

THE PROGRAM HANDBOOK for
JAMES MADISON UNIVERSITY'S
CLINICAL AND SCHOOL PSYCHOLOGY
DOCTORAL PROGRAM

2023-2024



Official curriculum requirements are listed in the JMU Graduate Catalog.
In the case of discrepancies, the University Catalog is the official curriculum students must follow
for the year of their admission to the program.

This document was reviewed by Anne Stewart, PhD,
Interim Director of the Clinical and School Psychology Program on July 1, 2023.

Indigenous Land and Enslaved Peoples Acknowledgement

As we constitute our learning community, you are invited to consider the following statements developed by a JMU faculty workgroup. We can visit and revisit our reactions and understanding of the statements below across the semesters.

We recognize the written histories of the Shenandoah Valley, the city of Harrisonburg, and our university's namesake, James Madison, as fractured.

We acknowledge that we are currently on the land of the Indigenous Siouan, Algonquian, and Iroquoian communities who lived here for many generations and who continue to be systematically erased by policies and practices that remove their histories from this place.

Let us honor the enslaved people who built the wealth and foundation of James Madison.

Let us recognize the histories of Virginia and the United States as complicit with the racism of white supremacy.

We recognize that these difficult histories persist in present-day racial realities and privileges at this university. We commit to dismantling racism in spaces of our work. We invite you to work together to create change.

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Note. The Handbook contains a description of the JMU’s Health Service Psychology Doctoral Program in Clinical and School Psychology, herein referred to as the Clinical and School Psychology program or the Program. The handbook contents should be considered the policy and procedures of the Clinical and School Psychology program for the academic year 2023-2024. The Core Faculty reserves the right to change or add language, policies, and procedures to this Handbook in order to address various program, student, and faculty issues and needs. As such, it is quite possible that modified, alternative, and/or additional requirements, policies, and procedures may become part of a student's program of study. *Thus, regardless of year or stage in the program, all students should read and become familiar with this and subsequent revisions of the Program Handbook (typically distributed at the beginning of each academic year), and should determine--with their Advisor and/ or the Program Director--whether any new requirements, policies, and procedures are applicable to their program of study.* Every effort will be made to avoid substantive alterations to the Handbook, and students will be notified when and if significant changes occur that could affect them. Students must also be familiar with and abide by other relevant guidelines, policies, and documents, including but not limited to the APA Ethical Guidelines, Committee on Accreditation Guidelines, and JMU Honor Code. Handbook revision dates will be indicated in the footer of the document.

The Health Service Psychology Doctoral Program in Clinical and School Psychology at James Madison University

Program Overview: A Clinical and School Psychology Doctoral Program in Health Service Psychology

Health Service Psychology (HSP) refers to the current designation by the American Psychological Association Standards of Accreditation of programs in doctoral psychology that focus on the education and training of psychologists to provide health care services founded on the integration of science and practice (American Psychological Association [APA], 2015; Health Service Psychology Education Committee [HSPEC], 2013; Melchert et al., 2019). The doctoral program at JMU is a generalist program in HSP that is grounded in an integrated model of training and specializes in the domains of clinical and school psychology. It is an APA-approved program listed under the “Combined” category (<https://apps.apa.org/accredsearch/>), and leads to the awarding of the Doctorate of Psychology (Psy.D.) degree and eligibility for licensure as a clinical and/or a school psychologist.

The Clinical and School Psychology program is specifically designed for students already possessing graduate degrees in applied mental health fields (such as clinical, school, or counseling psychology, as well as clinical mental health counseling, social work, and sports psychology) who wish to further their training and become leaders and advocates in the dynamic field of mental health. The program does not currently accept applications for individuals without a master’s degree or equivalent level of graduate training. The mission statement of the program is as follows:

The mission of the Clinical and School Psychology Program is to produce leading professional psychologists who are broadly trained in the science and practice of psychology, actively self-reflective, optimally prepared to work in a wide variety of settings with clientele across the lifespan, and demonstrably committed to an ethic of personal responsibility, social awareness, and global engagement.

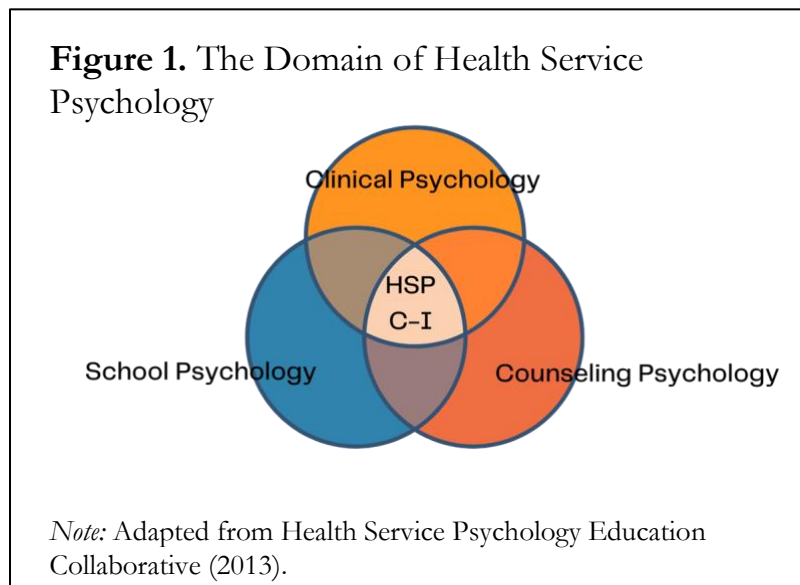
The “Madison Model” of Psychology Training: A “Combined-Integrated” Training and Its Basic Rationale

Students of psychology should be aware that there are a number of different training models in the field (e.g., scientist-practitioner, practitioner-scholar, clinical scientist). The doctoral training at JMU is hereafter referred to as the Madison Model. It reflects a commitment to a “Combined-Integrated” (C-I) training that our program spearheaded in the early 2000s. The training model is an innovative approach that merges the traditional professional specialty areas of clinical, counseling, and school psychology into a generalist approach to professional psychology, providing students with a broad foundation from which to operate as a health service psychologist. A generalist orientation opens up pathways to draw from each of the three practice areas in a manner that is complementary and synergistic. This is different from the specific school approaches, which exist, by definition, in contrast to the other practice areas. Under that approach, in order to justify its legitimacy, clinical psychology has to be different from counseling, which in turn has to be different from school psychology. From our generalist professional psychology point of view, the focus on difference and separatism creates problematic schisms, the magnification of minor and peripheral differences, and

the proliferation of overlapping and redundant concepts.

The rationale for the Madison Model stems from the fact that there is a) tremendous overlap in the basic training of the three core specialty areas of Health Service Psychology: clinical, counseling, and school psychology (Cobb et al., 2004; Morgan & Cohen, 2008) b) there is a need to define the core competencies of professional psychologists providing health services; and c) there are emerging trends for greater integration and unity within the field (e.g., Henriques, 2011, 2013; Sternberg & Grigorenko, 2001).

The Clinical and School Psychology program at JMU has been designed with these issues in mind and has been deliberately fashioned to train students who will function as effective leading professional psychologists in the 21st century. Toward this end, the program adopted a foremost role in defining C-I training by holding the first Consensus Conference on Combined-Integrated Training in 2003. Appendix A provides a summary excerpt from Conference and describes the mission, rationale, and principles of Combined-Integrated programs at its inception (see also Shealy, 2004a & 2004b). As documented, the C-I model represented in our program directly addresses some of the most perplexing issues that face the field and provides a flexible, integrative training framework. Figure 1, adapted from the APA's blueprint on Health Service Psychology, depicts the goal of C-I training to be founded on the intersection of clinical, counseling, and school psychology.



The Madison Model was developed to deepen, broaden and integrate the professional training experiences of students possessing advanced graduate degrees and professional experience in applied mental health fields. Although the program is officially designated by the APA as a combined professional-scientific program in *clinical and school* psychology, we feel it is important to note that our program also integrates the crucial contributions of counseling psychology as well. As such, the program results in an integrated Health Service Psychology perspective, named the Madison Model, that responds both to clear training and professional needs in this region, as well as larger needs within our field to meet credibly the training needs and professional aspirations of master's-level practitioners and, of course, the complex clinical needs of individuals and organizations experiencing

psychological and/or systemic problems.

Program History and Accreditation

The Clinical and School Psychology program at JMU started with the 1994-1995 academic year and is fully accredited by the Southern Association of Colleges and Schools and the American Psychological Association. It first received APA accreditation in October 1996. The program has been continuously accredited since then, including a full, ten-year re-accreditation after the review cycle that began in 2017 (the next review is due in 2027). The program submitted a successful Interim Report to the APA Commission on Accreditation (CoA) in 2022. Contact information for the APA's CoA is: 750 1st Street, NE, Washington, DC 20002; phone: 202-336-5979; <http://www.apa.org/ed/accreditation/>, apaaccred@apa.org.

Program Goals, Objectives, and Competencies

In accordance with the guidelines and principles established by the APA's Commission on Accreditation, the program has clearly developed aims that are designed to foster key competency areas necessary for optimal functioning as a Madison Model Health Service Psychologist. Competencies are the skills exhibited by students which demonstrate that the program is meeting its objectives. Students and faculty engage in a systematic and ongoing process of reflection and observation to determine whether these aims (including their various subcomponents) have been reached. The program has five broad aims, which are as follows:

- 1) Provide a Foundation of Discipline-Specific Knowledge: We seek to produce health service psychologists who appreciate and understand the broad and general knowledge base that informs the profession of psychology. Beyond the basic foundation, our students internalize an advanced, integrative perspective on key issues of practice, research, and professional values in application to clients across the lifespan.
- 2) Develop Effective Clinical Practitioners: We seek to produce health service psychologists who can effectively diagnose, assess, and treat psychological problems for people across the lifespan in an ethical manner. An emphasis is placed on integrative approaches to therapy and assessment, the central importance of relatedness, and conducting effective work in international, interprofessional, and multidisciplinary settings.
- 3) Foster Engagement in Research and Scholarship: We seek to produce health service psychologists who contribute to the field of psychology by engaging in scientific inquiry in a manner that is epistemologically informed, evidence-based, and socio-culturally relevant to theory, research, and practice, both locally and globally.
- 4) Prepare Trainees to Work with Individual and Cultural Diversity: We seek to produce health service psychologists who have a deep appreciation for individual diversity, awareness of the enormous influence cultural context (local, global, historical) has on human psychological processes, and who are able to effectively promote communication and understanding of complex and systems-level issues.

5) Prepare Trainees for Leadership Roles: We seek to produce health service psychologists who have the interpersonal skills and proclivities to be leaders, teachers, and supervisors in the dynamic field of mental health, conceived of locally and globally.

Each aim is associated with a set of more specific subcomponents, which in turn are associated with specific competencies that are assessed throughout the student's training and beyond. Many, but not all, of these competencies, are assessed via the Skills Assessment Form process described below.

Appendix B describes in detail the program's aims with respect to developing trainee competencies. It is essential that both students and faculty are deeply familiar with this document, as it provides the backbone structure of the program.

Career Opportunities

Students graduating from the doctoral program assume professional positions in a range of contexts, including, but not limited to, health and mental health centers, child and family agencies, public schools, hospitals, administrative positions, training and supervisory roles, academic positions, and private practice. The program prepares students for licensure as clinical and/or school psychologists.

Financial Aid

All students receive substantial financial aid in the form of a twenty-hour-per-week graduate and teaching assistantships that provide a full tuition waiver (up to 36 credit hours per year) and a stipend for each of the three years the students are on campus. See ***Student Financial Assistance*** for a more detailed description of the financial aid package.

Key Elements of the Madison Model Training Philosophy

There are a number of key elements that guide the training philosophy of the Madison Model, which together foster trainee identity as an integrated Health Service Psychologist. The essential training elements include: a) a practitioner-scientist model of training; b) a focus on integration; c) a scientific-humanistic approach that emphasizes critical thought, self-reflective awareness, and deep, authentic, meaningful relations with others; d) a meta-level view that emphasizes international, interdisciplinary, and interprofessional perspectives and collaborations; e) a deep respect for diversity; and f) an individualized approach to training that attends to the personal as well as professional development of students. These elements are described in more detail below.

A Practitioner-Scientist Model of Training

We consider ourselves a “practitioner-first” program, with primary emphasis on training leading practitioners. At the same time, we teach individuals to be deeply scientific in their thinking and have a goal that students contribute to the field via scientific inquiry. The Madison Model is essentially a “practitioner-scientist” model that balances key elements of the two most dominant training perspectives in health service psychology, (1) the “Vail Model” that produces practitioner-scholars, and (2) the “Boulder Model” focused on the creation of scientist-practitioners.

A Focus on Integration

One of the defining principles of Madison Model training is an emphasis on integration, and our program exemplifies this in a number of ways. First, students are exposed to a wide variety of different supervisors with different backgrounds while also being provided with a broad model of theoretical integration that allows these backgrounds to be placed within an encompassing frame. Students are encouraged to integrate and deepen their understanding based on coherent views of human personality, development, and change processes. Second, students work in a wide variety of different settings that facilitate a practical understanding of diverse problems across the lifespan. Third, there is an explicit emphasis on the crucial role that beliefs and values play in what is promoted and legitimized and why, and this allows students a capacity to empathize with a wide variety of different perspectives. Fourth, the faculty members played historically significant roles in defining new visions for training and integration of the field (see Henriques, 2013; Shealy, 2016).

A Scientific Humanistic Approach

One of the most perplexing challenges for the field of professional psychology has been its struggle to navigate the tensions between the empirically-based, deductive logic of science and the moral necessities of humanism. Indeed, in a seminal article, Kimble (1984) empirically documented the split between science and humanism in the broader field. Shealy (2005) described the issue as follows:

One of the problems for psychology is that we have yet to figure out how to integrate "science" and "humanism" in a way that is credible, recognizable, and compelling. Instead, the scientific theories we create, studies we construct, analyses we conduct, and findings we report are too often too far removed from whatever human phenomena they are designed to explain, predict, or control... [W]hen we subsequently "feed" such theories and findings to our students and trainees, they often leave the table feeling empty and dissatisfied because the humanistic "food group" has been scientifically extruded from the main course; the reason being, if we put it on the plate along with everything else that our field has neatly prepared, we're bound to have a mess at the table.

In tune with the focus on integration and unification, the core faculty have strong commitments to the need for scientific methodology and theory, while at the same time recognizing that applied psychology, with its prescriptions for change, requiring a clear moral value component that cannot be justified solely through the application of the scientific method. Several program faculty have offered explicit articulations of how to effectively combine a scientific and humanistic ethic (e.g., Shealy, 2005, 2015; Henriques, 2013; Critchfield & Knox, 2010).

In keeping with a scientific humanistic approach, critical thinking, self-reflective awareness, and the development and maintenance of deep, meaningful relationships are three constants that guide the training philosophy of the program. Because an individual psychologist has the potential for great influence over others, and because clinical work and professional practice can be inherently subjective, **it is essential that our students are willing and able to understand and critically explore who they are, what they believe, and why, and what they must do**—personally and professionally—to become highly knowledgeable, skilled, and competent practitioner-scientists.

An Interprofessional, Interdisciplinary, and International Focus

The ability to effectively collaborate with both clients and allied professionals is a key competency that our program emphasizes (see Johnson, Stewart et al. 2004; American Psychological A, 2016). One of the core faculty members, Dr. Stewart, is the Interdisciplinary Education and Interprofessional Education Council representative for the Department and has extensive knowledge and experience of how to train psychologists in working in a wide range of diverse settings with a wide variety of different health and mental health professionals, agency and organizational leaders, and government officials. In 2023, JMU launched an initiative to prepare students for interprofessional and interdisciplinary work in a variety of settings with a focus on education and practice to develop and demonstrate IPEC competencies. Doctoral students from the program have been able to participate in the development of key curriculum materials.

Our program also emphasizes an international perspective. In particular, Core Faculty member Dr. Stewart has extensive international experience and connections, inviting colleagues to speak in classes and leading interprofessional-international study abroad trips with students. Drs. Savina and Stokes are from Russia and Australia, respectively, providing richly lived international experiences and perspectives for our students.

Respect for Diversity

Another important facet of the Clinical and School Psychology Program is a deep respect for diversity, at both the individual and cultural levels. First, students in this program show great diversity in a number of domains including ethnic and cultural backgrounds, but also age, life experience, educational and work background, clinical knowledge and skill, and professional and social identities. The program values such variability among its students because it provides a rich interpersonal environment that is conducive to personal and professional growth and development. Second, throughout the curriculum plan and program, students are encouraged to understand and appreciate the relevance and impact of sociocultural and ethnic factors on clinical practice, theory, and research in the mental health field. Students have access to clients from a wide range of ethnic and socioeconomic backgrounds in practicum (e.g., at the public schools, rural integrated primary care and behavioral health practice, child development center, homeless shelter).

In 2017, a student-led group, the *Diversity Initiative*, was formed in order to explore, raise awareness, and engage in action related to diversity issues as they relate to the Clinical and School Psychology program, to JMU and its communities, and to professional practice generally. In addition, a number of faculty have research and professional interests in multicultural and international issues; Core and Associate Faculty also comprise a diverse range of clinical, counseling, and school psychologists as well as other faculty (e.g., experimental). These collaborations, and others across JMU, allow our students to interact with diverse professionals from both applied and non-applied backgrounds, and widen the purview of their practice, scholarly, and professional possibilities.

An Individualized Approach That Emphasizes Professional and Personal Growth

The Core Faculty recognizes the uniqueness of each student and the training model is designed to accommodate the needs of individuals already possessing advanced degrees in applied areas such as clinical, school, or counseling psychology (or closely related fields such as clinical social work) who are returning to graduate school to pursue the doctoral degree. Training proceeds along a structured sequence of activities that are individualized to the needs of students who enter the program with professional experiences that are very diverse in nature and extent. Excellent faculty to student ratios (approximately 3 on-campus students to each core faculty member) allows for intensive one-on-one time in advising and supervisory relationships. Each student's level of clinical skill and knowledge, as well as pathways to professional goals and identities, are regularly and thoroughly assessed as they proceed through the program.

It should be noted that students who have devoted a number of years and considerable effort to a specific applied area prior to entering the program can find it a challenge to learn about and apply new perspectives or practices that may directly contradict, revise, or extend the perspectives or practices of the student's former field. However, we see such tensions and the capacity to effectively deal with them as crucial to personal and professional growth. Furthermore, the program recognizes and addresses these issues in several ways. First, in the program's written materials and during individual interviews, prospective students are informed about the philosophy, experiences, and requirements of the program, as well as the specific challenges of the program for students who already feel a strong commitment to the views and practices of their current field. As a result of such a process, prospective students and the program faculty have a better understanding of how well each student "matches" the philosophy, goals, and objectives of the program. Second, beginning formally with the initial advising process and continuing throughout the program, a strong emphasis is placed on identifying and evaluating each student's unique strengths as well as their specific personal and professional needs as a doctoral-level student in health service psychology. In this way, the program strives to create program-congruent individualized plans of study that are responsive to each student's unique needs and objectives while avoiding unnecessary replication of previous education and training. This is achieved through strong faculty-student relations and a particularly close student-advisor connection. Finally, the program has a strong commitment to the development of an integrated and coherent identity as a professional health service psychologist.

The Clinical and School Psychology Program exists within the context of the James Madison University community and, more specifically, the Department of Graduate Psychology. A brief description of each is provided below.

The University

James Madison University (JMU) was established in 1908 and is named for James Madison, fourth president of the United States. Over the past several decades, James Madison University has grown from a state and industrial school for women to today's comprehensive university. JMU is a coeducational, state-aided university operated by its own Board of Visitors. As a comprehensive university, JMU offers programs in the liberal arts, sciences, business, education, fine arts, communication, and health and human services, including nearly 50 graduate programs, 8 at the doctoral level. The current total enrollment is approximately 22,200, consisting of approximately 20,300 undergraduate students and 1,900 students taking graduate courses or other classes beyond the baccalaureate level. The student body at JMU is composed of 59% women and 41% men. About

79% of JMU students are Virginians. The largest numbers of out-of-state students come from Maryland, New Jersey, New York, and Pennsylvania. JMU has nearly 150 major campus buildings on 721 acres. JMU offers its students a full program of extracurricular and social programs, as well as a diversified program of intercollegiate and intramural athletics (18 intercollegiate and 20 intramural programs). As community service is an integral part of JMU culture, students take part in 14,000 hours of community service annually.

For the last two decades, JMU has been among the highest ranked public institutions in *U.S. News & World Report's* regional surveys. The University also has been cited by *U.S.A. Today*, *Changing Times*, and *Money* magazines, and in several guides to America's most prestigious colleges and universities. JMU is acclaimed in *The Best Buys in College Education*, a book by the *New York Times* education editor.

The University is located in Harrisonburg, Virginia, a growing community of approximately 51,000, situated in the heart of the beautiful Shenandoah Valley. The area features a wide variety of outdoor recreational activities, including hiking and skiing.

The Department of Graduate Psychology

James Madison University has a long history of graduate training in psychology, dating back to 1968 when the School Psychology and Counseling Psychology programs were started. In 2003-2004, the Department of Graduate Psychology at JMU was established in order to accommodate the unique mission of graduate education and training in psychology at JMU. Eight different programs exist within the Department. In addition to the Clinical and School Psychology Doctoral Psy.D. Program, they include the Psychological Sciences Program (M.A.); the Clinical Mental Health Counseling (M.A./Ed.S.); School Counseling (M.Ed.), and Counseling and Supervision (Ph.D.) Programs; the School Psychology Program (M.A./Ed.S.); the College Student Personnel Administration Program (M.Ed.); and the Assessment and Measurement Program (Ph.D.). Accomplishments of the award winning faculty include numerous national leadership positions in professional organizations such as presidencies, memberships on boards of directors, extensive involvement with accreditation agencies, and significant leadership positions that have influenced the course of professional psychology and counseling. Our faculty has produced numerous books, periodicals, and seminal articles in the fields of psychology and counseling. Nationally and within the Commonwealth of Virginia, our faculty hold prominent leadership positions involved with the formulation of public policy regarding the provision of psychological services to children, adolescents, and families.

The Department of Graduate Psychology programs operate with strong links to each other and with education and health and human services programs. This integrated approach is truly unique and strengthens the support for the Clinical and School Psychology Doctoral Program.

Program Core Faculty

The Clinical and School Psychology Doctoral Program has five Core Faculty members who are responsible for leadership of the program, the fulfillment of its mission, the determination of basic program requirements, and the overall training philosophy. The Core Faculty have recognized

credentials in those areas which are at the “core” of the program’s mission and they function as appropriate role models for students in their learning and socialization into the discipline and profession. All Core Faculty are licensed and experienced practitioners who are involved in direct clinical work, scholarship, and service to the profession and to the University. Core Faculty members supervise clinical cases directly with students, and in some circumstances act as co-clinicians at the Counseling and Psychological Services (CAPS) Clinic. All Core Faculty are involved in providing supervision of student therapy and assessment. Practicum classes and courses with lab components provide opportunities to discuss cases or provide information about clinical or professional issues, as well as synergistic combination with content courses taught by the same faculty. Faculty also serve as role models for research and scholarship. All faculty include students in professional presentations and publications and are involved in projects that contribute to the knowledge base in areas related to professional psychology. In addition, faculty are leaders within the University setting, chairing or serving on committees that have meaningful impacts on the University. All faculty are active members of professional organizations and make professional presentations on a regular basis. A summary of Core Faculty, their roles, responsibilities, and professional credentials/interests are as follows:

Faculty Member	Time assigned to program	Role/Contribution to Program
David Szwed, Ph.D.	100%	Program Director; Clinical Supervisor; Instructs basic and required courses
Caitlyn Owens, Ph.D.	100%	Clinical Supervisor; Instructs basic and required courses
Elena Savina, Ph.D.	100%	Clinical Supervisor; Instructs basic and required courses; School Psychology Program Liaison
Anne Stewart, Ph.D.	100%	Clinical Supervisor; Director of Clinical Training (DCT)/ Internship Program Coordinator; Clinical Supervisor; Instructs basic and required courses; Counseling Program Liaison
Trevor Stokes, Ph.D.	50%	Clinical Supervisor; Director of the Baird Center

Elena Savina, Ph.D., Associate Professor (tenured). Dr. Savina received her Ph.D. in Developmental and Educational Psychology from Moscow State Pedagogical University, Russia and a Ph.D. in School Psychology from the University of Central Arkansas (APA-Accredited). She completed her postdoctoral residency at Methodist Behavioral Hospital, Maumelle, Arkansas. Dr. Savina also practiced for several years as a Child Psychologist at SOS Children’s Village, Lavrovo, Russia, an international welfare organization that provides long-term care for orphans and neglected children. Dr. Savina’s areas of teaching and research expertise include assessment, child/family psychotherapy, children with behavioral and emotional problems, transitioning children from residential treatment to school, teacher consultations, teaching of psychology, and socio-cultural psychology. She is a licensed clinical psychologist in Virginia.

Anne Stewart, Ph.D., Professor (tenured). Dr. Stewart received her doctoral degree in Clinical Child and School Psychology from the University of Virginia. She completed an APA accredited internship as a Clinical Fellow in Psychology, Harvard Medical School. She is the former director of the JMU Human Development Center and Shenandoah Valley Child Development Center. Dr. Stewart's areas of teaching and scholarship include couple and family therapy, child and adolescent interventions, play therapy, crisis intervention (including mine risk education/humanitarian demining), interprofessional education and collaboration, parent-child interactions, as well as trauma-informed and attachment-based practices. Dr. Stewart served as chair for the Association for Play Therapy Board of Directors and is the founder and past president of the Virginia Association for Play Therapy. She has served on the editorial board of the *Family Journal* and the *International Journal of Play Therapy*. She is a recipient of the Association for Play Therapy's Distinguished Service Award, the Virginia Counselors Association's "Humanitarian and Caring Person" Award, and the State Council of Higher Education of Virginia's Outstanding Faculty Award. Dr. Stewart is a Distinguished Fellow of the National Academies of Practice in Psychology. She and her spouse enjoy spending time outdoors with their wonderful children.

Trevor Stokes, Ph.D., Professor (tenured). Dr. Trevor Stokes was born and raised in Australia. He received his bachelor's degree with first class honours in psychology from the University of Western Australia. He graduated from the University of Kansas with a master's degree in Human Development and a Ph.D. in Developmental and Child Psychology. Subsequently, he completed an augmentation program in Clinical Psychology to qualify for APA-approved standards at West Virginia University. He has held academic positions at the University of Manitoba (Canada), West Virginia University, the University of South Florida, and James Madison University, in clinical psychology, school psychology, applied behavior analysis, child and family studies, behavioral medicine and psychiatry, and special education. Currently, he is the Alvin V. Baird Centennial Chair in Psychology at James Madison University. For over thirty years, Dr Stokes has maintained an active practice in psychology, with most of that work in homes, schools and hospitals. He has also practiced in community mental health centers and university doctoral training clinics. Dr. Stokes has been recognized of one of the world's top fifty researchers in behavior analysis and therapy. Citation of his publications have been captured over 6050 times by google scholar, including seminal papers in applied behavior analysis and behavior therapy on the generalization of therapeutic behavior changes. He has more than 450 publications and professional presentations, has received more than \$3 million in external grants, has taught 15 different undergraduate and 26 different graduate level courses plus multidisciplinary practica and research, and has chaired more than 80 doctoral, specialist, master's, and honors committees as major professor, in clinical psychology, school psychology, interdisciplinary education, and applied behavior analysis, as well as psychology and general honors. He is a licensed clinical psychologist in Virginia, West Virginia and Florida. In 2018-2019, he was Fulbright Scholar for Georgia-Sakartvelo; the Fulbright Program is the flagship international educational exchange program sponsored by the U.S. Department of State.

Associate Core Faculty

In addition to the Core Faculty members, the Clinical and School Psychology program utilizes Associate Core Faculty members to teach courses, supervise students and offer additional expertise

in psychological training. Associate Core Faculty members are intimately connected with the program and offer specialty areas of expertise. We currently have one such faculty member:

Robert (Bob) Harmison, Ph.D., Professor (tenured). Dr. Harmison is the Kibler Professor of Sport Psychology in the Department of Graduate Psychology and also the Director of Sport Psychology within the JMU athletic department. He has experience providing consultation services to high school, college, and elite level athletes and coaches for over two decades, including the 2002, 2006, and 2010 U.S. Olympic Snowboard teams. At JMU, Dr. Harmison teaches, advises, and supervises graduate and undergraduate students with interests in sport psychology, including courses in applied sport psychology, team dynamics/group behavior, athletic counseling, and mental toughness. His research focuses on related, applied sport psychology topics of mental toughness, peak performance, performance enhancement in sport, characteristics of effective sport psychology consultants, and sport psychology consultation-seeking behavior. Dr. Harmison also directs the Challace J. McMillin Center for Sport Psychology which provides services to athletes, coaches, and parents in the region. Reflecting his commitment to both professional practice areas, Dr. Harmison is a member of American Psychological Association (APA) Divisions 13 (Consulting) and 47 (Sport, Exercise and Performance Psychology). He is also the president of the Association for Applied Sport Psychology (AASP), was elected in 2015 to Fellow status within the organization in recognition of his ongoing contributions to knowledge and practice within the field of sport psychology, and currently serves on the AASP Executive Board as the Professional Standards Division Head. Dr. Harmison is a Licensed Clinical Psychologist in the Commonwealth of Virginia, designated as a Certified Mental Performance Consultant[®] by AASP, and is listed on the U.S. Olympic Committee Sport Psychology Registry.

Expertise and Training Provided by the Associate Core Faculty

Associate core faculty members play a crucial role in the program, both in terms of providing students coursework and dissertation supervision, but also in terms of mentoring on key aspects of professional psychology. Dr. Harmison has multiple connections with the JMU Athletic program that affords students opportunities to engage in clinical or counseling work with student athletes and to engage in sport and performance, as well as athletic consultation. He is part of the JMU C.A.R.E. Team and leads the McMillin Center for Sport Psychology, which partners with JMU and the community to provide sport psychology related services. Students have opportunities to engage in both counseling and consultation work in these areas, and thus gain substantial exposure to the world of sport psychology.

Associate Faculty and Contributors to the Program

In addition to the Core Faculty, the Clinical and School Psychology Program also has important access to Associate Faculty and other key Contributors to support the mission of the program. Associate Faculty teach courses, provide research supervision, and serve in a variety of other critical support roles for the program (e.g., serving on doctoral dissertation committees, as liaisons to other programs/resources in the School or University). Contributors serve as supervisors or coordinators of intercultural or interprofessional activities.

**ASSOCIATE FACULTY AND OTHER CONTRIBUTORS TO THE
CLINICAL AND SCHOOL DOCTORAL PROGRAM**

Name	Title	ROLE IN PROGRAM	OTHER RESPONSIBILITIES
Linda Plitt-Donaldson, PhD	Associate Director IIHHS	Coordinator of BMCW; Diversity Consultant	
Robin Anderson, PhD	Professor	Course Instructor	Department Head, Graduate Psychology
Kelly Atwood, PsyD	Assistant Professor	Supervisor	Director of CAPS & ISLA
Sharon Lovell PhD	Professor	Facilitates administrative support	Dean of College of Health & Behavioral Studies
Cara Meixner, PhD	Associate Professor	Course Instructor; Dissertation Supervisor	
Bernice Marcopolus, PhD, ABPP	Professor	Course Instructor (Neuropsychology); Clinical Supervisor	Director of Psychological Sciences Program
Tim Schulte, PsyD	Licensed Psychologist/ Clinical Professor Emeritus	Course Instructor; Clinical Supervisor	Page County /Rural mental health liaison
Renee Staton, PhD	Professor	Course Instructor; Dissertation Supervisor	Liaison from Counseling Program
Jason Stout, PsyD	Licensed Psychologist	Instructor; Clinical Supervisor	Western State Hospital Director of Psychology
Melinda Fox, M.A., Ed.S., LPC	Licensed Professional Counselor	Course Instructor; Clinical Supervisor	JMU Counseling Center, Athletics Liaison and Veterans Coordinator
Arthur Dean, M.A.		Course Instructor	Executive Director for Access and Inclusion
Vesna Hart, PsyD	Licensed Psychologist	Course Instructor	Director of Global Learning & Partnerships

John Hathcoat, PhD	Associate Professor	Course Instructor;	Department of Graduate Psychology
Jenna Holt, PsyD	Licensed Psychologist/ Associate Professor	Process Group Leader	Mary Baldwin University, Department of Graduate Psychology

Course Curriculum

The Clinical and School Psychology Doctoral Program curriculum is explicitly designed to provide sequential and cumulative instruction, clinical practice, and scholarship experience through which students can acquire and demonstrate understanding of, and competence in, those areas that are articulated in the APA accreditation standards and are congruent with the Madison Model's program philosophy, aims, and competencies.

Because all students enter the program with a history of graduate training, it is important that training experiences are not duplicated or redundant, and it is the case that students may be able to transfer some credit from their previous graduate education. At the same time, there are aspects of the program that are deemed crucial to the unique training and ultimate identity of a Madison Model integrated Health Service Psychologist.

The program manages this tension by having general course requirements which consist of courses which can be transferred in for credit plus a set of required courses, which cannot be transferred in and which the Core Faculty believes make up the essential components of a Madison Model psychologist. These required courses **MUST** be taken here, and no transfer credit will be accepted for these courses.

In line with the Commission on Accreditation's Standards of Accreditation, the course curriculum is divided into two broad domains, discipline-specific knowledge of scientific psychology and knowledge of the foundations of practice, viz., profession-wide competencies. There are also some additional courses listed that may serve to round out an individual's training, depending on career trajectory and prior experience. Required courses are listed in **bold** below, a separate listing of courses is also given after the general curriculum.

This information is provided as an advising resource only. Official curriculum requirements are listed in the JMU Graduate Catalog. In the case of discrepancies, the University Catalog is the official curriculum students must follow for the year of their admission to the program.

This document was reviewed by Anne Stewart, PhD, Interim Director of the Clinical and School Psychology Program on July 1, 2023.

DOMAIN I: Discipline Specific Knowledge of Scientific Psychology

The following courses offered by the program are designed to ensure that students have acquired foundational knowledge in the science of psychology. The course or courses listed under each

heading represent a primary focus. Of course, there is much overlap and many courses cover a multitude of domains; however, we simply list primary associations here. A variety of relevant electives (e.g., advanced research methods, less frequent specialty seminars) are also available but not listed here, as are opportunities that may be available across campus.

Biological Aspects of Behavior 5 Credits

Psyc 625 Human Neuroscience 3 Credits

or

Psyc 880 Neurophysiology and Pediatric Neuropsychology

Psyc 623 Psychopharmacology 2 Credit

Cognitive and Affective* Aspects of Behavior 3 Credits

Psyc 613 Cognitive Science 3 Credits

History and Systems 2 Credits

Psyc 825 History, Systems, Ethics and Advocacy 2 Credits/1 sem

Students take two semesters of Psyc 825, HSEA. One semester includes a section addressing psychology's history and systems of thought.

Social Aspects of Behavior 3 Credits

Psyc 616 Social Psychology 3 Credits

Statistics/Measurement and Data Analysis 9 Credits

Psyc 600 Intro to Statistics and Measurement 3 Credits

Psyc 605 Intermediate Inferential Stats 3 Credits

Psyc 606 Measurement Theory 3 Credits

Research Methods: 6 Credits

Psyc 881 Issues/Tech in Research and Evaluation 6 Credits

(1 credit each semester for six semesters)

*As with many programs, training about emotions and the role affect plays in behavior is found in many different courses, including, but not limited to: social psychology, personality psychology, developmental psychopathology, integrative psychotherapy for adults, and processes of psychotherapy.

**DOMAIN II: Knowledge of the Foundations of Practice and
Profession Wide Competencies**

The following courses are designed to ensure that students have acquired foundational knowledge, as well as advanced, integrative knowledge directly related to the practice of psychology.

Individual Differences 3 Credits

Psyc 612 Personality Theories 3 Credits

<u>Cultural Differences</u>		<u>3 Credits</u>
Psyc 749 or 810:	Multicultural Perspectives on Intervention	3 Credits

<u>Dysfunctional Behavior and Psychopathology</u>		<u>6 Credits</u>
Psyc 685	Psychopathology: Diagnosis and Intervention Planning	3 Credits
Psyc 826	Advanced Seminar in Developmental Psychopathology	3 Credits

<u>Professional Standards and Ethics</u>		<u>4 Credits</u>
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Psyc 825 History, Systems, Ethics and Advocacy 2 Credits/2 sem
 Students take two semesters of Psyc 825, HSEA. One section addresses APA ethics code and related methods of ethical decision-making in practice and the history and systems of thought. Another section addresses Interprofessionalism and advocacy issues considered globally, including review of the ethics codes of allied professions.

Evidence Based Assessment and Intervention Courses

<u>Psychological Assessment</u>		<u>6 Credits</u>
Psyc 874	Cognitive and Educational Assessment	3 Credits
Psyc 876	Personality Assessment	3 Credits

<u>Intervention Courses</u>		<u>12 Credits</u>
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Psyc 668	Couples and Family Systems	3 Credits
Psyc 811	School Psychology: Developmental & Social Systems	3 Credits
Psyc 864	Processes of Psychotherapy¹	3 Credits
Psyc 865	Integrative Psychotherapy for Adults	3 Credits
Psyc 867	Advanced Diagnosis, Intervention, and Treatment Planning	3 Credits

¹Note: Students with limited experience in counseling/psychotherapy may be additionally required to take Psy 661 Counseling Techniques and/or Psyc 660 Counseling Theories.

<u>Multidisciplinary Services, Consultation, and Supervision</u>		<u>3 Credits</u>
Psyc 852	Leadership, Consultation and Supervision	3 Credits

ADDITIONAL COURSEWORK

<u>Integrative Practica: Interventions and Assessments across the spectrum</u>		<u>27 Credits</u>
Psyc 878	Doctoral Practicum	27 Credits
(See below for description of practica experiences)		

<u>Teaching</u>		<u>2 Credits</u>
Psyc 895	Practicum in College Teaching	2 Credits

<u>Dissertation</u>		<u>6 credits</u>
Psyc 900	Doctoral Dissertation	6 Credits

Pre-Doctoral Internship	3 Credits
CE 850¹ Predoctoral Internship (Fall, Spring and Summer semesters)	1 Credits/3 total

¹Note: When on internship, students are financially responsible for tuition payment of 1 credit per semester (tuition coverage is guaranteed only for the 3 years in residence). See details below under the pre-doctoral internship, and student financial assistance headings.

This information is provided as an advising resource only. Official curriculum requirements are listed in the JMU Graduate Catalog. In the case of discrepancies, the University Catalog is the official curriculum students must follow for the year of their admission to the program. This document was reviewed by Anne Stewart, PhD, Interim Director of the Clinical and School Psychology Program on July 1, 2023.

Required Courses

- PSYC 668. Couple and Family Systems **Credits: 3.00**
 PSYC 826. Advanced Seminar in Developmental Psychopathology **Credits: 3.00**
 PSYC 852. Advanced Consultation and Supervision **Credits: 3.00**
 PSYC 864. Processes of Psychotherapy **Credits: 3.00**
 PSYC 865. Integrative Psychotherapy Across the Lifespan **Credits: 3.00**
 PSYC 878. Doctoral Practicum **Credits: 1.00 - 6.00**¹
 One additional clinical content course in child or family assessment or intervention **Credits: 3.00**
 PSYC 881. Issues and Techniques in Research and Evaluation **Credits: 1.00 - 3.00**²
 PSYC 895. Doctoral Practicum in College Teaching **Credits: 1.00 - 3.00**³
 PSYC 900. Doctoral Dissertation **Credits: 1.00 - 6.00**⁴
 CE 850. Professional Internship **Credits: 1.00 - 5.00**⁵

Notes:

¹ PSYC 878 is taken each semester of the student's three year residency for a total of 27 credit hours.

² PSYC 881 is taken for a total of 6 credit hours.

³ PSYC 895 is taken for a total of 2 credit hours.

⁴ PSYC 900 is taken for a total of 6 credit hours.

⁵ CE 850 is taken for a total of 3 credit hours (one credit in each of three semesters).

Foundation Courses and *Electives*

- PSYC 601. *Special Topics in Psychology* **Credits: 1.00 - 3.00**
 PSYC 605. Intermediate Inferential Statistics **Credits: 3.00**
 PSYC 606. Measurement Theory **Credits: 3.00**
 PSYC 608. *Multivariate Statistical Methods in Psychology* **Credits: 3.00**
 PSYC 609. *Applied Research Methods* **Credits: 3.00**
 PSYC 610. *Principles of Behavior Analysis* **Credits: 3.00**
 PSYC 612. Personality Theories **Credits: 3.00**
 PSYC 613. Cognitive Science **Credits: 3.00**
 PSYC 616. Social Psychology **Credits: 3.00**

PSYC 623. Workshop in Psychopharmacology **Credits: 2.00 - 3.00**

PSYC 625. Human Neuropsychology **Credits: 3.00**

PSYC 661. *Counseling Techniques* **Credits: 3.00**

PSYC 663. *Substance Abuse Counseling* **Credits: 3.00**

PSYC 749. Multicultural Perspectives in Intervention **Credits: 3.00**

or

PSYC 810. Advanced Multicultural Issues in Counseling **Credits: 3.00**

PSYC 751. *Psychotherapy with Children and Adolescents* **Credits: 3.00**

PSYC 752. *Theory and Practice of Play Therapy* **Credits: 3.00**

PSYC 768. *Couple and Family Counseling* **Credits: 3.00**

PSYC 805. *Single Case Experimentation* **Credits: 3.00**

PSYC 811. School Psychology: Developmental and Social Systems Perspectives **Credits: 3.00**

PSYC 825. Doctoral Seminar in Professional Psychology: History and System, Ethics and Advocacy **Credits: 1.00 - 3.00**

PSYC 840. *Qualitative Research Design and Analysis* **Credits: 3.00**

PSYC 867. Advanced Diagnosis, Intervention and Treatment Planning **Credits: 3.00**

PSYC 874. Cognitive Assessment **Credits: 3.00**

PSYC 876. Personality Assessment **Credits: 3.00**

PSYC 888. *Introduction to Neuropsychological Assessment* **Credits: 3.00**

Developing and Tracking Students' Curriculum Plan:

Because the program is designed for students who have previous graduate degrees and professional experience, it has been important for the program to establish a system by which the acceptability of previous graduate coursework for the program's curriculum can be assessed, and a plan made for moving forward to the Psy.D. The program achieves this via an Individualized Program of Study (IPS), Graduation Plan (GP) document, and a checklist of Basic Program Requirements (BPR). The IPS, GP, and BPR are forms that are included in the students' advising packet, which is available at the program TEAMS site. (See Appendix C for a list of all advising packet elements).

The Individualized Program of Study (IPS)

The Individual Program of Study (IPS) lists the current course curriculum, separating the required courses that must be completed in the Clinical and School Psychology program from the list of more general "foundational" topics that could potentially be satisfied by previous coursework. It is designed to allow students capitalize on past professional training/experience, ensure completion of program requirements, and tailor training to individual career goals. It also allows students and their program advisors to monitor progress as they proceed through the program. In developing each student's IPS, decisions must be made regarding which of any of the student's previous graduate courses can be accepted to meet the requirements of the courses listed in the course curriculum. To determine whether a previously completed course can be "accepted" as meeting a course requirement for the Program, it has been necessary to establish a systematic evaluative process, and the IPS provides a method by which faculty and students can help identify any courses that may be

accepted from previous graduate coursework. The IPS thus helps in the planning of each student's curriculum for the entire program, and is codified in the student's GP.

The IPS is developed by the following sequence: Early in the fall semester of the first year, each incoming student independently reviews all of the courses that are potentially transferable. If the student believes that they have successfully completed one or more of these courses in their previous graduate program, the student assembles documentation describing the courses and verifying that the course(s) in question has been satisfactorily completed and submits them to their faculty advisor.

The types of documentation that Core Faculty use when making acceptance decisions include 1) transcripts; 2) copies of course syllabi; 3) catalog descriptions; and 4) other supportive materials such as course papers/projects or presentation materials that would help make the case for why a specific course should be accepted as transfer credit. In terms of performance, the individual must have received a B+ or higher in the course. The amount of documentation students must provide may vary depending upon the clarity of the acceptance request. In some cases, the decision to accept or not accept a particular course may not be clear, even after review of relevant documentation. In such situations, the student may be required to attend specific sections of the course in question (e.g., because the student's course has incomplete overlap with the program offering). During the first semester in the program, the student's advisor and the Core Faculty review each student's "acceptance" requests and a determination is made by the advisor, consulting and final approval of the Core Faculty, about which courses can be accepted (all incoming students typically complete the same set of required courses during their first semester in the program). Examples of IPS's, GP's, and the format for making the formal request for course transfer are available from each advisor.

Basic Program Requirements (BPR)

Complementing each student's coursework is the Basic Program Requirements (BPR). Like the IPS discussed above, the BPR helps program faculty and students build, evaluate, and monitor each student's progress in the program on a yearly basis. The BPR is a comprehensive audit of all of the program requirements that students are expected to complete before they can graduate from the program. It includes information on the students' direct service hours, number of comprehensive assessments, professional presentations, successful passing of comprehensive examinations, successful passing of proposal and dissertation, successful demonstrations of competencies and so forth.

Most students will complete more requirements than are indicated on the BPR during their time in the program. However, students will not advance in the program without completing at least these basic program requirements, unless an explicit exception is made and signed off on by the Core Faculty Advisor, done so in consultation with the Program Director and Core Faculty as a whole. Because students enter the program with different levels of experience, these requirements 1) help clarify expectations and monitor progress, 2) avoid disparities between students in terms of the types of requirements that are made of all students, 3) ensure that basic requirements integral to the philosophy and goals of the program (e.g., completion of clinical, counseling, and school experiences) are maintained, and 4) provide a method of documenting that each student has completed at least the minimum program requirements before graduating. Students are ultimately responsible to use these forms to identify requirements and ensure that they are met. It is

recommended that students review the BPR with their advisor at least once a semester to ensure that the necessary requirements are being met. Students should have the BPR form signed after every year and filed with the program assistant.

Other Key Components of the Clinical and School Psychology Program Training

In addition to the curriculum and basic program requirements for Clinical and School Psychology students, there are a number of other activities and events that afford students crucial learning opportunities, the promotion of their identity as psychologists, and necessary points and methods of evaluation. They include the Skills Assessment Forms (SAF); the Evaluations of Psychotherapy Competencies; the Written Foundations Exam; the Clinical Comprehensive Exam; the Dissertation; the Practica Experiences; the Predoctoral Internship; and specific elements that are designed to foster one's professional identity and maximize one's growth during their time in the program. These components are described below.

The Skills Assessment Form

The Skills Assessment Form (SAF) is a primary evaluation tool that all students, program faculty, and site supervisors use to evaluate student progress toward program goals. It is completed twice a year (Dec/Jan, June). There are 11 competency domains listed on the SAF, and are as follows: 1) Self-Awareness and Interpersonal Skills; 2) Psychological Assessment 3) Psychological Intervention; 4) Foundational Knowledge in Psychology; 5) Ethics and Professional Judgment; 6) Interprofessional Collaboration and Consultation; 7) Working with Diversity; 8) Professionalism; 9) Personal Growth and enhancement of the Discipline and/or Community; 10) Research and Scholarship; 11) Teaching, Leadership and Supervision.

The SAF explicitly translates program goals into an assessment tool that is completed jointly by students and advisors, with input from supervisors, instructors, and the core faculty as a whole. Students complete these online forms and submit them to their Core Faculty Advisor who provides parallel ratings and feedback during early December/January, and again in mid-to-late June of each academic year. Through the SAF process, students are able to appraise and track that performance and development, and respond to feedback from supervisors and advisors. In addition to helping track student progress and development, the SAF also helps the program identify the attainment of program Aims (or modifications needed in order to reach them), as well as to recognize and address student problem areas that may need to be addressed. The SAF becomes a permanent part of each student's record.

Evaluation of Psychotherapeutic Competency

Prior to taking the Clinical Comprehensive Exam in their final year, students are twice evaluated and given feedback on their psychotherapeutic competencies. This is done in the context of their practica experiences at the end of their first and second year. Student psychotherapeutic work is evaluated by their practicum supervisors based on review of clinical practice recordings, written summaries and notes, and oral presentation(s) in terms of the student's: 1) Counseling and Therapeutic Alliance; 2) Critical Thinking and Case Conceptualization; 3) Intervention and

Treatment planning. Specific levels of functioning are specified. In accordance with our training system that expects continued skill development, students in the first year are expected to demonstrate abilities that exceed a minimum threshold of competence specified in the evaluation document. Students in their second year are expected to exceed a specified higher standard.

The Written Foundations Comprehensive Exam (“Comps” or “Written Comps”)

This written exam consists of three comprehensive questions delivered in three sections (i.e., one question per section): 1) Intervention/Assessment; 2) Research/Theory; and 3) Professional Identity/Professional Psychology. Students have two hours to complete each section of the exam (i.e., approximately two hours per question). The Foundations Comprehensive Exam is designed to assess knowledge and conceptual ability in a wide range of areas. In preparing for the exam, students are advised to develop complete responses that are well supported by appropriate written materials (e.g., books, chapters, and articles that have been assigned in courses). The Foundations Comprehensive Exam for the program should be completed during the summer semester of their second year in the program.

The Clinical Comprehensive Exam (“Clinical Comps”)

This exam is modeled after the format used in the American Board of Professional Psychologists examinations, and is completed at the end of the student's course work, prior to leaving for internship in the summer of the third year. This exam covers both assessment and psychotherapy skills, and typically involves two separate cases. Students submit a written analysis, as well as a recording of their counseling performance. They then defend their work on these cases orally before at least two Core Faculty Members (the student's advisor and another core faculty member).

The Dissertation

All students must complete a scholarly dissertation. Students are encouraged to choose a topic that matches their professional and career goals and is compatible with the interests and expertise of their PSYC 881 (Issues and Techniques in Research and Evaluation) course instructor (who is also normally the student's advisor). Overall emphasis is placed on applied research projects. The ability to use applied research is seen as an integral part of each student's overall training, and one befitting a doctoral-level health service psychologist.

At its best, the dissertation should not only constitute a credible and substantial contribution to the larger field of psychology, but should also clearly 1) represent the culmination of a rigorous process of intellectual development; 2) emerge from discussions regarding student's interests and strengths and the expertise and interests of the student's advisor; and 3) be congruent with that student's professional and scholarly aspirations. To approximate this ideal, students are encouraged to approach the dissertation as an opportunity for intensive exploration, growth, and development. Students should be cautious about choosing their dissertation topic too early, before they have thoroughly explored their own interests, reviewed relevant literatures, and discussed their ideas thoroughly in the context of PSYC 881. At the same time, students who share research interests with faculty are strongly encouraged to join and extend ongoing programs of research in the context of PSYC 881 and their dissertation. Ultimately, it will be necessary to identify a Core Faculty

member / PSYC 881 instructor who serves as Chair of the Dissertation committee; this individual, in particular, can be of great assistance during the process of exploring and identifying a suitable and personally meaningful dissertation topic. The details of the dissertation project are specified in Appendix D.

Practicum Experiences

The Clinical and School Psychology program's curriculum plan emphasizes the integration of knowledge and theory gained in course work with concurrent, sequenced practicum experiences that culminate in the student's predoctoral internship and facilitate eventual licensure as a clinical psychologist and/or licensure/certification as a school psychologist. Throughout training, the program emphasizes knowledge and implementation of "recommended practice" interventions that are theoretically grounded and evidence-based. Strong, positive relationships are fostered in all practicum settings, including interprofessional relationships relevant to setting and client needs.

All students are enrolled in a PSYC 878 Practicum class every semester in residence. Because of their extensive involvement with clinical populations during training, and concomitant liability issues, **all students are required to have appropriate liability insurance**. We typically recommend "the Trust" (formerly the American Psychological Association's Insurance Trust), which offers insurance for graduate students. (Application and details are available here: <https://www.trustinsurance.com/Insurance-Programs/Student-Liability/Student-Liability-for-Graduate-Students>). Other options are currently available in the insurance marketplace, but must offer at least the level of coverage articulated by the Trust plan linked above.

Practicum experiences are sequenced and organized with supervision and/or instruction by licensed, doctoral-level clinical psychologists to ensure students continue to acquire increasingly complex clinical skills (Association of State and Provincial Psychology Board [ASPPB], 2022; APA 2014; APA, 2017).

Every practicum course includes on-site clinical work, individual supervision, in addition to weekly practicum class meetings. Practicum classes are taught by program faculty who are licensed clinical psychologists. The practicum classes include didactic material and group and individual supervision. Practicum classes are central to the curriculum plan, as the program wants to ensure that students are prepared for their internship experiences and have the clinical skills necessary to be leaders in the delivery of mental health services. In addition, didactic work and practicum experiences inform and build on prior placements to support the student's acquisition of foundational and specialized knowledge. The practicum placement sites are varied to ensure students gain experience with a wide range of client characteristics (social identities, cultural backgrounds, and needs), varied supervisory orientations, diverse organizational missions and resources, and the multiple service delivery models.

In addition to developing students' intervention and assessment skills, the practica experiences are designed to facilitate the acquisition and practice of interprofessional collaboration (IPC) and knowledge and skills to practice in local and global contexts. Students are provided with practicum opportunities to promote the development of IPC competencies such as the ability to work effectively in teams across traditional program/agency and discipline lines, to build trust and teamwork efforts with all partners, to examine areas of conflict between client and professional

values and their own, and to clarify conflicting values in the delivery of health and human services across cultures (Interprofessional Education Collaborative [IPEC], 2023; World Health Organization [WHO], 2010). The practicum course instruction and supervision emphasizes cultural sensitivity and cultural humility, examines adverse effects of professional, cultural, and national ethnocentrism on intercultural communications and provides opportunities for students to reflect critically upon their own world view in order to more respectfully and effectively communicate with people holding world views quite different from their own. Students reflect on the degree to which the practicum site is able to respond to community needs while developing clinical competencies and meeting academic goals. Students are supervised in a manner that helps them learn about themselves and their relationship to the community and world around them. In practica, our students work with clients, staff, and supervisors of different religious, ethical, political, economic and social views.

A primary goal of the practicum sequence is to provide students with a correctly scaffolded and developmentally-graded level of practicum experiences that prepare them for internship as well as a high degree of competence as a licensed clinical psychologist and/or licensed/certified school psychologist. To accomplish this, all students must complete at least one practicum in the JMU community mental health clinic [Counseling and Psychological Services (CAPS) Clinic], one in the public schools, and one in an additional clinical site.

Practicum Sites. Students have access to a diverse array of on-campus and off-campus sites and experiences. On-campus practica occur through two primary sites: 1) *Counseling and Psychological Services* (CAPS, a comprehensive university-based outpatient clinical practice; and 2) *Interprofessional Strategies for Learning Assessment* (ISLA, a university-based service center to evaluate students for the learning disabilities, ADHD, or other factors that might interfere with their learning).

Students also plan with their advisor and Practicum Coordinator to select from several relevant, off-campus practicum sites typically engaged in the third year (however, additional sites may be chosen as early as after the first year practicum is successfully completed in consultation with the practicum coordinator and the student's advisor). Commonly-available sites include local public schools, the *Virginia Child and Family Attachment Center* (a clinic assessing attachment and caregiving with multi-stressed families in foster care and adoptive homes), *Page County Primary Care and Behavioral Health* (a rural integrated behavioral health and family medicine practice), *the University of Virginia Counseling and Psychological Services Center* (the counseling service for University of Virginia students), *Western State Hospital* (a state in-patient hospital for adults with severe mental illness), *Commonwealth Center for Children and Adolescents* (a residential treatment center for children with emotional, behavioral or substance use problems), or *Sentara/Rockingham Memorial Hospital* (a regional full-service hospital with a behavioral health unit). For off-site practica, students may have a variety of site-level supervisors and processes, and will still register for Psyc 878 and meet with program faculty to receive consolidating supervision and consultation regarding the experience.

In addition to the aforementioned, developed sites, students who have an interest in a particular training experience or population that is not as commonly accessed are encouraged to discuss such interests with their advisor, Practicum Coordinator, and the Program Director to determine if a legitimate and high quality practicum experience is available and/or can be developed.

Sequencing and Selection of Practica

Students are placed in practicum every semester and the practicum placements, settings and experiences are organized to build upon and integrate clinical competencies. Practicum experiences are arranged in a sequential fashion with increasingly complex case assignments and independence emerging over the course of training and based on careful assessment of current competencies. Given the integrated nature of training in the program, and as noted previously, students are expected to complete a practicum and demonstrate competency in each of the three specialty areas of psychology: clinical, counseling, and school psychology. Those students who have a substantial background in either school or clinical psychology (e.g., conducted school-based assessments as a school psychologist, worked as a therapist in a counseling center) may not be required to complete a practicum in that particular area; however, exceptions to the required practicum sequence will be determined by the Core Faculty on an individual basis after considering 1) past professional experiences of the student, 2) the student's demonstrated strengths and training needs, and 3) the student's career goals.

The Year One practicum course sequence emphasizes the development and consolidation of direct service skills in therapy and assessment. Students are placed at the university-based interdisciplinary assessment center, the Interprofessional Strategies for Learning Assessment center (ISLA) and the university counseling center. The Year One ISLA practicum provides opportunities for students to acquire and demonstrate their psychological assessment skills and the counseling center placement emphasizes the development and consolidation of basic therapy skills. Practica seek to support each student's ability to integrate knowledge of individual, family and community health and mental health needs in the context of interprofessional project-based learning while actively engaging in self-reflection.

In Year Two students in the practicum courses are expected to have further developed their professional and interpersonal skills and capacity for self-awareness. Students are typically placed at the university-based mental health clinic, Counseling and Psychological Services (CAPS), and in a public school system setting. The CAPS placement provides opportunities to function as student clinicians in a community mental health organization. Students are supervised working with clients across the age-span for assessment and intervention. The public school placement, also done in year two, provides students an opportunity to develop skills and knowledge in the context of interprofessional psychological services in the schools. Students examine school structures, organization, regular and special education programs, laws and policies as well as community and cultural factors influencing children's school experience. Child-focused assessment experiences also occur through the Shenandoah Valley Child Development Clinic (CDC), which is an interprofessional service that is part of the same JMU Institute that houses the JMU CAPS and ISLA training clinics (Institute for Innovation in Health and Human Services, IIHHS; part of the JMU College of Health and Behavioral Studies, CHBS). The CDC is a community service clinic that provides comprehensive interdisciplinary assessments for children and adolescents who are suspected of having developmental delays and/or disabilities.

The practicum sites for Year Three, typically at external sites in the community, are designed to continue to develop the student's clinical competencies and situate them to be optimally prepared

for internship. Students are expected to have well-developed conceptualization skills and be able to discuss psychological constructs with familiarity. The Year Three practicum course and sites are used to consolidate student's professional practice skills while enhancing or deepening their clinical skills with a special population and/or in a particular service delivery setting. For example, a student more interested in working with children and families and forensic issues might select the *Commonwealth Center for Children and Adolescents* or the *Virginia Child and Family Attachment Center*, while a student more interested in adult inpatient treatment might select *Western State Hospital* for their practicum site. In Year Three, clinical practicum experiences are designed to further extend and improve meta-knowledge, "the ability to know what you do not know" (Hatcher & Lassiter, 2007), and reflective understanding while expanding experiences with diverse and vulnerable populations and innovative or specialized service delivery models. This requires the program to develop and maintain relationships with a variety of mental health service providers and relevant agencies.

It is important to note that students come into the program with a range of different professional and clinical backgrounds and the practicum sequence is used to ensure the development of strong and uniformly well-developed clinical skills. For example, if entering students have relatively little assessment training or experience, their practicum sequence will emphasize development of these skills.

Students are expected to work in practica approximately 10-12 hours per week for the fall, spring, and summer semesters, resulting in about 350-500 total clock hours each year. These hours are distributed between 1) direct service (e.g., therapy, assessment, consultation); 2) indirect service (e.g., professional development/case preparation activities); and 3) receiving individual and group supervision. It should be noted that these practicum experiences are in addition to the practica the student may have completed in their previous graduate program, as well as any professional experiences acquired prior to entering the program, all of which are tracked and reported for internship applications.

At least 50% of the supervised experience is to be in service-related activities (both direct and indirect), such as treatment, assessment, interviews, report-writing, case presentations, and consultations. Individual face-to-face supervision is to be at least 25% of the time spent in service-related activities. For example, if a student was completing 8 hours of direct service each week they would be required to receive at least 2 hours of supervision each week (based on 25 % of the 8 hours of direct services).

Evaluation of Students in Practicum

Practicum classes are typically small (3 to 6 students) permitting supervisors to provide intense and personalized supervision as well as on-going feedback regarding progress. Students are supervised by licensed clinicians (on-site and by Core Faculty supervisors) during practicum placements. All students are formally evaluated twice a year by their practicum supervisor using the *Skills Assessment Form* (SAF). This form lists knowledge, skills and behaviors associated with important clinical competencies expected to be developed during the training in the program.

Along with the specific competency domains and their constituent elements, an expected level of proficiency is stated as either: Novice, Intermediate or Advanced increases as the student progresses through the program. The competencies and process are described in more detail under

the SAF section, with additional orientation provided in the corresponding document in the advising packet. The evaluation process is informed by guidance from the *Report on Practicum Competencies*, Hatcher & Lassiter, 2007, Price et al., 2017, and Callahan & Watkins, 2018.

Predoctoral Internship

All Clinical and School Psychology program students are required to complete a twelve-month, 2000 clock-hour (i.e., full time or two years part time) internship as part of their pre-doctoral coursework and as a requirement for eventual licensure as a clinical psychologist and/or licensure/certification as a school psychologist. Except under extraordinary circumstances approved by the Core faculty, students cannot start their internship until they have successfully completed 1) the curriculum outlined in the IPS & GP, 2) the Foundations and Clinical Comprehensive Exams, 3) the approval (i.e., successful defense) of their dissertation proposal, and 4) the Basic Program Requirements checklist.

All students are expected to pursue and secure an APA-accredited internship. APA-Accredited internships can be identified via the annual APPIC Directory. Because applications to APA-accredited internships are often due in the Fall semester of the third year of study, students should begin preparing for this process during the preceding spring and summer semesters. Material students have to develop and document in order to apply for internship should be completed in consultation with the Internship Coordinator and Advisor. APPIC data suggest that a typical applicant applies to approximately sixteen internship sites. More applications do not appear to be associated with a significant increase in the likelihood of securing an APA-accredited internship, but fewer applications may be associated with a diminished likelihood of securing such a site. Exceptions to the policy requiring an APA-Accredited internship must be approved by the Program Director and Core Faculty and will be considered only when a student has appropriate and compelling reasons for not completing an APA-Accredited internship (see Guidelines and Procedures for Non-Accredited Internships, below).

Clinical and School Psychology program students have been extremely successful in attaining APA-accredited internships, especially when they 1) applied to a sufficient number of internships that matched their interests and aspirations, 2) consulted with program faculty, the Internship Coordinator, and successful student applicants throughout the process, 3) prepared well-written and well-organized applications, 4) subjected their applications to review by others prior to submission, and 5) prepared for and took seriously on-site internship interviews. All prospective intern applicants are required to meet with the Internship Coordinator at least one time before applying for internship. These meetings should be scheduled early in the fall semester prior to submission of application materials toward the end of this same semester. Weekly meetings as a cohort are typically offered to 3rd year students in the Fall semester to review and prepare applications. Attendance and participation is highly recommended.

School-based Internship Considerations

Licensure and certification requirements related to practice in the schools varies by state. Most states accept program qualifications from APA-accredited programs at the doctoral level using a

streamlined process. Some states have separate licensure paths for Clinical and School Psychology licensure, while others do not. In some states, the School Psychology license is limited to practice within schools only. The program is APA accredited, and so satisfies criteria for licensure in the Commonwealth of Virginia in the areas of both Clinical Psychology and School Psychology.

For those interested, the National Association of School Psychologists (NASP) offers an additional, national certification process for individuals. Students interested in pursuing NASP certification after graduation should discuss the pros, cons, and fit with career goals with their advisor and supervisors early in their time in the program. In brief, NASP guidelines require that, in addition to coursework (which the program curriculum satisfies), students complete at least 600 hours of their pre-doctoral internship training in a school setting, with at least one school psychologist as supervisor.

In the program, this requirement would typically be fulfilled as part of the year-long internship (4th year). To satisfy NASP requirements, the chosen internship should include work in a school setting. For students who have already completed similar work at the Masters/Ed.S. level, NASP allows some of those required hours (50% as described in recent NASP documents) to be satisfied by the prior internship experience. If NASP certification is desired, students are expected to place sufficient emphasis in their program studies on child, adolescent, family, and school experiences to ensure they are competitive for placement at a school-based internship (or blended school & clinical internship) meeting NASP requirements. To navigate the complex relationships between accrediting bodies (APA, NASP), state licensing requirements, and the desires of future employers, it is helpful to do advance planning and know requirements for licensure in particular states where a student might want to live and work; as well as know policy for employment by particular school systems and/or for consultative roles with schools. Students should discuss school-specific career-plans and options with their advisors and supervisors. As a local reference point, here is the Virginia Department of Health Professions / Board of Psychology Licensure page for licensure of all Psychology license types, including School and Clinical: <http://www.dhp.virginia.gov/Psychology/>. Since School Psychology licensure is typically pursued at the Masters level, the following comparison of Masters/Ed.S. and doctoral level degrees in School Psychology may also be a helpful reference: <https://www.nasponline.org/Documents/About%20School%20Psychology/Overview%20of%20Differences%20Among%20Degrees%20in%20School%20Psychology.pdf>

Guidelines and Procedures for Non-Accredited Internships

Only under exceptional circumstances should students not apply for an APA-accredited internship; such students must have compelling professional and personal reasons not to do so. For example, an occasional student may find him or herself confined to a specific geographic area in searching for internship sites because they have made the commitment to doctoral training well into their career and have extensive family obligations in a given area. In such circumstances students are advised that any proposed internship site must meet the basic criteria stated in the APA Guidelines and Principles for Accreditation of Programs in Professional Psychology for accredited internships. In all cases, the internship must focus on experiences that challenge the student at the doctoral level.

The current procedure for non-accredited internship site selection is as follows. Once the student and their Advisor select a potential internship site, the student completes an Internship Proposal Form for review by the Core Faculty. Once the Core Faculty approves the site, a preliminary

working contract between the site and the program is developed, which outlines such things as the expected activities and the percentage of time spent in each activity; the Internship Coordinator should consult with internship site supervisors during the process of contract development. A final contract should be developed prior to the student beginning internship, and should be signed by the Internship Coordinator, Advisor, all Site Supervisors, and student. Students who plan to complete their internship in a non-accredited site should consult with their Advisor, the Internship Coordinator, and any other student who has successfully completed such an internship (if available) at the beginning stages of this process, and at least one year before they plan to begin their internship. In all cases, the internship must focus on experiences that challenge the student at the doctoral level. Returning to previous sites and continuing to perform in the same role as before entering the program is unacceptable. However, a student may return to a previous site choosing a different, doctoral-level, focus such as supervision, consultation, or program development/evaluation. The success of such arrangements relies heavily on the flexibility of the internship site in accommodating APA and program criteria in developing a quality internship experience.

Intern and Internship Site Evaluation

The intern's performance is formally evaluated at two points during the internship year: mid-way through the year and again at the end. Accredited sites use their own evaluation procedures (as specified by APPIC). Non-accredited site supervisors should use the Skills Assessment Form developed for external supervisor completion, and the Internship Evaluation Form to evaluate the performance of program interns. There is an evaluation system applied in these circumstances that is divided into five sections: (a) Orientation to the site; (b) initial Goal Setting; (c) Performance Evaluation (SAF & IEF forms); (d) a Clinical Site Feedback Form for interns; and, (e) a Supervisor's Feedback Form. Students who are planning on taking this route will be provided these forms. In addition to the formal evaluations, site supervisors are encouraged to give frequent feedback to interns and to contact the program Internship Coordinator if there are concerns. Each intern completes an evaluation of the site at which they were placed. Internship sites are reviewed each year by the Clinical and School Psychology Doctoral Program Committee using the results of the student evaluations and information derived from visits or phone conversations with site supervisors. If there are any concerns, they are discussed with site personnel. A plan is made to resolve the issue(s) before future placements are made at that site. Internship sites that continue to be ineffective training placements after these measures are taken are discontinued.

Additional Components Promoting Professional Identity as a Health Service Psychologist

Because many students enter the program with different professional backgrounds, experiences, and perspectives, it is essential to individually address the growth of each student's professional identity as a doctoral level psychologist. The following components have been developed to facilitate the growth of professional identity in our students.

Mentoring Relationships and Close Faculty-Student Relations

The program places a strong emphasis on the development of mentoring relationships between faculty and students as a means of enhancing students' professional identity. Because the program is

small (i.e., approximately one Core Faculty member for every three on-campus students), students have the benefit of considerable interaction with faculty, and there is ample opportunity to receive individualized guidance, instruction, and consultation. These mentoring relationships allow faculty to model professional attributes in a more personalized fashion. Students historically report very positive benefits associated with the strong emphasis placed on close student-faculty relations.

The Role of the Advisor

The student's Advisor plays a pivotal role in student progression through the program as well as ongoing assessment processes. In consultation with the Program Director and other faculty as appropriate, the Advisor 1) ensures that the Advising Packet for each student is current and complete, 2) consolidates individual performance data on students, 3) identifies goals as well as areas of strength and weakness, 4) develops preliminary remediation plans if necessary (in consultation with the student and Core Faculty), 5) identifies areas that should be addressed to help the student achieve program and professional goals, and 6) addresses and resolves issues relevant to the student's progress through the program. Students may also offer feedback through the Advisor to the program. For example, unexpected setbacks in health or other difficulties can be communicated from the Advisor to other faculty during program meetings. In addition to recommended ongoing contact and regular meetings, all students must arrange formal meetings with their Advisor in 1) mid December to January and 2) mid to late June in order to review and complete all relevant forms from the Advising Packet (e.g., BPR, IPS, SAF).

Process Group

To help students adjust to the role of doctoral level graduate student, facilitate personal and professional growth, and manage the stress of graduate study, the program has identified a skilled clinician who is not affiliated with the program to provide a "process group" for all students during their first year in the program. The process group meets for 1.5 hours weekly during the spring semester of each academic year (approximately 10 weeks). All process group activities and discussions are arranged so as to be strictly confidential between program students and the process group clinician.

Individual Therapy for Students

An important component of the Clinical and School Psychology Doctoral Program is to encourage each student to acknowledge and address personal characteristics that may interfere with competent clinical care. The program faculty believes that individual therapy can be an important part of student growth and development, as a clinician, peer, and professional. Although the program does not mandate that students participate in personal therapy, the program strongly encourages its students to do so. In fact, the majority of students in the program report that they do participate in therapy during the training process, and that this experience is crucial to their overall growth and development, both personally and professionally. To assist with referrals, the program has identified several clinicians in the larger area. All therapy arrangements are made between the student and their therapist, with no connection, follow-up, or coordination by the program.

Doctoral Seminar in Health Service Psychology

First and second year students participate together in a seminar focused around topics training in health service psychology. This seminar, PSYC 825: HSEA brings together history, systems, ethics, and advocacy issues. The seminar facilitates the discussion of issues such as the differences/similarities among various specialty areas (e.g., clinical, counseling, and school psychology), ethics, the history of the field, interprofessional principles and competencies, potential career options, and other topics relevant to the practice and profession of psychology. Core Faculty members, Clinical and School Psychology program alumni as well as other faculty and professionals from the community often contribute to and participate in this course.

Facilitate Building Cultural Humility Workshop

The Clinical and School Psychology Program plays a crucial role in conducting twice yearly multicultural workshops for faculty, graduate and undergraduate students in the Health and Human Services. Students are exposed to a range of multicultural readings and taught how to facilitate group processes around multicultural issues. Participation in the workshop is typically conducted as part of the doctoral courses (PSYC 825 or PSYC 864), or in certain instances may be part of the practicum experience (PSYC 878) in the first and second year.

Professional Presentations and Conferences.

Part of the professional identity we cultivate in our students involves making professional presentations at conferences, workshops or other settings. **Students must make at least one professional presentation at a local, regional or national conference or document two separate submissions.** In general, students are engaged in much more than this, with the average number of professional presentations made by our students during their tenure being greater than four. The conferences that students most commonly present at are the National Association of School Psychologists, the American Psychological Association, the Association for Applied Sports Psychology, the Association for Play Therapy, and Society for the Exploration of Psychotherapy Integration.

Professional Organizations

All students are encouraged to become members in professional organizations which best reflect their burgeoning identities as doctoral-level psychologists. Students typically join APA as a means of initiating this important process. The program also strongly encourages students to become actively involved in the American Psychological Association of Graduate Students (APAGS) (an APAGS representative is chosen by the students at the beginning of each academic year). Students are especially encouraged to explore APA Divisions 12 (Clinical Psychology), 16 (School Psychology), 17 (Counseling Psychology), 29 (Psychotherapy), 37 (Child, Youth and Family Psychology), and 53 (Child Clinical) since these specialty divisions closely match program foci. Students are also encouraged to attend and present at national and regional conferences (and often do so with faculty).

Practicum in College Teaching

As part of the typical sequence in training, students in the Clinical and School Psychology Program teach an undergraduate course in Introductory Psychology during the fall and spring semesters of their second year of study (Exceptions may be made for students with prior teaching experience). Most students find this experience to be very rewarding, key to the development of their professional identity, and relevant to prospective internships and employers. In preparation for teaching in their second year of study, all students complete an orientation to teaching seminar during the summer semester of their first year. Students are then permitted to teach under the supervision of a PSYC 895 (Teaching Practicum) supervisor during the fall and spring semesters of their second year of study.

Key Madison Model Processes

The program has well-organized and intensive systems and processes for maintaining program achievements and making changes. These systems and processes include weekly Core Faculty meetings, Program Faculty meetings each semester, student representative involvement, and informal process meetings, and are described below.

Core Faculty Meetings

An important venue for the systematic and ongoing review of goals, objectives, competencies, outcomes, training processes, and curriculum is the weekly meeting of the Core Faculty. These meetings are held every week for 1 hour during the fall, and spring semesters, and are crucial to ongoing development and appraisal of program policies and initiatives. In addition, because Core Faculty also serve as student advisors, these meetings provide a logical forum through which the progress and status of students can be openly discussed.

Monthly Pizza-Process Meetings

During the fall and spring semesters, program students and faculty meet together one time each month. The program provides lunch (typically pizza) for each of these meetings, announcements related to program opportunities and deadline are given, student and faculty accomplishments are acknowledged, and students are encouraged to discuss issues that are of concern to the student body and to the program. Pizza Process also provides an opportunity for the faculty to solicit feedback from the larger student group on relevant issues.

Annual Program Meetings/Events

The program holds several regular gatherings that allow for the growth of a sense of community, and building positive social networks. Two required meetings are held each year. One is held in the beginning of each year (typically in Aug, before classes begin), to welcome new students, and one at the end of each academic year (typically in June) that involves celebrating the end-of-year for all and sending off the interns.

Student Representative Involvement

At the beginning of each academic year, the students select three representatives (one representative from the first, second, and third year students). These students are responsible for providing regular feedback about any aspect of the program to the program faculty at the monthly meetings. In addition, faculty will frequently ask these representatives to gather feedback from the student body as a whole on proposed policies, procedures, and other program modifications. Student representatives are also selected for the Consortium of Combined and Integrated Doctoral Programs in Psychology (CCIDPIP) (see www.jmu.edu/ccidpip) the American Psychological Association of Graduate Students (see www.apa.org/apags), as well as Graduate Student Association (GSA: University-level) and Psychology Graduate Student Council (PGSC: Department level) representatives.

University and Clinical and School Psychology Program Resources

Student Support

The JMU Clinical and School Psychology Program is committed to the principles of access and inclusion and will make accommodations for students with special needs to ensure programmatic access. Toward this end, JMU has established a state of the art Office of Disability Services (<https://www.jmu.edu/ods/index.shtml> ; disability-svcs@jmu.edu ; 540/568-6705) located in the Student Success Center that works with students to ensure any necessary and appropriate accommodations are in place to ensure opportunities for success. As such, if a student has special needs or suspects that they have such needs, they are encouraged to consult with the Office of Disability, who will determine eligibility and will work with the Program to enact a sufficient plan with appropriate accommodations.

Additionally, a wide range of support services are available to students and include a university-based counseling service, health center, and office for disability services. Program-based student support is, of course, provided in the context of the advisor relationship, and through specific features of the program including (but not limited to) the 1) orientation, 2) graduate and teaching assistantships and corresponding supervision, 3) process support group, and 4) pizza-process meetings.

At the University Health Center (<https://www.jmu.edu/healthcenter/>), students have access to services including 1) medical/clinical services, 2) in-house lab testing, 3) fast track self-care, 4) allergy clinic, 5) choices clinic, 6) women's health and men's health clinics, 7) STD/STI testing and counseling, 8) immunization clinic, and 9) sexual assault and substance abuse prevention, and more.

Other relevant support services for students are available in the Office of Academic Advising and Career Development, Title IX Office, Office of Disability Services, Affirmative Action Office, Women's Resource Center, Financial Aid Office, and Reading and Writing Resource Centers.

Student Financial Assistance

To date, all students have received financial assistance which includes a teaching or graduate assistantship and includes coverage for tuition (up to 36 hours/yr—and sometimes funds for more

credits are available by request—for each academic year, including fall, spring, and summer semesters). The current level of funding for assistantships for doctoral students is approximately \$17,500 (in addition to the full tuition waiver). Because of the unique support provided to the program by the University, students can expect to receive this funding for the three years expected to complete their course work. All extension requests must be approved by the Clinical and School Psychology Doctoral Program Committee.

Students receive their assistantship funding across 12 months and are expected to commit 20 hours per week to assistantship duties during the Fall, Spring, and Summer semesters. Students who receive unsatisfactory assistantship evaluations are in jeopardy of losing their assistantship funding.

Only full-time students are admitted into the Clinical and School Psychology Doctoral Program. There are currently no plans to admit part-time students. Because our students have interrupted their professional careers to enter doctoral training, we feel it is essential that students receive adequate funding to allow them to devote full time effort to their training.

Once students complete the coursework portion of the program, they assume financial responsibility for internship credit hours. An arrangement has been developed with the Graduate School whereby students register for one credit hour each semester (CE 850, 1 credit). If this credit hour enrollment jeopardizes the student's ability to qualify for continued deferment of student loans the program can submit a letter of explanation to the lien holder, upon the student's request. The letter does not guarantee continuation of loan deferment.

Once they complete the course work and internship portions of their program, if they are still working on completing their dissertation, students are required to continually enroll in PSYC 899. Dissertation Continuance each semester, including one summer semester, until they graduate. Students must also assume the financial responsibility for continual enrollment credits. There are no assistantship possibilities for students who have completed program course work and internship.

Resources and Facilities

The Clinical and School Psychology Doctoral Program is housed in the Department of Graduate Psychology, which is primarily located in Johnston Hall on the main campus. Johnston Hall has 32 offices, three large classrooms, several small classroom/seminar rooms, and a computer lab. Students are provided with office space in Johnston Hall. Each student is provided with a desk, a computer with up-to-date software, and access to printers. All doctoral program students are assigned email accounts upon entering the program. JMU offers continuing education classes in computer applications and a program liaison librarian (Liz Chenevey: chenevet@jmu.edu) is available to program faculty and students for individual consultation on the library and information retrieval techniques.

The program has access to a range of physical facilities and resources relevant to its training goals and objectives. Both Carrier Library and East Library have resources that support research and study for faculty and students, housing approximately 1,000,000 titles. Articles from thousands of periodicals are provided online through networked computers, and the library also has excellent and well-funded interlibrary loan capacities, which are readily accessible to Program faculty and students.

James Madison University also has a strong commitment to computer-based technology and services, and faculty and students have ready access to the Media Resources Center and Center for Instructional Technology for software and production of instructional materials.

CAPS has excellent training support equipment. CAPS has computer-mediated observational and recording facilities, and excellent digital recording equipment with secure access to digital video in supervisor offices. Core faculty offices have playback capacity in order to facilitate observation of student progress during supervision meetings. Recordings of clinical contacts are used to discuss student progress during practicum class meetings, accessing the recorded sessions on a secure server. The equipment and observational facilities available enhance the ongoing supervision of students and also allow students to develop the clinical materials, which they present as part of the Core Comprehensive Examination.

Assessment of Student Competence and Progress¹

Because of the student-faculty ratio, student competence and progress throughout the program is closely monitored. This low ratio is by design, and it is unlikely that it will become significantly higher in the future. One of the major features of the Program involves the emphasis we place on experiential learning and scaffolded growth. In addition, staff meetings at practicum sites along with the meetings of the Core Faculty of Clinical and School Psychology Doctoral Program Committee provide continuing opportunities to discuss each student's progress and to develop interventions quickly before concerns escalate. Students must complete the entire program including internship and dissertation within six years from entry.

Our program does not rely on any one method of assessing student progress. In addition to the informal processes mentioned above, we have implemented several formal assessment techniques to measure each student's progress. Each of the techniques is explained below. It should be noted that all the techniques used to measure student progress are built on the program's Aims with regard to student competencies (see Appendix B).

Assessment Domains and Procedures

1. Foundation of Knowledge in the Science and Practice of Psychology. It is our aim To produce health service psychologists who appreciate and understand the broad and general knowledge base that informs the profession of psychology and can engage in integrative, self-reflective, and critical thinking in the evaluation and application of that knowledge base. We assess the competencies surrounding this goal in the following ways:

A. **Measure/Activity:** **Performance and grade in content courses**

Expected Outcome Criterion: **Grade of B or higher or grade of**

¹ As noted above, all incoming and current students in the doctoral program should be informed that the HSP program endorses the *Comprehensive Evaluation of Student-Trainee Competence* document developed by the Council of Chairs of Training Councils. For further information, see Price et al. (2017) and Callahan & Watkins (2018).

Satisfactory

Course grades are reviewed each semester by the student's Advisor. The standards stated in the JMU Graduate Catalog are applied. In addition, information regarding students' performance in course work is solicited at each Core Faculty meeting. Students are informed by their Advisor immediately if there is a perceived academic problem. Grades of B or higher are expected. If a student receives a grade of C for a course, they are allowed one opportunity to retake the course until a grade of B or higher is attained. When a course is graded on a Satisfactory/Unsatisfactory basis (e.g., Psyc 825, Systems, Ethics and Advocacy), the grade of Unsatisfactory is equivalent to a failing grade for that course.

B. Measure/Activity: Foundations Comprehensive Examination

Expected Outcome Criterion: A passing score (1.0 or higher) on all three sections of the Foundations Comprehensive Exam

At least two Core Faculty members will independently score each of the three questions on the **Foundations Comprehensive Exam** administered the summer of the second year in the program. This examination is the one referred to in APPIC internship application materials as “comprehensive examinations” and must be completed and passed before internship applications can be submitted. Such scores may range from 3 to 0 (3 = High Pass; 2 = Pass; 1 = Low Pass; Fail < 1.0). Students must achieve an average score of 1.0 or above on each of the three sections. If raters differ (i.e., above or below 1.0) on their assigned scores, a third rater will be asked to score the section(s) in question. If the third rater assigns an average score at or above 1.0, the student will pass the section(s). If the third rater assigns an average score below 1.0, the student will not pass the section(s).

Any student who fails one or more sections of the written comprehensive exam may retake the failed section(s) for a second time. Reexamination must occur before the end of the next semester that follows the semester in which the exam was initially taken. Scheduling and logistics for any reexamination will occur after consultation among the student, their Advisor and other faculty as appropriate, and the Program Director. Guidelines and procedures for grading any reexamination are the same as for the initial examination (described above). If a student fails a re-examination, then they will likely be removed from the program.

B. Measure/Activity Skills Assessment Form

Expected Outcome Criterion: Ratings of “2” or higher on Competency Areas for Psychological Assessment, Psychological Intervention, Foundational Knowledge in Psychology, and Ethics and Professional Judgment

2. Effective Practitioners. It is our aim to produce health service psychologists who can effectively diagnose, assess, and treat psychological problems in diverse people across the lifespan in

an ethical manner. An emphasis is placed on integrative approaches to therapy and assessment, the central importance of relatedness, and conducting effective work in international, interprofessional, and multidisciplinary settings. To assess skills in this domain we use the following:

A. Measure/Activity: Performance in practica

Expected Outcome Criterion: Grade of Satisfactory

Each semester students are enrolled in practica and are expected to perform satisfactorily. The most basic and general assessment of their performance is via a satisfactory or unsatisfactory grade, and all students are expected to obtain a grade of satisfactory in each practicum experience. The grade of Unsatisfactory is equivalent to a failing grade for that course and would result in either a remediation plan or expulsion of the student from the program, depending on the reason for the failing grade and the history of prior remediation attempts.

B. Measure/Activity Skills Assessment Form

Expected Outcome Criterion: Ratings of “2” or higher on Competency Areas of Self-Awareness and Interpersonal Skills; Psychological Assessment; Psychological Intervention; Foundational Knowledge in Psychology; Ethics and Professional Judgment; Interprofessional Collaboration and Consultation, Working with Individual and Cultural Diversity; Professionalism; and Personal Growth and enhancement of the Discipline and/or Community

Nearly all domains of the Skills Assessment Form (SAF), which is primarily a measure of overall clinician competency (Price et al., 2017; ASPPB, 2022), is relevant for this goal and is a form students are assessed with twice each year by site supervisors, core supervisors and their advisor.

C. Measure/Activity Evaluation of Psychotherapeutic Competency, First and Second Year

The Evaluation of Psychotherapeutic Competencies (EPC) takes place at the end of the students' first and second years.

Student psychotherapeutic work is evaluated based on review of video recordings, written summaries and notes, and oral presentation/s is evaluated in three broad areas relevant to evidence based practice: Counseling Skills and Alliance; Conceptualization; and Intervention. Students are scored from 0-3 on six items (two for each domain) that explicitly list various levels of functioning. First year students must score a 6 or better and second year students must score a 9 or better on the EPC for passing grades.

D. Measure/Activity Clinical Comprehensive Exam

Expected Outcome Criterion: "Good" or higher on all items on the written portion of the Core

Comprehensive Exam; "3" or higher on the video taped portion of the counseling case; "Pass" or higher on all items of the Final Evaluation Form

The **Clinical Comprehensive Exam** is an advanced clinical examination that occurs at the end of the student's course work, typically at the end of the third year and just prior to a student leaving for internship. It is modeled after the format used in the American Board of Professional Psychologists examinations. Students develop detailed write-ups of an assessment and therapy case, along with a recording which they submit and defend orally before two members of the Core Faculty. This clinical comprehensive exam is not required in order to apply for internship, and is not what APPIC refers to in its question about whether or not comprehensive exams have been passed (see above, for Foundations Comprehensive Exams). However, our program requires that students must successfully complete the Clinical Comprehensive Exam in order to begin their internship. Detailed information about the Clinical Comprehensive Exam is available in the Advising Packet

E. Measure/Activity

Internship Performance

Expected Outcome Criterion: Ratings of "Satisfactory" or higher on all supervisor ratings

For students in APA-accredited internships, performance evaluations are reviewed from internship supervisors midway during their internship year and again at the completion of internship (APA-accredited internships typically forward an evaluation of intern performance directly to the program—such forms should be sent to the program's Internship Coordinator). In addition, at least one time during the internship experience, students complete an evaluation of the internship experience. The Internship Coordinator reviews all feedback about and from interns, and communicates this information to program faculty.

3. Engagement in Research and Scholarship. It is our to produce health service psychologists who contribute to the field of psychology by engaging in scientific inquiry in a manner that is epistemologically informed, evidence based, and socio-culturally relevant to theory, research and practice, both locally and globally. To assess this skill domain, we primarily use:

A. Measure/Activity: Research Project Involvement/Research Dissertation Proposal

Expected Outcome Criteria: Involvement in a research team, identification of topic or area of interest, literature review, write up or presentation at a local or professional conference

B. Measure/Activity: Doctoral Dissertation

Expected Outcome Criteria: **Successful proposal meeting, successful defense of dissertation, and a rating of “Pass” or higher on the Defense Evaluation Form, Successful final submission to Graduate School**

Students must complete a doctoral dissertation proposal before beginning their internship and they must pass their dissertation defense in order to graduate (an unsuccessful defense is indicated by a failing grade on the Defense Evaluation Form and the grade of "U" or unsatisfactory). The program allows wide latitude in the choice of research topics, but encourages an “applied” emphasis and alignment with the interests and expertise of their advisor. Previous dissertation topics have included both quantitative and qualitative emphases. Representative examples of dissertation topics include program evaluation studies, system-wide program implementation, development of an instructional manual for play therapy, a survey of African American perspectives of recruitment and retention, and the development of an applied paradigm for therapy with brain injury survivors. Several supportive techniques as well as an ongoing one-credit course (PSYC 881) are devoted, in whole or in part, to assisting the student in developing and completing their dissertation. Please see the above section on “Dissertation” and Appendix D for additional information.

C. Measure/Activity Skills Assessment Form

Expected Outcome Criterion: **Ratings of “2” or higher on Competency Areas 4: Foundational Knowledge in Psychology, and 10: Research and Scholarship**

The Skills Assessment Form (SAF) has two competency domains relevant for this goal and is a form students are assessed with twice each year. Relevant to this domain, the form lists expected performance in the areas of foundational knowledge and research and scholarship.

4. Individual and Cultural Diversity. It is the aim of our program to produce health service psychologists who have a deep appreciation for individual diversity, awareness of the enormous influence cultural context (local, global, historical) has on human psychological processes, and who are able to effectively promote communication and understanding of such issues. We assess the competencies surrounding this goal in the following ways:

A. Measure/Activity Skills Assessment Form

Expected Outcome Criterion: **Ratings of “2” or higher on Competency Areas 1) Self-Awareness and Interpersonal Skills, 6) Interprofessional Collaboration and Consultation, 7) Working with Individual and Cultural Diversity; and 9)**

this domain, the form lists expected performance in the areas of Self-awareness and Interpersonal Skills, as well as Professionalism, Personal Growth and Enhancement of the Discipline or Community, and Teaching, Leadership and Supervision.

B. Measure/Activity **Performance in TA/GAships**

Outcome Measure: Satisfactory teacher evaluations, and no problems reported by faculty involved in supervising the TA/GAships

Students receive substantial financial support and a tuition waiver each semester in the context of Graduate or Teaching Assistantships. In keeping with its developmental focus, and in an attempt to maximize learning possibilities, the program has structured GA/TA experiences in a sequential manner, such that first year students typically complete their assistantships with core and departmental faculty to help meet program and departmental needs. In their second year, students typically teach a section of Introductory Psychology in the context of a supervised (PSYC 895) Teaching Assistantship. Third year students may be assigned to supervised assistantships with faculty or clinical staff members on campus who are responsible for specialized experiences (Madison International, BCHW, etc) or one of the CAPS specialty clinics.

In this way, students benefit by receiving supervised research, teaching, and administrative experiences, and the program, school, university, and community benefit by having students' assistance in meeting goals and objectives, and by gaining valuable perspective from students about the sites and venues in which they are completing their assistantships.

In addition, all students participate in an orientation seminar on teaching prior to their teaching year. During their teaching year (i.e., fall and spring semesters), they meet individually with their individual teaching mentor/supervisor for evaluation and feedback. The teaching mentor/supervisor may observe the students as they teach, and may invite or require a student to attend their course lecture. In addition, the performance of all teaching assistants is assessed using a form designed especially for this purpose (and available from the teaching mentor/supervisor). Students who are especially interested in expanding their teaching skills may petition the Program Director and Core Faculty for permission to teach an additional semester or two.

Problem Identification, Remediation, Probation and Dismissal Policies

Students meet with their Advisor at least two times each academic year (in late November/early December, and again in late May/early June) to formally discuss progress and review materials in the Advising Packet (e.g., IPS, BPR, SAF). There are many informal opportunities for feedback as well. Due to the size of our program, emphasis on personal relationships, and the formal, as well as informal, nature of our student assessment system, students experiencing difficulties are recognized quickly.

In concordance with the Ethical Principles of Psychologists and Code of Conduct, in particular Ethical Standard 6, consistent with the Benchmarks Model (2012) and additional guidance related to the evaluation of student-trainee competence, the program considers not only academic abilities and skill performance when making remediation and or retention decisions about students, but also

student characteristics such as appropriate levels of maturity, judgment, competence, emotional stability, sensitivity to others, and personal/professional openness and self-awareness as recommended in American Psychological Association, 2017; Hatcher, R. L. & Lassiter, K. D., 2007; Price, Callahan & Cox, 2017; Callahan & Watkins 2018; Schwartz-Mette, Hunter & Kaslow, 2023.

Our program process is informed by the model policy formulated by the Council of Chairs of Training Councils (CCTC) programs in 2004. The CCTC policy can be found in *The comprehensive evaluation of student-trainee competence in professional psychology programs* document by the Council of Counseling Psychology Training Programs (2023) and states:

...within a developmental framework, and with regard for the inherent power difference between students and faculty, students and trainees 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 in which student-trainees relate 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 impede professional development or functioning); and (d) resolution of issues or problems that interfere 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; by participating in personal therapy in order to resolve issues or problems).

This is applicable to settings and contexts in which 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-trainee's conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the student-trainee, (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, appropriate representatives of the program may review such conduct within the context of the program's evaluation processes."

The core faculty developed the following trainee problem in professional competence identification, remediation, and retention procedures.

Step 1. Informal Problem Identification and Discussion

Student problems typically are identified during the following: formal evaluation processes; poor grade performances; when a faculty member observes problematic behaviors in class, therapy or supervision; and through student reviews at faculty meetings. Upon identification of a problem, the advisor (or other faculty member as appropriate) meets directly with the student and openly discusses the concerns or issues that have arisen. (Because this step is so often necessary if not sufficient for problem resolution, there should be very compelling reasons for its nonoccurrence).

Problems or conflicts appear to have the best chance of successful resolution when the parties involved 1) exercise ethical sensitivity, maturity, good judgment, discretion, and care; 2) remain open to feedback and dialogue; 3) take responsibility for personal and professional growth and development; 4) attempt to discern whether problems should be attributed to situational or dispositional factors; and 5) recognize that doctoral-level training can be difficult and stressful at times. Of course, there may be circumstances that suggest a direct meeting is not a good first step, or that consultation with appropriate individuals should proceed or accompany such a meeting. In such cases, an individual who is concerned about a student is advised to consult directly with the student's Advisor and/or the Program Director in an attempt to determine what course of action seems best.

Step 2. Formal Problem Identification, Feedback, and Remediation Plan

Ongoing problems that are not resolved with discussion (Step 1) and/or unsatisfactory performances in coursework, practica, or SAF evaluation, will result in the development of a formal remediation plan. In these instances, the student's Advisor should discuss the situation with Core and other relevant faculty (as appropriate) to determine the best course of action. Following such consultation, the student's Advisor should meet with the student and give specific examples of the identified difficulties. Presuming that the Advisor determines—in consultation with the Core Faculty—that the difficulties may be resolvable, a formal remediation plan will be developed. This plan will be developed in consultation with the student, the advisor, the Program Director, and other relevant parties. It will consist of specifying the nature of the problem, spell out the required steps for resolution, and offer a time frame for remediation to occur and progress to be assessed. Following the meeting discussing the remedial plan, the student may be asked to provide a letter noting their understanding of the problem, recommended steps, and the agreed assessment. The faculty send a letter to the student outlining the agreements reached. This letter is reviewed by the student for accuracy, and then signed and returned to the Advisor. A copy of the letter is sent to the student and the original is placed in the student's file. A copy of the letter is presented to the Core Faculty at the next scheduled meeting for their review.

Step 3. Recurring Problems/Insufficient Remediation and Probationary Plan

If the student continues to have difficulties and the situation is not sufficiently resolved as a result of Step 2, the student will meet with their Advisor, the Program Director, and at least one other Core Faculty member. In such a situation, the Program Director will notify the Department Head as to the nature of the student's difficulties, and may request that other relevant individuals attend the meeting with the student. In some cases, faculty may consult with the University Behavioral Assessment Team, Honors Council, or other appropriate individuals. Concerns are then delineated in writing by this group and are presented to the student at this meeting. During this meeting, the written concerns are discussed and a decision is made regarding possible outcomes of the meeting, which may include

- i. Dismissal from the program and termination of any GA position.
- ii. Probationary continuation in the program and termination of any GA position.
- iii. Probationary continuation in the program and probationary continuation in any

GA position.

- iv. Continuation in the program and probationary continuation in the GA position.
- v. Unconditional continuation in the program and in any GA position.

If option i is the arrived at conclusion, the Clinical and School Psychology Doctoral Program Core Faculty and Department Head may either 1) begin procedures to terminate the student's program (by specifying in writing to the Dean why the student's program is being terminated), or 2) permit the student to withdraw from the program. In either case, a letter is forwarded from the Program Director on behalf of the Core Faculty and Program Committee to 1) the student and 2) the Department Head and Dean specifying the outcome of this process. If a student's program is terminated, the student's assistantship and tuition funding is ended.

Options ii - iv will involve the development of a probationary plan, and will spell out the recurrent difficulties and expected remedies and outcomes and a timeline for resolution. A written probationary plan will be developed by the Core Faculty and the Department Head in conjunction with the student. Academic, vocational, and personal counseling may be suggested to the student, and transfer options will be considered and discussed as appropriate. This agreement is signed by all and a copy is given to the student. The original is placed in the student's file.

Any probationary letter will also include information about how the student could appeal the decision of the faculty in the event of options i - iv. See section below on Students Rights and Grievances.

Step 4. Termination of a Student's Program

If one of options ii-iv is taken, but the difficulties continue, the student's program may be terminated, as described following option i. As noted in the JMU Graduate Catalog, a student may also be terminated from the program for a failing or unsatisfactory grade in a course, for violations of the JMU Honor Code, or for failing "to make satisfactory progress toward the degree." If a student's program is terminated, the student's assistantship and tuition funding is ceased. The student will not be permitted to enroll in any classes where credit will be applied to the Clinical and School Psychology Doctoral Program. Information regarding program termination and the rights of students also appears in the JMU Student Handbook and the Graduate Catalog.

CRITICAL PROBLEM EXCEPTION: The above mentioned steps describe the expected procedures for students exhibiting academic, interpersonal or mental health related problems that are interfering with their capacity to perform competently in the expected domains. However, in extreme circumstances—for instance involving a blatant ethical or honor code violation or felony charge—the Clinical and School Psychology program reserves the right to forego our normative process of efforts toward remediation, and instead move immediately to probation or dismissal. Such action should only occur through direct consultation, input, and agreement from the Core Faculty, Department Head and college Dean.

Students Experiencing Financial, Health, or Emotional Difficulties

Students are encouraged to be proactive in alerting their Advisors about difficulties that may compromise performance in the program. Such steps can prevent the need for remediation and

avoid serious errors or compromised performance on the student's part. Situations involving students who are experiencing unusual financial, or physical/mental health crises, but who are in good standing in the program otherwise, are discussed in as confidential a manner as possible. Supportive consultation is offered, and it may be necessary for the student to leave the program, or reduce responsibilities/courses (perhaps extending their program timeline), on a temporary basis. Students in such situations are strongly encouraged to seek counseling services (potential clinician names and numbers are available to students in the program's TEAMS site). Students experiencing financial, physical, or emotional difficulties can meet with any faculty member with whom they feel most comfortable. If the situation must move beyond this meeting, the faculty member should contact the Program Director (in consultation with the student) for further suggestions.

Responsibilities to Engage, Navigate Difficult Conversations, and Use Conflict Resolution Skills

As public citizens, all students and faculty enjoy the Constitutional right of freedom of thought, speech, and opinion, including the right to reasoned dissent, without fear of abuse or retribution, provided that these rights are exercised through reasoned discourse pertinent to the subject matter and within the defined parameters of the course. University Policy 1121 describes this right and how to seek redress if one believes that one's rights to free expression have been violated. These rights, and the corresponding responsibilities, are further described in Academic Policy 12 and Faculty Handbook IIIA2.

Being a doctoral level psychologist requires high level skills in managing difficult topics, and part of the training in the Clinical and School Psychology program is designed to foster self-reflective awareness and the capacity to stay thoughtful and engaged, even if some ideas or material is presented or stated in a way that results in strong emotional reactions. For example, ideas about race or racism, sexism, gender differences, and various political philosophies sometimes trigger strong reactions, especially in our current cultural context, which is frequently marked by hyper-polarization, outrage, and conflict. It is the responsibility of the instructor to ensure a climate where diverse views are shared and held in a respectful space, and that discourse is constructive even when disagreements are sharp, and individuals are not personally attacked or disrespected. It is the responsibility of the doctoral students to be able to listen to controversial material that can be emotionally triggering in a mature, thoughtful way and to explore disagreements with curiosity and the intent to learn and grow. If material is discussed that elicits a troubling reaction, it is expected that the student will process this as appropriate, either in the class, with fellow students outside of class, or separately with the professor. It is the responsibility of the professor to create a bounded, professional forum for potentially difficult conversations to take place without students having to worry about being reprimanded for their expressed opinions or reactions, as long as they are voiced professionally.

Students are strongly encouraged to use their **advisors as the first option** for consulting about perceived difficulties and how to navigate them; the program director can be brought in as needed, or when the difficulty involves the advisor directly.

In interactions, you can do your part to ensure that the process of managing and resolving conflict is as positive as possible by sticking to the following guidelines (adapted from:

<https://www.helpguide.org/articles/relationships-communication/conflict-resolution-skills.htm>)

Listen for what is felt as well as said. When you really listen, you connect more deeply to your own needs and emotions, and to those of other people. Listening also strengthens, informs, and makes it easier for others to hear you when it's your turn to speak.

Make understanding and maintaining the connection your priority rather than winning or "being right." Maintaining and strengthening the relationship, rather than "winning" the argument, should always be your first priority. Be respectful of the other person and their viewpoint.

Focus on the present. If you're holding on to grudges based on past conflicts, your ability to see the reality of the current situation will be impaired. Rather than looking to the past and assigning blame, focus on what you can do in the here-and-now to solve the problem.

Pick your battles. Conflicts can be draining, so it's important to consider whether the issue is really worth your time and energy. Maybe you don't want to surrender a parking space if you've been circling for 15 minutes, but if there are dozens of empty spots, arguing over a single space isn't worth it.

Be willing to forgive. Resolving conflict is impossible if you're unwilling or unable to forgive others. Resolution lies in releasing the urge to punish, which can serve only to deplete and drain your life.

Know when to let something go. If you can't come to an agreement, agree to disagree. It takes two people to keep an argument going. If a conflict is going nowhere, you can choose to disengage and move on.

Student Rights and Program Grievance Procedures

In addition to other relevant information provided in the Program Handbook, information regarding student rights appears in the University Student Handbook (<https://www.jmu.edu/osarp/handbook/OSARP/student-rights.shtml>) and Graduate Catalog (<http://catalog.jmu.edu/content.php?catoid=13&navoid=425>); additional guidelines for the Department of Graduate Psychology are also available from the Program Assistant. As indicated above in Steps 1-4 (under *Feedback to Students Regarding Progress*), students are encouraged to present any concerns directly to the Program Director and/or their Advisor. If the concern cannot be resolved at the Program Director or Advisor level, the Program Director or Advisor may bring the complaint to the Clinical and School Psychology Doctoral Program Core Faculty or Department Head for discussion and decision. The Program also has a specific written policy regarding student grievances. The policy is as follows:

Any student having a concern or complaint that is not covered in the existing University procedures regarding student grievances should first address the concern or complaint with their Advisor for discussion. All such discussions are considered confidential, within necessary limits. If the student feels that they cannot present the concern or complaint to

the Advisor, or if the student is unsatisfied with the response of the Advisor, they can submit a formal, written grievance to the Program Core Faculty. The written document can be presented by the student's Advisor, a doctoral student representative to the Core Faculty, or the Program Director. The grievance will be presented to the Core Faculty at the next scheduled meeting for discussion and action.

Following this discussion, the Program Director will provide a written response to the student no later than two weeks after discussion of the grievance by the Program. If the student is unsatisfied with this response, they may 1) request further review of the grievance by the Head of the Clinical and School Psychology Doctoral Program's academic unit and/or 2) pursue a formal hearing on the grievance via the policies and procedures described in the Graduate Catalog and Student Handbook of James Madison University. In either case, the student is advised to consult the JMU Graduate Catalog and Student Handbook to determine which course of action is most appropriate for the respective grievance; the Graduate Catalog (<http://catalog.jmu.edu/content.php?catoid=13&navoid=425>) and Student Handbook (<https://www.jmu.edu/osarp/handbook/OSARP/student-rights.shtml>) are available online. The Graduate Catalog and Student Handbook also provide contact information for various University offices and personnel who may provide additional assistance and/or information to students regarding due process and grievance procedures.

Due Process Procedures

Unless the student's difficulties involve a major disciplinary action, all of the above mentioned steps are handled within the Department of Graduate Psychology. The University and the program assure each student that their rights are respected and that due process is followed, in accordance with the guidelines in the JMU Student Handbook, the Graduate Catalog, and Department of Graduate Psychology. If a student wishes to challenge a decision by the program, the student has the right to an appeal process as detailed in the JMU Student Handbook (<https://www.jmu.edu/osarp/handbook/OSARP/student-rights.shtml>).

1. If a student decides to appeal a decision of the faculty taken at Step 4, they must notify the chair of the department appeals committee of their intention to appeal, within two days of receiving notification of the decision. The time and date of this deadline and the name of the appeals committee chair will be included in the letter.
2. The Department of Graduate Psychology Appeals Committee is made up of all program directors with the exception of any who have been involved in the process to this point (e.g. the student's program director) and any who may be involved at a later stage (e.g. a Program Director who also serves as University Ombudsman). The Department Head appoints one of the committee members as chair. The Department Head may meet with the student to act as an impartial guide to the process and procedures. The head also ensures that due process is followed, and that the process is fair.
3. After notifying the chair of the appeals committee of their intent to appeal, the student then has up to one week to write a letter explaining the grounds of the appeal. The date that this letter is due and the name of the appeals committee chair will be specified in the letter from the faculty given to the student in Step 3 above.
4. The appeals committee may consider the fairness of the decision, possible flaws in the process, and/or additional evidence. The committee may request a copy of the letter presented to the student in Step 3 and/or other documents such as semester performance evaluations. The committee may also choose to meet with the student. The committee's decision will be given to the

student in writing as soon as possible but in all cases within one week of the receipt of the appeal letter or meeting with the student, whichever is later.

5. In the event that a student concern emerges for which the procedures described here are inadequate or otherwise unsuited, perhaps because the concern is unusual or unique, the Graduate Coordinating Council of the Department will be convened by the Department Head and an appropriate procedure will be developed.

6. Students are advised that the Office of the University Ombudsman is committed to providing students with impartial, independent and confidential support regarding university policies, procedures and regulations. See <http://www.jmu.edu/stulife>.

7. The faculty of the JMU Clinical and School Psychology Doctoral Program in Clinical and School Psychology believes that these procedures are in accord with accepted practices and the Ethical Standards put forth in the Ethical Principles of Psychologists and Code of Conduct.

Licensure as a Clinical Psychologist and Licensure/Certification as a School Psychologist

Upon the successful completion of an APA-Accredited internship, all program students are expected to be able to secure licensure as a clinical psychologist and/or licensure as a school psychologist. In this regard, the program is mindful of Clinical and School Psychology Doctoral Program Principles 1 and 5 in particular, which are as follows (see www.jmu.edu/ccidpip):

1. The Clinical and School Psychology program provides a unique educational and training model that affords students a wide breadth of training, increases their flexibility and marketability, and optimally prepares them to function as psychologists in a wide variety of professional and academic roles and settings.

2. The Clinical and School Psychology program is structured to support prominent student representation, are sensitive to the implications of training requirements for students, and are aware of the interface between training and regulatory/licensing bodies that students will ultimately encounter in their professional development and careers.

To ensure fidelity to these fundamental principles, the program curriculum is designed to help students become eligible for diverse forms of licensure or licensure/certification upon completion of internship². For licensure as a clinical psychologist or as a school psychologist, most states explicitly recognize APA Accreditation (true of Virginia) as a key criterion for taking the relevant licensure exams, usually offering a streamlined process for application.

It should be noted, however, that following internship, doctoral-level psychologists are often, although not always, required to complete another set of **post-doctoral** supervisory requirements. Typically, these include 2,000 hours (an additional full-time year) of experience that is supervised by at least one licensed clinical psychologist (or licensed school psychologist when that is the license pursued). In Virginia, the number of required hours is 1500. These may currently be fulfilled by documentation of qualifying, supervised pre-doctoral experience. Such requirements vary by state

² Students are also advised to consult, Prinstein, M. (Ed.). (2022). *The Portable Mentor: Expert Guide to a Successful Career in Psychology* (3rd ed.). Cambridge: Cambridge University Press. doi:10.1017/9781108903264

and change over time, however, and students should contact the state board responsible for licensing psychologists in a given state to receive a current copy of specific licensure regulations. If a student knows where they would like to settle, it is advisable that they obtain a copy of these regulations prior to beginning the “licensure year,” which is also known as a “postdoctoral year” or in some cases, the “residency year”. The psychology licensing board in Virginia can be accessed here: <https://www.dhp.virginia.gov/psychology/default.htm> (see documents pertaining to both Laws and Regulations governing psychology licensure).

For licensure/certification as a school psychologist at the doctoral level

Regarding school psychology training, a program’s curriculum should include coursework, practica, and internship experiences designed to be consistent with APA standards for school psychology training and credentialing. The JMU Clinical and School Psychology Doctoral Program is APA-accredited, and deliberately exposes students to 1) school-based experiences throughout the assessment and intervention curriculum, and 2) two key aspects of role and functioning as a school psychologist: 1) Professional School Psychology, and 2) Education Foundations.

The area of “Professional School Psychology” includes the history and foundations of school psychology; legal and ethical issues; professional issues and standards; alternative models for the delivery of school psychological services; emergent technologies; and roles and functions of the school psychologist. In addition to required practicum experiences in the schools, this content is covered in PSYC 825: Doctoral Seminar in Psychology, Psyc 811: School Psychology: Developmental & Social Systems, and in the required school practicum.

The area of “Educational Foundations” includes the education of exceptional learners; instruction and remedial techniques; and the organization and operation of schools. This content is explicitly covered in Psyc 811: School Psychology: Developmental & Social Systems.

Licensure and certification requirements related to practice in the schools vary by state. Most states accept program qualifications from APA-accredited programs at the doctoral level. As noted previously, the Clinical and School Psychology program is APA accredited, and as a combined program satisfies criteria for licensure in the Commonwealth of Virginia in the areas of both Clinical Psychology and School Psychology. Some states are like Virginia, in that there are separate paths for Clinical and School Psychology licensure, while others do not separate the two at the doctoral level. In some states, the School Psychology license is limited in scope of practice or setting, or requires specialized tests. Licensure as a clinical psychologist is usually less limited, and facilitates work in, or consultation with, schools. Students who are interested in school-specific career-plans should develop them after careful review of state-level requirements and options, and in consultation with advisor and supervisors.

The National Association of School Psychologists (NASP) offers an additional, national certification process for individuals that might provide additional licensure portability and/or competitive positioning for some career choices within schools. NASP guidelines require that, in addition to specified coursework (which the program curriculum satisfies), students complete at least 600 hours of their pre-doctoral internship training in a school setting, with at least one school psychologist (or licensed person authorized by the particular state department of education to practice psychology in

the schools) as supervisor. In the Clinical and School Psychology program, this requirement would typically be fulfilled as part of the year-long internship (4th year) with placements selected to meet those parameters. (Note: For students who have already completed similar work at the Masters/Ed.S. level, NASP allows some of those required hours, 50% as described in recent NASP documents, to be satisfied by the prior internship experience). Students are expected to place sufficient emphasis in their Clinical and School Psychology program studies on child, adolescent, family, and school experiences to ensure they are competitive for placement at an appropriate school-based internship (or blended school & clinical internship).

Throughout the program, students meet with their individual advisors to discuss these issues and ensure that their Individual Plan of Study will help them become eligible for licensure as a clinical psychologist and/or licensure/certification as a school psychologist upon graduation from the program and completion of subsequent requirements.

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APPENDIX A: The Consensus Conference on Combined and Integrated Doctoral Training in Psychology³

Issue

Although the concept of combined and integrated doctoral training among clinical, counseling, and school psychology programs has existed for a number of years, and is often enthusiastically endorsed by training faculty and students alike (cf., Beutler & Fischer, 1994; Minke & Brown, 1996; Schwebel & Coster, 1998; Shealy, 2002; Stewart, Shealy, & Cobb, 2001; Tryon, 2000), programs that train from this perspective had yet to articulate—in one time and place—the many advantages of a combined and integrated model of training or its unique and timely relevance for the larger field. This lack of consensus has led to unnecessary confusion for prospective students and employers, the profession, accrediting processes, and the public at large, and has hindered the potential of combined and integrated approaches to doctoral training. At the same time, there is great interest in attempting to address and resolve these issues, as evidenced by the “integration movement” in general (e.g., Norcross, 2002), calls for greater unification in our field (cf., Sternberg & Grigorenko, 2001), a symposium on combined and integrated training at APA in August, 2002 (Shealy, 2002), and of particular note, the recent Competencies 2002 Conference held in Scottsdale, Arizona (see www.appic.org).

Background

³ The following background information on combined-integrated training is excerpted from the Final Summary of the *Consensus Conference on Combined and Integrated Doctoral Training in Psychology*; this summary was formally approved at the August 2003 annual business meeting of the Consortium of Combined and Integrated Doctoral Programs in Psychology (CCIDPIP) in Toronto, Ontario. See www.jmu.edu/ccidpip for additional information.

The “Boulder conference” and its “scientist-practitioner” ethic (cf., Belar, 2000; Benjamin & Baker, 2000; Gaudiano & Statler, 2001) are rightly considered a cornerstone of doctoral training in general. However, a robust and relevant debate over specifics (e.g., how students should be trained, what knowledge, skills, and competencies should be mastered; how programs should articulate and actualize their training objectives) continues to this day (e.g., Belar, 1998; CoA Self-Study, 2002; Fox, 1994; Resnick, 1997; Peterson, Peterson, Abrams, & Stricker, 1997; Shapiro & Wiggins, 1994; Smith, 2001).

At the same time, a consensus appears to be emerging that applied and professional psychology is "at a critical juncture in the continuing evolution of the field" (Olvey, Hogg, & Counts, 2002, p. 327). Although the "causes" of our current situation are economic and historic as well as complex and multidetermined, the effects are not in doubt: the students we are producing are too often saddled with post-graduate debt that will not be covered by the incomes they can reasonably expect in an increasingly competitive milieu, and the time expected of them to obtain licensure seems difficult to justify in terms of costs and benefits. As Olvey, Hogg, and Counts (2002) starkly conclude,

if earnings for psychologists continue to decline, the demographics of students seeking admission into graduate programs of psychology are likely to mirror admissions into lower wage helping professions such as social work or master’s-level counseling programs...When compared to other professions, professional psychologists are clearly at the top-of-the-line in terms of requirements for licensure. It is also apparent that psychologists lie near the bottom-of-the-heap in terms of earnings...From a big picture perspective, psychology needs to develop a stronger base by broadening its paradigm to focus on a whole range of occupations for its professionals (pp. 327-328).

Complicating matters, it is not at all clear that the training we provide to students reliably predicts either the perception of the professional competencies or their eventual employment outcomes. For example, data from the Association of Psychology Postdoctoral and Internship Centers (APPIC), suggests that internship training directors across a wide range of program types "prefer" or "accept" applicants in a manner that is not predicted by the doctoral program area in which they were trained (e.g., clinical, counseling, or school) (APPIC, 2003). Likewise, data from the Committee on Accreditation of the American Psychological Association indicate that students trained in clinical, counseling, and school psychology are employed across a wide and often overlapping range of employment settings (APA, 2002). Not surprisingly in relation to such perceptions and outcomes, it has proved exceedingly difficult to clarify what are the real and substantive distinctions between the "specialty areas" of clinical, child clinical, counseling, or school psychology; in fact, all four of these areas rightly note that their practitioners work with most of the same clinical populations, presenting problems, and procedures (see Cobb, 2002; www.apa.org/crsppp). In addition to these challenges, the field has not yet resolved a number of other vexing problems having to do with fundamentals of training sequence and specialization and relevance to the current job market (Williams-Nickelson, 2001).

Fortunately, over the past several years, a range of conferences and initiatives within the larger field of professional psychology have addressed aspects of the larger problem in a comprehensive and systematic manner, and have essentially provided crucial “pieces” of a larger puzzle that might now

be assembled into a more coherent and appealing whole. Such activities and policies include, but are not limited to, the inaugural *Education Leadership Conference* (Belar, 2002), the educational model of the National Council of Schools and Programs of Professional Psychology (Peterson et al., 1997), *Competencies 2002: Future Directions in Education and Credentialing in Professional Psychology* (Kaslow & Vasquez, 2002; see www.appic.org), the *Commission on Education and Training Leading to Licensure in Psychology* (see Williams-Nickelson, 2001), and the *Comprehensive Principles for Health Services Specialization in Professional Psychology* (see www.apa.org).

At a crucial and complementary level, there is a growing perception—now codified into regulation at a federal level and in a number of licensure contexts—that professional psychology and applied psychologists (e.g., in clinical, counseling, and school psychology) are rightly considered “health care providers,” broadly defined. As a Chief Executive Officer of the American Psychological Association notes, “Now that the scientific foundation for psychology as a health profession has been established, the challenge for us is to move to the center of health care delivery systems and be viewed as health care providers more generally” (Anderson, 2003, p. 9). This conceptual framework provides important opportunities for applied and professional psychology to redefine its identity and the nature and scope of its impact within the broader health care field. Such possibilities are revealed most dramatically, perhaps, in the new *Graduate Psychology Education* program, which was established in the Bureau of Health Professions in 2002, and provided \$2,000,000 for the education and training of psychologists at the doctoral and internship level. This program is the first ever designed explicitly and exclusively for doctoral-level psychology training. As significant, at a statutory level, GPE is explicitly “...targeted to *health service psychologists*, who provide evidence-based services in the prevention, diagnosis, treatment, and rehabilitation of a wide range of behavioral health problems” (Levitt, 2003, p. 2).

In consideration of all of these interrelated issues, which directly relate to the nature, scope, and future of education, training, and practice in professional psychology—and in the context of a growing chorus of voices which advocates for a more unified and integrated approach to psychology in general and professional practice in particular (e.g., Norcross, 2002; Shealy, 2002; Sternberg, 2001)—a three-day Consensus Conference on Combined and Integrated Doctoral Training in Psychology was held May 2-4, 2003, at James Madison University in Harrisonburg, Virginia. Among other outcomes, Consensus Conference Participants generated the following mission statement, rationale, and principles for programs that train from a combined-integrated or C-I perspective. For additional information about the Consensus Conference, see <http://www.apa.org/monitor/julaug03/combined.html>; for additional information about combined-integrated training, see the website for the Consortium of Combined-Integrated Doctoral Programs in Psychology (CCIDPIP), at www.jmu.edu/ccidpip.

Consensus Conference: Proceedings and Results

Consensus Conference participants developed specific content and/or recommendations in the following seven areas, which are described below.

A. Program Name

The group changed the name “combined doctoral program” to “combined-integrated or C-I doctoral program.”

B. Mission Statement

Participants approved the following mission statement for combined-integrated doctoral training programs in psychology:

“Combined-Integrated Doctoral Training Programs in Psychology produce general practice, primary care, and health service psychologists who are competent to function in a variety of professional and academic settings and roles; these programs achieve this goal by intentionally combining and/or integrating education and training across two or more of the recognized practice areas.”

C. Rationale for Combined-Integrated Doctoral Training

In addition to “rationale” elements that were implicit and explicit throughout the Consensus Conference participants also emphasized the following four points:

1. there is tremendous overlap in the basic competencies (i.e., knowledge, skills, and values) needed to function effectively in each of the single practice areas of psychology;
2. psychologists with training across the practice areas are employed in increasingly similar settings and thus are required to possess comparable competencies;
3. psychologists are perceived as alike by many outside the field, including relevant funding systems and regulatory boards; and
4. competence within and across the practice areas of psychology can and should be taught in a manner that is complementary and synergistic.

D. Distinctiveness of Combined-Integrated Doctoral Training Programs

In addition to “distinctiveness” elements that were implicit and explicit throughout the Consensus Conference, participants also emphasized that combined-integrated doctoral programs:

1. fill a unique and necessary niche in the education and training of psychologists;
2. respond proactively to current realities for and needs of students and the public;
3. operationalize a vision of education and training that would help ensure the long-term viability and prosperity of the profession and field.

E. Principles of Combined-Integrated Doctoral Training in Psychology

Consensus Conference participants completed their work in both a large group and small group format. After a series of presentations, small working groups considered issues within two topic

areas (see www.jmu.edu/ccidpip). Following these discussions, the entire group met and developed the following eighteen principles of Combined-Integrated (C-I) Doctoral Training in Psychology.

1. C-I programs provide a unique educational and training model that affords students a wide breadth of training, increases their flexibility and marketability, and optimally prepares them to function as psychologists in a wide variety of professional and academic roles and settings.
2. C-I programs achieve their unique curriculum in large part by intentionally exposing students to the following:
 - a) two or more psychological practice areas, which are woven throughout the curriculum;
 - b) multiple theoretical orientations;
 - c) the wide parameters of practice, including a variety of problems addressed, settings, and populations across the life span.
 - d) population presentations that exist along the functional/adaptive continuum.
3. C-I programs provide an educational environment that facilitates effective intra- and inter-professional communication, training, and scholarship in a manner that is respectful, collaborative, and informed.
4. C-I programs are committed to developing clear and specific competencies for their programs and students. In that regard, the conclusions of the *Competencies 2002 Conference* (see www.appic.org) including, but not limited to, the Competencies Cube provide a useful framework for guiding program development and modification (e.g., in the context of the *Comprehensive Principles for Health Services Specialization in Professional Psychology*; see www.apa.org).
5. C-I programs are structured to support prominent student representation, are sensitive to the implications of training requirements for students, and are aware of the interface between training and regulatory/licensing bodies that students will ultimately encounter in their professional development and careers.
6. C-I program faculty accept the responsibility for training students to at least an entry-level of competence for a particular area of practice and assume the authority to evaluate student competencies in the relevant practice areas.
7. C-I program faculty seek to protect the integrity and welfare of their programs, the profession, and the public and therefore accept responsibility, insofar as possible, for the timely identification and remediation of student problems as well as any subsequent program actions vis-à-vis the ultimate status of all students in their programs.
8. C-I program faculty accept the responsibility for the relative imbalance of power between faculty and trainees that is inherent in doctoral level training, and subsequently expect training faculty to behave in an appropriate, responsible, and ethical manner, and to exhibit a level of self-

awareness that equals or exceeds that required of students.

9. C-I program administrators and faculty demonstrate that they are supportive of the combined-integrated model of education and training, and recognize that aspects of the single practice model (e.g., training processes and cultures) must be modified somewhat in order to create the unique learning environment provided by HSP programs.

10. C-I programs actively work to engender a climate of diversity, and endorse relevant professional and ethical guidelines (e.g., see the 2002 *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, at www.apa.org).

11. C-I programs are committed to teaching an ethic of social responsibility as well as the capacity to respond effectively to evident social and psychological needs within the larger community.

12. C-I programs are sensitive to and aware of issues pertaining to the field of psychology at a global level and strive to establish productive relationships and alliances with international psychological training associations, models, and programs.

13. C-I programs endorse the basic knowledge areas identified by the Committee on Accreditation's Guidelines and Procedures including, but not limited to, exposing students to the scientific foundations necessary for informed and competent practice.

14. C-I programs support evidence-based practice that is ecologically valid and relevant for practitioners and scientists alike.

15. C-I programs support the highest standards of quality assurance, and design programs to be simultaneously efficient and rigorous.

16. C-I programs engage in the assessment of outcomes relevant to their programs, use such data to inform program development, and disseminate results as appropriate.

17. C-I programs are actively self-reflective vis-à-vis their model and approach to education and training.

18. C-I programs endorse a commitment from faculty and trainees to continue their professional development throughout their careers.

APPENDIX B: Clinical and School Psychology Program Aims for Fostering Key Competencies in Health Service Psychology

The Madison Model of psychologist training has five primary aims, each with implications for development of trainee competencies, as follows:

Aim #1: Provide a Foundation of Discipline-Specific Knowledge

To produce professional psychologists who appreciate and understand the broad and general knowledge base that informs the profession of psychology.

Through a combination of program coursework and supervised experiences, students demonstrate acquisition of the current body of knowledge in health service psychology in the following foundational areas:

Domains of Human Psychological Functioning:

- History & Systems of Psychology
- Affective Aspects of Behavior
- Biological Aspects of Behavior
- Cognitive Aspects of Behavior
- Developmental Aspects of Behavior
- Social Aspects of Behavior
-

Scientific Method as applied to Health Service Psychology:

- Research Methods
- Quantitative and Qualitative Methods
- Psychometrics

Beyond the basic foundation, our students internalize an advanced, integrative perspective on key issues of practice, research, and professional values in application to diverse clients across the lifespan:

Advanced Integration of Basic Content Areas as Applied to Practice (i.e., integration of content areas listed above to provide a more complete, complex understanding of human behavior and its relevance to change processes across the lifespan, corresponding to the topics below)

- Individual Differences
- Cultural Differences
- Dysfunctional Behavior / Psychopathology
- Theories and Methods of Formulation, Assessment, and Diagnosis
- Theories and Methods of Effective Interventions

- Professional Standards and Ethics

Knowledge of the Relationship between Science and Practice (Graduates understand the relationship between science and practice, including the potential synergy as well as some of the differences and tensions between scientific and humanistic modes of thinking and the influence such modes have on the profession)

- Philosophy of Science and Practice
- Identity as a “Combined-Integrated” and “Scientific-Humanistic” Health Service Psychologist
- Application of both Critical Thinking and Self-Reflective Methods to Enhance Ethical Decision-Making in specific contexts

Aim #2: Develop Effective Clinical Practitioners

To produce health service psychologists who can effectively diagnose, assess, and treat psychological problems in people across the lifespan in an ethical manner. An emphasis is placed on integrative approaches to therapy and assessment, the central importance of relatedness, and conducting effective work in international, interprofessional, and multidisciplinary settings.

Graduates skillfully empathize with their clients and consistently develop deep and meaningful therapeutic alliances, evidenced through abilities to:

- Form a working alliance with patients and clients.
- Deeply listen, understand and validate their clients’ phenomenological experiences and worldview
- Instill hope, achieve good therapeutic engagement, and non-defensively discuss ruptures and resistance
- Show good self-reflective skills, awareness of their role in the therapeutic process, and is aware of own particular feelings, attitudes, and limitations
- Address ethical issues pertaining to the therapeutic relationship and takes appropriate action around issues of boundaries, confidentiality, and documentation

Graduates are able to effectively assess, diagnose, and conceptualize psychological problems across the lifespan in a manner that generates understanding that is helpful to relevant parties, including:

- Conduct clinical interviews
- Administer, score, and interpret cognitive, achievement, and personality assessments
- Conduct behavioral observations of children in various settings
- Utilize psychiatric diagnostic criteria via the DSM system
- Integrate information from various sources to generate a rich, holistic account of an individual in a manner that yields clear recommendations
- Effectively communicate findings both verbally and in writing
- Demonstrate knowledge of ethical issues pertaining to assessment, such as the appropriate

usage of tests and reporting of data

Graduates identify as evidence based practitioners who are able to effectively intervene with clients presenting with a wide variety of psychological concerns across the lifespan:

- Identify appropriate treatment goals and specify how the intervention will work toward achieving them, taking into consideration relevant ecological and systemic variables, cultural context, and the client's stage of change
- Demonstrate familiarity with empirically supported treatment principles and can effectively utilize the literature to guide treatment
- Use outcome data to monitor treatment response and make appropriate alterations as necessary
- Conduct systems based interventions, such as with families or developing school-based prevention programs
- Conduct group interventions
- Practice effectively with children and adults
- Demonstrate knowledge of ethical issues pertaining to intervention

Graduates are effective supervisors and able to effectively consult with other professionals in a wide variety of settings and contexts:

- Articulate a philosophy and model of supervision
- Create an effective supervision environment for supervisees
- Provide constructive feedback to supervisees
- Demonstrate knowledge of the roles of other professionals.
- Effectively communicate with other professionals, present ideas clearly and without confusing jargon
- Understand role when serving as a consultant

Aim #3: Foster Engagement in Research and Scholarship

To produce health service psychologists who contribute to the field of psychology by engaging in scientific inquiry in a manner that is epistemologically informed, evidence based, and socio-culturally relevant to theory, research and practice, both locally and globally.

Graduates demonstrate competence in research methodology, data gathering and data analytic procedures.

- Engage in psychological measurement, quantitative and qualitative data analysis, research design and methodology via dissertation and other projects.
- Show understanding of the strengths and weaknesses of different kinds of research evidence that inform the practice of psychology.
- Demonstrate competence in understanding methodologies used in synthesizing research evidence.

Graduates will engage in the scientific inquiry of relevant issues in professional psychology

and communicate their findings and analysis to a broader audience.

- Demonstrate the ability to determine the current state of scientific knowledge and evidence and evaluate its applicability in guiding their work with a particular individual, group, or organization.
- Demonstrate the ability to write a critical review of the literature and complete a research project in the form of a satisfactorily completed dissertation.
- Present research findings to professional audiences in venues such as professional conferences, peer-reviewed journals, and other scholarly outlets (e.g., book chapters).

Aim #4: Prepare Trainees to Work with Individual and Cultural Diversity

To produce health service psychologists who have a deep appreciation for individual diversity, awareness of the influence cultural context (local, global, historical) has on human psychological processes, and who are able to effectively promote communication and understanding of such issues.

Graduates are able to recognize the pervasive impact cultural context has on knowledge and human psychological experience, and demonstrate the ability to provide culturally competent services in all their professional roles, integrating an awareness of individual and cultural diversity into ethical decision making.

- Effectively recognize issues of diversity and demonstrates awareness of how cultural issues may impact practices
- Demonstrate comfort and cultural sensitivity in discussing issues of diversity and working with diverse clients
- Demonstrate awareness of issues pertaining to applying psychological findings from one group and context to a different group and context
- Demonstrate self-reflective awareness pertaining to the impact their worldview has on the assumptions that are made

Aim #5: Prepare Trainees for Leadership Roles

To produce health service psychologists who have the interpersonal skills and proclivities to be leaders, teachers, and supervisors in the dynamic field of mental health, conceived of locally and globally.

Graduates have strong interpersonal and communication skills, are actively self-reflective, and use these capacities to add constructively to group processes.

- Consistently develop good working relationships, contributes positively to systems
- Show the ability to actively self-reflect, have appropriate levels of self-confidence, and understand one's own "issues"; receives constructive feedback non-defensively

Graduates are able to effectively adopt leadership or teaching roles in professional settings.

- Communicate ideas effectively in a classroom or during a professional presentation
- Set appropriate boundaries with students or subordinates
- Show the ability to assume a leadership role in professional interactions.

Graduates engage in a lifelong process of learning, self-growth, and innovative contributions to the field of mental health.

- Demonstrate commitment to enhance the discipline by participating actively in professional organizations, and/or scholarly research
- Demonstrate striving for personal growth and shows an intrinsic motivation to increase knowledge and skill set
- Demonstrate a value and commitment to actively engage in advocacy efforts that develop or change public policy oriented toward enhancement of well-being, especially on behalf of underserved populations

APPENDIX C: The Advising Packet

The documents are provided as an advising resource only. Official curriculum requirements are listed in the JMU Graduate Catalog. In the case of discrepancies, the University Catalog is the official curriculum students must follow.

This document was reviewed by Anne Stewart, PhD, Interim Director of the Clinical and School Psychology Program on July 1, 2023.

The Advising Packet consists of a number of crucial documents that are designed for the thorough assessment of student progress and competencies. Following these forms effectively will ensure that students are aware of expectations, key evaluation points and processes, and program components. Most recent updates of forms are available in the Clinical and School Psychology program's TEAMS account.

At least two times during each academic year (November/December and May/June, after the Fall and Summer semesters), each student should arrange an advising meeting with their advisor with the explicit task of ensuring the appropriate forms are completed in a timely fashion. Students are responsible for arranging these meetings each semester. Students should prepare in advance for these meetings (e.g., by completing forms in advance of each meeting, bringing along necessary accompanying materials, etc.).

The Clinical and School Psychology Doctoral Program Advising Packet consists of the following forms and is available in the Clinical and School Psychology program TEAMS account.

- Individualized Program of Study
- Graduation Plan
- Basic Program Requirements Form
- SAF Description
- Clinical Site Experience Feedback Form
- Evaluation of Psychotherapeutic Competency Form
- Written Foundation Evaluation Form Sample Comprehensive Exam Questions
- Clinical Comprehensive Guidance and Evaluation Form
- Dissertation Defense Evaluation Form

APPENDIX D: The Dissertation

Dissertation Preparation and Assistance: PSYC 881 Issues and Techniques in Research Evaluation. During the fall semester of their first academic year, students are assigned to a Core Faculty Member advisor. This Core Faculty member is their PSYC 881 instructor, and is assigned to the student based upon the student's stated interests and perceived match with core faculty. Students typically take Psyc 881 each semester for their first two years (a minimum of 1 year is required). This course is designed to help students identify and clarify their research and scholarly interests, and to facilitate the development of a professional identity that recognizes the value of scholarship for the field of psychology and its members. It should help students think about scholarship in general, and their dissertation and the composition of their dissertation committee in particular.

PSYC 881 should facilitate tangible research products or outcomes for each student, as well as orientation to research methodology pertinent to their field of focus. For example, a student might conduct a literature review that could be used for their dissertation or other scholarly activity, collaborate with a faculty member and/or other students (e.g., in the context of a research team) on research and/or grants, or present or publish their findings in a professional forum. In addition to such participation, students are required to meet regularly with their PSYC 881 instructor (e.g., usually once a week for an hour). The course is graded on a Satisfactory, Unsatisfactory, or Incomplete basis.

The primary purpose of Psyc 881 is to foster the development of one's scholarly interests and aptitudes in a manner that facilitates the completion of the dissertation. The various key components of that developmental process is outlined below in the form of a breakdown of the major tasks each semester.

General Dissertation Timeline

YEAR	FALL	SPRING-SUMMER
1	Get assigned advisor, familiar with program, student/faculty interests, survey topics	Identify likely topic, begin literature review
2	Complete literature review/Decide on Specific Nature of Project	Identify Committee/Make Proposal or Pre-proposal
3	Proposal Revision/IRB/Begin Data Collection or Project	Finish Data Collection or Project
4	Engage in Dissertation Write-up	Conduct Dissertation Defense

Once a student has successfully defended their dissertation proposal, they can register for Psyc 900. It is expected that students will defend their dissertation proposal in either the end of their second year or beginning of their third, and thus register for their dissertation course during the Spring and Summer of their third year. Six CR of Psyc 900 are required for graduation. Students **MUST** defend their proposal before proceeding on internship.

The Dissertation Committee. The student's Dissertation Committee is made up of at least three faculty members. Guidelines for the formation of the Dissertation Committee appear in the JMU Graduate Catalog (available online: <http://www.jmu.edu/gradcatalog/>). In addition to these guidelines, two other criteria should be noted: 1) the Chair of a doctoral student's Dissertation Committee must be a Core Faculty member of the Clinical and School Psychology Doctoral Program, and 2) at least two members of the Committee must be members of the Department of

Graduate Psychology. Providing these criteria are met, a third member of the Committee can be a JMU faculty member from another department or school. It is the policy of JMU that each of the three members of the student's Dissertation Committee be graduate faculty members. Once the dissertation topic, Chair, and Committee have been established, the student should notify the Program Director and Program Assistant in writing.

In order to encourage students to feel free to use the expertise of faculty members or experts outside the University, students may add additional members to their Dissertation Committee beyond the required three members. These additional committee members may perform as ex-officio consultants to the student's dissertation project, and/or comprehensive examination. Additional committee members, recognized as ex-officio consultants, will not be required to participate in the other activities of the student's Dissertation Committee.

When adding committee members, the student must indicate in writing whether or not the additional member(s) will be part of their formal Dissertation Committee or if they will perform as an ex-officio consultant to the student's Committee. If the additional members are added to the official Dissertation Committee they will assume the full responsibilities of a Committee member. If they are to function as dissertation consultants only, they will be excused from the other duties of Dissertation Committee members. The student may recognize the contribution of ex-officio consultants by listing them as Dissertation Consultants on the acknowledgment page of the completed dissertation. Ex-officio, consultant members of the student's Dissertation Committee are encouraged to attend the student's final defense of the dissertation project.

The Pre-proposal Meeting and Proposal Defense. In consultation with the Dissertation Chair and committee, the student will then arrange for a pre-proposal meeting with the entire dissertation committee. The purpose of the pre-proposal meeting is to discuss and address preliminary issues relevant to methodology, literature, and so forth, and to ensure that the basic framework, scope, and direction of the dissertation are sound. Materials developed for the pre-proposal meeting should include a brief but organized and comprehensive outline (e.g., 3-5 pages) comprised of at least the following five areas: 1) the purpose of and rationale for the dissertation, 2) major research questions or hypotheses, 3) substantive topics to be covered in the literature review, 4) selected methods, and 5) predicted or plausible findings. On the basis of the pre-proposal meeting, the student will then develop a formal dissertation proposal that will be presented in a proposal defense to the dissertation committee. (Note, in some rare circumstances involving a highly prepared student and clearly defined project, the committee can agree on a single proposal meeting. In such a case, the student will send a request and outline of the project to the entire committee and the pre-proposal will be waived if each committee member agrees it is not necessary).

The proposal defense is designed to ensure that all relevant suggestions or feedback from the pre-proposal meeting have been incorporated into the proposal, and that the exploratory aspects of the dissertation (e.g., data collection) are ready to begin. In addition, the proposal should elaborate upon the five areas of the pre-proposal meeting, with particular attention on the literature review and methods. Following the successful proposal defense, the student and all committee members will sign off on the proposal by completing a proposal form available from the Program Director or Program Assistant. If the proposal involves an empirical research component, the proposal must either be research that has already been approved by the Institutional Review Board (IRB) at JMU

(e.g., when a student is working on a project that can be appropriately subsumed under an extant and approved IRB application) or must submit the proposal for IRB approval. The student's dissertation research must be IRB-approved before any research can be conducted (the Dissertation Chair can provide additional information about this process).

To facilitate the timely completion of the dissertation, all students must complete and successfully defend their dissertation proposal prior to beginning internship. All students are strongly encouraged to complete their dissertation proposal prior to applying to internship. All students are also strongly encouraged to complete collection of data--or at least to have specific plans established for data collection--prior to leaving for internship. To meet this goal, students should strive to select their dissertation committee and hold their pre-proposal meeting at least one year prior to leaving for internship.

Dissertation Format and Submission. In accordance with the "practitioner-scientist" ethic of the Clinical and School Psychology Doctoral Program, we seek to produce professional psychologists who are capable of producing their own original research. In this regard, program graduates should demonstrate that they 1) know and value the tradition of critical thought, rigorous methodology, and theoretical innovation that has distinguished psychology as a discipline since its inception; 2) move comfortably within and between the realms of practice and inquiry; 3) are able and motivated to investigate phenomena and processes that are relevant to the real world (defined in the broadest terms); and 4) can clearly communicate such information and perspectives to colleagues and peers, policy makers and administrators, practitioners and clients, and the public at large. As with the acquisition of therapeutic skill, however, such capacities must be cultivated over time, through immersion in the rich literature of our field, ongoing discussion of concepts, ideas, and methods, and most of all, practice--that is, writing and rewriting with the help and support of others who know and value good scholarship.

The submission should conform to APA Publication Manual Guidelines and students should consult the *JMU TGS Thesis and Dissertation Manual*, which is available online at <https://www.jmu.edu/grad/current-students/thesis-dissertation/information.shtml> . The actual style of the dissertation may vary from a manuscript style submission to a more traditional chapter format. The style depends on the discretion of the Chair and student and the nature of the project. Students are encouraged to ask their advisors or check out dissertations from previous students in the program from the library to obtain examples for formatting, length, etc.

The Dissertation Defense. The dissertation defense is the second to last step in the dissertation process, and is completed when individuals have collected all their data, interpreted it, and developed a solid, well-written draft of their dissertation. The student, in consultation with the Dissertation Chair and committee members, will arrange a date and location for the defense. In essence, the defense provides an opportunity for the student to present an overview of their dissertation, and to answer questions from, and discuss relevant issues about any aspect of the manuscript and larger dissertation with the Dissertation Committee. Following the defense, the committee meets without the student to determine if the defense was or was not successful, and what—if any—changes or additional requirements are necessary for successful completion of the dissertation. Whether this occurs at the conclusion of the defense, or at a later date, the entire committee must indicate in writing that the dissertation has been successfully completed in order for

the student to complete this program requirement (successful completion would typically include addressing any concerns raised during the defense of the manuscript, and submitting the manuscript for publication). At the conclusion of a successful defense, all committee members may elect either to 1) sign the form indicating that the dissertation process has in fact been successfully completed and the manuscript is ready for submission (or ready with only minor changes) or 2) sign the form upon receipt of an acceptably revised manuscript.

In most cases, students are expected to develop their dissertations into manuscripts to be submitted for publication. Authorship for all submissions (with dissertations and all scholarly activities) should conform to current *APA Ethical Guidelines*. Because the dissertation should be driven first and foremost by the student's ideas, time, and effort, the student will normally assume first author status on any submission. Presuming that the Chair participates in the process of idea and manuscript development and other key aspects of the research process (which by definition should define the Chair's role), a dissertation Chair will typically assume second author status on any submission. Other committee members (and/or other individuals) who make a significant contribution to the development of the final manuscript may also warrant authorship on the submission. Students are encouraged to talk with their Chair and other committee members and to consult the *APA Ethical Guidelines*⁴ about these and other relevant issues, and to address and clarify these issues directly no later than the proposal defense and as needed thereafter.

Following the official response from the editor(s)/reviewers, (e.g., the manuscript is accepted, needs revisions, is rejected), the student must notify their Chair within one month of the date of official response as to the status of the manuscript, and whether or not they intend to pursue publication. If the student elects not to pursue publication and/or does not notify the Chair within one month of an official response, the Chair may elect to resubmit the manuscript and to renegotiate authorship as appropriate (e.g., if the student elects not to assume first authorship on the resubmitted manuscript, they could become second author). Other committee members (or other individuals) may also assume authorship depending again upon their role in development of the original manuscript and any resubmission(s). If the student does wish to resubmit, they have six months from the date of official notice to do so; in this case, authorship will remain the same, with the same proviso that any author may elect not to be listed prior to resubmission. As with the dissertation (and any scholarship submitted for publication), the student will continue to consult with the Chair and other listed authors as appropriate to ensure that the resubmission has been approved by all listed authors. If the student wishes to resubmit and does not do so within six months of the official notice, the Chair reserves the right to assume responsibility for revising and submitting the manuscript as first author and/or to determine how and whether the manuscript is resubmitted, and in what shape, form, or context (in this case, the student would again have the right to assume second author status, and other committee members would assume authorship commensurate with their contribution to the article).

The Dissertation Defense and “Walking” for Graduation. Although students graduate from the program only when all required materials and processes are completed (ex., completing internship

⁴ Students and faculty engaged in collaborative research are encouraged to consult the APA Code of Ethics and read the following seminal article: Fine, M. & Kurdek, L. (1993). Reflections on determining authorship credit and authorship order on faculty-student collaborations. *American Psychologist*, 48, 1141-1147.

year), the university has its primary graduation ceremony in May, and students may “walk” during the May ceremony only if they have completed their dissertation defense by a preceding date negotiated with their advisor (usually around April 15). Typical expectation is that dissertation defense and filing will occur prior to the Graduate School deadline in April for May graduations. However, students do not formally graduate until they have completed their internship, which is usually in the summer. Degrees are conferred at the end of the 12-week summer session.