by understanding issues of poverty in particular and how they can influence the lives of children in any setting.

From its inception in the 1960's the School Psychology program participated in programs such as "Project Beacon" in Bedford-Stuyvesant and Head Start programs in Brooklyn and Manhattan. The development of new courses and the expanded curriculum reflect the program's continued commitment to providing access to historically underserved populations. Efforts are made to attract culturally and linguistically diverse individuals to the program by representation at professional organizational meetings, and outreach to undergraduate programs and through advertisement. The program has made significant efforts to create an environment that is supportive of multicultural and diversity issues and that offer opportunities for scholarship. The program continues to look for ways to partner with students and our communities to expand our efforts in these areas

In 2001, the Program received a $1,000,000 grant to develop a demonstration program for the delivery of school-clinical child psychology services to day schools in the metropolitan area. This program initially focused on Hebrew Day Schools that serve low socio-economic families that have recently emigrated from regions of the old Soviet Union, and children with multi-racial and ethnic backgrounds. The program expanded to non-Jewish, parochial schools in 2005-06 and continued until 2013. During that time, the grant provided financial support to 29 students. In addition, six of these students have been hired by the schools in which they worked as part of the project.

In 2015, the Program received a significant donation to develop "affiliated" internship programs at mental health/education settings that focus on treating and evaluating children/adolescents with neurodevelopmental, social-emotional and medical conditions in urban and rural areas. The Program used those funds to assist three sites in developing internships.

The Program, the Office of Admissions and the Dean's Office correspond and visit with undergraduate programs and multicultural/minority group organizations at local metropolitan colleges. The Dean's Office also corresponds with all

undergraduate programs listed in the APA's Office of Ethnic Minority Affairs' publication Minority Undergraduate Student of Excellence.

The program received New York State approval in 1996 to offer the "Bilingual School Psychology Extension" to our Advanced Certificate in School Psychological Services. Future employment in the New York City and other urban public schools may be contingent upon having a "Bilingual School Psychology Certificate" in addition to the regular certificate that is also acquired while in the program. Students are encouraged to pursue this course of study if they have a fluency in another language and if their career aspirations are to work in schools, and should notify the Program Director at the beginning of the 2nd year in the Program of their intention to pursue this certificate.

The requirements for a Bilingual School Psychology Extension include the following:
- Completion of all requirements for the regular School Psychology Certificate;
- 15 credits that focus on social, multicultural and bilingual issues in school psychology. (The first two courses listed below are embedded within the doctoral program and are required of all students.)
- The courses designated to meet this requirement are:
  o School Consultation and Supervision (3 credits)
  o Integrating Gender and Race/Ethnicity in Multiculturalism (3 credits)
  o Contemporary issues in School Psychology (3 credits)
  o Assessment of Linguistically and Culturally Diverse Populations (3 credits)
  o Practice of School Psychology with Bilingual and Multicultural Populations: Seminar with Internship (3 credits)
- Demonstrated competency in a foreign language as measured by a standardized examination administered by ETS.

COURSE OF STUDY

The Program requires full time attendance. It is a 110-credit course of study with options for additional courses. The sequence of courses, labeled "Allocation Chart," can be found below. The Program requires four years of course work, complementary practicum experiences graded for complexity, three year-long externships and a full-time internship in the fifth year.

Allocation Chart (September 2021)

ALLOCATION CHART SCHOOL-CLINICAL CHILD PSYCHOLOGY PROGRAM: 110 CREDITS Entered program in 2021	
YEAR I FALL	**YEAR I SPRING**
PSS 6131: Cognitive Assessment	PSS 6132: Psychoeducational Assessment
PSS 6400: Neurodevelopmental Disorders	PSS 6153: Appraisal of Personality
PSA 6515: Lifespan Development	PSS 6221: Consultation and Supervision
PSS 6801: Professional and Ethical Issues in Health Service Psychology	PSS 6250: Developmental Psychopathology
PSS 6199: Integrating Race and Gender in Multiculturalism	PSS 6610: Beginning Work with Children, Parents and Families
YEAR II FALL	**YEAR II SPRING**
PSS 6191: Child Assessment with Practicum I	PSS 6192: Child Assessment with Practicum II
PSS 6222: Consultation-Based Interventions	PSS 6449: Cognitive Behavioral Psychotherapy for Youth II
PSS 6814: Adult Psychopathology and Assessment	PSS 6399: Biological Bases of Behavior
PSS 6213: Cognitive Behavioral Psychotherapy for Youth I	PSA 6280: Statistics

PSS 8943A: Externship I	PSS 8944A: Externship II
Elective* (Optional - 3 Required)	PSS 6915: Research Project I**
	Elective* (Optional - 3 Required)
YEAR III FALL	**YEAR III SPRING**
PSS 6611/6625: Practicum Child Therapy I (Psychodynamic/CBT)	PSS 6612/6626: Practicum Child Therapy II (Psychodynamic/CBT)
PSS 6286: Research Methods in Professional Practice	PSS 6119: Psychodynamic Therapy for Youth
PSS 6118: Psychodynamic Theory	PSS 6472: Cognitive and Affective Bases of Behavior
PSA 6405: Social Psychology (Required: Year III or Year IV)	PSA 6601: History and Systems (Required: Year III or Year IV)
PSS 6915/6916: Research Project I/II**	PSS 6915/6916: Research Project I/II**
PSS 8945A: Externship III	PSS 8946A: Externship IV
Elective* (Optional - 3 Required)	Elective* (Optional - 3 Required)
YEAR IV FALL	**YEAR IV SPRING**
PSS 6611/6625: Practicum Child Therapy I (Psychodynamic/CBT)	PSS 6612/6626: Practicum Child Therapy II (Psychodynamic/CBT)
PSA 6405: Social Psychology (Required: Year III or Year IV)	PSA 6071: Psychopharmacology
PSS 6915/6916: Research Project I/II**	PSA 6601: History and Systems (Year III or Year IV)
PSS 8947A: Externship V	PSS 6916: Research Project II**
Elective* (Optional - 3 Required)	PSS 8948A: Externship VI
	Elective* (Optional - 3 Required)
YEAR V	**YEAR V**
PSS 8941A: School-Clinical Child Predoctoral Internship I	PSS 8942A: School-Clinical Child Predoctoral Internship II
PSS 8999B Research Project II EXT (until completed)	PSS 8999B Research Project II EXT (until completed)

*A minimum of 9 credits earned through elective courses are required to meet graduation requirements and may be taken any semester in Years II-IV.

**Students register for Research Project I/II each semester beginning Year II Spring and continue to repeat (R) until RPI/II have been passed (P).

Although the notation does not appear on a student's transcript, School-Clinical Child Psychology students are required to complete concentrations in Cognitive Behavior Therapy and Psychodynamic Psychotherapy.

Cognitive Behavior Therapy Concentration: All students are required to complete two (2) didactic CBT courses and a year-long practicum in CBT with children/adolescents. The required courses (twelve (12) credits) are: *Cognitive Behavioral Psychotherapy for Youth I & II and Practicum in Child Therapy: CBT I & II.* This year long sequence is conducted through the Parnes Clinic and provides both group and individual supervision. The latter is provided by independent practitioners with expertise in CBT with children, adolescents, and families.

Psychodynamic Psychotherapy Concentration: All students are required to complete two (2) didactic psychodynamic courses and a year-long practicum in psychodynamic treatment with children/adolescents. The required twelve (12) credits are: *Psychodynamic Theory, Psychodynamic Therapy for Youth, and Practicum in Child Therapy: Psychodynamic I-II.* This year long sequence is conducted through the Parnes Clinic and provides both group and individual supervision. The latter is provided by independent practitioners with expertise in psychodynamic psychotherapy with children, adolescents, and families.

Curriculum by Domain: (italics=electives)

Foundation Courses (36 credits)	Assessment sequence (19 +credits)	Research Sequence (12 credits)
- History and Systems - Social Psychology - Developmental Psychopathology - Adult Psychopathology and Assessment - Ethical and Professional Issues in School-Clinical Psychology - Integrating Race and Gender in Multiculturalism - Biological Bases of Behavior - Psychopharmacology - Life Span Development - Cognitive and Affective Bases of Behavior - Neurodevelopmental Disorders	- Cognitive Assessment I-II - Appraisal of Personality - Child Assessment with Practicum I-II *Neuropsychological Assessment of Children* *Assessment of Linguistically and Culturally Diverse Populations*	- Statistics - Research Methods - Research Project I-II - Research Seminar
Conceptual Foundations for Practice (24 credits)	**Application to Practice (17 credits)**	**Bilingual Specialization (15 credits)**
- Beginning Work with Children, Parents and Families - Psychodynamic Theory - Psychodynamic Psychotherapy with Youth - Cognitive Behavioral Psychotherapy with Youth I-II - Consultation and Supervision - Consultation-based Interventions	- Practicum in Child Therapy I-II: CBT - Practicum in Child Therapy I-II: Psychodynamic - Contemporary Issues in School Psychology (elective) - School-Clinical Psychology Externship Seminars I-VI (6 Credits) - Doctoral Internship Seminar I-II (2 Credits)	- Integrating Race and Gender in Multiculturalism - Contemporary Issues in School Psychology - Consultation and Supervision - Assessment of Linguistically and Culturally Diverse Populations - Bilingual School Psychology Internship I-II

Other requirements:
Research Projects I-II are required for graduation. Students begin to work on their research in the second year. Both projects are completed under the supervision of full-time faculty. It usually takes two to three years to complete the research requirements. Research Project I is a focused review of the literature that leads to Research Project II which is an empirical study, case study, qualitative research or a meta-analysis. All completed RPIIs are on file and may be

reviewed by students.

COMPETENCY EXAMINATIONS

History: In the late 1990's the field of psychology moved deliberately and authoritatively to establish mechanisms to define and measure student learning in terms of competencies. Competencies address demonstrated examples of skills, knowledge, and attitudes across domains (i.e., assessment, treatment, research, consultation, professionalism).

Competence has been defined by Hubert and Hundert (2002) as the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served. Foundational elements of competence include knowledge and skills, as well as elements best conceptualized as professionalism (e.g., reflective thinking). Competence also presumes integration of multiple competencies.

There are *foundational competencies*, which are knowledge, skills, attitudes, and values that serve as a foundation for the functions a psychologist is to carry out (e.g., understanding ethics, awareness and understanding of individual and cultural diversity, knowledge of scientific foundations of psychology), as well as *functional competencies* (e.g., assessment, intervention, consultation and research).

The articulated goals in any doctoral program lead to program objectives and consequently program competencies. The six goals were described above. These six goals are further defined by the program foundational and functional competencies, including professional attitudes and comportment. The objectives are met through sequential coursework that is graded for complexity and parallel practica experiences, externships, and internships that complement the coursework.

These competencies are evaluated through course grades, bi-annual evaluations of students completed by faculty, externship, internship, and practica supervisors. In addition, all students complete yearly self-evaluations that address the goals and competencies. Alumni also complete similar self-evaluations upon graduation. Each of these measures adds important information to the evaluation process that ultimately asks the questions, "What is the level of competence of students in the Combined School-Clinical Child Psychology Program and how can it be measured?"

Competence is achieved through a developmental process that recognizes levels of change as a student moves through a program. It is expected that a fifth-year student will be more competent than a first-, second-, or third-year student across all professional domains. Course grades and faculty evaluations address competencies in an indirect manner. While externship and internship supervisors evaluate competencies during fieldwork, they do not use a common metric or standardized measure across their settings in schools, medical centers, rehabilitation centers, early childhood centers and community mental health centers.

Therefore, the Program has developed a sequence of Examinations that are graded for complexity, are developmentally appropriate to each level of training, and that provide students with the opportunity to demonstrate their level of competence in the designated domains. These activities are competency-based and administered in a uniform manner, at pre-selected time periods that correlate with program expectations of competency attainment. Each activity has a metric that permits a more objective basis for evaluation of the competencies.

Competency Examination sequence

Competency	Description of Assessment Process	When is it taken?	Grading and minimal acceptable standard
1. To be able to administer a standardized cognitive assessment instrument and reliably score responses given by children or adults on standardized cognitive assessment instruments.	Students will administer two randomly selected subtests from the WISC-V in a "simulation" setting. The administration will be video-taped and reviewed by faculty. Students will be given the protocol used in the simulation containing actual responses on the WISC-V. The student will score the responses using their scoring manuals.	At the end of first year after completion of the Cognitive Assessment and Psychoeducational Assessment courses.	Rubric for scoring the WISC-V was developed by faculty based on Sattler's text. The following criteria are used to grade the Assessment Scoring Competency Examination. 1. The passing grade for a subtest was a score that was within the standard error. 2. If scores on more than one subtest exceeded the standard error, the student needs to re-take the exam. 3. If score on one subtest exceeded the standard error, the student passes the exam; but, will be required to take a one session scoring tutorial and discussion in September. 4. If scores on all the subtests were within the standard error; the student passes the exam and is not required to take the tutorial. 5. If scores on all the subtests were within the standard error; the student passes the exam and is not required to take the tutorial.
2. To write a psychoeducational evaluation based upon information gathered from a fully scored protocol. To provide psychoeducational recommendations to referral sources	Students will be given fully scored blind protocols and will write a coherent, comprehensive, integrated report of no more than eight pages, with recommendations. Students will be given three days to	At the end of second year after completion of the second-year practicum in child assessment. **Do not make vacation plans during the first two weeks after school ends in May.	Reports will be graded and evaluated on the basis Program Developed Rubric (June 2017). See Appendix E for copy of rubric.

	complete the written document. The document will be read by one faculty member. Should the student fail any part of the exam it will be read by a second reader. If the second reader passes the paper, then the student will have passed the exam.		
3. To demonstrate clinical abilities in treatment	A video of 1-2 selected therapy sessions will be reviewed by adjunct clinical supervisors.	During the third and fourth years	See Appendix F: Practicum in Child Therapy Video Rating Forms Minimal Criteria for Passing: Minimal Competency scores of "3" (competent) on each of the six factors
4. To develop a clinical case conceptualization or school consultation project	Performance on a series of requirements in treatment-related courses that require students to provide case conceptualizations.	During the second, third and fourth years	1. Intro to Psychodynamic Child Therapy, the final is a case conceptualization, either of a case they have been working with at externship, or a case from literature 2. In all four semesters of Practicum in Child Therapy, students write midyear and end year reports for their therapy cases, both which include a Case Conceptualization section. Also, each student presents twice per semester and part of that presentation is a case conceptualization. 3. In the year-long Psychodynamic Theory course, students write a case conceptualization of Jessica in Random Family at the end of the first semester. They are graded on their ability to apply theoretical concepts to the case material, to organize the case material into a cogent narrative, and to develop a treatment plan based on the theoretical perspective(s) they choose (within a psychodynamic framework). In the practice half (the second half) they have a long case that is presented on

			the final exam where they answer the following questions: a) Identify and describe elements of the case from two theoretical perspectives. You may choose from attachment theory, classical theory, object relations (Kleinian or Winnicottian), self-psychology, ego psychology, relational theory, or mentalization based approaches. b) Highlight the transference and countertransference themes that are presented in this case and explain how they helped promote understanding and healing. c) Describe at least two mechanisms of change. What actually *happened* within either the treatment scenario or within the mind of the patient to effect change?
5. To be a competent consumer of research	Student will write a critical review of the literature. Student will conduct a doctoral research study and provide a written document, in APA format, that summarizes the literature, methodology, results, and discussion of the study.	During fourth year or fifth year	Present document and oral defense to three faculty members. See Appendix G: Evaluation of Research Competencies for copy of Evaluation Criteria.

There are six competencies, and every student must demonstrate competency in each domain prior to graduation and in the stipulated order, except where otherwise noted below. **Note: Minimal Criteria for passing each examination are indicated in chart above.**

Procedures for students who do not pass the competency exams

1. Assessment: Administration and Scoring Exam (Competency Exam I): Students are given initial feedback shortly after the exam by the Examiner. They are not told if they passed or failed the exam until the faculty meet to discuss the performance of all students. If a student fails the exam, they meet with a full-time faculty person to review their performance on tape. They are given a second opportunity to take the exam within a month of the initial administration. The re-take exam is administered "live" to a faculty person. If the student fails the re-take exam, further remediation is provided and the student will be required to video-tape an administration of a full WISC-V to a child/adolescent and submit the video tape for review prior to the beginning of the fall semester. If significant problems are still noted in the video the student's course of study may be modified and the student may be withdrawn from the program. Students will be informed within one week after submitting the exam if they passed or failed the exam. Students will be given in-person feedback about their performance and, if needed, offered a remediation plan. Students who fail are placed on "Academic Warning" and are required to re-take the exam at the beginning of the next semester. Should they fail the re-take exam, the student's course of study may be modified and the student may be withdrawn from the program.

2. Assessment: Written Report Exam (Competency Exam III): Students will be informed within a reasonable amount of time after submitting the exam if they passed or failed the exam. If a student fails, they will be given written and in-person feedback about their performance and offered a remediation plan. Students who fail are required to re-take the exam prior to the fall semester. If the student fails the re-take exam the student's course of study may be modified, they will be placed on Academic Probation and the student may be withdrawn from the program. A remediation plan will be developed. If the student fails the second re-take, the student will be withdrawn from the Program

3. To demonstrate clinical abilities in treatment. Program faculty and Clinical Supervisors review selected clinical sessions that have been video recorded. The Psychodynamic Practicum and CBT Practicum have different evaluation forms (See Appendix F) Students must meet minimal competency levels in both year-long practica.

4. Case Conceptualization: As noted above, this exam was replaced by a series of requirements in clinically oriented courses. Faculty for each course will develop a remediation plan with the student should they not meet minimal achievement levels for this competency.

5. Oral defense of RPII: Students are informed immediately after the exam if they passed or failed the oral and will receive feedback on the required revisions for the document. Should a student fail the oral exam, the Research Advisor will review the student's performance and schedule a re-take of the exam at an appropriate time. Graduation is contingent upon passing the exam.

PRACTICA, EXTERNSHIPS, AND INTERNSHIPS

Practica

Practica are distinguished from externships, which are 500-600 hours per year field experiences. Practica are experiences that are intricately connected to specified courses and occur in the Parnes Clinic. These experiences begin in the first year. The faculty responsible for the particular course supervises each practicum experience. Practica experiences occur in Cognitive Assessment, Practicum in Child Assessment I-II, Appraisal of Personality, Neuropsychological Assessment (elective), and two years of Practicum in Child Therapy I-II (CBT and Psychodynamic – one year of each).

Students who have completed the second year (rising third year students) should be prepared to take on clients

from the last week in June through July, so they should not plan a vacation prior to August in order to accommodate case transfers. Students will be informed if they will be assigned transfer cases in June so that they can make appropriate plans.

Students must be prepared to continue seeing their clients in the clinic through July. The only exception is for students who must begin their full-time internship on July 1st. Students in the practica must have hours available before 5 PM on weekdays to schedule supervision.

Externships

 The School - Clinical Child Psychology Externship-Internship Manual is available online at the program's website (click on Resources tab on the Program's web page). The manual details the procedures and requirements for both the externship and the full-time internship. It details requirements for supervision and practice. The program has a long history of placing students in highly valued sites throughout the metropolitan area. Third- and fourth-year students can find a complete listing of all clinical externships in the New York metropolitan area by accessing the APA website for NYNJADOT Externship Opportunities. Students can also obtain information about the sites by reviewing students' evaluations which are made available on a yearly basis by the DCT during the course of externship seminar.

Students are required to complete a minimum of 500 hours of supervised experience in the second, third- and fourth-year placements. The second-year placement occurs in a schooling facility. Students are required to gain approximately 500 hours of experience in a school or school-based facility during the course of their training. If students are unable to meet the 500-hour requirement at the school site, the Program will work with the student to augment their experience. The third year may be in a mental health facility, medical center, early childhood center, hospital, rehabilitation center or special-needs school. The fourth-year placement can be in a school or any of the alternatives mentioned above. In addition, students are required to register, each semester, for an externship Seminar (one-credit each semester) that is led by a faculty member. This seminar provides a platform to discuss relevant externship and internship issues. At the end of the fourth year the student will have acquired the equivalent of one full year of experience – 1750 hours. The fifth year Internship Seminar focuses on internship and post- internship professional development. Students are to follow the calendars at their Internship placement in terms of beginning and ending dates as well as "vacation periods." **If Yeshiva's academic calendar indicates a vacation period and the site's calendar is in conflict, you are to follow the site's calendar.**

Externship Plan. Within one month of commencing the Externship, students must complete the "Externship Plan" and file it with the Director of Clinical Training (See Appendix H for a copy of the Plan). The plan needs to be signed by the student, the supervisor, and the Director of Clinical Training. Many sites now require a Memorandum of Understanding (Affiliation Agreement) and /or a Memorandum of Insurance prior to beginning the Externship experience. Both documents can be obtained from the Director of Clinical Training.

Supervision of Externship and Internship Experiences (In-state and Out of State)

Students on externship and internship are required to register for Externship/Internship seminars each semester. The seminars are expected to meet on a weekly basis and provide students with an opportunity to discuss their experiences and deal with supervision issues. Students track their externship/internship activities and their hours in Time2Track and evaluate their supervisory experiences (See Appendix I). Time2Track accounts should be created with an institutional authorization key provided by the Director of Clinical Training, Dr. Sophia Hoffman.

If a student is on internship at a site that is not in New York, New Jersey, or Connecticut, they will be required to have regular tele-supervision with the Program Director and the Internship Director.

Supervision requirements on Externship

1. The Externship includes an average of at least one hour per week of regularly scheduled formal, face-to-face individual supervision with the specific intent of dealing with school/clinical psychological services rendered directly by the Extern.
2. In addition to individual supervision, there is an additional average of at least one hour per week in scheduled learning activities such as: case conferences, seminars, in service training, etc. These activities may be in conjunction with other professionals.

Supervision requirements on Internship

Beginning in the 2019-20 academic year, students will not be permitted to apply for internships in schools or other non-accredited sites unless their "Internship Plan" stipulates **that the student will receive at least four hours of supervision a week- two of which must be individual supervision. This requirement is consistent with the SOA regulations, that state, "Interns receive at least 4 hours of supervision per week. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year" (page 18).**

Evaluation of Externships and Internships

Students' externship and internship experiences are evaluated by supervisors who are employees of the site and who have been awarded an Adjunct Field Supervisor position from Yeshiva University. The competency-based evaluation form is completed online via Qualtrics at the end of each semester. The evaluation form can be found in Appendix J.

Full-time Internship

While the majority of students complete their internships at APA-approved clinical settings, it is by no means a requirement to do so. Approximately 20% of each cohort completes the doctoral internships in school placements or non-APA accredited clinical internships.

Assuming all other program requirements have been successfully completed, the full-time internship will commence in the fifth year of the program. The full-time internship can occur in a school, hospital, early childhood center, medical center, rehabilitation center, community, or mental health agency. The internship is the culminating educational experience for students and provides an opportunity to advance their skills and knowledge base and to demonstrate the high level of competence that they have achieved across all skills and knowledge domains during the prior four years of training. In most cases the internship will have a stipend attached to it. While on Internship, students must register for Doctoral Internship Seminars.

A full-time internship, in facilities other than schools, consists of a minimum of 35 hours per week, for a full year (12 months), or 1750 hours. In the case of a school placement, a full-time internship usually lasts 10 months – approximately 1500-1750 hours. In accordance with New York State regulations, internships can be completed over a two-year period.

It is expected that an appropriately credentialed employee or consultant to the internship agency will be the primary supervisor for all experiences. **"Interns receive at least 4 hours of supervision per week...The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year." (SOA, page 18)**

If a student is at a non-APA accredited site or a school, an Internship Plan needs to be completed and filed with the Director of Clinical Training within a month of commencing the internship (see Appendix K). For non-APA accredited internships in school or MH centers the student and supervisor must provide a description of an educational plan that adheres to the internship principles delineated above. This description must be approved by the Program.

Students track their activities during non-APA accredited internships in Time2Track and submit them at end of each semester to the Director of Clinical Training. Every internship student must submit summaries of their supervisory experiences at the end of each semester (See Appendix I).

Internship Statistics

Between 2005 and 2016, 125 of the 136 students (92.6%) who applied for APA/APPIC-approved internships received them. From 2017-2019, 45 students applied for APA-accredited internships and all of them matched at APA-accredited/APPIC-approved sites. In total, 100% of the students who applied for internships received them. These placements are among the most prestigious medical and educational placements available. While most students remain in the New York Tri-State area for their internships, others have been accepted at internships in Florida, Massachusetts, Texas, Michigan, Maryland, Delaware, California, Illinois, Louisiana, Washington, D.C., Ohio, New Mexico and Montreal and Toronto, Canada.

Students have interned at the following sites between 2003-19:

APA-accredited and APPIC approved sites

Andrus Children's Services	Association for the Help of Retarded Children
Astor Child Guidance (Bronx and Poughkeepsie)	Baruch Counseling Center
Bellevue Medical Center	Bronx Psychiatric Center
Center for Neurological and Neurodevelopmental Health	
Child Guidance of Southern Ct	Clifford Beers Center, Ct.
Columbia Presbyterian Medical Center	Gouverneur Medical Center
Green Chimneys	Hannah Perkins Center for Child Development (Ohio)
Howard University Counseling Center	Jacobi Medical Center
Jewish Child Care Association	Kings County Hospital
Lincoln Hospital	Long Island Jewish Medical Center
Louisiana State University Health Center	Maimonides MC
Mt Sinai- Elmhurst Medical Center	mercyFirst
Montefiore Medical Center	Nassau University Medical Center
New Connections Academy. Illinois	NYC Center for Children: Queens Campus
NY Center for Child Development	North Central Bronx Medical Center
Northshore University Medical Center	NYU Langone Medical Center
Pleasantville Schools	Queens Children's Psychiatric Center
Rutgers University Biomedical	School at Columbia
St Johns Center for Children. California	St Luke's-Roosevelt Medical Center
Sunset Park Medical Center	The HELP Group (California)
Toronto Area Consortium	Towson University Counseling Center
Trinitas MC	Tulane University Medical Center
University of California- San Francisco MC	University of Texas Health Center (Houston)
Westchester Jewish Community Services	Woodhull Medical Center
Worcester Youth Services (Mass.)	Yale Medical Center- Psychiatry
Youth Consultation Service	

Non-APA-accredited/non-APPIC approved clinical sites:

Albert Einstein College of Med, ECC	Bikur Cholim
Brooklyn College Counseling Center	Hackensack Medical Center – Audrey Hepburn House
Holliswood Hospital	Jamaica Hospital
Jewish General Hospital- Montreal	Joan Fenischel Therapeutic Nursery

Lifeline Childrens Developmental Center   Montefiore MC- Neuropsychology
Mount Sinai MC   New York Psychoanalytic Institute
St Mary's Hospital- Bayside – Neuropsych   South Nassau Medical Center
The Graham School   Westchester Institute for Human Development

School sites   _____

Abraham Heschel School   Ardsley Schools
Baltimore, Md. Schools   Bilingual School, CT
Buckley School
Commack Schools   Dade County Schools. Florida
Dobbs Ferry Schools   Dwight-Englewood School. NJ
Elmont CSD   Fair Lawn, NJ Schools
Frisch Yeshiva   The Gateway School
Great Neck Schools   Harrison Schools
Hewlett Schools   Lowell School
Manhattan Center for Early Learning   Mary Mc Dowell School
Newark, NJ   New Rochelle Schools
Newton, Mass PS   Port Washington Schools
Ramaz Hebrew Day School   Robert Louis Stevenson School
Scarsdale Schools   Solanter Academy of Riverdale
The Summit School   Syosset Schools
Teaneck, NJ Schools   Three Villages CSD
Westport, Ct Schools   Westchester School for Special Children
White Plains Schools

How to apply for a clinical internship

There is a different internship application process for clinical and school settings. The application process for the APA/APPIC clinical internships begins in summer after the third year. It is comprehensive and requires detail to organization. The application involves the completion of extensive information about clinical experiences (much of which is available from your monthly externship logs), four essays, cover letters, 3-4 recommendations and other material. If your application is reviewed positively, you will be invited for interviews. The interviews usually occur between December 1 and January 25. (Do not make vacation plans during this period of time.) After all interviews have been completed both the applicant and the sites rank order their choices and submit the lists to the National Match Service. Students are notified by APPIC, on-line, of acceptance or rejection in the latter part of February (the specific date changes each year.

Actions to be taken:

1.   Students should review the available materials that describe internship sites at the end of the spring semester of the third year. APPIC-approved and APA-accredited sites are listed online at www.appic.org. The site will describe internship requirements, application procedures and activities.

      i.   Download all information from the internship sites. Register for the APPIC listserv. DO NOT REGISTER FOR THE MATCH UNTIL YOU ARE GIVEN PERMISSION TO DO SO BY THE DIRECTOR OF CLINICAL TRAINING.

2.   Permission to apply for the internship is contingent upon the successful completion of Research Project I and the formulation of a proposal for Research Project II. Completion is signified by your research advisor's written approval of Research Project I. The deadline for approval is usually October 1 of the fourth year for APA/APPIC applicants and non-APPIC applicants.

3. Things to do in preparation for the internship application process:

   i. Internship sites will usually require three letters of recommendation from faculty members and/or clinical supervisors. Students should request at least one letter from faculty and two from supervisors. Request these letters in the latter part of the spring semester or as early as possible in the fall semester;

   ii. Because the application is entirely web-based, all recommendations will be submitted directly to the appropriate URL that you will supply to recommenders.

   iii. Part Two of the application requires information from the Program Director. Notify the Program Director of the date on which Research Project I was signed. The Program Director will inform you of the actions you need to take to fulfill this step.

   iv. Prepare a curriculum vita. (C.V.) See your advisor for assistance in developing the c.v. A template is provided in the Program's Externship-Internship Manual.

   v. Prepare one or two "full psychological evaluations" and one clinical case report that were completed in the past year. Review your cases and select the appropriate reports.

   vi. A first draft of each of the four required essays is to be submitted to your research advisor on a prescribed timeline- a different essay is to be submitted every two weeks beginning on June 15. By August 1, your advisor should have received at least one copy of each essay.

4. Several meetings will be held with the students and program director during the spring and fall semesters to prepare students for the application process. One meeting is usually held with students from the new internship class to help prepare incoming fourth year students.

Please be aware that you will be in competition for these internship placements with students from other combined programs, school psychology, clinical psychology, health psychology and counseling psychology training programs from across the country. It is recommended that you consider applying to placements in parts of the United States other than the New York metropolitan area. Students who have successfully gone through the internship process are also available for advisement.

How to apply for a school internship
Before you begin this process, you should apply for Provisional Certification in School Psychology. Students are eligible for NYS Certification after completing the third year in the program. Requirements can be found at: http://eservices.nysed.gov/teach/certhelp/CertRequirementHelp.do#cfocus. Certification is a significant achievement and will be viewed as such by Directors of Pupil Personnel Services at the prospective internship sites.

The application process for a school internship differs significantly from the clinical internship.
1. The application process is not uniform across sites. Each school district or clinical facility has its own process and deadline dates for submission of materials.
2. To be eligible to apply for a school internship, Research Project I and a proposal for RPII must be completed no later than October 1.
3. Notify the Director of Clinical Training of your intention to complete a school internship. The Director will provide the student with a list of school districts in the New York Metropolitan area that provide school psychology internship training.
4. The student commences the search for an internship by calling each district during the early part of the Fall semester.
5. Students will need an updated CV and at least three recommendations.
6. There are no uniform deadlines for notification of acceptance. Each district makes its own regulations and procedures. In most cases the school district will inform the student of acceptance before the end of

December.

EVALUATIONS

We use a multi-method/multi-respondent system for student evaluations.

Evaluations by faculty: Course instructors evaluate students. The evaluation may consist of examinations, term papers, and classroom participation. Students are evaluated for knowledge, skills, and professional attitudes. Check course syllabi for specifics. **Attendance and Class Participation rubrics** are found in Appendix L.

In addition to regular course evaluations by instructors, the faculty evaluates the skills, knowledge, and professional attitude of each student twice a year (see Appendix S). The evaluation that is conducted at the end of the fall semester is considered a Progress Report and provides the student with an overall competency rating as well as verbatim comments from each faculty member about the student's performance. These comments and ratings are meant to provide guidance for the students and a baseline against which to evaluate further progress.

The second evaluation is conducted at the end the academic year. This end-of the year evaluation is more comprehensive and focuses on 19 program specified competencies (see below). The final evaluations include comments from all course instructors, clinical and field supervisors and program and research advisors. The evaluations are competency based and use metrics developed by the faculty. Summaries of these evaluations are sent to students and copies are held on file.

The Faculty, externship and internship supervisors rate the students on the following competencies, as do the students:

1) Administration, scoring and interpretation of psychological/psychoeducational tests
2) Data Collection (Interviews, intakes, record review)
3) Communication skills (active listening, communicates effectively)
4) Writing skills
5) Intervention skills
6) Adherence to ethical and professional standards
7) Competence in regard to cultural ethnic and individual differences
8) Response to supervision
9) Completion of assignments in a timely manner
10) Interpersonal and collaborative skills
11) Self-reflective abilities
12) Realistic sense of strengths and challenges
13) Emotional Maturity
14) Professionalism
15) Knowing how the system works
16) Use of evidence-based practice
17) Build client-therapist relationship
18) Consultation
19) Supervising Others

In addition to the formal evaluation process mentioned above, part of every faculty meeting is focused on discussing the students' academic and professional performance. If a faculty member notes a problem, a discussion will ensue with input from everyone familiar with the student.

The faculty advisor can then meet with the student to relay the program's concerns. A written statement may also be sent to the student and a copy will be kept on file. The advisor acts as the student's advocate and will report back to

the faculty at the next scheduled meeting. Students may address the program faculty as a whole to present their views of the issues.

Child Therapy Practica Evaluations:
Students in the third and fourth years are assigned a minimum of two individual therapy cases each year. Supervision is conducted in small groups by core faculty and individually by a licensed psychologist who has volunteered to supervise the student's cases. These experiences are evaluated twice a year by the individual supervisor, as well as by the faculty member. (See Appendix M). As noted above, a video of at least one selected therapy session will be reviewed and evaluated by faculty (See Appendix F).

Field Supervisors' Evaluations:
The externship/internship supervisor evaluates students twice a year on issues of knowledge, skills, and attitudes. The evaluation that is conducted at the end of the fall semester is considered a Progress Report and provides the student with an overall competency rating as well as verbatim comments from the field supervisor. These comments and ratings are meant to provide guidance for the students and a baseline against which to evaluate further progress.

The second evaluation is conducted at the end of the academic year. This end-of the year evaluation is more comprehensive and focuses on the same 19 program specified competencies mentioned above. Internship/externship coordinators are encouraged to review the evaluations in person with the student.

 If any problems are noted, the Program Director or another faculty member will contact the supervisor for clarification and will discuss the issues with the student. The feedback from the supervisor is critical for a complete evaluation.

The Program Director and Director of Clinical Training make every effort to stay in touch with the field supervisors during the year. The Program has made extra efforts to site visit as many placements as possible in any given academic year. We place great importance on developing personal contacts with the supervisors and forming relationships between our Program and the field placements.

Externship/Internship Supervision Log for School or Clinical Internship/Externship: This form (See Appendix I) should be submitted at the end of each semester. It reviews the students' experiences with their supervisor and requests a monthly evaluation of the supervisory experience.

School/Clinical Externship/Internship Hours and Activities Logged in Time2Track: Students are required to complete consistent updates of their externship and internship experiences. Time2Track updates provide detailed information concerning assessment, intervention, consultation, and supervision. Externship activities can and should be logged in Time2Track. It is highly recommended that each Externship student updates their Time2Track weekly. Program directors will have access to your Time2Track accounts. These activity logs will be checked prior to grade submission for all Externship/Internship seminars.

Attestation Forms: At the end of each academic year, field supervisors complete an Attestation Form that verifies completion of the externship/internship, the timeline, responsibilities, and supervision hours. This document resembles the NYS documentation that is required for licensure (see Appendix N). Students should make copies of all attestation forms for their own files. These forms may be needed in future years for varied licensing and professional documentation.

Student Evaluation of Externship-Internship: Students are asked to evaluate their externship and internship experiences at the end of each academic year. These surveys are anonymous and are on file for other students to review. (See Appendix O)

*Competency Examination***:** The fields of school and clinical child psychology have moved towards competency-based assessment. As mentioned above, students need to demonstrate that they have acquired the skills, attitudes and knowledge required of them at different phases of their professional development.

*Oral Defense of Research Projects***:** This examination follows the completion of Research Project II.
At this examination:
- The primary sponsor and two readers (at least one of which is a core Program faculty member) are present at the examination.
- The student makes a 15-20 minute oral presentation of their research, including a statement of the problem, a brief review of the literature, a review of the methodology, results and interpretation of the findings. Most students make a PowerPoint presentation.
- The faculty members/readers have the opportunity to question the student on any aspect of their research.
- After the questioning has been completed, the student is asked to leave the room and the faculty discusses and evaluates the student's written and oral presentations.
- The student is then asked to return to the room and the determination is discussed.
- The oral presentation and written document are evaluated using the guidelines in Appendix G.

*Evaluations of Faculty***:** Students evaluate each faculty member with whom they take classes. Course and faculty evaluations are conducted at the end of each semester. Students are asked to evaluate the instructor of each course. These evaluations are anonymous and are reviewed by the Dean and Program Director. Feedback is given to faculty members by the Program Director. (See Appendix P.) The Program Director provides feedback to faculty members at the end of each academic year. The Dean will provide additional feedback as needed.

Self-evaluation: At the end of each academic year students complete two surveys: the Student Activity Summary (Appendix Q) and the Student Self-Evaluation (see Appendix R) in which they review their own goals and accomplishments and evaluate their competencies in all domains.

<div align="center">RESEARCH REQUIREMENTS</div>

Students are required to complete two research projects. Research Project I is a critical review of the literature in a selected area of research. This project should generate hypotheses for further study. The second project (Research Project II) may be an empirical study, a case study, an evaluation or outcome study, a meta-analysis, a qualitative study or in some cases a replication. The research topics that are selected must be of mutual interest to faculty and student and relevant to the field of school-clinical psychology. Research Projects I and II are supervised by the same faculty member.

Assignment to research advisor
Students are matched with their research advisor at the end of the first year. Students will receive more specific information about the protocol for research advisor assignment during the spring semester of their first year.
- No student will be informally or formally matched with a faculty research advisor in advance of the official assignments for the full cohort.
- Faculty will make brief presentations about their research to first year students at a scheduled meeting in the late spring semester of first year.
- After faculty presentations, students submit their feedback to the faculty via a Qualtrics survey.
- Faculty may request updated CVs for students who indicate interest in their research and will have the opportunity to meet with students in small groups or individually to discuss mutual research interests.

- A faculty meeting will take place to discuss how to best match students and faculty. Consideration of the current number of students a faculty member is mentoring will be considered in assignments.
- Students will be notified of their assignment by the conclusion of the spring semester of their first year.

The requirements, forms and procedures to fulfill the research requirements for the Psy.D. degree are delineated in [Research Manual for the Psy.D. Degree Handbook](#) available on the program website.

Institutional Review Board

Yeshiva University uses the WCG Institutional Review Board (WIRB) to review and approve research studies. WIRB requires investigators to verify on the initial review submission form and each Continuing Review Report form that each member of the research team has successfully completed training on the ethics and regulations of human subject protections. Thus, every student and faculty member conducting any research at Ferkauf must complete the CITI tutorial prior to the initiation of any aspect of the research. The CITI tutorial is an educational package on ethical principles and processes concerning research with human subjects.

Please review the section concerning IRB in the Research Manual for complete details.

Upon completion of the written portions of Research Projects I and II, the student takes an oral examination on their research.

<div align="center">

CERTIFICATION AND LICENSURE

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Certification

Students are eligible to apply for New York State Provisional Certification as a School Psychologist after the third year in program and after they have completed a prescribed 60-credit course of study and externship experiences that were approved by the School-Clinical Child Psychology faculty. Provisional Certification is a requirement for **employment** in the NYS public schools and is a significant asset when applying for school psychology internships. It is not required, but it may be helpful for working in private schools, and school-based mental health programs.

We recommend that you delay applying for Provisional certification **unless you plan on doing a fourth-year externship or a fifth-year internship in a school setting.** The reason for delaying is that NYS requires that you complete two years of paid school psychology experience within a five-year period - after applying - to get FULL (lifetime) Certification. If you are not planning on working in the New York State public schools then you should delay applying for certification until you are sure you want employment in the schools. If you delay applying for provisional certification then the 5-year rule, mentioned above, begins upon application. It is advisable to discuss the options with your faculty advisor and the program director. Application is made online to the [State Education Department, Division of Teacher Certification.](#) Our Program codes are 11056 for Master's degree and 80361 for the Psy.D. degree. Apply online using the "Program's recommendation" option.

Other requirements. If you ever plan on working in a school, you will need to complete these three workshops. If you ever plan on working with children, you will need to complete the Child Abuse Identification and Reporting Training and have background check/fingerprinting.

1. If you are in the first or second year, you should complete an online course to fulfill the ***Child Abuse Identification and Reporting Training, NYS***
   - All applicants for certification must complete two clock hours of coursework or training in the identification and reporting of suspected child abuse and maltreatment, as required by Sections 3003(4) and 3004 of the Education Law. This training is available only from a provider approved by the New York State Education Department. A list of service providers is available on the [Child Abuse](#)

Identification and Reporting Providers, Web page maintained by the Office of Professions at: http://www.op.nysed.gov/training/caproviders.htm.

- o Contact the individual provider for workshop registration dates and times. Please note that some providers offer training that exceeds the two-hour minimum. Also, fees vary from provider to provider. Upon completion of the workshop, the provider will give you a Certification of Completion.
- Please make a copy of the Certificate of Completion and submit it to Dr. Hoffman. Hold onto the original; make copies for your files. You will need it when applying for certification and employment.
- If you already completed the course, please be sure we have a copy of the certificate.

2. *School Violence Intervention and Prevention Training*

- All applicants for a certificate on or after February 2, 2001, must complete two clock hours of coursework or training in school violence prevention and intervention, as required by section 3004 of the Education Law. Training in school violence prevention and intervention is available through registered teacher education programs at New York State colleges and universities, eight Coordinated School Health Network Centers (via certain BOCES), and other service providers approved by the State Education Department.
- A list of service providers is available on the Approved Providers of Training Web page maintained by the Office of Elementary, Middle, Secondary, and Continuing Education at http://www.p12.nysed.gov/sss/ssae/schoolsafety/save/SVPIWP_Provider.html. Contact the provider for workshop registration dates and times. Please note that some providers offer training that exceeds the two-hour minimum. Fees vary by provider. Upon completion of the workshop, the provider will give you a Certification of Completion.
- We provide this training free of charge for students. We recommend that you take this training as soon as it is offered and not delay. The training schedule cannot be guaranteed.
- Please make a copy of the Certificate of Completion and submit it to Dr. Hoffman. Hold onto the original; make copies for your files. You will need it when applying for certification and employment.
- If you already completed the course, please be sure we have a copy of the certificate.

3. *The Dignity for All Students Act*

- New York State's Dignity for All Students Act (The Dignity Act) seeks to provide the State's public elementary and secondary school students with a safe and supportive environment free from discrimination, intimidation, taunting, harassment, and bullying on school property, a school bus and/or at a school function.
- The Dignity Act was signed into law on September 13, 2010 and took effect on July 1, 2012. Amendments to the act are effective as of July 1, 2013
- Additionally, under the Dignity Act, schools will be responsible for collecting and reporting data regarding material incidents of discrimination and harassment.
- Information about DASA can be found at http://www.highered.nysed.gov/tcert/certificate/dasa-applicant.html
- All applicants for a certificate on or after December 31, 2013 are required to complete six clock hours of coursework or training in Harassment, Bullying and Discrimination Prevention and Intervention in accordance with Article 2 Sections 10-18 of the Education Law.
- Training in Harassment, Bullying and Discrimination Prevention and Intervention is available only from a provider approved by the New York State Education Department. A list of providers is available on the DASA providers Web page. Contact the provider for workshop registration dates and times. Please note that some providers offer training that exceeds the six-hour minimum. Fees vary by provider.

- The provider will electronically upload your workshop completion to TEACH within 21 days. No paper workshop completion form will be required if your provider electronically uploads your completion information.
- Applicants who complete a registered teacher education program with a graduation date of December 31, 2013 or later will be provided the required training as part of their teacher education program. These applicants, if recommended for a teaching certificate by the institution, do not need to submit a Certification of Completion.
- DASA training has two parts:
  - Program faculty will offer the first two-hour didactic segment on campus. Once completed, your name will be submitted to Yeshiva University which will offer the second part of the training ONLINE. You must complete the first part before taking the second part.
  - You can also take the DASA training elsewhere for a fee. If you Google "DASA" training, you will see that sites such as TC or St Johns and others offer this training for a fee.
- Regardless of how you acquire the certification, please make a copy of the Certificate of Completion and submit it to Dr. Hoffman. Hold onto the original; make copies for your files. You will need it when applying for certification and employment.
- If you already completed the course, please be sure we have a copy of the certificate.

4. *Fingerprinting*
- Candidates applying on or after July 1, 2001, must be cleared by the New York State Education Department through a fingerprint-supported criminal history background check. This includes all applicants for certification, as well as all prospective employees of school districts, charter schools and boards of cooperative educational services (BOCES). Candidates fingerprinted and cleared by the New York City Board of Education after July 1, 1990, may submit that clearance to the Department to satisfy this requirement.

Detailed information and forms (including the form to submit New York City clearance information to New York State) can be found at the Office of School Personnel Review and Accountability (OSPRA) Web site http://www.nysed.gov/educator-integrity/fingerprinting

Students who wish to be certified in other states need to request information from the individual State's Department of Education. Information about National Certification is also available from the program director. National Certification in School Psychology has benefits if you plan on re-locating at any time in your professional career. You can access information about National Certification at: http://www.nasponline.org/certification/index.aspx The process to receive national certification is somewhat simplified because we are a NASP approved program.

Any student may apply for the Bilingual School Psychology Extension. This option adds six credits to the course of study. You can review this information in a prior section of this Handbook.

New York State Law Regarding Licensure and Limited Permit
Licensure requirements in New York State are processed through a different department in the New York State Department of Education. Licensure is in New York State is generic. Requirements for licensure are detailed at: http://www.op.nysed.gov/prof/psych/psychlic.htm

After all PsyD degree requirements have been fulfilled; students are eligible for graduation. To be licensed as a Psychologist in New York State, a graduate must accumulate 3500 hours of experiences that were supervised by a licensed psychologist. The traditional way to accumulate the 3500 hours is to gain 1500-1750 hours from your pre-

doctoral Internship experience and the remainder from postdoctoral experience. NYS regulations permit students to take the Licensing Examination after they graduate from the Program **and** have accumulated 1750 hours of supervised experience. The regulations in other states may differ and need to be discussed with your advisor. When you pass the licensing examination you are permitted to use the title, "PSYCHOLOGIST." Until you pass the examination you cannot use that title, although you can be called, "Doctor."

The New York State Legislature passed the Scope of Practice amendments to the Psychology Licensing Act in 2003. The key element in this legislation is the change in our licensing law from "title protection" to "practice protection."

Previously, it was illegal to offer your services to the public for a fee as a **Psychologist** unless you were licensed. However, anyone could offer psychological services to the public under an unprotected title such as clinician, counselor, therapist, etc. As of 2003, **it is illegal to offer the public any of the services deemed psychological, under any title, unless you are a licensed psychologist.**

If you are in a recognized psychology training program you are exempt from this provision while doing required externships and internships under supervision. To repeat, if you are on externship or internship you can continue to deliver psychological services. Once you complete degree requirements you will be able to apply for a 2-year limited permit while working under supervision to complete postdoctoral hours required for licensing.

However, if you complete your required internship and have not yet completed doctoral degree requirements (your research requirements), a strict interpretation of the law is that you may not continue doing psychological work as a therapist or a clinician or some other non-psychological title. Until now it has been common practice, post-internship, to continue at that agency, to begin a post-doc, or to find similar work elsewhere while completing the doctorate. If you are working as a certified school psychologist in a school, you are probably exempt from this law. It is incumbent upon you to speak with the agency where you are working to determine if they are an exempt agency and what your future status will be.

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FACULTY: TEACHING AND RESEARCH

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Core Faculty
There are eight core members of the School-Clinical Child Psychology Program. Their responsibilities include teaching, research supervision, grade advisement and in some cases, clinical supervision. Advisement includes issues related to course schedules, transfer credits, career planning, professional involvement, student-faculty relations, grievances and professional socialization. All faculty CVs can be found on the Program's web site.

Jordan Bate, Ph.D. (The New School for Social Research) Assistant Professor; Licensed Psychologist. Dr. Bate joined the School-Clinical Child Psychology faculty in 2018 and teaches the following courses: Cognitive Assessment, Practicum in Child Therapy: Psychodynamic I-II; and Beginning Work with Children, Parents and Families, Research Project I-II.

Research: The Attachment & Psychotherapy Process lab applies attachment theory and research to the study of psychotherapy process in psychodynamically oriented child and family psychotherapies. Treatments studied include those aimed at preventing child maltreatment, promoting secure relationships for children in foster care, and supporting perinatal women and their families. Research questions focus on what makes psychotherapy interventions effective and how to train clinical psychologists in work with children, parents, and families. The lab studies risk factors for and the effects of relational trauma, factors impacting engagement and selection of a treatment modality, the development of the therapeutic relationship, particularly how clinicians effect change in child and family treatment, and the effectiveness of clinical training and supervision.

Jennifer Cooper, Ph.D., NCSP (The Ohio State University) Assistant Professor; Licensed School Psychologist. Dr. Cooper joined the School-Clinical Child Psychology faculty in 2020 and teaches the following courses: Child Assessment with Practicum I-II, Consultation and Supervision, Research Project I-II; and Research Seminar: School Mental Health.

Research: The School Mental Health (ARISE; Accelerating Research-to-Practice in School Mental Health for Equity) lab focuses on key concepts in school-based mental health research. Students collaboratively engage in all stages of the research process to advance evidence-based practices in early identification and intervention for youth experiencing social-emotional and behavioral difficulties in schools. Specifically, our research aims to promote mental health for youth and families, focusing on populations that have been historically underserved, through improving the use of multi-tier frameworks and evidence-based practices in schools. Efforts towards these goals include: understanding professionals' behavior related to the uptake, adoption, and implementation of multi-tier frameworks and culturally responsive evidence-based interventions; identifying efficient and effective models of school-based service delivery that build the capacity of school personnel and caregivers to support students' functioning; and examining outcomes of evidence-based prevention and intervention programming for diverse youth with internalizing disorders.

Greta Doctoroff, Ph.D. (University of Massachusetts, Amherst), Associate Professor; Licensed Psychologist. Dr. Doctoroff joined the School-Clinical Child Psychology faculty in 2008 and teaches the following courses: Developmental Psychopathology, Cognitive Behavioral Psychotherapy for Youth I, Practicum in Child Therapy: CBT I-II; and Research Project I-II.

Research: The Early Childhood Research Lab (ECRL) focuses on key mechanisms to support young children's emotion regulation and prevent disruptive behavior disorders. Our work contributes to the evidence-base for cost-effective, feasible, sustainable prevention and intervention programs targeting social-emotional competence, behavioral regulation and early academic skills. We work with Head Start settings to improve care for families at risk due to poverty. Our lab studies parenting, teacher-child relations, and the development and maintenance of externalizing problems. Studies have included observational methods to understand parent-child and teacher-child interactions and have examined the efficacy and effectiveness of prevention and intervention programs in early childhood. As part of this work, we investigate challenges implementing evidence-based practices, such as behavioral parenting programs, in real-world settings. In addition, we have a line of research examining how to best support parents of premature or critically ill infants in the Neonatal Intensive Care Unit (NICU) supporting their involvement in care, promoting attachment and reducing risk for parent mental health problems. This work includes a focus on intervention development.

Sophia Hoffman, Ph.D. (Fordham University) Director of Clinical Training; Clinical Associate Professor. Dr. Hoffman joined the School-Clinical Child Psychology faculty in 2020 and teaches the following courses: Externship Seminars I-VI, Integrating Race Gender & Multiculturalism.

Angelina N. Nortey, Ph.D. (University of Florida) Clinical Assistant Professor; Licensed Psychologist; Nationally Certified School Psychologist. Dr. Nortey joined the School-Clinical faculty in Fall 2021 and teaches the following courses: Cognitive Assessment; Child Assessment with Practicum I-II; Contemporary Issues in School Psychology

Tracy A. Prout, Ph.D. (Fordham University) Associate Professor; Licensed Psychologist. Dr. Prout joined the School-Clinical Child Psychology faculty in 2013 and teaches the following courses: Adult Personality and Assessment, Psychodynamic Theory; Psychodynamic Psychotherapy for Youth; Practicum in Child Therapy: Psychodynamic I-II; Research Project I-II

Research: The Psychodynamic Psychotherapy Lab at Ferkauf focuses on building the evidence-base for psychodynamic interventions with children and their families. This includes research on outcomes, psychotherapy process, mechanisms of change, and training in psychodynamic psychotherapy. There is an emphasis on Regulation Focused Psychotherapy for Children (RFP-C), a manualized, time-limited psychodynamic treatment for children with externalizing problems and emotion regulation deficits. Students in the lab have opportunities to be trained in manualized psychodynamic treatments, participate in ongoing clinical supervision, and to develop assessment skills through direct work with children and families. Lab members have many opportunities to contribute to publications and conference presentations.

Esther Stavrou, Ph.D., NCSP (The Pennsylvania State University) Clinical Professor; Licensed Psychologist; Nationally Certified School Psychologist. Dr. Stavrou joined the School-Clinical Child Psychology faculty in 1994 and teaches the following courses: Cognitive Assessment; Psychoeducational Assessment; Professional and Ethical issues in School-Clinical Psychology; Contemporary Issues in School Psychology; Externship Seminar I-II; Research Labs I-II.

Research: Research being conducted in my lab aims to address practical questions and problems encountered by school psychologists on a daily basis. Since assessment remains an important part of the school psychologist's role, my research has focused on issues surrounding the utility and validity of the tests and other assessment procedures used by school psychologists. For example, an area of particular interest as a bilingual school psychologist has been the appropriateness of various cognitive tests for children from different cultural backgrounds. As someone who trains students in psychological report writing I am also interested in researching ways to improve the utility of psychological reports. Another important role for school psychologists involves consultation with parents and school personnel. I am interested in the factors that impact the consultant-consultee relationship as they relate to outcomes for students. This interest in consultation combines with my interest in report writing in studying the factors that increase the likelihood that parents and educators can and will follow through on recommendations made in reports.

Ana Ortin Peralta, Ph.D. (Universitat Autonoma de Barcelona); Assistant Professor. Dr. Ortin Peralta joined the School-Clinical Child Psychology faculty in 2020 and teaches the following courses: Life-span Development; Research Methods; Cognitive Behavioral Psychotherapy for Youth II; and Research Project I-II.

Research: Informed by the life-course approach, the research conducted in my lab focuses on examining the developmental risk factors for suicidal behavior in youth from racially/ethnically diverse backgrounds. Our current work aims to identify the sensitive periods when risk factors exert the strongest influence on suicide risk and the pathways through which those factors lead to the emergence of suicidal behavior in childhood and adolescence. These goals translate into two lines of research. The first is a focus on identifying the developmental changes linked to puberty that fuel the surge of suicidal behavior in early adolescence. The second aims to identify the developmental stages when the exposure to suicidal behavior have the greatest impact on the emergence of suicide risk.

Melanie Wadkins, Ph.D. (Fordham University) Program Director**;** Associate Professor; Licensed Psychologist. Dr. Wadkins joined the School-Clinical Child Psychology faculty in 2010 and teaches the following courses: Practicum in Child Therapy: CBT I-II; Research Project I-II; Research Seminar: OCD & Anxiety.

Research. My aim is to conduct research that contributes to a better understanding of anxiety and related disorders. Projects are focused on improving the quality of life of children and families affected by anxiety disorders through identifying relevant aspects of living with anxiety that, if targeted, may help to improve evidence-based treatment. Current projects include those focused on the basic emotion of disgust and its relationship to the maintenance and development of psychopathology, including anxiety disorders, depression, and eating disorders. Disgust is an understudied emotion which is often times neglected in treatment, despite emerging evidence of its relevance in the development and maintenance of anxiety disorders.

Adjunct Faculty (2021-2022)

Michael Ansonoff, Ph.D.	Biological Bases of Behavior
Alison Baren, Ph.D.	Social Bases of Behavior
Stephen Cubbellotti, Ph.D.	Statistics
Karen Hazel, Psy.D.	Neurodevelopmental Disorders, Practicum in Child Assessment I-II
Mana Shafie, Ph.D.	Appraisal of Personality, Adult Psychopathology, Practicum in Child Assessment I-II
Lynne Thies, Ph.D.	Consultation and Supervision; Consultation-based Interventions

Adjunct Clinical Supervisors (2021-2022)

CBT Practicum

Dr. Sophia Aizin
Dr. Shelley Avny
Dr. Oren Bachar
Dr. Lindsey Collin
Dr. Charles Gewirtz
Dr. Elizabeth Gordon
Dr. Scott Greisberg
Dr. Meredith Grossman
Dr. Dayana Jimenez
Dr. Tamar Kahane
Dr. Dina Kalnicki

Dr. Carmen Lalonde
Dr. Jocelyn Lichtin
Dr. Jessica Masty
Dr. Justin Misurell
Dr. Matthew Pagirsky
Dr. Kathy Pruzan
Dr. Jonathan Rosen
Dr. Erica Schubert
Dr. Stacey Slater
Dr. Megan Sommer
Dr. Rachel Terry

Psychodynamic Practicum

Dr. Kenneth Barish
Dr. Brenda Bauer
Dr. Talya Cohen
Dr. Cicek Erdem
Dr. William Jock
Dr. Carolyn Khanian
Dr. Lenore Labi Ades
Dr. Carol Lachman
Dr. Emma Gaines Kolpon
Dr. Angelina Morales

Dr. John Matthews
Dr. Emma Racine
Dr. Lawrence Rosenberg
Dr. Ben Rubin
Dr. Danielle Sessler
Dr. Arlene Steinberg
Dr. Priyam Talreja
Dr. Allison Taylor
Dr. Sam Weisman
Dr. Kseniya Yershova

SELF-DISCLOSURE

Section 7.04 of APA's Code of Ethics states:

Student Disclosure of Personal Information
Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

This program supports the following policy statement that is provided to all students: **Self-observation, self-reflection, and mindfulness are core aspects in the training of all professional psychologists. The doctoral programs in clinical psychology, clinical-health psychology, developmental psychology, school psychology and school-clinical psychology support this view. Applicants to these programs need to be aware that some classes may require disclosure of personal information in courses or program-related activities either in writing or during class discussions. Course descriptions will indicate which classes include this requirement.**

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FINANCIAL AID

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Information concerning financial aid can be obtained from the Ferkauf Graduate School catalog. In addition to student loans (Yeshiva University, GSL, HEAL, and TAP) stipends, fellowships, assistantships and scholarships are available to students each year. The NYC Department of Education has special financial incentive plans for those wishing to work for them after graduation. A representative of the Office of Student Finance is usually at the orientation meetings and available to discuss funding issues.

FGS Student Scholarship Procedures
In order to apply for financial aid and scholarships from Ferkauf Graduate School, students must do the following:

Step 1. Students who are requesting financial aid must file the Free Application for Federal Student Aid (FAFSA). Please make sure to include the correct Yeshiva University Federal School code: 002903 and campus code of 00. Foreign citizens do not complete FAFSA. This information is necessary for further consideration of funds.

Step 2. Student completes the Student Financial Aid application and returns it to the Ferkauf Office of the Dean. These applications are made available to students towards the end of the Spring semester and can be requested from the Registrar. Completed applications must be submitted by a specified date in May of each year for further consideration.

Step 3. Processed FAFSA information and student transcripts are received by the Dean's office.

Step 4. The Program Director reviews FAFSA information, transcripts, and applications stating needs of students and rank order their recommendations based on need, academic standing, and special circumstances.

Step 5. Dean's Office awards funds to recommended students based on availability.

In addition, the Yeshiva University Office of Student Finance provides support to FGS students in the form of student loans. Financial aid is limited, however, and most students bear the financial responsibility on their own, or through outside work, in addition to student loans. Canadian students should contact the Canadian government regarding loans for graduate school. For additional information regarding Canada's student loans can be directed to:

> **Office of Student Finance – Student Accounts**
> **Yeshiva University**
> **(212) 960-5269**

Financial support for minority students and students with disabilities is available through scholarship funds at the University. Additional information can be received from the American Psychological Association, Minority Fellowship Office.

Student Assistantships
Student assistantships are available each year to students who have demonstrated excellence in specified academic areas. Faculty members make recommendations to the Program Director for assistantships for the subsequent academic year. Teaching assistantships are attached to courses in Cognitive Assessment, Psychoeducational Assessment, Appraisal of Personality, Child Assessment with Practicum I-II, Neuropsychological Assessment, Practicum in Child Therapy I-II and others. Assistantships are also available for working in the Testing Library, in the Admissions Office, and with the Program Director.

<div align="center">HEALTH INSURANCE FOR STUDENTS</div>

Yeshiva University requires that all students enrolled for 6 credits or more have health insurance. If you are a US Citizen, you may be enrolled in a family or employer plan. If your plan has a network of providers in New York City, you can apply for a waiver. *You will get an email sent to your student email account with instructions on how to access the waiver/enrollment form.*

For domestic students who are not currently insured through family or employer plans and for international students Yeshiva University has partnered with Gallagher Student Health to provide health insurance that meets ACA and Visa Requirements. Note all plans must be Affordable Care Act (ACA) compliant.

Please note, all students will be automatically enrolled in the student health insurance plan, and premium charges will be billed automatically to their Yeshiva University account. Instructions for submitting a waiver as well as detailed coverage information will be located on the Yeshiva University Gallagher Student Health website: https://www.gallagherstudent.com/yeshiva.

The deadline to submit the 2020-2021 Yeshiva University & Cardozo Law School Annual Enrollment or Waiver Form is **October 23, 2021. No deadline extensions or exceptions will be granted after the waiver deadline.**

Once you have successfully submitted your waiver request, you will receive an automated email confirming receipt of your request. **Make sure you have received a submission confirmation email and print it for your records.** Should there be any problems with your waiver, you will need this confirmation email and your waiver request ID number. This automated waiver does not constitute granting of a waiver; a separate email as to whether your waiver request has been approved will be sent from Gallagher Student Health within one week.
Those students who are granted a waiver will have the health insurance fee removed from their Yeshiva University accounts. It is the student's responsibility to follow up on the status of their waiver request and to ensure that all information is received by Gallagher Student Health prior to the waiver deadline.

There are several programs which may help students obtain medical insurance:

COBRA. The COBRA program gives certain workers and their families who lose their health benefits the right to choose to continue group health benefits for limited periods of time under certain circumstances. See: http://www.dol.gov/dol/topic/health-plans/cobra.htm

New York State of Health Marketplace. Students who are residents of New York State and who are United States citizens or fall under certain immigration categories may apply for Medicaid or find affordable health insurance coverage here. See: https://nystateofhealth.ny.gov/ (855) 355-5777

The following programs may help students get medical care at reduced costs:

CLINICS. A local community health center may be a good option to help you receive low-cost medical care. See: https://www.healthcare.gov/community-health-centers/

PRESCRIPTION DRUGS. NeedyMeds is a 501(c)(3) national non-profit that connects people to programs that will help them afford their medications and other healthcare costs. See: https://www.needymeds.org/

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STUDENT GROUPS

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Organization of Psychology Students (OPS)

The Organization of Psychology Students (OPS) is the student organization of the Ferkauf Graduate School of Psychology. Each Ferkauf student is a member of the organization. "Dues," called student activity fees, are collected automatically each semester with tuition. These dues constitute the budget of OPS.

The purpose of the organization is to provide Ferkauf students with information relevant to their academic and professional careers. Members serve to facilitate communication between students, administration/faculty, student organizations and alumni by acting as a liaison between the groups. In addition, OPS offers seminars, workshops, and provides funding for student research and conferences. To foster a sense of community within the Ferkauf community, OPS sponsors student socials, and refreshments during midterms and finals.

OPS and its members do not discriminate against any individuals for reasons of race, national origin, color, religion, gender, age, veteran status, sexual orientation, or disability. The Executive Board of OPS consists of no less than seven members representing each of the Ferkauf Graduate Psychology Programs who are elected to a two year term by the general OPS membership from each program except for the Master's program representative who is elected to a one year term. Officers are chair and co-chair, secretary, treasurer, coordinator of social events, purchasing, and maintenance of student lounge and computer lab. The structure of OPS encourages maximum participation by all students.

The OPS representatives from the Combined School-Clinical Child Program, for 2021-2022, are Rachit Bhatt and Lauren Pandes-Carter. Their email addresses are available from the Program Director.

School-Clinical Child Program Cohort Representatives

Two representatives from each cohort, elected by fellow students, meet with the Program Director and Director of Clinical Training on a regular basis to review and discuss student issues and concerns to enhance student feedback to the program faculty.

Within the program, feedback from students concerning courses, faculty instruction, professional issues and advisement are solicited and welcomed. Such feedback may be presented at the meetings mentioned above, or by other students to any faculty member, faculty advisor, or the Program Director. Program changes have resulted from direct student feedback which is a respected and important component for the continued success and development of the program.

Ferkauf Students of Diverse Identities (SDI) Club

The Students of Diverse Identities (SDI) club embraces cultural heritage, unity, and the appreciation of diversity. It strives to create a community for people of all ethnic identities and from various socio-cultural backgrounds where we can share our experiences and create a support system for each other. Their goal is to promote diversity awareness and celebrate inclusivity in school through discussions and various events. It will provide an opportunity for students to express their views concerning current events, academics, cultural arts, and school life.

Goals & Objectives:
1. To provide a place of support and open dialogue for people of diverse identities in Ferkauf
2. Promote inclusivity and multicultural awareness in Ferkauf

3. Foster proactive leadership, community outreach, and student empowerment

Psychologists for Social Responsibility – Student Chapter
Psychologists for Social Responsibility is an engaged community of members and supporters who work to advance peace and social justice through the ethical use of psychological knowledge, research, and practice. Representing a variety of cultural and disciplinary perspectives, we recognize diversity as a valuable resource in our efforts to address economic, racial, and gender-based injustices and other forms of oppression. We believe that peace with justice in an environmentally sustainable world depends upon a commitment to global well-being, universal human rights, mutual understanding, and collaborative partnerships in the pursuit of change.

Ferkauf's chapter of PsySR typically meets once a month to discuss various social justice issues. Topics include systemic racism, gun control, LGBTQIA+ issues, immigration, and much more. Aside from meetings, PsySR creates events throughout the year to target these issues -- whether it be a lecture from an expert on a specific topic, a discussion panel, or a dinner. Additionally, members of PsySR like to get together and organize.

Ferkauf's Association for Neuropsychology Students in Training (ANST) Interest Group
Yeshiva University's Ferkauf Graduate School of Psychology is one of many Association of Neuropsychology Students in Training (ANST) interest groups around the country. ANST is the student section of the American Psychological Association's Division 40 (Society for Clinical Neuropsychology) and is growing at a rapid rate.

This interest group aims to supplement the training offered by the neuropsychology minor offered at Ferkauf, and the clinical experiences from externships. This will be accomplished by discussions related to the clinical and research aspects of neuropsychology, journal clubs, social meetings of the interest group members, and the dissemination of relevant information to the field and our training. The chapter will also strive to network regionally and nationally with other ANST Interest Groups. This group is open to all doctoral students at Ferkauf from the Clinical Health PhD, the Clinical PsyD, and the School-Clinical PsyD programs.

COLLOQUIA & WORKSHOPS

Attending Professional Conferences and Workshops
The Program expects students to avail themselves of varied opportunities to augment their school and clinical psychology training. We encourage students to take advantage of the myriad of learning and training opportunities that are available to them outside of Ferkauf. We want to especially encourage students to attend workshops that focus on issues of human diversity.

We encourage students to attend at least one professional workshop, lecture or conference, each year, that is sponsored by a local, state or national psychology organization or training facility.

Attending Ferkauf Colloquia and Workshops
Each doctoral program at Ferkauf Graduate School schedules colloquia and/or workshops for students. The School-Clinical Child Psychology Program requires its students to attend Program-sponsored colloquia if your cohort is scheduled to attend classes on the day of the event. The Program also encourages students to attend colloquia sponsored by the other FGS doctoral programs. Following each colloquium or workshop, students provide anonymous feedback as to the colloquium's effectiveness and relevance to their professional training and provide suggestions as to future educational experiences.

EMPLOYMENT AND LICENSING

Notices of employment opportunities are posted on the Program's listserv and on bulletin boards outside the offices of

the Program Director.

The graduates of the school-clinical child psychology programs have found employment in schools, hospitals, academia, nurseries, and mental health facilities. Lists of graduates and their current job placements may be requested from the Program Director.

IMPORTANT ACTIVITIES AND TIMELINE

Year 1	
August	• Orientation • First day of classes
September	• Review School-Clinical Child Psychology Program Student Handbook online • *Submit signed statement that you have read the APA Code of Ethics and the Student Handbook* • Review Ferkauf Graduate School Handbook
October	• Join a professional organization (e.g., APA, Div 16 (School Psychology), Div 12 (Clinical Psychology), Div. 53 (Society of Clinical Child and Adolescent Psychology), Division 44 (Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues) Division 45 (Society for the Psychological Study of Culture, Ethnicity and Race), NASP) • Update your CV
November	• Receive 2nd year School Externship list from Director of Clinical Training • Review School Externship options with Director of Clinical Training • Contact School Externship sites to apply for 2nd Year Externship
December	• Submit updated Allocation Chart • Register for Spring semester • Notification of Externship acceptances will occur between December and March
April	• Complete scholarship/financial aid form • Contact externship supervisor about 2nd year externship to arrange a visit for May • Faculty research presentations. Submit feedback via Qualtrics.
May	• Research advisor assignment notification • Register for Fall semester • Competency Exam (WISC-V Administration/Scoring) • Complete Annual Student Activity Survey online • Complete Self-evaluation online
Year 2	
August	• First day of classes
September	• Complete Externship Plan. Submit to Director of Clinical Training by Sept. 30. • Begin recording externship activities using Time2Track • Meet with your research advisor to discuss research opportunities for Research Projects
November	• Online review of Externship opportunities (See APA site) • Develop list of 10 externships to apply to with Director of Clinical Training • Update CV
December	• Prepare externship application materials (e.g., letters of recommendation) • Submit updated Allocation Chart • Register for Spring semester

	- Submit Externship Supervision Log and Time2Track for September-December - Externship supervisor will receive link to online Semi-Yearly Evaluation Form.
Jan-Feb	- Submit externship applications - Externship Interviews - Developed ranked list of externship sites with Director of Clinical Training
March	Externship Match
April	- Submit updated Allocation Chart - Register for Fall semester - Discuss Bilingual Extension requirements with your advisor - Complete Scholarship/Financial Aid Form
May	- Scoring and Written Assessment Competency Exams (II-III) - Submit Externship Supervision Log and Time2Track for January-May - Externship supervisor will receive link to online Semi-Yearly Evaluation Form and Hours Attestation Form
June	- Obtain a letter of recommendation from your externship supervisor that can be put on file - Attestation Form to be returned to Director of Clinical Training - Complete your Evaluation of Externship Experience online - Complete Annual Student Activity Survey online - Complete Self-Evaluation online
Year 3	
August	First day of classes
September	- Submit Externship Activity Log and Time2Track for June - August - Complete Externship Plan. Submit to Director of Clinical Training by Sept. 30. - Begin recording externship activities using Time2Track
October	After passing all Competency Exams and all courses, register for the Master of Science in School Psychology. Applications are due November 1.
November	- Update CV - Discuss choice of school or clinical externship with Director of Clinical Training - If clinical, online review of clinical externship opportunities (See APA site) - If school, contact school externship sites to apply for 4th Year Externship
December	- Develop list of 8 externships to apply to with Director of Clinical Training - Prepare externship application materials (e.g., letters of recommendation) - Submit updated Allocation Chart - Register for Spring semester - Submit Externship Supervision Log and Time2Track for September-December - Externship supervisor will receive link to online Semi-Yearly Evaluation Form.
January - March	- Submit externship applications - Externship Interviews - Developed ranked list of externship sites with Director of Clinical Training - Externship match
April	- Submit updated Allocation Chart - Register for Fall semester - Discuss Bilingual Extension requirements with your advisor - Complete Scholarship/Financial Aid Form

May	• Meeting with advanced students to discuss the internship process. • Submit Externship Supervision Log and Time2Track for January-May • Externship supervisor will receive link to online Semi-Yearly Evaluation Form and Hours Attestation Form

June-August	• Attestation Form to be returned to Director of Clinical Training
	• Complete your Evaluation of Externship Experience online
	• Complete Annual Student Activity Survey online
	• Complete Self-Evaluation online
	• Preparation for Internship Applications*
	    • Update CV
	    • Register with APPIC
	    • Download APPIC application (Available around July 15)
	    • Complete application
	    • Arrange for 3-4 recommendations
	    • Submit drafts of APPIC essays and CV to your research advisor for review
	        o Due dates: June 15; July 1, 15; August 1, 15
	• Preparation for Fifth year School Internship:
	    • Update your CV
	    • Review list of sites (Note: there is no uniform application)
	    • Arrange for 3 recommendations
	    • Prepare to contact sites September-November

Year 4

August	• First day of classes
September	• Submit Externship Activity Log and Time2Track for June - August • Complete Externship Plan. Submit to Director of Clinical Training by Sept. 30. • Begin recording externship activities using Time2Track
September-October	• Contact School Psychology Internships sites September-November* ***You are not permitted to apply for internships in until Research Project I and your proposal for RPII have been approved. There is no uniform notification date for internships in schools. It can occur at any time after your interview**
October 1	• Date by which Research Project I and proposal for RPII must be signed by your advisor, so that you may apply for an APPIC internship
October 15	• Submit APPIC applications
December	• Interviews begin for APPIC Internships and continue through January. • Interviews begin for School Internships and may continue until April • Submit updated Allocation Chart • Register for Spring semester • Submit Externship Supervision Log and Time2Track for September-December • Externship supervisor will receive link to online Semi-Yearly Evaluation Form.
January	• Interviews • Develop ranked list of internships with Director of Clinical Training
February	• Submit APPIC rankings • APPIC Internship Notification date is usually the third Friday of the month

April	• Submit updated Allocation Chart
	• Register for Fall semester
May	• Submit Externship Supervision Log and Time2Track for January-May
	• Externship supervisor will receive link to online Semi-Yearly Evaluation Form and Hours Attestation Form
June-August	• Attestation Form to be returned to Director of Clinical Training
	• Complete your Evaluation of Externship Experience online
	• Complete Annual Student Activity Survey online
	• Complete Self-Evaluation online
Year 5	
September	• Complete Internship Plan. Submit to Director of Clinical Training by Sept. 30.
	• Begin recording internship activities using Time2Track
	• *PLAN TO COMPLETE RESEARCH PROJECT II before second week of May*
October	• Internship Seminar Meeting
December	• Submit updated Allocation Chart
	• Register for Spring semester
	• Submit Internship Supervision Log and Time2Track for September-December
	• Internship supervisor will receive link to online Semi-Yearly Evaluation Form.
March	• Internship Seminar Meeting
May	• **GRADUATION !!!**
June - August	• Submit Internship Supervision Log and Time2Track for January-Completion of Internship
	• Attestation Form to be returned to Director of Clinical Training
	• Complete your Evaluation of Internship Experience online
	• Complete Annual Student Activity Survey online
	• Complete Self-Evaluation online
	• Congratulations! You are now a School-Clinical Child Psychologist

IMPORTANT CONTACT INFORMATION

Core Faculty

Dr. Jordan Bate	646-592-4369	jordan.bate@yu.edu
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Dr. Angelina Nortey	646-592-4509	angelina.nortey@yu.edu
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APPENDICES

Appendix A: M.S. School Psychology Requirements

SCHOOL-CLINICAL CHILD PSYCHOLOGY
Program Checklist

Required Courses (56 credits)

___	PSS 6131	Cognitive Assessment
___	PSS 6199	Integrating Gender and Race into Multiculturalism
___	PSS 6801	Professional & Ethical Issues in School-Clinical Child Psychology
___	PSA 6515	Lifespan Development
___	PSS 6399	Biological Bases of Behavior
___	PSS 6400	Neurodevelopmental Disorders
___	PSS 6132	Psychoeducational Assessment
___	PSS 6153	Personality Appraisal
___	PSA 6280	Statistics I
___	PSS 6814	Adult Psychopathology
___	PSS 6221	Consultation and Supervision
___	PSS 6222	Consultation-based Intervention
___	PSS 6610	Beginning Work with Children, Parents and Families
___	PSS 6621	Cognitive Behavioral Psychotherapy for Youth I
___	PSS 6449	Cognitive Behavioral Psychotherapy for Youth II
___	PSS 6191	Child Assessment w/ Practicum I
___	PSS 6192	Child Assessment w/ Practicum II
___	PSS 6250	Developmental Psychopathology
___	PSS 8943A	School-Clinical Externship I
___	PSS 8944A	School-Clinical Externship II
___	PSS 8001	Competency Examination I

Students must complete Externship I-II of at least 500 hours.*
*A minimum of 600 hours is needed for School Psychology Provisional Certification, in addition to completion of the third year in Program and Externships III-IV

Appendix B: NON-DISCRIMINATION AND ANTI-HARASSMENT POLICY (including Sexual Harassment, Sexual Abuse/Assault, Stalking, Dating Violence and Domestic Violence)

I. POLICY STATEMENT

Yeshiva University is committed to maintaining an academic, work and living environment in which all individuals are treated with respect and dignity. Everyone at the University has the right to work and learn in an environment that promotes equal opportunities for all. Thus, this Policy prohibits discriminatory practices, harassment and sexual misconduct of any kind. Where discrimination, harassment or sexual misconduct has occurred, the University will act promptly to stop it, prevent its recurrence, and discipline and/or take other appropriate action against those responsible.

Equal Employment Opportunity

It is the policy of the University to ensure equal employment opportunity without discrimination or harassment on the basis of race, religion, color, creed, age, national origin or ancestry, sex, marital status, physical or mental disability, veteran or disabled veteran status, genetic predisposition/carrier status, sexual orientation, gender identity and expression, citizenship status, sexual and other reproductive health decisions or decision-making, or any other characteristic protected by any applicable law, ordinance or regulation. The University prohibits and will not tolerate any such discrimination or harassment. This Policy is one component of the University's commitment to a discrimination-free work environment.

To Whom Applicable

This Policy applies to all University faculty, administration (whether supervisors, administrators, senior or otherwise, and managers), athletic personnel, and other staff, whether full-time or part-time (hereinafter collectively, "University employees"), non-employees working at the University (such as employees of contracted service providers, volunteers, and interns), applicants for employment, students and visitors, and covers their treatment of each other as well as others with whom they come into contact at the University and/or at University-sponsored and affiliated activities and events. The University's disciplinary authority may not extend to third parties who are not students or employees of the University; however, a complaint that such a person engaged in a violation of this Policy will be investigated in accordance with this Policy as will a complaint made to the University by a third party if such complaint is connected to the University's educational programs or activities.

The sexual harassment by any employee of the University of any non-employee working at the University is prohibited by this Policy.

With regard to discrimination, harassment, sexual abuse/assault, stalking, dating violence and domestic violence, as herein defined, this Policy supersedes all other procedures and policies set forth in other University documents.

Where Applicable

This Policy is intended to protect all afore-mentioned people and applies to conduct that occurs on University premises and/or at University-sponsored and affiliated activities and events, whether on University premises or at other locations, including, but not limited to, overnight trips, sporting events and practices, study abroad programs, service learning programs, internships and external business meetings, and to all forms/uses of technology by all individuals covered by this Policy. The University may also address off-campus behavior that occurs other than at University-sponsored or affiliated events if it determines that the behavior, or the continued presence of the accused perpetrator, impairs, obstructs, substantially interferes with or adversely affects the mission, processes or functions of the University. Calls, texts, emails, and social media usage by employees can constitute unlawful workplace harassment,

even if they occur away from the workplace premises or not during work hours. Discrimination, harassment or sexual misconduct in any form (including sexual harassment, sexual abuse/assault, stalking, domestic violence and dating violence) is a violation of this Policy and will be dealt with seriously, promptly and thoroughly. If any of the principles and procedures in this Policy are inconsistent with those contained in another University policy, the principles and procedures in this Policy will control**.**

The full policy and complaint procedures are available online at: https://www.yu.edu/sites/default/files/inline-files/TitleIXPolicy%28June2020%29_0.pdf

Appendix C: Request for Reasonable Accommodations

Students who have documented disabilities or medical conditions may be eligible for accommodations. Students who are seeking accommodations should review the guidelines listed on the Ferkauf Process Handout, and then complete the form below and return it to the Office of the Dean, attention Dean Michael Gill.

Name: _____   Date: ___/___/____

Please check the relevant category and then specify the nature of your disability on the line provided:

☐ Learning: _____

☐ Hearing: _____

☐ Speech: _____

☐ Visual: _____

☐ Mobility: _____

☐ Other: _____

What specific accommodation(s) are you requesting?
_____

_____

Please attach all relevant documentation. Requests for accommodations will not be reviewed until supporting documentation is submitted.

--------------------------------*For University Office of Student Services only*--------------------------------------

☐ Further documentation is required: _____

☐ The following accommodation has been approved: _____

_____

Disability Services Official:_____   Date: ___/____/____

_____*Approved Accommodations Signatures*_____

_____   _____
      Student Signature   Program Director Signature

_____   _____   __/__/__
      Professor's Signature   Course   Date

APPENDIX D: APA's Ethical Principles of Psychologists and Code of Conduct

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a Plan is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably, appropriate, potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices. APA Ethics Code 2002 Page 4

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. *Resolving Ethical Issues*

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. *Competence*

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience. APA Ethics Code 2002 Page 5

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) 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.

(b) 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. (See also Standard 10.10, Terminating Therapy.)

3. *Human Relations*

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04(a).

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by Plan, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. *Privacy And Confidentiality*

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.4 Media Presentations

When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.5 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. *Education and Training*

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

    (a)   Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

    (b)   Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

    (c)   Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

    (a)   Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

    (b)   If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

    (c)   When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

    (a)   Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

    (b)   Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

    (c)   Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

    (d)   Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

    (e)   Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

    (f)   Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

    (g)   When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

    (a)   Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

    (b)   If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

    (a)   Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

    (b)   Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

    (c)   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 advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

    (a)   After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that

the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. *Assessment*

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and Planual obligations, and in a manner that permits adherence to this Ethics Code.

10. *Therapy*

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or Planual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or Planual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

History and Effective Date Footnote

he American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on Aug. 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on Feb. 20, 2010, effective June 1, 2010, and on Aug. 3, 2016, effective Jan. 1, 2017. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. American Psychologist, 14, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). American Psychologist, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611.

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. American Psychologist, 57, 1060-1073.

American Psychological Association. (2010). 2010 amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct." American Psychologist, 65, 493.

American Psychological Association. (2016). Revision of ethical standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as amended 2010). American Psychologist, 71, 900.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

Appendix E: Evaluation of Written Assessment Competency Exam III

Written Comps Rubric

Student ID#: _____   Reader: _____

	Background Information	Check If Present or N/A if not applicable	Notes/Comments
1	Reason for referral identifies who referred the client, provides a rationale indicating why an evaluation is being pursued at this time and the outcomes to be achieved.		
2	Background section provides a clear, comprehensive review of the family structure, early development, medical and educational history, including strengths and areas of concern.		
3	**The background includes and reports all critical information accurately (time, events, people, and places).**		
4	Clinical judgment is exercised regarding the disclosure of sensitive information.		
	Other:		

Bold Items: _____/_1___   # Unbolded items: _____/__3____

	Cognitive Results: Data Analysis & Interpretation	Check if Present or N/A if not applicable	
1	**The FSIQ, GAI and CPI are reported, when appropriate, and according to interpretive guidelines.**		
	Only unitary index scores are reported with a descriptive classification in the body of the report.		
	Report identifies and explains which, if any, indices are not unitary.		
	Report accurately identifies statistically significant and unusual and clinically meaningful differences.		
	All cognitive classifications are accurate and based on Sattler's description of score ranges.		
	Subtest descriptions reflect an awareness of the task demands and the underlying skill being assessed.		
	Discrepant data is explained and the hypotheses offered are logical and inclusive.		

	Discussion integrates behavioral observations and qualitative findings where appropriate.	
	Discussion of findings provides a comprehensive perspective of the child's cognitive profile and not merely a list of findings.	
	Other:	

Bold Items: ____/_4__   # Unbolded items: ____/__5____

	Academic Results: Data Analysis & Interpretation	Check if Present or N/A if not applicable
	Standardized scores from academic tests are appropriately reported and classified using the terminology consistent with the guidance of the specific author(s).	
	Cautionary guidance is provided regarding broad Overall scores when significant variability is evidenced.	
	Discussion of reading skills is accurate and reflects an understanding of the elements of decoding, fluency and comprehension.	
	Discussion of math skills is accurate and reflects an awareness of calculation skills, automaticity of facts and the ability to solve word problems.	
	Discussion of writing skills is accurate and reflects an understanding of the elements of spelling, writing fluency, sentence construction and writing mechanics.	
	Interpretations of the data are reasonable and help to explain the individual's functioning.	
	Discussion integrates behavioral observations and qualitative findings where appropriate.	
	Discussion includes linkages to cognitive results	
	Other:	

Bold Items: ____/__5__   # Unbolded items: ____/__3__

	Visual-Motor Results: Data Analysis & Interpretation	Check if Present or N/A if not applicable
	Accurate scores and classifications are used.	
	Interpretation and discussion reflect the client's functioning and visual-motor integration abilities.	

	Behavioral observations and qualitative findings are included where appropriate.		

Bold Items: ____/_1__   # Unbolded items: ____/__2___

	Social Emotional: Data Analysis & Interpretation	Check if Present or N/A if not applicable	
	Discussion clarifies the sources of the data and makes a clear distinction between standardized rating scales and projective material.		
	Discussion of data from rating scales reflects an understanding of the degree of consistency between the raters and provides a rationale for discrepancies, where they exist.		
	Discussion of rating scales identifies all elevated findings and utilizes the appropriate terminology to denote significant findings.		
	Discussion reflects an awareness that the information reflected in rating scales is based on endorsements.		
	Information from behavioral rating scales is integrated with the findings from direct behavioral observations and interviews.		
	Information is presented in an organized, coherent manner, rather than a list of findings.		
	Projective data is presented with caution given its lack of statistical reliability and the writer refrains from "overinterpretation."		
	Projective data accurately reflects the themes evidenced.		
	Social-emotional findings list areas of strength.		
	Report integrates projective and behavioral findings into a cohesive portrayal of the child's social-emotional well being.		
	Other:		

Bold Items: ____/__5__   # Unbolded items: ____/__5__

	Summary and Recommendations	Check if Present or N/A if not applicable	
	Summary provides the essential information regarding the client's strengths and weaknesses and relevant contributing factors.		

	The summary is not merely a repetition of the test findings from each section of the report.		
	Interpretations of the data are reasonable and offer insight regarding the client's functioning.		
	The summary leads to a well-supported case conceptualization or diagnostic conclusion grounded in fact.		
	The summary is not overreaching and states information cautiously where appropriate.		
	The summary or conclusion must address the referral question(s).		
	Recommendations must flow logically from the findings highlighted in the summary.		
	Recommendations must be culturally sensitive and realistic for the setting and the individual.		
	Recommendations must be sufficiently detailed and comprehensive; address the identified areas of concern.		
	Summary and Recommendations section must also note areas of strength.		

Bold Items: ____/__3___   # Unbolded items: ____/__6__

	Organization and Writing	Check If Present or N/A if not applicable	Notes/Comments
	Report is of appropriate length.		
	The organization is logical and meaningful.		
	Sections should not read as a listing of test findings, but a thoughtful description of the child's skill in each area.		
	The writing is appropriate for a professional and layperson audience, avoiding overuse of jargon.		
	The writing succinct and clear, and uses appropriate grammar and sentence structure.		
	Content is free of typographical errors and misspellings. (No more than two)		
	Appendix scores and descriptive classifications are all accurately reported.		

Bold Items: ____/__4___   # Unbolded items: ____/__3__

TOTAL: Total # Bold Items: _____ /____   Total # Unbolded items: _____/_____

CLINICAL JUDGMENT: ____ High Pass   ____ Pass   ____ Minimal Pass   ____ Fail

SCORING CRITERIA:
- **High Pass:** All Bolded Items plus_____ Nonbolded Items
- **Pass:** All Bolded Items Satisfied
- **Minimal Pass:** 1-2 Bolded Items Missed and Clinical Judgment
- **Fail:** 3 Or More Bolded Items Missed and Clinical Judgment

COMMENTS:

_____

_____

Appendix F: Practicum in Child Therapy Video Rating Forms

CBT PRACTICUM VIDEO RATING FORM

Cognitive Therapy Rating Scale for Children And Adolescents

(Friedberg & Thordarson, 2013)

Please watch a full video of a session the trainee has conducted and use the following scale to rate that video. These ratings are a required part of doctoral training, per the American Psychological Association. You will have the opportunity to provide qualitative feedback at the end of the form.. We encourage you to do this and to go over your feedback with the student.

Therapist:_____   Supervisor:_____

Date of Rating: _____

Directions: For each time, assess the therapist on a scale from 0 to 6 and record the rating on the line next to the item number. Descriptions are provided for even-numbered scale points. If you believe the therapist falls between two of the descriptors, select the intervening odd number (1, 3, 5).

If the descriptions for a given item occasionally do not seem to apply to the session you are rating, feel free to disregard them and use the more general scale below:

Poor	Barely Adequate	Mediocre	Satisfactory	Good	Very Good	Excellent
0	**1**	**2**	**3**	**4**	**5**	**6**

Please do not leave any item blank. For all items, focus on the skill of the therapist, taking into account how difficult the patient seems to be.

Part I General Clinical Stance Variables

_____1. COLLABORATION
0 Therapist was not collaborative; they were overly prescriptive and directive.
2 Therapist attempted to collaborate with the patient but had difficulty jointly determining a problem.
4 Therapist collaborated with the patient on the goals, session focus, and methods to produce change. Encouraged the patient to be active and engaged by offering choices.
6 Full collaboration and excellent treatment partnership between the patient and therapist. Fully encouraged the patient to be active and engaged by offering choices.

_____2. INFORMALITY
0 Therapist created a tense, patronizing, stuffy session. Talked down to the patient.
2 Therapist attempted to create a relaxed and comfortable atmosphere but tended to be too pushy, teachy, and formal or created an atmosphere that was inappropriately relaxed.
4 Therapist created an appropriately relaxed and comfortable atmosphere. Communicated enjoyment and appreciation for the patient's perspective using verbal and nonverbal cues.
 Appropriately minimized the power differential in the room. Set limits in an authoritative yet warm manner.
6 Therapist fully created an appropriately relaxed and comfortable atmosphere. Visibly enjoyed and appreciated the patient's perspective and appropriately minimized power differentials. Respects the patient's perspective. Competently sets limits in an authoritative and warm manner

_____3. PLAYFULNESS

0 Therapist was not playful. Therapist appeared overly stiff and distant.

2 Therapist attempted to be appropriately playful and fun when indicated but had difficulty fully embracing this stance. Therapist appeared visibly worried about looking silly or foolish (e.g. hesitant to talk in funny voices, difficulty engaging in games with patient, refrained from play). Or therapist was too playful with patient (e.g. focusing on the play/game rather than the purpose of the intervention).

4 Therapist was somewhat appropriately playful and fun with the patient when indicated, smiled and laughed frequently and at appropriate moments. Therapist was willing to get down on the floor if indicated to play with materials and engage in games.

6 Therapist fully embraced appropriately playful and fun attitude with the patient when indicated. Therapist smiled and laughed often and transitioned easily to floor play when indicated. No apparent fears of seeming silly or fun.

_____4. CREDIBILITY

0 Therapist did not appear credible with either patient or family. Seemed confused, lacking appropriate confidence, showed little knowledge of disorders, treatment, and cognitive-behavioral techniques.

2 Therapist appeared somewhat credible with both patient and family. Communicated some confidence and knowledge base to child/family. However, seemed to significantly lack confidence and communicated only a surface level of knowledge about disorders, treatment, and cognitive-behavioral techniques to patient and family.

4 Therapist seemed credible, communicated appropriate level of clinical confidence to both patient and family but struggled with occasional use of complex language, minor difficulty expressing theoretical concepts/diagnostic information, or included certain components of treatment that were not patient-specific.

6 Therapist demonstrated excellent credibility with both patient and family. Communicated optimal level of clinical confidence to patient and family, communicated optimal level of knowledge of disorders, treatment, and cognitive-behavioral techniques to patient and family. Explanations were free from jargon and individually tailored.

_____5. PACING AND PUSHING

0 Therapist pressured the patient to talk or made no attempts to structure the session.

2 Session seemed to have direction but therapist either pressured/rushed the patient too much or was too non-directive. Session was inefficient.

4 Session marked by a good balance between providing direction/structure and creating a relaxed atmosphere that did not hurry the patient. Session had treatment momentum but could be improved with greater focus and content.

6 Session marked by treatment momentum. Excellent balance between providing direction/structure and creating a relaxed milieu.

____6. INTERPERSONAL EFFECTIVENESS AND EMPATHIC COMMUNICATION

0 Therapist demonstrated poor interpersonal skills. Seemed hostile, demeaning, and cold. Attempts at communicating understanding seemed stilted, rehearsed and/or scripted.

2 Therapist seemed insincere. Communication of empathy limited to superficial paraphrasing or parroting. Neglect of the subtleties of patient's experience.

4 Therapist demonstrated adequate levels of warmth and satisfactorily grasped the patient's internal experience. Adequate evidence of therapist's ability to communicate this understanding in a jargon free, developmentally appropriate manner. Some responsiveness to verbal and non-verbal nuances.

6 Therapist demonstrated optimal levels of warmth and fully grasped the patient's internal experience. Excellent ability to communicate understanding in a jargon free and developmentally appropriate manner. Excellent responsiveness to non-verbal and verbal nuances.

Part II Session Structure

_____1. AGENDA

0 Therapist did not set agenda.

2 Therapist set agenda that was vague or incomplete.

4 Therapist worked with patient to set a mutually satisfactory agenda that included specific target problems (e.g. anxiety at school, difficulty with peers).

6 Therapist worked with patient to set an appropriate agenda with target problems, suitable for the available time. Established priorities and then followed agenda.

_____2. FEEDBACK

0 Therapist did not ask for feedback to determine patient's understanding of, or response to, the session.

2 Therapist elicited some feedback from the patient, but did not ask enough questions to be sure the patient understood the therapist's line of reasoning during the session or to ascertain whether the patient was satisfied with the session.

4 Therapist asked enough questions to be sure that the patient understood the therapist's line of reasoning throughout the session and to determine the patient's reactions to the session. The therapist adjusted his/her behavior in response to the feedback, when appropriate.

6 Therapist was especially adept at eliciting and responding to verbal and non-verbal feedback throughout the session (e.g. elicited reaction to session, regularly checked for understanding, helped summarize main points at end of session).

_____3. HOMEWORK

0 Therapist did not attempt to incorporate homework relevant to cognitive therapy.

2 Therapist had significant difficulties incorporating homework (e.g. did not review previous homework, did not explain homework in sufficient detail, assigned inappropriate homework).

4 Therapist reviewed previous homework and assigned "standard" cognitive therapy homework generally relevant to issues dealt with in session. Homework was explained in sufficient detail.

6 Therapist reviewed previous homework and carefully assigned homework drawn from cognitive therapy for the coming week. Assignment seemed "custom tailored" to help patient incorporate new perspectives, test hypotheses, experiment with new behaviors discussed during session, etc

Part III Strategies for Change

_____1. GUIDED DISCOVERY

0 Therapist relied primarily on debate, persuasion, or "lecturing." Therapist seemed to be "cross-examining" patient, putting the patient on the defensive, or forcing his/her point of view on the patient.

2 Therapist relied too heavily on persuasion and debate, rather than guided discovery. However, therapist's style was supportive enough that patient did not seem to feel attacked or defensive.

4 Therapist, for the most part, helped patient see new perspective thorough guided discovery (e.g. examining evidence, considering alternatives, weighing advantages and disadvantages) rather than through debate. Used questioning appropriately.

6 Therapist was especially adept at using guided discovery during the session to explore problems and help patient draw his/her own conclusions. Achieved an excellent balance between skillful questioning and other nodes of intervention.

_____2. FOCUSING ON KEY COGNITIONS AND/OR BEHAVIORS

0 Therapist did not attempt to elicit or identify specific thoughts, assumptions, images, meanings, or behaviors.

2 Therapist used appropriate techniques to elicit cognitions or behaviors; however, therapist had difficulty finding a focus or focused on cognitions/behaviors that were irrelevant to the patient's key problems.

4 Therapist focused on specific cognitions or behaviors relevant to the target problem. However, therapist could have focused on more central cognitions or behaviors that offered greater promise for progress.

6 Therapist very skillfully focused on key thoughts, assumptions, behaviors, etc. that were most relevant to the problem area and offered considerable promise for progress.

_____3. STRATEGY FOR CHANGE & CASE CONCEPTUALIZATION (Note: for this item, focus on the quality of the therapist's strategy for change and application of case conceptualization, not whether change actually occurred.)

0 Therapist did not select cognitive-behavioral techniques guided by a cohesive case conceptualization, but rather appeared to respond to patient distress in a disjointed manner.

2 Therapist selected cognitive-behavioral techniques; however, either the overall strategy for bringing about change seemed vague or did not seem promising in helping the patient.

4 Therapist seemed to have a generally coherent case conceptualization that showed reasonable promise evidenced by a strategy for change that incorporated cognitive-behavioral techniques.

6 Therapist followed a consistent case conceptualization that seemed very promising and incorporated a strategy for change utilizing the most appropriate cognitive-behavioral techniques.

___4. APPLICATION OF COGNITIVE-BEHAVIORAL TECHNIQUES (Note: for this item, focus on how skillfully the techniques were applied, not on whether change occurred)

0 Therapist did not apply any cognitive-behavioral techniques.

2 Therapist used cognitive-behavioral techniques, but there were significant flaws or deficits in the way they were applied.

4 Therapist applied cognitive-behavioral technique with moderate skill.

6 Therapist very skillfully and resourcefully employed cognitive-behavioral techniques.

Scoring:

The CTRS-CA is rated on a 7 point scale ranging from 0-6. A score of 6 should be reserved for EXPERT level. 4 is the expected score for COMPETENT CBT practice and most skillful CBT therapists will most likely achieve this level.

- 0- Therapist behavior indicating skill in this domain is ABSENT or NEARLY ABSENT as defined in the item anchors and manual. Many major and minor flaws in implementation are evident. ¦SEP¦

- 1- Therapist behavior indicating skill in this domain is MINIMALLY PRESENT as defined in the item anchors and manual. Minor and major flaws in implementation are obvious. ¦SEP¦

- 2- Therapist behavior indicating skill level in this domain is INCONSISTENTLY APPLIED and/or CONSISTENTLY BELOW A BASIC LEVEL of practice defined by the item anchors and manual. Several minor and major flaws in implementation are obvious. ¦SEP¦

- 3- Therapist behavior indicating skill at a BASIC level. The behaviors defined in the item anchors and the manual are applied more often than not and with moderate proficiency. Several minor flaws and some major flaws in implementation are evident. ¦SEP¦

- 4- Therapist behavior indicating skill at a COMPETENT level. The behaviors defined in the item anchors and the manual are applied quite frequently and with very good proficiency. Only a few minor or major falwss in implementation are evident ¦SEP¦

- 5- Therapist behavior indicating skill at EXCELLENT level of COMPETENCY. No major flaws and only some minor flaws in implementation are evident.

- 6- Therapist behavior indicating skill at an EXPERT level. The behaviors defined in the item anchors and the manual are completely present throughout the session and applied with EXCEPTIONAL COMPETENCY. Nearly flawless work in session

PSYCHODYNAMIC PRACTICUM VIDEO RATING FORM

Please watch a full video of a session the trainee has conducted and use the following scale to rate that video. These ratings are a required part of doctoral training, per the American Psychological Association. You will have the opportunity to provide qualitative feedback at the end of the form.. We encourage you to do this and to go over your feedback with the student.

Note: We realize you may have had limited access to video of sessions due to the nature of telepsychotherapy. If you feel unable to complete this evaluation, please email us to let us know (jordan.bate@yu.edu / tracy.prout@yu.edu)

For each item, keep in mind the following general scale:

0- Unacceptable performance from any student
2- Minimum level expected of beginning novice students
3- Minimum level expected of advanced students
4- Good
6- An exceptional student. Comparable to a skillful graduate of our program.

1. Overall Rating: Extent to which the therapist facilitated the patient's overall psychological development.
- 0   Unacceptable
- 2   Minimum competency for novice student
- 3   Minimum level expected of advanced student
- 4   Good
- 6   Exceptional

2. Understanding and tracking the process
- 0   The therapist's failure to understand or track the process derailed the process. The therapist may have focused too much on the concrete content. The therapist may have offered statements that reflected a gross misunderstanding of the unstated and implied meaning of the patient's experience.
- 2   The therapist had difficulty understanding or tracking the process, but the therapist evinced a limited understanding of the unstated and implied meaning of the patient's experience.
- 4   The therapist was able to understand and track some aspects of the process. At some points in the session, the therapist's verbal and nonverbal communications conveyed that in addition to understanding the explicit content of the session, the therapist was also tuned in to some, but not all, of the unstated and implied meaning of the patient's experience
- 6   The therapist was able to understand and track important aspects of the process. Throughout the session, the therapist's verbal and nonverbal communications conveyed that in addition to understanding the explicit content of the session, the therapist was also tuned in to the unstated and implied meaning of the patient's experience.

3. Flexibility/Rigidity
- 0   The therapist was overly rigid or overly flexible throughout the session. *Overly rigid*: Throughout the session, the therapist rigidly persisted with his/her approach even when it was clearly not meeting the patient's needs. *Overly flexible*: Throughout the session, the therapist changed his/her approach haphazardly in a manner that was not responsive to the patient's needs.
- 2   The therapist was too rigid or too flexible at some points in the session. At times, the therapist rigidly persisted with his/her approach, OR changed his/her approach haphazardly. \
- 4   For most of the session, the therapist was neither too rigid nor too flexible. Once or twice, the therapist

may have been a little slow to modulate an approach that was not working, or the therapist may have been a little quick to give up on an approach that seemed promising, but in general, the therapist's approach was responsive to the patient's needs.

6   The therapist struck the right balance—he or she was neither too rigid nor too flexible. When appropriate, the therapist modulated his/her approach in response to the patient's needs. When appropriate, the therapist maintained a steady, consistent approach and did not allow him or herself to be sidetracked.

4. Empathy

0   The therapist displayed a marked lack of empathy. The therapist may have displayed hostility toward the patient, or appeared to disregard and/or lack interest in the patient's experience.

2   The therapist displayed rudimentary empathic skills. The therapist showed some awareness of the patient's obvious, surface-level feelings, but the therapist seemed to have some difficulty understanding the patient's experience from the patient's point of view.

3   The therapist displayed minimally adequate empathic skills. The therapist was able to reflect back the patient's experience—but no more.

4   For most of the session, the therapist displayed good empathic skills. The therapist was able to do more than just reflect back the patient's expression of his or her experience—the therapist conveyed some understanding of an unstated or unexpressed aspect of the patient's experience.

6   Throughout the session, the therapist displayed excellent empathic skills. Through both verbal and nonverbal forms of communication, the therapist conveyed a sensitive understanding of the patient's experience, including aspects of the patient's experience of which the patient may not have been fully aware.

5. Facilitating patient engagement

Note that these ratings are of the therapist's efforts to facilitate engagement. The extent to which the patient actually is engaged will also reflect patient variables over which the therapist has no control. With this item, we are only rating the therapist's contributions.

0   Throughout the session, the therapist discouraged patient engagement in the work of therapy. Either the therapist was exceptionally passive, or the therapist dominated the session in a way that left no space for the patient.

2   The therapist tried to encourage and facilitate patient engagement in the work of therapy. At times, the therapist was too passive or the therapist was doing all the work.

4   For most of the session, the therapist encouraged and facilitated patient engagement in the work of therapy. Once or twice, the therapist may have been somewhat passive or may have been doing a little too much of the work.

6   Throughout the session, the therapist encouraged and facilitated maximal patient engagement in the work of therapy. The therapist struck the right balance the therapist was not too passive, nor was the therapist doing all the work.

6. Deepening/regulating emotions

0   Throughout the session, the therapist responded inappropriately to the patient's expression of emotions. The therapist responded to the patient in ways that either inhibited the patient's level of experiencing, or that increased the patient's emotional dysregulation.

2   The therapist tried to respond appropriately to the patient's expression of emotions. At times, the therapist may have missed opportunities to deepen the patient's level of experiencing, and/or the therapy may have failed to help the patient regulate overwhelming feelings.

4   For most of the session, the therapist responded appropriately to the patient's expression of emotions. Once or twice, the therapist may have failed to take full advantage of an opportunity to deepen the

patient's level of experiencing, or the therapist may have been too quick or too slow to help a patient regulate potentially overwhelming feelings.

6 Throughout the session, the therapist responded appropriately to the patient's expression of emotions. When appropriate, the therapist clarified the patient's feelings in order to deepen the patient's level of experiencing. When appropriate, the therapist helped the patient regulate feelings that threatened to overwhelm the patient.

7. Patterns in relationships

N/A Due to the content of the session, the therapist had no opportunity to identify and explore patterns in the patient's interpersonal relationships.

0 The therapist did not explore patterns in the patient's interpersonal relationships in an appropriate manner. The therapist may have failed to identify and explore obvious patterns in the patient's interpersonal relationships, including, when appropriate, past and/or present relationships (extratransferential), OR the therapist may have focused excessively on interpersonal patterns in a manner that was harmful to the process and/or the patient-therapist relationship.

2 The therapist made a rudimentary effort to explore patterns in the patient's interpersonal relationships. The therapist's exploration may have been clumsy, partly off-base, or overly intellectualized.

4 The therapist identified and attempted to explore relevant patterns in the patient's interpersonal relationships, including, when appropriate, past and/or present relationships (extratransferential).

6 The therapist was particularly skilled at identifying and exploring patterns in the patient's interpersonal relationships, including, when appropriate, past and/or present relationships (extratransferential).

8. Transference/Countertransference, or exploring the therapeutic relationship

N/A Due to the content of the session, the therapist had no opportunity to identify and explore themes in the therapeutic relationship (transference/countertransference). Please note that this code does not mean that transferential themes were not relevant to the process; rather, N/A means that there was no opportunity to discuss these themes in the session.

0 The therapist failed to explore the therapeutic relationship in an appropriate manner when it was clearly called for. The therapist may have failed to identify and explore very clear and relevant dynamics and patterns in the patient-therapist relationship, OR the therapist may have focused excessively on the patient-therapist relationship in a manner that was not responsive to the patient's needs. Any hostile, critical, and/or iatrogenic focus on the therapeutic relationship should receive this rating.

2 The therapist missed opportunities to explore the therapeutic relationship, but this failure did not appear to harm the relationship or significantly impede the work of therapy. There were no moments when exploration of the therapeutic relationship was very clearly called for—the opportunities to explore the transference/countertransference were subtle enough that most novices would have missed them.

3 The therapist tried to explore the transference/countertransference. The therapist may have failed to identify the most relevant dynamics and patterns, or the therapist's exploration may have been clumsy or overly intellectualized.

4 The therapist recognized and attempted to explore the transference/countertransference. The therapist may have missed some minor opportunities to explore the most relevant dynamics and patterns, or the therapist may have focused a little too long on an aspect of the patient-therapist relationship that was not responsive to the patient's needs, but in general, the therapist's focus on the transference/countertransference was appropriate.

6 When appropriate, the therapist skillfully recognized and attempted to explore the transference/countertransference, i.e., the therapist recognized and explored dynamics and patterns in the patient-therapist relationship, and/or drew links between other relationships in the patient's life and

the patient-therapist relationship. When appropriate, the therapist metacommunicated about his or her experience of the patient-therapist interaction.

9. Play therapy skills/playfulness

N/A — Due to the content of the sessions, the therapist had no opportunity to utilize play therapy interventions or a general attitude of playfulness.

0 — The therapist failed to engage effectively in the play or to exhibit a general attitude of playfulness or the playfulness was inappropriate to the situation or content of the sessions. The therapist may have incorporate materials that were too overstimulating or under-stimulating, OR the therapist may have been too rigid, permissive, or disengaged with regards to the play. For sessions that rely more on talk therapy (and less on overt play therapy), the therapist may have been overly serious or unable to be playful with the patient. This lack of playfulness impeded the therapeutic process.

2 — The therapist missed opportunities to be playful or to engage in play with the patient but this did not appear to harm the relationship or significantly impede the work of therapy.

3 — The therapist tried to engage in play (e.g. games, art, dramatic play) and to explore themes through the play OR the therapist was able to be playful through a talk therapy paradigm. The therapist may have failed to utilize play/playfulness in the best way, but attempts were made.

4 — The therapist engaged in play and/or playfulness in a way that was clearly therapeutic. The therapist may have missed some minor opportunities to be playful or to utilize play therapeutically, but in general, the play interventions were appropriate.

6 — When appropriate, the therapist skillfully utilized play therapy interventions or an attitude of playfulness. The therapist was able to recognize and attempted to communicate about themes in the play. These play therapy interventions were therapeutic and contributed to a rich and meaningful therapeutic process.

10. Cultural Competence

0 — Therapist shows a lack of awareness of or insensitivity to issues around identity, self-definition, privilege and power within the therapeutic space.

2 — The therapist makes attempts to integrate thoughtfulness about culture, but does so in a way that is one-sided, overly simplified, or at risk of being considered insensitive.

4 — The therapist is able to notice when issues around identity, sociocultural contexts, privilege and power arise in the therapy session, and may have difficulty openly exploring and addressing these but shows an openness to exploring these issues in treatment.

6 — Therapist's stance reflects high degree of emotional competence with regards to culture, including self-awareness, taking a position of "knowing what we don't know," attunement to identity and intersectionality, the capacity to hold ambiguity, efforts to recognize and understand the patient's experiences and ways of using language and communicating, as well as an awareness of what they represent to their patients and what their patients represent to them.

11. Engagement with Parents/Caregivers

N/A — Due to the content of the sessions, the therapist had no opportunity to engage parents in the therapeutic work. Please note that this code does not mean that the parent was not relevant to the process; rather, N/A means that there was no opportunity to engage the parents in the sessions.

0 — The therapist failed to consider the child within the context of their family and wider environment and did not give any thought to supporting or working with parents, caregivers, or other family members. OR the therapist considered the role of the parent or caregiver in understanding the child's presentation but did so in a way that was hostile, judgmental, or overly-involved and did not support the treatment of the child.

2 — The therapist minimally considered the relationship with the caregivers and missed opportunities to

engage caregivers and other family members in treatment of the child, however, this failure did not appear to harm the relationship or significantly impede the work of therapy. There were no moments when engagement with the parent was explicitly necessary, and the exploration of the therapeutic relationship with the parent was very clearly called for. Liaising with the parents was at a level expected for most novice therapists.

3   The therapist demonstrated a clear understanding of how parenting and the parent-child relationship impact children at different ages and stages of development, and actively attempted to build a therapeutic alliance with the caregivers in order to support the child's engagement and continuity in treatment.

4   The therapist demonstrated an understanding of not only how parenting practices impact children, but also how the parent/caregiver's own experience may affect their parenting, and the nature of intergenerational patterns and the transmission of trauma. As such, the therapist actively considered ways to include the parent/caregiver in treatment and intervene to improve their ability to understand the child's internal world and respond sensitively to support the child's development. The therapist may miss some minor opportunities or avoid more difficult issues, but in general the therapist's engagement with the parents/caregivers and family was appropriate.

6   The therapist was able to draw on multiple models of working with parents, including individual, dyadic, or family therapy, and established a collaborative therapeutic alliance with parents and caregivers through which to intervene and increase their capacities for mentalization, emotion regulation, attunement, playfulness, and sensitive responsiveness. When appropriate, the therapist was able to make links between the parent/caregiver's own history and their parenting or experience of the child. Furthermore, the therapist balanced the focus on the child with providing support to the parent/caregiver, and connected the family to additional services when necessary.

12. Were there any significant, unusual factors that you feel justified the therapist's departure from the standard approach measured by this scale?

Supervisor comments and feedback:

Appendix G. Evaluation of Research Competencies

RESEARCH PROJECT I
Form Psy.D. - 01

Student   _____

Program   _____

Title of RPI:
_____

General Topic Area _____

The enclosed written document meets the below required competencies for satisfaction of the Research Project I requirement:
- writing a comprehensive, up-to-date, critical review of the literature in a selected area of research that integrates existing scholarly work
- analyzing qualitative and/or quantitative research studies with an understanding of their strengths, limitations, and implications
- generating hypotheses for further study
- communicating ideas clearly and effectively in writing using APA style

Comments:
_____
_____
_____
_____

Date Completed   _____

Sponsoring Course   _____

Research Advisor   _____

Program Director   _____

Proposal for Research Project II
Form Psy.D. 02

Student Name:	
Program:	School-Clinical Child Psychology Combined Doctoral Program
Title of Project:	
General Area:	
Research Advisor:	
Reader 1:	
Date Approved:	
Sponsoring Course:	PSS 6915

The full RPII proposal should accompany this form.

Research Advisor
[Typed name of research advisor]

Faculty Reader 1
[Typed name of faculty reader 1]

EXAMINER'S REPORT ON ORAL DEFENSE OF DISSERTATION/ PSY.D RESEARCH PROJECT II

Form-Psy.D.-03

Student Name: _____
Last   First   Middle

YU ID #:   _____

Program: _____   Degree: _____   Expected Grad Date: _____

Title of Dissertation/Psy.D. Research Project II:

_____

(FOR TRANSCRIPT PURPOSES, PLEASE LIMIT TITLE TO 72 LETTERS AND SPACES)

My evaluation of the student's performance on the dissertation/research project and today's oral defense examination is as follows:

DISSERTATION/RESEARCH PROJECT   ORAL DEFENSE EXAMINATIONS
( ) Passed without revisions   ( ) Passed
( ) Passed with minor revisions   ( ) Failed
( ) Passed with major revisions
( ) Failed

Comments:

( ) Committee Chairperson

( ) Committee Member

( ) Reader/Examiner

Signature of Oral Examination Sponsor: _____   Date:

In order to pass competency, students must:
- Demonstrate excellent grasp of the theories that are relevant to the chosen area of research
- Articulate how study fits within a research program and serves to benefit the field
- Consider multicultural and diversity issues and appropriately integrate them into evaluation of current literature and generation of research questions
- Choose an optimal study design to answer research questions, while appropriately acknowledge resource constraints and timing issues
- Demonstrate competence in human subjects' research and all relevant related issues
- Incorporate issues related to multiculturalism and diversity into research design and/or results (e.g. inclusion of diverse participants, consideration of demographic moderators)
- Demonstrate skills necessary to conduct research and assist with data collection
- Select appropriate analyses and executed analyses independently (with consultation if analyses are especially complex)
- Incorporate feedback from primary and secondary on research proposal
- Prepare paper is integrated by theme and idea; not simply abstract stacking
- Present results and conclusions clearly
- Develop and present a talk that would be appropriate for a national conference
- Engage in a scholarly discussion of field and how current work fits into the field
- Respond knowledgably to questions posed
- Acknowledge/articulate strengths and weaknesses of the work

If the document doesn't meet competence in these areas, it must be revised, and the defense meeting must be held again.

Revisions may be required even if both defense and document meet competence.

Minor revisions must be read and approved by the committee chair, major revisions must be read and approved by the whole committee.

Appendix H: Externship Plan

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EXTERNSHIP PLAN

This Plan is a statement of mutual agreement between Yeshiva University's School-Clinical Child Psychology Program and (supervisor's name) _____ who is employed by (name of facility) _____ regarding (name of Intern) _____'s externship experiences.

It is understood the Extern is enrolled in the School-Clinical Child Psychology Program at Yeshiva University and must complete an Externship as part of her/his degree requirements. This Externship experience will include a minimum of _____ hours for the year. It will commence on _____ and end on _____

The Extern's responsibilities are described in this document and need to be respected within the framework of the employment setting. This designation ("Extern") must also appear in all correspondence between the Program and the supervisor.

1. The externship is designed to provide the Intern with a sequence of experiences designed to enhance professional attitudes, responsibility, communication skills, critical judgment and technical skill.
2. The externship provides training in a range of assessment and intervention activities conducted with and for children and youth or adults needing psychological or psychoeducational services.
3. The externship agency employs a designated licensed psychologist who is responsible for the integrity and quality of the externship experience.
4. A licensed psychologist should provide supervision. The supervisor should be a staff member of the agency or an affiliate of that agency or a designated person from the faculty who is responsible for Externship experiences.
5. The Supervisor, together with the extern, will develop an experience that both broadens and expands on the activities that the student was involved with in the past.
6. The student will have the title of "Extern" on all correspondence between the training program and the site
7. The Externship includes an average of at least one hour per week of regularly scheduled formal, face-to-face individual supervision with the specific intent of dealing with school/clinical psychological services rendered directly by the Extern.
8. In addition to individual supervision, there is an additional average of at least one hour per week in scheduled learning activities such as: case conferences, seminars, in service training, etc. These activities may be in conjunction with other professionals.
9. The Externship supervisor evaluates the student twice a year on issues of knowledge, skills and attitudes.
10. Supervision and education will account for at least 10% of the Intern's time. Some of the activities may occur at times other than the regular workday.
11. The intern may spend up to 25% of the time in research activity.

(Condensed and modified from the Council of Directors of School Psychology Programs Guidelines for Doctoral Internships in School Psychology)

Please indicate whether the Intern will be engaged in the following activities during the 2021-2021 academic years.

	2021-2022
Alcohol and drug treatment	
Assessment w. preschoolers	
Assessment with children/adolescents	
Assessment with adults	
Attend workshops/ rounds, case conferences	
Classroom management	
Conduct In-Service training	
Conduct workshops, present at case conferences	
Consultation/Liaison work	
Crisis intervention	
CSE/CBST meetings	
Dyadic intervention	
Educational Planning	

</div>

Family treatment	
File reviews	
Group treatment/ Counseling	
Individual Treatment/Counseling With children With adolescents **With adults**	
Inpatient work	
Interviewing/ Intakes	
Neuropsych assessment	
Observation	
Outpatient work	
Peer mediation	
Pre-K screening	
Psychopharmacological Issues	
Remediation	
Report writing	
Research	
Social skills training	
LIVE Supervision received (Live, audio or video)	
Supervision to others	
Other activities	
TOTAL # of HOURS /WEEK – on average	

Describe the population with whom the Intern will be working: (Age range, ethnicity, SES):

Describe the Intern's responsibilities (Use other side of page)

By signing this document I am agreeing to the conditions being proposed.
Student's Name and SIGNATURE   _____
Name of Placement and address   _____
                                                 _____
Supervisor's Name and SIGNATURE   _____
Telephone #   _____
Supervisor's Email Address   _____

Appendix I: EXTERNSHIP/INTERNSHIP SUPERVISION LOG FOR SCHOOL OR CLINICAL EXTERNSHIP/INTERNSHIP

Completed in December and May

Your name:

Externship/Internship setting:

Primary Supervisor:

1. Please describe the supervisory process during the month (include information on the type of supervision - didactic, role playing, observing supervisor, relational, skills- development, etc.).

   a. Do you have any additional supervisors? If so, please describe those supervisory activities.

2. During this semester indicate which of these activities were "Observed" (Live, Audio, Video) by your supervisor. Insert an "x" in the appropriate cell to indicate the type of observation during this past month. If you were not observed in any of these activities, please leave the cell blank.

	Live	Audio	Video
Intervention (individual or group)			
Intakes/Interviews			
Assessment			
Consultation			
Other: Indicate			

3. Please evaluate your supervision (this information is confidential)

Appendix J: Supervisor's evaluation of student competencies on externship/internship

Combined School-Clinical Child Psychology Program
Ferkauf Graduate School of Psychology
Externship/Internship Evaluation of Student
Progress Report

Supervisor Name:
Site and Rotation:
Student Name:

1. **Duration of Field Experience:**
    i. Beginning date of Externship/Internship
    ii. Ending date of Externship/Internship

2. **Supervision**
    i. Number of hours per week of individual supervision
    ii. Number of hours per week of other types of supervision

3. **TOTAL NUMBER OF HOURS COMPLETED FROM BEGINNING DATE OF EXTERNSHIP/INTERNSHIP**

Because evaluation is an important aspect of our program, we would appreciate your assessment of this trainee's skills associated with field experience. Because our students engage in different field experiences at each level of their training, all of the skills and behaviors delineated below may not be applicable for this particular trainee at this time.

4. Please use the scale below (1-6) to provide one overall rating for the student for their performance. We are interested in the student's level of competence and professionalism as reflected in the following domains:
    · Administration, scoring and interpretation of psychological/psychoeducational tests
    · Data Collection (Interviews, intakes, record review)
    · Communication skills (active listening, communicates effectively)
    · Writing skills
    · Intervention skills
    · Adherence to ethical and professional standards
    · Competence in regard to cultural ethnic and individual differences
    · Response to supervision
    · Completion of assignments in a timely manner
    · Interpersonal and collaborative skills
    · Self-reflective abilities
    · Realistic sense of strengths and challenges
    · Emotional Maturity
    · Professionalism
    · Knowing how the system works
    · Use of evidence-based practice
    · Build client-therapist relationship
    · Consultation
    · Supervising Others

1) Not competent and/or has not shown improvement
2) Some problems present or showing improvement but problems persist
3) Problem observed; improvement demonstrated
4) Competent for current level of training
5) More than competent for current level of training
6) Highly competent for current level of training

5. Are there specific skill sets or competencies that you feel this student needs to address?

6. Does the student have specific strengths that you wish to highlight?

7. Please note anything you would like us to know about adaptations that were made to the training experience in light of the spread of COVID-19 and the student's responsiveness and professionalism with regard to those changes.

Appendix K: Internship Plan

To be completed for students who are interning at non-APA-accredited Internships.

<div align="center">

INTERNSHIP PLAN

</div>

This Plan is a statement of mutual agreement between Yeshiva University's School-Clinical Child Psychology Program and (supervisor's name) _____ who is employed by (name of facility) _____ regarding (name of Intern) _____'s Internship experiences.

It is understood the Intern is enrolled in the School-Clinical Child Psychology Program at Yeshiva University and must complete an Internship as part of her/his degree requirements. This Internship experience will include a minimum of 1500 -1750 hours for the year. It will commence on _____ and end on _____

The Intern's responsibilities are described in this document and need to be respected within the framework of the employment setting. This designation ("Intern") must also appear in all correspondence between the Program and the supervisor.

1. The Internship is designed to provide the Intern with a sequence of experiences designed to enhance professional attitudes, responsibility, communication skills, critical judgment and technical skill.
2. The Internship provides training in a range of assessment and intervention activities conducted with and for children and youth or adults needing psychological or psychoeducational services.
3. The Internship agency employs a designated licensed psychologist who is responsible for the integrity and quality of the Internship experience.
4. A licensed psychologist should provide supervision. The supervisor should be a staff member of the agency or an affiliate of that agency or a designated person from the faculty who is responsible for Internship experiences.
5. The Supervisor, together with the Intern, will develop an experience that both broadens and expands on the activities that the student was involved with in the past.
6. The student will have the title of "Intern" on all correspondence between the training program and the site
7. **Interns receive at least 4 hours of supervision per week. One or more doctoral level psychologists, who are appropriately trained and licensed, are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year.**
8. **Supervisory hours beyond the 2 hours of individual supervision must be consistent with the definition of supervision in the glossary, and must be supervised by health care professionals who are appropriately credentialed for their** role/contribution to the program. These interactive experiences can be in a group or individual format.
9. Interns should have access to consultation and super- vision during times they are providing clinical services.
10. The doctoral-level licensed psychologist supervisors maintain overall responsibility for all supervision, including oversight and integration of supervision pro- vided by other professionals.
11. In addition to individual supervision, there is an additional average two hours hour per week of other supervised experiences. These activities may be in conjunction with other professionals.
12. The Internship supervisor evaluates the student twice a year on issues of knowledge, skills and attitudes.
13. Supervision and education will account for at least 10% of the Intern's time. Some of the activities may occur at times other than the regular workday.
14. The intern may spend up to 25% of the time in research activity.

(Condensed and modified from the Council of Directors of School Psychology Programs Guidelines for Doctoral Internships in School Psychology and the American Psychological Association's Standards of Accreditation)

Please indicate whether the Intern will be engaged in the following activities during the 2019-20 academic years.

	2019-20
Alcohol and drug treatment	
Assessment w. preschoolers	
Assessment with children/adolescents	
Assessment with adults	
Attend workshops/ rounds, case conferences	
Classroom management	
Conduct In-Service training	

Conduct workshops, present at case conferences	
Consultation/Liaison work	
Crisis intervention	
CSE/CBST meetings	
Dyadic intervention	
Educational Planning	
Family treatment	
File reviews	
Group treatment/ Counseling	
Individual Treatment/Counseling With children With adolescents **With adults**	
Inpatient work	
Interviewing/ Intakes	
Neuropsych assessment	
Observation	
Outpatient work	
Peer mediation	
Pre-K screening	
Psychopharmacological Issues	
Remediation	
Report writing	
Research	
Social skills training	
LIVE Supervision received (Live, audio or video)	
Supervision to others	
Other activities	
TOTAL # of HOURS /WEEK – on average	

Describe the population with whom the Intern will be working: (Age range, ethnicity, SES):
Describe the Intern's responsibilities (Use other side of page)

By signing this document I am agreeing to the conditions being proposed.
Student's Name and SIGNATURE _____
Name of Placement and address _____
_____
Supervisor's Name and SIGNATURE _____
Telephone # _____
Supervisor's Email Address _____

Appendix L: Attendance and Class Participation Grading Rubrics

Adapted from Chapnick, A. (2005). A Participation Rubric. *The Teaching Professor, 19*(3), 4-5.

A+

- Actively supports, engages and listens to instructor and peers.*
  **Did not* use the internet/work on other assignments during lecture, discussion, and presentations.

- Arrives fully prepared at *every* session with *all* assigned readings completed.

- Plays an active role in discussions (Comments *consistently* advance the level and depth of the dialogue).

- Group dynamic and level of discussion are *consistently* better because of your presence.

- No absences during the semester, *consistently* on time to class.

A

- Actively supports, engages and listens to instructor and peers.*
  **Rarely* used the internet/worked on other assignments during lecture, discussion, and presentations.

- Arrives fully prepared at *almost* every session.

- Plays an active role in discussions (Comments *occasionally* advance the level and depth of dialogue).

- Group dynamic and level of discussion are *often* better because of your presence.

- 1-2 excused absences during the semester and *consistently* on time to class.

B

- Makes a sincere effort to interact with instructor and peers.*
  **Occasionally* used the internet/worked on other assignments during lecture, discussion, and presentations.

- Arrives *mostly*, if not fully, prepared at every session.

- Participates constructively in discussions (Makes relevant comments based on the assigned readings).

- Group dynamic and level of discussion are *occasionally* better (never worse) because of your presence.

- 1-2 excused absences during the semester and *occasionally* late to class.

C

- Limited interaction with instructor and peers.*
  **Frequently* used the internet/worked on other assignments during lecture, discussion, and presentations.

- Preparation and therefore level of participation are both inconsistent.

- When prepared, participates constructively in discussions (Makes relevant comments based on the assigned

readings).

- Group dynamic and level of discussion are not affected by your presence.

- More than 2 absences during the semester and/or *frequently* late to class.

F

- Virtually no interaction with instructor and peers.*
  *Used the internet/worked on other assignments during lecture, discussion, and presentations in *every session*.

- Rarely prepared and rarely participates.

- Comments are generally vague or drawn from outside of assigned readings.

- Demonstrates a noticeable lack of interest on occasion.

- Group dynamic and level of discussion are harmed by your presence.

- More than 2 absences during the semester and/or *typically* late to class.

A+ (100 pts)	● Attends 100% of class meetings and arrives on time ● Demonstrates ongoing very active involvement ● Actively engages and listens ● Arrives fully prepared at every session ● Comments advance the level and depth of dialogue and are related to readings and other material ● Frequently offers interpretations and analysis of the readings (more than just facts) to class ● Group dynamic and level of discussion are consistently better because of the student's presence
A (90-99 pts)	● Attends 100% of class meetings or misses only one class meeting ● Demonstrates consistent ongoing involvement ● Actively engages and listens ● Arrives fully prepared at almost every session ● Comments occasionally advance the level and depth of dialogue and are related to readings and other material ● Often offers interpretations and analysis of the readings (more than just facts) to class. ● Group dynamic and level of discussion are often better because of the student's presence
B (80-89 pts)	● Attends 100% of class meetings or misses up to two class meetings ● Demonstrates sporadic ongoing involvement ● Attempts to engage and listen ● Arrives mostly, if not fully, prepared ● Makes relevant comments based on the assigned material ● Offers straightforward information without elaboration or very infrequently ● Occasionally offers interpretations and analysis of the readings (more than just facts) to class.

	● Group dynamic and level of discussion are occasionally better (never worse) because of the student's presence
C (70-79 pts)	● Attends 100% of class meetings or misses up to three class meetings ● Demonstrates infrequent involvement ● Rarely attempts to engage – OR - sometimes appears to not be listening ● Preparation, and therefore level of participation, are inconsistent ● When prepared, participates constructively in discussions and makes relevant comments based on the assigned material ● Does not volunteer to participate, but contributes to a moderate degree when called on ● Group dynamic and level of discussion are not affected by the student's presence
D (60-69 pts)	● Attends 100% of class meetings or misses up to three class meetings ● Demonstrates virtually no active involvement ● Does not attempt to engage – OR - appears to not be listening or has been observed sleeping in class at times ● Rarely participates or is rarely prepared ● Comments are generally vague or drawn from outside/unrelated material ● Demonstrates notable lack of interest (on occasion) ● Group dynamic and level of discussion are not affected by student's presence
F (<60 pts)	● Attends 100% of class meetings or misses more than three class meetings ● Demonstrates no involvement ● Does not engage, appears to not be listening, or has been observed sleeping in class ● Never participates or is never prepared ● Demonstrates notable lack of interest ● Group dynamic and level of discussion are hindered by student's presence ● Present and sometimes disruptive

Points will be AUTOMATICALLY deducted for the following behaviors:

● Any cell phone usage
● Inappropriate computer use
● Sleeping in class
● Missing more than two classes
● Arriving late to class on a regular basis
● Lack of active participation in class discussion
● Interrupting the instructor or other students
● Inappropriate talking during class (for example, while instructor is lecturing or other students are speaking)

Appendix M: Student Evaluation for Practicum in Child Therapy Courses

Combined School-Clinical Child Psychology Program
Ferkauf Graduate School of Psychology
Student Evaluation for PSS 6625/6626 Practicum in Child Therapy: CBT

Student Name: _____   Supervisor Name: _____

Please check the semester for which this evaluation applies: Fall 20__   Spring 20__

1.   **Please rate the student on the following items using a scale from 1 to 5, where:**

5	Greatly exceeds expectations, given level of training
4	Exceeds expectations, given level of training
3	Meets expectations, given level of training
2	Needs attention, given level of training
1	Below expectations, given level of training
NA	Not able to assess/Not applicable

1.	Professionalism (adherence to the ethical and technical standards of helping professionals including: attitude toward supervision, professional presentation, completion of notes/reports in a timely manner, punctuality, etc.).
2.	Responsibility (i.e., willingness to be accountable for actions)
3.	Preparedness for supervision meetings and dependability (i.e., follow through on tasks, responsiveness to supervisor instructions/assignments/suggestions (e.g., completing recommended readings, implementing suggested interventions, procuring materials, etc.))
4.	Thoughtfulness about his/her own strengths and weaknesses as a therapist and awareness of one's personal role in the client's experience of therapy
5.	Responsiveness and openness to supervisor feedback related to therapeutic style, approach, or conceptualization
6.	Case conceptualization skills and ability to integrate CBT theory and models of disorders into understanding client's strengths and difficulties and treatment planning
7.	Clinical purposefulness (ability to take an active, solution-focused stance and to implement a clinical plan as appropriate, even in the face of client resistance)
8.	Ability to use clinical techniques and interventions with skill
9.	Sensitivity to client diversity, including cultural, socio-economic, racial, religious, and sexual orientation

10.	Clinical flexibility and resourcefulness related to treatment planning and treatment delivery

2. **Please describe this student's key strengths and areas for growth:**

3. **Please provide any additional comments. Comments clarifying any ratings of "Needs Attention" ratings or "Below Expectations" would be particularly helpful.**

Student Evaluation for PSS 6611/6612 Practicum in Child Therapy: Psychodynamic

Combined School-Clinical Child Psychology Program
Ferkauf Graduate School of Psychology
Student Evaluation for PSS 6611/6612 Practicum in Child Therapy: Psychodynamic

PSYCHODYNAMIC PRACTICUM OVERALL EVALUATION FORM

Directions: The following items reflect competencies in psychodynamic child and adolescent therapy utilizing both play and verbal interventions. Please select all individual items that apply to this student's clinical work at the current time. A perfect score (i.e. success in all categories) is aspirational but no trainee is expected to have achieved all of these clinical skills.

At the conclusion of this survey, you will also be able to see all of your responses and save them as a PDF. We encourage you to do this and to go over your feedback with the student.

Global Goals
Did the student achieve the following goals? Select all that apply.
1. Approaches child/family in a non-judgmental manner
2. Establishes an alliance with child
3. Presents a warm and collaborative attitude
4. Empathizes with child's feelings about the child's difficulties and/or child's feelings about coming to therapy
5. Demonstrates an effective balance between supportive and expressive interventions

Addressing the Child's Emotions and Activities
Does the student do the following things with their patients? Select all that apply.
1. Remains experience-near
2. Avoids unnecessary or simple reassurance
3. Avoids a moralistic stance
4. Uses a variety of supportive interventions when indicated

Specific Interventions
Has the student done the following things? Select all that apply.
1. Sets limits when necessary and addresses the child's response as part of the ongoing work
2. Interprets avoidance
3. Other defensive maneuvers are noted
4. Issues related to the end of session (or termination) are identified

Use of Clinician/Patient Relationship in the Treatment

Has the student done the following things? Select all that apply.
1. Focuses on interactions within the therapeutic relationship
2. Allows for displacement of disruptive behaviors to the clinician, without interference
3. Clinician contains countertransference responses appropriately
4. Clinician uses limit setting when appropriate (ex. safety)
5. Clinical maintains a generally positive regard throughout the session

Additional Play Therapy Items
Score only for students who conducted play therapy sessions
1. Encourages development of new play activities without interference
2. Discusses play actions within the play
3. Provides meaningful interpretation of the symbolic meaning of play
4. Recognizes the importance of addressing interruptions in play
5. Identifies patterns of play, repetitions, and play disruptions

Key strengths and areas for growth:

Sensitivity to patient's dynamics/ability to maintain an empathic stance:

Ability to discuss and manage countertransference:

Ability to conceptualize and work with transference (through interpretation, displacement in play, etc.):

Capacity to ask for help when experiencing difficulty:

Overall Evaluation:

Appendix N: Attestation of Experience by Supervisor

TO BE COMPLETED BY STUDENT (*Please Print Clearly or Type)*

Last name of applicant	First Name	Middle Initial
Street address		
City State		Zip Code

STUDENTS MUST NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY SUPERVISOR (please print clearly or type)

Last name of supervisor	First Name	Middle Initial
Street address		
City State		Zip Code

SUPERVISOR'S QUALIFICATIONS AT ONSET OF SUPERVISION

Title (s)						
Institution				Phone Number		
Psychology Certification/ License (s)	State/Province		Year Issued		Certificate Number	
	State/Province		Year Issued		Certificate Number	
ABPP Diplomate	Number	Clinical	Counseling	Industrial	School	Year Awarded
APA Fellow	Yes	No	Year Awarded	In which Division (s)? Numbers or Names		

STUDENT'S WORK EXPERIENCE ATTESTED TO

Institution Name

Institution Location

Start Date	End Date	Job Title	Hours/Week
Mo./Day/Yr.	Mo./Day/Yr.		

Job Duties:

_____

_____

_____

Total number of Hours of Externship/Internship (Full-Year):

Frequency of Supervision: (Check all which apply)

Kind of Supervision	One Hour		Two Hours		Other (Specify)
	Weekly	Biweekly	Weekly	Biweekly	
Individual Face to Face on Site					
Seminars					
Group Supervision					
Apprenticeship Activities					
Others (Specify)					

Do you have any reservations about the applicant's professional competence, professional conduct, or moral characters?	Yes	No

If "yes" to above, please explain (attach additional sheets, if necessary):

_____

_____

_____

_____   _____
Signature   Date

Appendix O: Student Evaluation of School-Clinical Child Psychology Externship/Internship

Student Name
Name of Externship Site

1. Please specify rotations/school level or type/other identifying information.
2. In what month did your externship begin?
3. Name of Primary Supervisor
4. Which cohort of students would you recommend apply for this placement? You can pick more than one.
    o 2nd Year
    o 3rd Year
    o 4th Year
    o 5th Year (Internship)
    o Don't send anyone here!

5. Please list and/or describe the major strengths of this site:
6. Please list and/or describe the major weaknesses of this site:

7. Please use the following 5-point rating scale to evaluate the training you received at your site.

> Not Acceptable
> Minimally Acceptable
> Acceptable
> Very Acceptable
> Excellent training
> NA

    a. Cognitive Assessment
    b. Personality Assessment
    c. Neuropsychological Assessment
    d. Report Writing
    e. Interpretation and Integration of Data
    f. Conduct Observations
    g. Conduct Interviews/Intakes
    h. Psychopharmacology
    i. Work with Multicultural and Otherwise Diverse Populations
    j. Classroom Management
    k. Individual Therapy with Children/Adolescents (Psychodynamic)
    l. Individual Therapy with Children/Adolescents (Cognitive-Behavioral)
    m. Use of Empirically-Supported Interventions
    n. Individual Therapy with Adults (Psychodynamic)
    o. Individual Therapy with Adults (Cognitive-Behavioral)
    p. Family Interventions/Family Therapy
    q. Couples Therapy
    r. Consultation
    s. Group Work
    t. Working with Severely Emotionally Disturbed Individuals
    u. Supervision Received
    v. Professional Interaction (Teachers, Psychologists, Psychiatrists, Social Workers)

w. Crisis Intervention and Trauma
x. Substance Abuse
y. Child Abuse
z. Training in Supervision
aa. Availability of Supervisor When You Have Questions or Concerns

8. Please evaluate your primary supervisor.

Not Acceptable
Minimally Acceptable
Acceptable
Very Acceptable
Excellent training
NA

a. Overall Ability to Effective Communicate and Teach
b. Ability to Establish Productive, Appropriate Working Relationship
c. Supervisor Maintains Regular Weekly Face-to-Face supervision
d. Supervisor's Ability to Teach Technical Knowledge and Skills about Psychotherapy
e. Supervisor's Ability to Teach Technical Knowledge and Skills about Assessment
f. Ethical Knowledge, Attitudes, and Behavior
g. Supervisor's Feedback on Clinical Writing (e.g., Notes, Testing, etc.)
h. Supervisor's Ability to Stimulate Critical Thinking
i. Supervisor's Focus on Translating Research into Practice
j. Supervisor's Ability to Translate Assessment Information into Useful Recommendations for Practice
k. Overall Supervisor Rating

9. How prepared were you to begin the externship/internship?
o Not prepared
o Somewhat Prepared
o Prepared
o Well Prepared
o Extremely Well Prepared

Appendix P: Ferkauf Graduate School of Psychology Course/Faculty Evaluation

Course # and Title: _____

Instructor: _____

Semester: (circle one)   Fall   Spring   Year : 20____
Size of class: (circle one)   1-5   6-15   15-30   30 or more
Was course a requirement?   Yes   No

Please provide your honest feedback about this course. Your comments will contribute to course improvements and are used to evaluate faculty teaching performance. Your responses will be confidential.

Please use this scale to answer questions 1-8.
Scale: 1- Strongly Disagree   2- Disagree   3- Agree   4- Strongly Agree   NA

1. The content and objectives of course and lectures were clear   1 2 3 4 NA
2. The instructor was enthusiastic, generating interest in the material   1 2 3 4 NA
3. The instructor had full command of subject matter   1 2 3 4 NA
4. The instructor encouraged students to think independently   1 2 3 4 NA
5. The course enhanced your professional development   1 2 3 4 NA
6. The instructor was responsive to students' questions and provided
   timely feedback to written assignments   1 2 3 4 NA
7. The course was intellectually challenging   1 2 3 4 NA
8. I expect to receive a high grade (A or A-)   1 2 3 4 NA

9. Did you get the reading materials for this course in a timely manner? YES NO

Please use this scale to answer questions 10-11.
Scale: 1-Poor   2- Lacking   3- Acceptable/Fair   4- Good   5- Excellent
10. What is your overall rating of this course?   1 2 3 4 5
11. What is your overall rating of this instructor?   1 2 3 4 5

What were the strong points of this course and instructor?

What were the potential areas for improvement for the course and instructor?

Appendix Q: Student Activity Summary

Please provide the answers for professional activities during the 2021-2022 year
08/24/2021 – 08/23/2022

1. Your name:
2. Year entered program:
3. Member Professional/Research Society?
   o Yes
   o No
4. Scientific Publications: Number of books, book chapters, or articles in peer-reviewed professional/scientific journals of which you were an author or co-author. (Publications "in press," "under review," or "submitted" should not be counted here.)
5. Scientific Presentations: Number of workshops, oral presentations and/or poster presentations at professional meetings of which you were an author or co-author.
6. Involved in leadership roles or activities in professional organizations. For example, roles in local, state/provincial, regional, or national organizations.
   o Yes
   o No
7. Presented psychological topic to lay or community audience
   o Yes
   o No
8. Did you seek or apply for a **predoctoral internship** that begins during the next academic year (2022-2023 academic year) *?
   o Yes, applied for internship
   o Yes, applied for second 1-year part-time internship (already completed a 1-year part-time program)
   o No, I am still enrolled in a 2-year part-time internship
   o No, I previously completed the full internship requirement (1-year full-time or equivalent)
   o No, did not apply for internship

9. Did you obtain an internship that begins next academic year (2022-2023 academic year):
   o Yes
   o No
10. Expected internship start date:
11. Expected internship end date:
12. Is the internship APA/CPA-accredited?
    o Yes
    o No
13. APA/CPA-Accredited Internship Program name:
14. Indicate if internship is affiliated with another membership organization (please select one):

- o APPIC
- o CAPIC
- o CDSPP
- o Other

15. Indicate if internship is
- o One year
- o Two years

16. Indicate if internship is:
- o full-time
- o part-time

17. Indicate if internship is
- o funded
- o not funded/not fully funded

18. Explain any Incompletes:
19. Faculty Advisor for RPI/RPII:
20. Status of doctoral research projects:
21. Please comment on and describe any service you are currently providing to the program and or the school.
22. Any other professional achievements that you would like to share (e.g., awards and honors you have received)?
23. Did you feel that you accomplished your academic goals for 2021-22? Please explain.
24. What are your goals for 2022-2023?

Additional demographic questions for 1st year students only:

First and last names are an ARO (Annual Report Online) requirement. All information on individuals or their identities provided to the CoA (Commission on Accreditation) for accreditation purposes will be confidential and for the sole purpose of accreditation.

1. Gender (please select one):
   - o Female
   - o Male
   - o Transgender
   - o Other

2. Race/Ethnicity (please select all that apply):

Please consult the U.S. Dept. of Education's website *for descriptions of each category*
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic-Latino
- Native Hawaiian or Other Pacific Islander
- White
- Not Reported

3. Reported disability as defined by the Americans with Disabilities Act (ADA):
   - Yes
   - No
4. Reported disability as defined by the Americans with Disabilities Act (ADA):
   - Yes
   - No

Appendix R – Student Self-Evaluation

I. PROFESSIONAL SKILLS

Column A: For ALL STUDENTS IN PROGRAM
Please rate your current level of knowledge, skills, and attitudes using this scale.
    na= No opportunity
    1 = Not competent - has not shown improvement
    2 = Showing improvement; but problems persist
    3 = Competent for current level of training
    4 = More than competent
    5 = Highly competent

Column B: FOR ALL STUDENTS WHO HAVE COMPLETED > 1 YEAR IN THE PROGRAM
For each item below, compare your current level of knowledge, skills and attitude to the level you believe you were at last year at this time.
    1=No improvement from last year
    2=Minimal improvement from last year
    3=Satisfactory improvement from last year
    4=Significant improvement from last year
    5=Highly significant improvement from last year.

	Current	Comparison to last year
Academic Performance (demonstrates knowledge of specific content areas and the relationship of science to practice)		
Administration, Scoring and interpretation of psychological and psychoeducational instruments: (highest score requires: can apply concepts of typical atypical behavior to case formulation and in the context of stages of human development and diversity		
Data Collection (Interviews, intakes, establish rapport, record review)		
Communication skills (active listening, communicate effectively; communicates clearly using verbal, non-verbal, written skills in a professional context)		
Writing skills (report writing, provide pragmatic and related recommendations; clarity, use of APA style for academic papers)		
Intervention skills (develop treatment plans using a consistent theoretical orientation with specified goals, apply treatment strategies; prepared for sessions; evaluating progress; provides effective treatment, manage termination, establish alliance)		
Adherence to ethical and professional standards (demonstrates knowledge of APA Ethical Principles and Code of Conduct; knowledge of Federal/state laws; mandatory reporting; ethical decision making to practice; integrates own moral principles/values		

Competence in regard to cultural, ethnic and individual differences (applies knowledge, sensitivity and understanding regarding individual and cultural diversity issues to work effectively with diverse others; applies knowledge of self as a cultural being		
Response to supervision (openness to observations and recommendations; prepared for supervision; incorporates feedback into practice; has basic knowledge of supervision models)		
Research (demonstrates skills and habits in seeking, applying and evaluating theoretical & research knowledge relevant to the practice of psychology; knowledge of application of scientific methods to evaluating practices, interventions and programs; consumer of research)		
Completion of assignments in a timely manner (consistently punctual, reliable and fulfills assignments)		
Interpersonal & collaborative skills (participates effectively in class, team meetings & multidisciplinary assignments; forms & maintains productive & respectful relations with clients, peers, supervisors and other professional; handles conflict well		
Self-reflective practice (displays self-awareness; self-monitors, self-assessment of competence; awareness and attitude towards need for self-care)		
Realistic sense of strengths and challenges (recognizes limits of knowledge, skill and self)		
Emotional Maturity (Social competence, openness to new ideas; non-defensiveness; manages boundaries)		
Professionalism (displays emerging professional identity, integrity, deportment, accountability, reliable, dependable, willingness to consider alternatives)		
Knowing how the system works (works effectively with other professionals; understands the culture of the system; promotes change at the individual and systems levels		
Evidence-based Practice (knowledge of empirical bases of assessment; linkage of assessment to treatment; effective use of EBI)		
Consultation:(demonstrates knowledge of consultant's role; ability to select appropriate means of assessment to answer referral question; responds to consultation requests & provides feedback in timely manner; assesses needs of others		
Supervising Others		

Appendix S: Faculty Evaluation of Student Form

Combined School-Clinical Child Psychology Program
Ferkauf Graduate School of Psychology
Faculty Evaluation of Student
Progress Report (January and June)

Faculty member's name: Course:
Student's name: Semester:

1. Please use the scale below (1-6) to provide one overall rating for the student. We are interested in the student's level of competence and professionalism as reflected in the following domains:
   · Administration, scoring and interpretation of psychological/psychoeducational tests
   · Data Collection (Interviews, intakes, record review)
   · Communication skills (active listening, communicates effectively)
   · Writing skills
   · Intervention skills
   · Adherence to ethical and professional standards
   · Competence in regard to cultural ethnic and individual differences
   · Response to supervision
   · Completion of assignments in a timely manner
   · Interpersonal and collaborative skills
   · Self-reflective abilities
   · Realistic sense of strengths and challenges
   · Emotional Maturity
   · Professionalism
   · Knowing how the system works
   · Use of evidence-based practice
   · Build client-therapist relationship
   · Consultation
   · Supervising Others

      1) Not competent and/or has not shown improvement

      2) Some problems present or showing improvement, but problems persist

      3) Problem observed; improvement demonstrated

      4) Competent for current level of training

      5) More than competent for current level of training

      6) Highly competent for current level of training

2. Please provide any further evaluative information you feel would be helpful. These comments will be sent to students. Does the student have specific strengths that you wish to highlight? Are there specific skill sets or competencies that you feel this student needs to address?

STATEMENT OF UNDERSTANDING

(Revised August 2021)[2]

I, _____, **have RECEIVED THE**
     Print Name

SCHOOL-CLINICAL CHILD PSYCHOLOGY PROGRAM's STUDENT HANDBOOK and have read the APA Code of Ethics. I understand that the Handbook contains important information about my Program, including policies, procedures, requirements, timelines, courses, faculty, evaluations, student life, due processes, issues related to my professional development and more. I understand that it is my responsibility to be knowledgeable of all the information in the Handbook.

_____   _____

Your signature   **Date**

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[2] Sign and upload to your electronic Student File by October 15, 2021