College of Science

CLINICAL SCIENCE AREA MANUAL

DEPARTMENT OF PSYCHOLOGY

VIRGINIA TECH

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I. Introduction

Welcome to the Department of Psychology's Graduate Program and the Clinical Science area of concentration at Virginia Tech. You have been admitted to and are entering graduate training that will lead to the degree of Doctor of Philosophy (Ph.D.) in Psychology. The Department of Psychology is home to more than 30 faculty members, 6 staff, 70 graduate students, and 850 undergraduate majors. We offer doctoral areas of concentration in Cognitive Neuroscience and Biological Psychology, Clinical Science, Developmental Science, and Industrial/Organizational Psychology.

Your area of concentration will be Clinical Science (CS). Each student in the clinical area is part of a select group, chosen from a number of applicants each year. You have been selected because the faculty believes that you have the right combination of intellectual abilities, educational background, scientific views and experiences, and personal attributes to have a productive career in the clinical psychology field. During your graduate training, you will have a unique set of opportunities to develop your clinical research and practice skills and to join the intellectual community of clinical psychologists.

In terms of strict terminology regarding your graduate training and according to the State Council of Higher Education for Virginia (SCHEV), we offer a doctoral degree in psychology, not clinical psychology or clinical science (e.g., your diploma will state *Ph.D. in Psychology, not clinical psychology*). You are officially a student in the *graduate program in psychology*, with clinical science as your area of concentration. With that said, the most commonly used colloquial terminology for members of the clinical science area is to refer to the *clinical program* or *CS program or CS area,* including at times in this manual, and especially in email announcements or exchanges and in everyday conversations between students, faculty, and staff.

Expect a rigorous but exciting training experience during your tenure at Virginia Tech. This document summarizes important policies, procedures, requirements, guidelines, and recommendations that will govern your activities as you proceed toward your degree. When you first read this document, you may feel overwhelmed by the many "rules" governing your graduate career. However, it is our experience that having clear (as possible) goals, objectives, and procedures helps to ensure that students complete the doctoral degree in a timely and competent fashion.

This manual has two purposes. First, it is designed to provide students with needed information to complete our training program. For this reason, it is written directly to you, the student, as the primary reader. The manual supplements other important published material that appear in the Virginia Tech Graduate School Catalog (http://graduateschool.vt.edu/graduate_catalog/) and the Department of Psychology's Graduate Handbook of Program Rules and Regulations (obtained from the Director of the Graduate Program, DGP). Be sure to refer to this manual, the Graduate School Catalogue, and the Department's Graduate Handbook regularly as you progress through the program.

The second purpose is as a repository of current policies, procedures, guidelines, requirements,

etc. of the Clinical Science area, and therefore it is a resource for the clinical area faculty, directors, and others in the department, and outside, who are interested in our program. **The material contained herein is not intended to substitute for or otherwise modify the regulations that are contained in the Graduate School Catalog, the Department's Graduate Handbook of Program Rules and Regulations, or any other official university- and department-level requirements.** Rather, this document supplements and extends more general university-, college-, and department-level requirements as they might apply specifically to the clinical science area. The policies, procedures, and guidelines contained in this manual, the Graduate School Catalog, and the Department's Graduate Handbook are considered to be in effect at the time you enter the program and throughout your stay here. You will be notified of any subsequent changes in policies that affect you, and we will be updating the document annually, to reflect program changes voted on by the clinical faculty in the preceding year.

It is worth warning the reader that there is a fair amount of duplication across the manual. This was intentional in that repetition helps with memory and knowledge, and users of this manual could go to a subsection and have as much information readily at hand for that topic. You will be notified by the Director of Clinical Training (DCT) and asked to read this document before the first week of your training in the doctoral program, and to sign a form to indicate that you have read this document, have had the opportunity to ask questions about its contents, and agreed to follow the rules and regulations to the best of your ability. The DCT will review this manual with your cohort class in an initial orientation session, scheduled during the week before classes officially start. You will be notified (via e-mail on our listserv) annually whenever the document is updated.

II. Program Overview

A. Vision

Our vision is that the Clinical Science program is recognized as an elite program in the integration of science and practice through commitment to research, undergraduate education, and graduate training. We value rigorous scientific methods across multiple domains (e.g., biological, behavioral, social, affective, cognitive) and using innovative technologies. Our goal is to develop and use scientifically informed methods to enhance mental and physical health, wellbeing, and healthy decisions through the interplay of research, intervention, and implementation across diverse and underserved populations.

B. Mission

Our program's mission is to advance clinical science. Clinical science is defined as a set of processes and methods directed at the promotion of human adaptive functioning; the assessment, understanding, treatment, and prevention of human maladaptive functioning in behavior, affect, cognition, or health; and the application of knowledge in ways consistent with scientific evidence. Our program's emphasis on science underscores its commitment to empirical approaches to evaluating the validity and utility of testable hypotheses and to advancing knowledge by this method. We seek to develop professional competencies in individuals who are committed to productive careers in basic, applied, and/or translational research, and in evidence-

based approaches to administration, implementation, service delivery, dissemination, and evaluation. In short, our mission it to serve others through training of outstanding clinical scientists who conduct research and practice with the goal of helping all people be their best selves.

C. Model

Our program at Virginia Tech is based on the clinical science model of training. In the clinical science model, clinical psychology is a specialty area within the discipline of psychology, and research, scholarship, and clinical application should be firmly grounded in the core knowledge base of psychological science. The common goal is the generation of new knowledge that potentially can be translated into practical contributions aimed at solving "real world" clinical problems.

The core clinical faculty members are drawn from the Department of Psychology. The breadth of faculty interests and expertise in research permits students to create a program of study tailored to their particular scholarly interests. The majority of the faculty members have a cognitive-behavioral, evidence-based approach to assessment, intervention, and/or prevention. There also are opportunities for students who may wish to supplement training in cognitive behavior therapy (CBT) with courses and supervised experiences in other approaches (e.g., neuropsychology, interpersonal, family systems, mindfulness-based).

Given the wide range of options and resources at Virginia Tech, students are encouraged to explore a broad spectrum of research fields, while still maintaining a focus on one primary research area, which is usually related to the work of the student's advisor. In like fashion, the philosophy behind our clinical practice training is to provide students with wide exposure to different problems and populations to develop broad competencies. A diversity of practicum settings (including an external practicum placement and a year-long Internship) is encouraged, going beyond our training clinic to community mental health centers, general hospitals, specialized medical clinics, and schools.

D. Outcomes

The program's graduate student outcome goal is to produce graduates who are competent, productive, and successful at (a) conducting research relevant to the assessment, treatment, prevention, and understanding of health and mental health disorders; and/or (b) using science methods and evidence to design, develop, select, implement, deliver, evaluate, supervise, and disseminate evidence-based assessments, interventions, and prevention strategies.

The sine qua non of a successful Clinical Science training program is a clear track record of consistently producing graduates who pursue successful careers as clinical scientists. The most straightforward example of a career as a clinical scientist would be one devoted primarily to research and scholarship, involving programs of research, peer-reviewed publications, external research funding activities, and mentoring students within an academic setting (e.g., university, college, medical school, school of public health, public/private research organization, etc.). There are multiple career paths, however, that could define a clinical scientist, many of which

involve scientific activities in addition to evidence-based service delivery, such as developing and testing new assessments and interventions; program development, administration, and evaluation; treatment outcome research; refining and elaborating current treatments; evaluating the contributions of specific factors to treatment outcomes; assessing population-specific or culture-specific treatment effects; teaching, training, supervising, and evaluating service providers; and advancing public awareness, policy, or legislation about the role of science in psychological practice.

A. Accreditation

We have been accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) since April 17, 1980. Our most recent accreditation was in 2014 and our next site visit is scheduled for fall 2024. APA's accreditation process is intended to recognize and promote consistent quality and excellence in education and training in health service psychology. We were accredited for an additional 7 years, the maximum allowed at the time of the 2014 accreditation, based on the CoA's professional judgment that we had compliance or substantial compliance with all domains of the Guidelines and Principles for Accreditation with no serious deficiencies. If you ever have a question related to the program's APA accredited status you can contact the APA Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street, NE Washington CD 20002-4242, Phone: (202) 336-5979; Email: apaccred@apa.org; Website: www.apa.org/ed/accreditation.

We have been accredited by the Psychological Clinical Science Accreditation System (PCSAS) since May 21, 2015, and our next site visit is scheduled for 2025. PCSAS is an independent, non-profit body incorporated in December 2007 to provide rigorous, objective, and empirically based accreditation of Ph.D. programs in psychological clinical science. PCSAS's accreditation process is intended to recognize and promote clinical science programs that embody the highest training standards and that graduate clinical scientists who advance our understanding and management of behavioral and mental health problems through their research and application. We earned PCSAS accreditation by demonstrating a strong and consistent record of producing graduates with successful clinical science careers. This accreditation positions Virginia Tech as one of the leaders in the general STEM education. If you have any questions related to the program's PCSAS accreditation status you can contact the Psychological Clinical Science Accreditation System, Joseph Steinmetz, Executive Director, 1101 E. 10th Street Bloomington, IN 47405; Phone: 479-301-8008; E-mail: jsteinmetz@pcsas.org; Website: http://www.pcsas.org.

B. Membership

The Clinical Science program has been a member of the Academy of Psychological Clinical Science Programs (APCS) since 2001. APCS is a coalition of doctoral and internship training programs that share a common goal of producing and applying scientific knowledge to the assessment, understanding, and amelioration of human problems. APCS created PCSAS as an independent entity in 2007. More information about APCS, its programs and resources, and current news on clinical science can be found at https://www.acadpsychclinicalscience.org/.

We have been a member of the Clinical Child and Pediatric Psychology Training Council (CCaPPTC), since 2016. The purpose of CCaPPTC is promote the advancement of graduate education and training within the fields of clinical child and adolescent psychology. CCaPPTC member programs are involved in the education and training of psychologists who work with children, adolescents, and families for a variety of mental health issues with evidence-based and competencies oriented approaches, and that include establishing the scientific bases and applications in the service delivery of health service psychology.

We are a member of the Council of University Directors of Clinical Psychology (CUDCP). The purpose of CUDCP is to promote the advancement of graduate education in Clinical Psychology that produces psychologists who are educated and trained to generate and integrate scientific and professional knowledge and skills to further psychological science, the professional practice of psychology, and human welfare.

C. Program Time Limits

Each student has ten years to matriculate and successfully complete all departmental, clinical science area (e.g., internship), and Graduate School requirements to receive their Ph.D. This ten-year time limit results from the combination of the department's preliminary examination requirement that it must be successfully defended by the ninth semester with allowing one extra semester for potential remediation purposes (10 semesters equals five years); and (a) the department's dissertation policy that the dissertation project must be successfully defended within five years of successful completion of the preliminary examination, and (b) the clinical area's policy that the internship must be successfully completed within five years of the successful completion of the preliminary examination. Special or extenuating circumstances (e.g., family or medical leave) can extend the time limit, if approved by the student's Advisor, administrative structure of the program (e.g., DCT, DGP, Department Chair), and the Graduate School.

D. Training Environment

We have attempted to create a stimulating learning environment. Our expectation is that every admitted student will complete the program successfully, and we make every effort to facilitate student success. We strongly believe in and actively promote the need for lifelong learning, scholarly inquiry, and professional problem-solving. As such, the faculty will encourage, help, and expect you to consult current scientific literature relevant to your coursework, research areas, and clinical practice training; attend guest lectures, colloquia, conferences, and workshops that relate to science and practice; and to become members of professional organizations that support clinical science and practice.

We also encourage students to make deliberate efforts to ensure their own psychological and physical health during their graduate training through appropriate health-enhancing and stress-reducing activities. At the same time, we are aware that graduate school can be a difficult and stressful time in a student's life, and conflicts with other students, with faculty, or with a student's advisor can occur. The stresses of graduate school also may contribute to physical or psychological difficulties as well. There are several avenues of support should a student

experience difficulty. Students can turn to their primary advisor or to the DCT for direction. For additional psychological support or therapy, the DCT posts names and agencies of referral sources on our Psychology Department Graduate Program Canvas Project Site.

E. Key Personnel

Department of Psychology Leadership:
Chair: Jamie Edgin, Ph.D., 540-231-5814, esjamie@vt.edu
Director of the Graduate Program: Bob Stephens, Ph.D., 540-231-6304, stephens@vt.edu

Department of Psychology Staff:
Departmental Administrator: Michelle Wooddell, 540-231-9627, mwooddel@vt.edu
Director of Business Operations: Kim Raymond, 540-231-3184, raymond@vt.edu
Information Technology Manager: Ben Pfountz, 540-231-7401, psychelp@vt.edu
Psychological Services Center, Office Manager: Brenda Lipes, 540-231-6914, brlipes@vt.edu

Clinical Science Area:
Director of Clinical Training: Angela Scarpa, Ph.D., 540-231-2615, ascarpa@vt.edu; Amy Marshall beginning December 2024, amymarshall@vt.edu
Psychological Services Center, Director: Lee Cooper, Ph.D., 540-231-7709, ldcooper@vt.edu

F. Key Acronyms (alphabetical order)

ABCT:	Association for Behavioral and Cognitive Therapies, www.abct.org
APA:	American Psychological Association, www.apa.org
APCS:	Academy of Psychological Clinical Science, http://acadpsychclinicalscience.org
APPIC:	Association of Psychological Postdoctoral and Internship Centers, www.appic.org
APS:	Association for Psychological Science, http://www.psychologicalscience.org
APTC:	Association of Psychology Training Clinics, www.aptc.org
CBT:	Cognitive Behavior Therapy
CCaPPTC:	Clinical Child and Pediatric Psychology Training Council, https://www.ccapptc.org/
CoA:	Commission on Accreditation (within APA), www.apa.org/ed/accreditation
CSAC:	Clinical Science Area Committee
CAC:	Child Assessment Clinic,
CS:	Clinical Science, https://support.psyc.vt.edu/grads/program/clinical-science
CSC:	Child Study Center, https://support.psyc.vt.edu/centers/csc
CSS:	Clinical Science Suite
CUDCP:	Council of University Directors of Clinical Psychology, https://cudcp.org/
DAC:	Doctoral Admissions Committee
DCT:	Director of Clinical Training (Angela Scarpa)
DGP:	Director of the Graduate Program (Bob Stephens)
ETD:	Electronic Theses and Dissertations
ESS:	Electronic Signature System

FBRI Fralin Biomedical Research Institute (formerly known as Virginia Tech-Carilion Research Institute/VTCRI), https://fbri.vtc.vt.edu/
PCSAS: Psychological Clinical Science Accreditation System, www.pcsas.org
POS: Plan of Study
PSC: Psychological Services Center, https://support.psyc.vt.edu/centers/psc
SAC: Student Advisory Committee (Thesis, Preliminary Examination, Dissertation)
SAR: Student Activities Report
SSCP: Society for a Science of Clinical Psychology, https://societyforascienceofclinicalpsychology.wildapricot.org/
VTAC: Virginia Tech Autism Clinic, https://www.vtcar.science.vt.edu/
VTCAR: Virginia Tech Center for Autism Research
WMS: Williams Hall (Dept. of Psychology), https://www.vt.edu/about/locations/buildings/williams-hall.html

III. Equity, Inclusiveness, Diversity, and Access

A. Equal Opportunity/Affirmative Action Statement

Virginia Tech does not discriminate against employees, students, or applicants on the basis of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law.

The university is subject to titles VI and VII of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972; Sections 503 and 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990, as amended; the Age Discrimination in Employment Act; the Equal Pay Act; the Vietnam Era Veterans' Readjustment Assistance Act of 1974; Federal Executive Order 11246; Genetic Information Nondiscrimination Act of 2008 (GINA); Virginia's State Executive Order Number Two; and all other applicable rules and regulations.

B. Discrimination and Harassment

Discrimination or harassment on any of the bases stated in the Equal Opportunity/Affirmative Action Statement is prohibited by Policy 2015 http://www.policies.vt.edu/1025.pdf, "Anti-Discrimination and Harassment Prevention Policy."

Definition of Discrimination: Discrimination occurs when a person experiences an adverse employment action, because of their age, color, disability, gender, national origin, political affiliation, race, religion, sexual orientation or veteran status. And the action is not because of a bone fide occupational qualification.

It should be noted that there are times when an individual may feel harassed, discriminated against, or that he or she is being subjected to a hostile environment, or treated unfairly or differently from other people, but there is no relationship between the behavior complained of and a protected characteristic such as age, color, disability, gender, genetic information, national origin, political affiliation, race, religion, sexual orientation or veteran status. Policy 1025 does

not cover such situations, but a person may contact the Dean of Students Office or the Office of the Provost for assistance.

Some examples of possible discriminatory behavior include:

- Deciding not to work with someone because you think they have a disability that you believe will prevent them from doing the job.
- Engaging in recruitment, employment, or selection practices that might---even unintentionally---disadvantage a gender or ethnicity, e.g., having restrictions or requirements that are not bona fide occupational requirements for the position.
- Preventing someone from wearing religious or ethnic dress because you think it will make other people feel uncomfortable.

Definition of Harassment: Harassment, which is a form of discrimination, is defined under Virginia Tech policy 1025 to occur in any of the following situations:

- When conduct based on a person's age, color, disability, gender, genetic information, national origin, political affiliation, race, religion, sexual orientation or veteran status unreasonably interferes with that person's work, academics, or participation in university activities.
- When conduct based on one of these characteristics, including---but not limited to---sexually-related conduct, creates an environment that is hostile, threatening, or intimidating. This is sometimes known as hostile environment harassment.
- When a person's employment, training, or education depends upon submitting to unwelcome sexual advances, requests for sexual favors, or related conduct. In this type of harassment, the person who is making the advances or requests has power over the other person, such as advisory, supervisory, or grading authority. This is sometimes known as sexual coercion or *quid pro quo* sexual harassment.

It should be noted that harassment does not need to be sexual to violate the policy. In addition, harassment can occur even if one person does not have power over the other.

Some examples of possible discriminatory harassment:

- Mistreating someone due to his or her race, religion, or sexual orientation
- Making fun of a person's disability
- Telling unwelcome jokes
- Putting down people who are older, who are pregnant, or who come from other countries
- Urging religious beliefs on someone who finds it unwelcome.

Some examples of possible sexual harassment, if unwelcome, repeated, or severe:

- Flirting
- Unwanted touching

- Sexually suggestive messages, letters, posters, or pictures
- Comments about a person's clothing, his or her body, or personal appearance
- Sexual advances or propositions
- Repeated requests for dates
- Pressure for sexual activity

Anyone having questions or concerns concerning about Policy 1025, any of these regulations, or related issues should contact:

Virginia Tech Office for Equity and Accessibility (https://oea.vt.edu)
North End Center, Suite 2300 (0318)
300 Turner Street NW
Blacksburg, VA 24061
Email: equityandaccess@vt.edu
Telephone: 540-231-2010

C. Principles of Community

Virginia Tech is a public land-grant university, committed to teaching and learning, research, and outreach to the Commonwealth of Virginia, the nation, and the world community. Learning from the experiences that shape Virginia Tech as an institution, we acknowledge those aspects of our legacy that reflected bias and exclusion. Therefore, we adopt and practice the following principles as fundamental to our on-going efforts to increase access and inclusion and to create a community that nurtures learning and growth for all of its members:

- We affirm the inherent dignity and value of every person and strive to maintain a climate for work and learning based on mutual respect and understanding.
- We affirm the right of each person to express thoughts and opinions freely. We encourage open expression within a climate of civility, sensitivity, and mutual respect.
- We affirm the value of human diversity because it enriches our lives and the University. We acknowledge and respect our differences while affirming our common humanity.
- We reject all forms of prejudice and discrimination, including those based on age, color, disability, gender, national origin, political affiliation, race, religion, sexual orientation, and veteran status. We take individual and collective responsibility for helping to eliminate bias and discrimination and for increasing our own understanding of these issues through education, training, and interaction with others.
- We pledge our collective commitment to these principles in the spirit of the Virginia Tech motto of Ut Prosim (That I May Serve).

D. Diversity Values

The doctoral program and Clinical Science area are committed to creating a training environment that is respectful of all individuals, regardless of individual background or circumstances, and is

committed to training students to be knowledgeable and respectful of all aspects of human diversity. Respect for diversity and for values different from one's own is a central value of clinical psychology training programs. The valuing of diversity is also consistent with the profession of psychology as mandated by the American Psychological Association's *Ethical Principles of Psychologist and Code of Conduct* ("APA Ethics Code") (APA, 2017) and the American Psychological Association's *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality* (APA, 2017). Psychologists should actively work and advocate for social justice and prevent further oppression in society. Psychologists do provide services, teach, and/or engage in research with or pertaining to members of social groups that have been devalued, viewed as deficient, or otherwise marginalized in the larger society.

Academic training programs in clinical psychology exist within multicultural communities that contain people of diverse racial, ethnic, and class backgrounds; national origins; religious, spiritual and political beliefs; physical abilities; ages; genders; gender identities, sexual orientations, and physical appearance. Clinical psychologists believe that training communities are enriched by members' openness to learning about others who are different than them as well as acceptance of others. Faculty, practicum supervisors, and graduate students are encouraged to work together to create training environments that are characterized by respect, safety, and trust. Further, faculty and graduate students are expected to be respectful and supportive of all individuals, including, but not limited to peers, staff, clients, and research participants.

We recognize that no individual is completely free from all forms of bias and prejudice. Nonetheless, faculty and graduate students in psychology training programs are expected to be committed to the social values of respect for diversity, inclusion, and equity, and to not knowingly participate in or condone activities based on prejudices. Further, faculty and graduate students are expected to be committed to critical thinking and the process of self-reflection so that prejudices or biases (and the assumptions on which they are based) may be evaluated in the light of available scientific data, standards of the profession, and traditions of cooperation and mutual respect. Thus, faculty and graduate students demonstrate a willingness to examine their own attitudes, assumptions, behaviors, and values and to learn to work effectively with "cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups." (APA Ethics Code, 2017, Principle E).

Faculty will engage students in a manner respectful of their multiple cultural identities. Faculty will provide equal access, opportunity, and encouragement for students inclusive of their multiple cultural identities. Assuming one is not totally free from biases and prejudices; faculty will remain open to appropriate challenges from students to their held biases and prejudices. Faculty are committed to lifelong learning relative to multicultural competence.

While in the program, graduate students will be expected to engage in self-reflection of their attitudes, beliefs, opinions, and feelings. Students will be expected to examine and attempt to resolve any of the above to eliminate potential negative impact on their ability to perform the functions of a psychologist, including but not limited to providing effective services to

individuals from cultures and with beliefs different from their own and in accordance with APA guidelines and principles.

Our training program is committed to educating each other on the existence and effects of racism, ableism, sexism, ageism, heterosexism, religious intolerance, and other forms of prejudice. Evidence of bias, stereotyped thinking, and prejudicial beliefs and attitudes should be appropriately brought to the attention of the individual first, and if not sufficiently addressed, then this issue can be brought to the attention of an appropriate supervisor, faculty advisor, the DCT, the DGP, or the Department Chair.

In summary, all members of our program are committed to a training process that facilitates the development of professionally relevant knowledge and skills focused on working effectively with all individuals inclusive of demographics, beliefs, attitudes, and values. We agree to engage in a mutually supportive process that examines the effects of one's beliefs, attitudes, and values on one's work with all clients, research subjects, colleagues, and/or students. Such training processes are consistent with psychology's core values, respect for diversity and for values similar and different from one's own.

E. Accommodations

The faculty and staff of the Clinical Science area are committed to providing an accessible educational environment in the classroom, research laboratory, and practicum environments for all of our students. If you are a student who requires an accommodation in relation to your classroom, research laboratory, or practicum experience, please contact Services for Students with Disabilities (SSD) at ssd@vt.edu or 540-231-3788.

IV. Professional Conduct

A. University Code of Conduct

All students, faculty and staff are expected to contribute to an environment characterized by mutual respect. Intolerance and bigotry are antithetical to the values of the university and unacceptable within the Virginia Tech community. Verbal assault, defamation, harassment, and sexual harassment interfere with the mission of the university, the department and the clinical training program, and are not tolerated. A description of university policies against verbal assault, defamation, harassment, and sexual harassment can be found at https://codeofconduct.vt.edu/

B. Academic Integrity and Ethical Principles

Academic integrity and honesty are necessary preconditions to the academic freedom fundamental to any university. Ethical conduct is the obligation of every member of the university community and breaches of academic integrity constitute serious offenses. The principles of academic integrity entail simple standards of honesty and truth. Each member of the university has a responsibility to uphold the standards of the community and to take action when others violate them. These are responsibilities of every student and faculty member. The full

university policies on academic integrity and the university code of student conduct can be found online via the following link: https://www.graduate.ombudsman.vt.edu/university-policies-procedures-expectations.html

C. Plagiarism

Plagiarism is scholarly theft, and it is defined as the unacknowledged use of secondary sources. More specifically, any written presentation in which the writer does not distinguish clearly between original and borrowed material constitutes plagiarism. Because students, as scholars, must make frequent use of the concepts and facts developed by other scholars, plagiarism is not the mere use of another's facts and ideas. However, it is plagiarism when students present work of the other scholars as if it were their own. Plagiarism is a serious offense. An act of plagiarism within a course may lead to a failing grade on the assignment, paper, or exam in the course as well as other sanctions. An act of plagiarism in a thesis, preliminary examination, dissertation, or other research contribution will also be met with severe consequences that may include dismissal from the program.

D. Professional Ethical Principles and Code of Conduct

Students are expected to adhere to the highest personal ethical and moral standards, and specifically to conduct themselves according to the Ethical Principles of the American Psychological Association (APA) in all aspects of their professional behavior. Your professional conduct and ethical behavior will be governed by the applicable principles of the current version of the American Psychological Association's Ethical Principles and Code of Conduct during the time you are in graduate school. The ethical principles and code of conduct can be obtained online from the following website: https://www.apa.org/ethics/code. You will abide by its standards throughout your training in our program. Violations of these principles and standards may constitute grounds for dismissal from the program.

E. Electronic Mail and Listservs

The administrative structure of the department and clinical area, and program faculty, communicate primarily to students through email. Students are expected to regularly check their email and respond promptly and within any stated deadlines. Students should immediately notify the department and area of any changes in their email address. Late and infrequent responses will be addressed with the student and their advisor.

Program information (e.g., notice of policy changes, program events, upcoming deadlines) will be communicated through our Clinical listserv. The DCT will subscribe all first-year students to this listserv. Once subscribed**,** please check your email regularly for any announcements. Students should feel free to post relevant announcements to this listserv.

F. Social Media

Students can have websites, blogs, signature lines, Facebook, Twitter, etc., that are entertaining and reflect their personal preferences and personalities. However, students should consider the potential impact of this information on their professional image. Clients, graduate and internship

programs, and potential employers may all conduct internet searches and use the resulting information in decisions about therapy, or job interviews or offers. Legal authorities also view websites for evidence of illegal activities.

Students should also note that if they identify themselves as a graduate student in the program or reveal information relevant to the graduate program in their email signatures, voicemail files, Twitter accounts, Facebook pages, or website/blog information, then this information becomes part of their program-related behavior and may be used in student evaluations. For example, if a student posts doing something unethical or illegal on a web site, or uses the web site to engage in unethical or unprofessional behavior (e.g., disclosing confidential information), then the program may use this information in student evaluation, including decisions regarding probation or dismissal.

Students are encouraged to consider the use of electronic media carefully. They should attend to what content to reveal about themselves in these forums, and whether there is any personal information that they would not want program faculty, employers, or clients to read or view. A student who uses these media should also consider how to protect the security of private information.

G. Membership in Professional Organizations

As an important part of your development of professional identity, integrity, values, and life-long learning, students are encouraged to join regional or national psychology organizations such as the American Psychological Association (APA), the Association for Psychological Science (APS), or other organizations with more specific missions such as the Association for Behavioral and Cognitive Therapies (ABCT) and/or Society for a Science of Clinical Psychology (SSCP).

V. Application-Selection-Admission

A. General

Recruiting a diverse pool of talented individuals to pursue a graduate degree in clinical science is very important function shared by the faculty, current graduate students, and the Graduate School. The faculty prides itself on taking considerable time and effort for identifying and choosing outstanding students for the program. Therefore, we consider our job as helping all students succeed in the program. We have few dropouts and most students accepted into the program will receive their Ph.D. Our program considers undergraduate grade point average (GPA), letters of reference, a personal statement, and diversity/inclusion statement from prospective students when making admissions decisions. In addition to GPA, letters of reference, and personal and diversity statements, research experience and "fit" with faculty and program research are also considered by our doctoral program when making admissions decisions. Other characteristics taken into account are the quality of a prospective student's writing samples, the degree of difficulty in undergraduate course selection, work experience, phone and personal interviews, the reputation of the undergraduate institution, and diversity.

The Clinical Science area is a proponent of the Graduate School's initiative of holistic

admissions, namely using criteria beyond GPA to identify a well-qualified pool of qualified candidates. To help implement and realize holistic admissions, the Graduate School has on its application information about the applicant's knowledge, skills, and abilities. This includes the opportunity for applicants to provide brief descriptions of their leadership, research experience, community engagement, integrity, and ability to overcome barriers. Also, letter writers can rate applicants on such skills and abilities as communication, innovation and creativity, curiosity, teamwork, and integrity. All of this information is consistent with the goals and holistic process of our application review and selection process.

Graduate students currently in the program can be instrumental to the recruitment of students for our program. It is likely that you will be contacted by potential candidates for information regarding your experiences and opinions of our program. Graduate students typically help and participate in the interview process either through helping with transportation, housing, meeting, or social events; providing tours of facilities, campus, and town; and/or interviewing. This is not a required activity and is to be done on a voluntary basis.

Students are admitted only in the fall semester of each academic year and are expected to attend full-time. Applicants with either Bachelors or more advanced degrees are welcome. Applicants should have sufficient preparation in psychology at the undergraduate level. This typically includes completion or near completion of the requirements for the undergraduate major in psychology at the time of application, though it is possible that some applicants will have sufficient coursework in psychology and have completed a different major. All admissions are for the doctoral programs leading to the PhD. We do not offer terminal MS programs, although students earn an MS en route to the Ph.D.

Admission to the clinical program is competitive and based on the following:

- Quality of the applicant's academic record (official transcripts)
- Undergraduate preparation in psychology
- Three letters of recommendation from former professors or supervisors
- Personal statement and Diversity/Inclusion statement
- Research experience
- Application information about the applicant's knowledge, skills, and abilities (KSAs)

There are no strict cutoffs for acceptable grade point averages (GPAs), but competitive applicants typically have GPAs above 3.0. Other scholarly accomplishments, particularly research experience, are desirable and may offset lower GPAs.

B. Undergraduate Preparation

The Clinical Science area of concentration in the Department of Psychology presumes a background in psychology equivalent to our undergraduate major. This includes courses in psychopathology, personality, research methods, and statistics. Courses in physiological psychology, biopsychology, or neuropsychology are also highly recommended for students who wish to pursue a neuropsychological emphasis in their training. Entering students lacking relevant background courses may be required to gain these competencies through additional course work.

C. Application

The application procedure involves the following process, information, and documents, and all application materials must be received by **December 1st**. Complete application procedures can be found on our department website at: https://support.psyc.vt.edu/grads/program/application-procedures.

- Application: Complete the online application at the Graduate School Website, https://applyto.graduateschool.vt.edu/pages/login.php, and pay the application fee. Only online applications will be considered. Notify the DGP at stephens@vt.edu if do not have internet access to the online application system.

- Personal Statement and Diversity/Inclusion Statement: Upload a personal statement and a Diversity Statement describing your reasons for interest in our program; your educational, research, and clinical training and experiences; the name(s) of one to three faculty members that you are interested in working with along with the reasons why; and your diversity philosophy.

- Official Transcript(s). Upload a scanned version of an official transcript(s) from all post-secondary schools attended. While completing the online application and prior to submitting it, upload one copy of a scanned official transcript from each institution from an undergraduate or graduate degree has been earned. Do not send transcripts for community college attendance or from any institution enrolled in classes but did not earn a degree. Make sure scanned documents are legible before uploading, as non-legible documents will result in processing delays.

- Letters of Recommendation. Our program requires at least three (3) letters of recommendation in your application package. Have your letter writers submit their letters online following the instructions on the Graduate School web page. Please indicate in your online application's cover letter or your resume/CV the names of the referees who are submitting letters for you online.

- TOEFL or IELTS Scores-International Students Only: A TOEFL (Test of English as a Foreign Language) or IELTS (International English Language Testing System) test score is required of all international students whose first

language is not English, except those applicants who have graduated from an accredited university where English is the language of instruction. The VT Graduate School expects a minimum TOELF score of 550 on the paper-based test (PBT) or 90 on the internet-based (iBT) for consideration of the application. On the iBT, sub-scores of at least 20 on each subtest are required. A minimum IELTS score of 6.5 is required for admission. To have the TOEFL requirement waived, the degree must be awarded. Refer to https://graduateschool.vt.edu/admissions/how-to-apply/testing-requirements.html for additional information on the TOEFL requirement.

- Scholarly Work Samples: Copies of theses, paper presentations, publications or other evidence of scholarly or professional work can be uploaded with your application. If unable to upload, these documents can be directly sent to the Department of Psychology.

D. Selection for Interview

We follow a mentoring model of selection in which individual faculty choose finalists from a pool of applicants as they become complete, and with most reviews occurring before the winter holiday break. Each application is read by the preferred faculty advisor (as indicated in personal letter or application). There are no strict cutoffs for acceptable grade point averages (GPAs) or GRE scores, but competitive applicants typically have GPAs above 3. Other scholarly accomplishments, particularly research experience, are desirable and may offset lower GPAs. We understand that a focus on just grades and test scores may potentially exclude some qualified individuals who do not perform well on standardized tests. As such, we also consider information on the application and in letters of recommendations regarding the applicant's knowledge, skills, and abilities (KSA). We look especially for compatibility between individual faculty interests and the research interests and actual research experience of individual students. Given this process, it is, therefore, very important that a preferred advisor, or advisors, is nominated on the personal letter or application. It is to one's advantage to complete the application as early as possible, but certainly by the Dec. 1st deadline.

All preferred applicant packages selected by faculty advisors are sent to the DCT for approval to interview. The DCT's approval for interview is based on a review of the applicant's grades, scores, interests, KSAs, and experiences within a broader context of available admission and interview slots, funding, faculty needs, and faculty advisor-student ratio. If approved, the faculty advisor will contact the applicant directly to set up an interview. We typically conduct interviews of prospective candidates in early to mid-February. We usually invite two to three times as many applicants for interviews than there are available slots. Interviews may be in person, or conducted via phone or electronic video conferencing. We do our best to accommodate if the candidate has a conflict with our interview day, has already committed to another program's interview day, if traveling to campus represents a hardship or is unsafe due to health guidelines, or if the candidate was identified and approved subsequent to our interview day. For the past few cycles, we have conducted our interview day via Zoom, and we will let candidates know our format as soon as possible.

E. Selection for Offer of Admission

If following the interview process an applicant is nominated for an offer of admission by a faculty advisor, the request is sent forward for approval from the Doctoral Admissions Committee (DCT -> DGP -> Department Chair). Approval for an admission offer is based upon the candidate meeting all of the required graduate school, departmental program, and clinical area requirements and the number of and order of admission slots for the department, clinical science area, and faculty advisor. The actual number of and order of offers of admissions slots is determined by the Department Chair, in consultation with the Area Directors. If an applicant is approved for an offer of admission by the Department Chair, the individual faculty member will contact the applicant directly to alert her/him that an official offer letter of admission from the Department Chair will be forthcoming, or notify the applicant of their status (e.g., wait list). Accepted applicants will have the option of visiting campus and the program prior to making their decision, in case that is helpful for them.

Students no longer being considered for an offer of admission will be notified as soon as possible. In some cases, this information is communicated by the Graduate School and can take several weeks to be processed. In some cases, you may be able to get updated information on the status of the application process (e.g., whether all interview invites have been extended; whether all offers have been extended), by contacting the DCT. Beware of information posted on student-focused online forums that may be inaccurate or incomplete.

F. Acceptance of Offer of Admission

For acceptances of offers before April 15th, the Clinical Science area subscribes to the following Council of University Directors of Clinical Training (https://cudcp.org/) guidelines:

- Offers of admission can be extended during a large time period. Most initial offers of admission are extended by March 15. Offers may be communicated by phone or email, but will be followed up by a written confirmation within 48 hours.

- You should not feel pressured, nor feel compelled to accept an offer of admission before April 15. This applies to offers of admission and to funding offers that accompany admission. It is impermissible for programs to request a decision prior to April 15 or to indicate that funding will be available only if students make decisions earlier than this date. Violations of this policy should be reported to CUDCP immediately (http://cudcp.us/contact.html) and your identity will be protected. Of course, it is permissible for you to accept an offer as soon as you are certain of your decision (i.e., even before April 15). But the decision to do so should be based on you, and not due to pressure placed upon you by a training program.

- Do not hold more than two offers for more than one week unless there is specific information (e.g., a visit is scheduled, funding decisions) you are waiting to receive from the program. Difficulty making up one's mind is not considered as adequate excuse to limit the options available to other applicants.

- Once you have accepted an offer of admission to a training program, you should inform all programs in which you are still being considered. Be sure to inform programs either that you are declining outstanding offers of admission or you no longer wish to be considered for admission.

- For more information, please review the full CUDCP policy pertaining to graduate school offers and acceptances here: https://cudcp.org/Prospective-PhD-Students

For acceptances and offers after April 15th the Department of Psychology subscribes to the "Resolution Regarding Scholars, Fellows, Trainees, and Graduate Students" as adopted by the Council of Graduate Schools in the United States; and to the statement adopted by the Council of Graduate Departments of Psychology which indicates that:

- A*cceptances* given or left in force after April 15 commits the student not to solicit or accept another offer.

Offers made after April 15 must include the proviso that the offer is void if acceptance of a previous offer from a department accepting this resolution is in force on that date.

VI. Student Support Services

A. Self-Care

Graduate school is a time of tremendous change. Being a graduate student means being a professional developing a career. Class work and assignments are now just one part of the multiple things that graduate students do. Now, you will also be researchers which includes researching the literature, designing studies and collecting data, writing theses, prelims, and dissertations, and preparing conference presentations and manuscripts for publication. You will also have a teaching, research, or clinical assistantship, which takes 20 hours per week *beyond* your coursework and research. You will be members of a lab group learning various techniques, analyses, equipment, etc., and helping with lab projects and managing undergraduate research assistants. You will be citizens in a department, serving on department and/or area committees and participating in research discussion groups and colloquia. In other words, you will have many roles to play, have many demands on your time, and consequently, are required to do a tremendous amount of juggling and time management. This is not unique to graduate school; being a clinical professor, researcher, and/or practitioner requires the same level of juggling of tasks.

Graduate school and juggling tasks are challenging. On one hand, it is never dull! On the other, we can at times find an imbalance between professional activities and self-care. Students are reminded that development of professional competencies depend upon effective self-care behavior (i.e., getting enough sleep, obtaining health and mental health care when needed, maintaining healthy or non-self-injurious eating habits, etc.). It is, as the name 'self-care' implies, the student's responsibility to maintain effective self-care behaviors. Yet the department and clinical area want to be cognizant of this process and to offer some ways to easing the transition to graduate school as well as coping with stress and concerns. These are:

B. Shared Professional Support

When you find yourself struggling with the demands, talk to people. Sometimes all you need is some information to make the task easier, or sometimes all you need is to hear that others have also had some of the same experiences that you are having and have gotten through them. Talk to your faculty advisor and instructors; talk to other students. We value and strive for a collaborative and integrative approach to psychological science that fosters intellectual curiosity and innovation and invests in people in a supportive and inclusive environment. This means many are willing to listen and consult with graduate students based on their own experiences. Faculty are open to requests for accommodations in particularly distressing periods (e.g., personal or family tragedy, illness, etc.). In such situations, consistent with demonstrating professional competence, the student should bring the situation to the attention of his or her advisor, other affected faculty/supervisors, the DCT, and/or the DGP. If the situation is of a very personal nature, the student can first consult with their advisor and/or DCT. In this way, a plan for how to handle potential program hiatus can be set in place (e. g., coursework, clinical cases, etc.)

C. Peer Mentoring Program

The graduate students of the Department of Psychology strive to provide an optional volunteer Peer Mentoring Program for all first-year graduate students. The purpose of the Peer Mentoring Program is to match first year graduate students with an advanced student mentor within their area. We recognize that the first year is pivotal to future success as a graduate student, and that feeling supported can increase one's engagement and confidence during the transition to life in Blacksburg and graduate school. Advanced students can meet with their mentee on a weekly, monthly, and/or as-needed basis to provide social support, accountability in meeting deadlines and achieving milestones, tips about time management and studying, and general guidance about the program. Participation in this program is optional.

The individuals involved in the Peer Mentoring program also do their best to afford students opportunities to practice in engaging in healthy behaviors related to work-life range of balance, practices that can continue well into the careers of current trainees. One noteworthy example is planning and encouraging involvement in healthy extracurricular activities and practices (e.g., scheduled meals out, fun events in our community, or celebrations of success).

D. University Support Services

Virginia Tech offers a number of student support services available to our students including:

- Schiffert Health Center (https://healthcenter.vt.edu/),
- Cook Counseling Center (https://ucc.vt.edu/),
- Graduate Life Center (https://graduatelifecenter.vt.edu/),
- Cranwell International Center (https://international.vt.edu/),
- Cultural and Community Centers (https://ccc.vt.edu/),
- Services for Students with Disabilities (https://ssd.vt.edu/),
- Recreational Sports (https://recsports.vt.edu/),
- Women's Center (https://www.womenscenter.vt.edu/)

- SAFE at VT (https://safe.vt.edu/) harassment and abuse resources
- LGBTQ+ Resource Center (https://ccc.vt.edu/index/lgbtq.html)
- An embedded graduate school counselor is available for all graduate students, currently Katie Hundley, M.Ed (hkatie19@vt.edu; 540-231-6557; online appointment scheduling https://ucc.vt.edu/clinical_services_students/RWB-embedded-counseling.html). More information can be found at https://ucc.vt.edu/about/staff/embedded_counselors/Katie_Hundley.html.
- Cook Counseling Center also offers a number of counseling services and local/national resources, which can be found here: https://ucc.vt.edu/.
- A searchable off-campus provider database can also be found here: https://www.search.ucc.vt.edu/.
- Free virtual healthcare is offered through TimelyCare. Register at www.timelycare.com/virginiatech.

For a full list of services and resources for graduate students, go to https://graduateschool.vt.edu/current-students.html. Additionally, the DCT is available for consultation regarding referrals to psychologists or private providers, and a list of mental health resources is uploaded to our Psych Grad Program Canvas Project Site: https://canvas.vt.edu/courses/52120/files/folder/Mental%20Health%20Resources? .

E. Graduate School Listservs

The Graduate School maintains e-mail listservs through which official communication is sent to the graduate-student community. You can read and post weekly notices to graduate students about programs and activities in the Graduate Life Center, funding opportunities, research projects, and other topics of particular interest to graduate students.

F. Student Organizations

For a complete listing of all student organizations, visit the student organizations database and search by your interests. Here are some major graduate-student organizations that represent graduate students' voice in university governance, graduate education and student life:

- Graduate and Professional Student Senate: The GPSS (formerly Graduate Student Assembly) organizes social events to encourage graduate students to come together across departments; it administers research- and travel-grant programs to support graduate student research and educational efforts; and it represents graduate student interests in university governance.

- Black Graduate Student Organization (BGSO): The BGSO promotes a greater sense of community among graduate students of African descent.

- Council of International Student Organizations (CISO): This umbrella organization represents all international student organizations at Virginia Tech.

- Queer Grads, Professionals, and Allies (QGPA): QGPA provides resources, support, events, and activities for graduate students, young professionals at Virginia Tech, both queer and allied.

G. Police and Campus Safety

The VT Police strive to enhance the safety and quality of life for students, faculty, staff and visitors through effective law enforcement and proactive crime prevention in partnership with the university community. A few of the VTPD's services are listed below:

- Safe Ride: Through this program students, faculty, and staff can be driven to any building on campus free of charge. This service runs from sunset to sunrise, when classes are in session. Call (540)231-SAFE for a ride.

- *Blue Lights*/Emergency Phones**:** The University has installed blue light safety phones located throughout campus. All of the safety phones connect directly with the Virginia Tech Police and are available 24 hours a day, 7 days a week. If you are in need of emergency assistance, please use one of the blue light safety phones or call 911 from your cellular phone.

- Hokie Ready: Hokie Ready is a mobile app and safety technology for the Virginia Tech community to help empower students to take charge of their own safety and to look out for those around them. It includes emergency contacts, safety alerts, and a COVID-19 screening tool for employees and students. The app is available for Android and Apple devices, with a gray home screen background and maroon and white buttons that indicate various features.

VII. Administrative Structure

A. Director of Clinical Training

The Director of Clinical Training (DCT) is responsible for the administrative and training oversight of the clinical program. The DCT is readily available to meet and discuss various matters with graduate students including curriculum, research, practicum, internship, career planning, and relationships with faculty members, personal problems, and the like. Typically, if there is a question or issue about the training program that your advisor cannot answer or address, asking the DCT would be your logical next step.

The DCT is responsible for the program's adherence to APA's and PCSAS's criteria of health service psychology and clinical science doctoral training in which yearly reports and periodic self-studies are required. An important role of the DCT is providing a procedure for and overseeing the selection of new students and making sure all enrolled students on campus are provided annual and regular feedback about their progress in the program. The DCT reviews clinical courses on a regular basis and is responsible for the entire clinical practicum training sequence including practicum team assignments, clinical supervision, training clinic operations, external practicum sites and placements, and the internship application process. The DCT consults with the DGP and the Department Chair on teaching and clinical assistantships, and with the PSC Director on practicum placements. The DCT is responsible for letters and

certification forms for students in the program, internship applications, and letters of recommendations. The DCT provides leadership in achieving and maintaining diversity in our training program, including recruitment and retention efforts for both faculty and students. The DCT maintains a database on current students and graduate alumni, the information gathered is important for inclusion on reports that must be submitted annually to APA and PCSAS, and for self-study reports required in association with the APA and PCSAS site visits.

The DCT is a member of the Academy of Psychological Clinical Science (APCS) and Council of University Directors of Clinical Psychology (CUDCP) and maintains memberships with other groups with whom there are shared interests (e.g., SSCP, ABCT, APPIC, and APTC). The DCT also maintains a relationship with other mental-health programs and services in the university.

B. Clinical Science Area Committee

The Clinical Science Area Committee (CSAC) consists of all core faculty members of the program, and is chaired by the DCT. Recruitment of students and faculty, annual student evaluations, readiness for internship, curriculum changes, student issues and disciplinary actions, and readmission requests as well as other program-related issues, are all reviewed and processed by the CSAC. During the fall and spring semesters, the CSAC generally meets every 2-3 weeks to discuss issues relevant to the Clinical Science training program. Each member of the CSAC serves on ad hoc subcommittees designed to evaluate and improve some aspect of the clinical training program (e.g., recruitment, diversity, practicum, and scholarly productivity). During the summer sessions, the committee does not meet, unless an emergency situation arises. All program decisions that require a vote are passed when a simple majority of the eligible faculty (faculty present) votes in the affirmative. Affiliated members can attend if they wish to, though they must attend if their clinical student advisee is being discussed or reviewed.

C. Graduate Student Representatives

Each year, three to five clinical psychology graduate students are selected by their peers to serve as student representatives to the CSAC. The representatives are selected at the end of the spring semester or beginning of the fall semester and serve a one-year term. One representative each is elected from the first-year class, second year class, third year class, and fourth year class. At times, a representative will be asked and agree to represent two of the years (e.g., fourth and fifth-year students). The purpose of having a representative is to have a conduit between your cohort and the clinical faculty including exchanging of information, conducting survey or opinion polls, and having a voice in meetings where program structure and/or issues are proposed, discussed, and potentially integrated into the program. Representatives will also be asked to serve on an area ad hoc subcommittee (e.g., recruitment, diversity, scholarly productivity, or practicum). Representatives may also help directly with, or organize others to help with, annual area events such as the Research Fair, Clinical Science Scholar Series, Town Hall, Interview Weekend, Internship Match Celebration, etc. The student representatives participate actively in all matters concerning the clinical program with the exception of yearly evaluations of clinical students, student issues, or decisions regarding clinical faculty or students. Of course, the representatives will be excused for discussions in which it would be inappropriate or unethical for them to be present (e.g., discussions of student performance).

The area faculty firmly believe that graduate student participation and input in this function is vitally critical to the collegial culture and continual improvement of our program. We do recognize that this service takes extra time and effort. As such the faculty will make every effort to support, recognize, and honor your involvement (e.g., on the SAR, in a letter of recommendation, etc.).

D. Advisor/Mentor

Each student admitted into the program is assigned initially to the faculty member who most closely matches his or her research and clinical interests (i.e., the advisor or mentor). This faculty member will assist the student in planning her or his program of study. Usually, but not always, the advisor serves as the chair of the student's master thesis, preliminary examination, and dissertation committee. Students may change advisors as well as their research interests during their studies in the clinical program. In addition, it is possible for students to be involved in the research programs of more than one faculty member. If you have any questions about these issues, you can discuss them with the DCT.

Changing Advisors: The majority of graduate students remain with the same faculty advisor throughout their graduate careers. Applicants are accepted into the program to work with a specific faculty advisor, so their interests are usually well matched and both the student and faculty member enjoy working with each other and do so successfully. Occasionally, however, students wish to change advisors, typically because either their research interests have changed to a different area and/or the student and faculty member do not work well together. Students who wish to change advisors should begin a conversation with the current advisor to determine if the concerns can be successfully addressed within the current mentorship relationship or by adding a co-mentor (e.g., a faculty member who can provide expertise in an area of research outside of the primary mentor's area). If this is not successful, the student should seek a new advisor immediately and notify the DCT and the DGP. The DCT and DGP can work with the student to help him/her find the best mentorship relationship possible. If there is an unavoidable delay in finding a new advisor, the DCT will temporarily fill that post for up to one academic term until a new faculty advisor is found. At the end of that term the student must have found a permanent advisor in order to continue in the graduate program. If the loss of an advisor is out of the control of the student (e.g., the advisor leaves VT), the graduate program will help the student find a new advisor. Once a student is matched to a new advisor, it is expected that the student and advisor will work together without continued DCT or DGP involvement, or that they will contact the DCT/DGP if any further guidance or support is needed.

E. Department Administrator and PSC Office Manager

The Department Administrator, Michelle Wooddell, is located in Williams Hall (109). The PSC Office Manager, Brenda Lipes, is located at 3110 Prices Fork Road. It is necessary that all new clinical graduate students provide them with a local mailing address, telephone number(s), and email address. All clinical students, new and continuing, must keep the Department Administrator and PSC Office Manager advised of any changes in local address, telephone number(s), or e-mail addresses that might occur.

If possible, please keep your address, e-mail, and telephone number current with the DCT, Department Administrator, and PSC Office Manager after you graduate. The PSC Office Manager will also contact you annually for updates. The clinical program and/or the department periodically find it necessary to contact its graduates, and it is important that we maintain up-to-date contact information, particularly to gather information from our past graduates needed for accreditation.

VIII. Research and Practice Skills: Goals, Objectives, and Competencies

The clinical training program is organized to help students accomplish two major goals (Clinical Research and Practice) with specific objectives and competencies within each goal. These include:

A. Research

Goal 1: To produce graduates with broad and general training in the science of psychology, such that their research integrates science and practice.

Objective 1A (Scientific Psychology): Students will demonstrate substantial understanding of and competency in the breadth of scientific psychology.

Competency 1A1: Students will demonstrate basic knowledge of the basic discipline-specific content areas of scientific psychology including biological aspects of behavior, cognitive-affective aspects of behavior, social aspects of behavior, and developmental aspects of behavior.

Competency 1A2: Students will demonstrate basic knowledge of history and systems of psychology and individual and cultural diversity as these topics are represented in the required courses in the basic content areas of scientific psychology listed above in Competency 1A1.

Competency 1A3: Students will demonstrate advanced integrative knowledge that entails integration of at least two of the multiple basic discipline-specific content areas identified in Competency 1A1.

Objective 1B (Research): Students will demonstrate substantial understanding of and competence in research skills.

Competency 1B1: Students will demonstrate substantial understanding of and competence in (a) research methods, (b) statistical analysis, and (c) psychometrics.

Competency 1B2: Students will demonstrate knowledge and competence necessary for (a) integrating research and practice, (b) analyzing evidence-based

procedures, and (c) developing comprehensive doctoral level conceptualizations of direct relevance to clinical psychology (i.e., preliminary examination).

Competency 1B3: Students will demonstrate comprehensive understanding and skill in designing and implementing major research projects (thesis and dissertation) including formulation of problem, design of study, analysis of data, interpretation of results, written product, and sensitivity to ethical standards relevant to empirical research in clinical psychology.

Competency 1B4: Students will demonstrate motivation and competence in contributing to and disseminating scientific knowledge and research relevant to clinical psychology (e.g., manuscript submissions to peer-review journals, grant applications, conference presentations, etc.).

Competency 1B5: Students will be knowledgeable about procedures for obtaining external research funding and demonstrate basic grant writing skills.

B. Practice

Goal 2: To produce graduates with demonstrated knowledge and competence for entry into the evidence-based practice of clinical psychology, such that their practice is guided by clinical science and their scholarly and research contributions are informed by professional practice.

Objective 2A (Dysfunctional Behavior and Psychopathology): Students will demonstrate understanding and competence concerning dysfunctional behavior and psychopathology.

Competency 2A1*:* Students will demonstrate basic knowledge and competence concerning the scientific and theoretical foundations of dysfunctional behavior and psychopathology.

Competency2A2*:* Students will demonstrate knowledge and competence concerning the potential impacts of individual and cultural diversity on diagnoses and formulations of dysfunctional behavior and psychopathology.

Objective 2B (Assessment): Students will demonstrate knowledge and competence in theories of and methods for conducting evidence-based clinical assessments.

Competency 2B1*:* Students will demonstrate knowledge and entry level competence in providing evidence-based assessment including necessary diagnostic interviewing; administration, scoring, and interpretation of relevant assessment instruments; and integrated report writing.

Objective 2C (Intervention): Students will demonstrate knowledge of theories and methods of evidence-based intervention.

Competency 2C1*:* Students will demonstrate knowledge and entry level competence in theories and methods of diagnostic formulation and case conceptualization.

Competency 2C2*:* Students will demonstrate knowledge of and entry level competence in implementing evidence-based psychological interventions.

Competency 2C3: Students will demonstrate knowledge and entry level competence in measurement-based care including evaluating treatment progress.

Objective 2D (Communication and interpersonal skills): Students will demonstrate knowledge and entry level competence in informative communications and effective relationships.

Competency 2D1: Students will demonstrate knowledge and competence in producing and comprehending oral, nonverbal, and written communications that are informative and well-integrated, and developing and maintaining effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

Objective 2E (Ethics and Legal Standards): Students will demonstrate knowledge of and entry level competence in applying ethical and professional standards to their activities as professional psychologists in training.

Competency 2E1: Students will demonstrate knowledge and competence in applying accepted ethical and legal standards in their required course work, including the Ethics course, the integrated and sequential practicum sequence, and in all other doctoral program activities.

Objective 2F (Individual and Cultural Diversity): Students will demonstrate knowledge and entry level competence in providing psychological services to individuals who represent various aspects of individual and cultural diversity.

Competency 2F1: Students will appropriately consider individual differences and cultural diversity in the selection, administering and interpretation of assessment measures, and in the selection and implementation of culturally sensitive approaches to intervention.

Objective 2G (Supervision): Students will demonstrate knowledge of theories and competence in providing supervision at basic entry level to professional practice.

Competency 2G1: Students will demonstrate knowledge of supervision literature and competence in providing basic clinical supervision at an entry level.

Objective 2H (Consultation and Interprofessional/Interdisciplinary Skills): Students will demonstrate knowledge of models and competency in providing consultation, and interprofessional/interdisciplinary interactions in order to address a problem, seek or share knowledge, or promote effectiveness in professional activities at basic entry level to professional practice.

Competency 2H1: Students will demonstrate knowledge of consultation literature and competence in providing basic consultation to outside professionals and entities at an entry level.

Competency 2H2: Students will demonstrate knowledge and respect for the roles and perspectives of other professions and professionals.

Objective 2I (Professional values and attitudes): Students will demonstrate substantial progress towards establishing a professional identity as a clinical psychologist including values and attitudes that support self-reflection, well-being, greater degrees of independence, life-long learning, scholarly inquiry, and professional problem-solving.

Competency 2I1: Students will demonstrate comprehensive professional development through their scholarly and professional attainments while completing their doctoral programs and in their subsequent careers as clinical psychologists.

C. Outcomes

By the completion of training, program graduates are expected to possess critical analytic skills; be able to identify new knowledge and bring that knowledge to bear upon research and clinical problems; and be competent to use core knowledge in the design of research studies, in your teaching, and in the manner in which you deliver clinical services. You should be competent to select and apply assessment approaches and treatments with empirical support for their effectiveness, should be relatively resistant to "fads" in the clinical realm, and should pass the national (EPPP) and any additional state licensing examinations (written or oral) without major difficulty. Program graduates should be able to read the scientific literature critically; select and formulate research questions; and be skilled in research design, data collection, data management, data analysis, APA-style writing, and appropriate outlets of submission and publication. You should be involved actively in the conduct of research and program evaluation activities and dissemination of that research through presentations at professional meetings and publications in the scientific literature. You should be to identify appropriate grant agencies and organizations relevant to your research and competent in basic grant writing skills. In the conduct of your clinical work and the design of research, you should be knowledgeable about issues of clinical and research ethics, and function within the APA ethical guidelines and the laws of your state of employment. You should be competent in the treatment of diverse client populations, in the recruitment of diverse participant populations in your research, and competent to formulate research questions and select research methods appropriate to populations under study.

We anticipate that our graduates will use these areas of skill and knowledge in a range of career paths in clinical science, including academic, research, or administrative positions in departments of psychology or psychiatry in universities, medical schools, or agencies devoted primarily to research and scholarship, involving programs of research, peer-reviewed publications, external research funding activities, and mentoring future clinical scientists. We recognize a subset of our graduates will decide to focus their skills and knowledge on primarily science-based clinical practice. Ideally, these graduates follow through on our broader mission to advance clinic science through additional activities such as developing and testing new assessments and interventions; program development, administration, and evaluation; treatment outcome research; refining and elaborating current treatments; evaluating the contributions of specific factors to treatment outcomes; assessing population-specific or culture-specific treatment effects; training, teaching, supervising, and evaluating service providers; and advancing public awareness, policy, or legislation about the role of science in psychological practice.

IX. Professional Standards Skills

Earning a degree from our Clinical Science area of the doctoral degree program requires mastery of a coherent body of entry-level knowledge and skills related to theory, research, and practice. Doctoral students must acquire substantial professional competence in the discipline of clinical psychology as specified in the American Psychological Association (APA) and the Psychological Clinical Science Accreditation System (PCSAS) standards of accreditation, and must be able to relate appropriately to fellow students, faculty and staff members, clients, and other health care professionals. Combinations of cognitive, behavioral, emotional, intellectual, and communication abilities are required to perform these functions satisfactorily. These skills and functions are not only essential to the successful completion of the doctoral program, but they are also necessary to ensure the health and safety of clients, fellow students, faculty and staff members, and other health care providers.

In addition to required academic achievement goals, objectives, and competencies in research and practice, the standards of professional conduct described below further elaborate on those skills presented in **Research and Practice Goals, Objectives, and Competencies** section and set forth non-academic qualifications the Clinical Science doctoral area considers essential for successful completion of its curriculum. Therefore, to successfully progress through, to be approved for internship, and subsequent graduation from the doctoral program, current students in the program must also satisfy these standards.

A. Attitudinal, Behavioral, Interpersonal, and Emotional

Students must be able to relate to clients, fellow students, faculty and staff members, and other health care providers with honesty, integrity, and dedication, and in a non-discriminatory manner. They must be able to understand and use the power, special privileges, and trust inherent in the psychologist-client relationship for the client's benefit and to know and avoid the behaviors that constitute misuse of this power. Students must demonstrate the capacity to examine and deliberate effectively about social and ethical questions that define psychologists' roles and to reason critically about these questions. They must be able to identify personal reactions and responses, recognize multiple points of view, and integrate these appropriately into

clinical decision making. In research teams, students must demonstrate the ability to interact appropriately with research participants, other students, and faculty and staff members. Students must be able to collaborate well with others on joint projects (e. g., effectively accept and provide input).

A clinical psychology student must be of sufficient emotional health to utilize fully their intellectual ability, to exercise good judgment, to complete client care responsibilities promptly, and to relate to clients, families, fellow students, faculty and staff members, and other health care providers with courtesy, compassion, maturity, safety, and respect for dignity. The ability to participate collaboratively and flexibly as a member of an inter-professional team is essential. Student must display this emotional health in spite of multiple or varied academic, teaching, and research responsibilities, in addition to clinical practice training expectations. Students must be able to modify behavior in response to the constructive criticism. They must be open to examining personal attitudes, perceptions, and stereotypes (especially those that may negatively impact client care and professional relationships). Students must be able to take responsibility for their behavior, which includes being open to feedback from their supervisors, academic instructors, and research advisors. Students must be open and empathic with others and show respect for different viewpoints, perspectives, and opinions. They must strive to work collaboratively with others in the classroom, laboratory, clinic, and in all other academic or professional settings. They must convey genuine interest in other people and demonstrate affect tolerance (i.e., appropriately manage and contain emotions in academic and professional settings). As an essential part of conducting research or clinical practice, students effectively tolerate uncertainty and ambiguity. They must be emotionally mature (e.g., intellectually and emotionally open to and appropriate when receiving feedback). Student must be able to advocate for their own needs in the work place without being inappropriately aggressive. They must also seek the resources and build the relationships needed to advance in their academic or professional career.

The student and ongoing practice of clinical psychology often involves taxing workloads and appropriate management of stressful situations. A student must have the physical and emotional stamina to maintain a high level of functioning in the face of multiple demands on their time and energy.

B. Intellectual

Students must possess a range of intellectual skills that allows them to master the broad and complex body of knowledge that comprises clinical psychology education.

Students must be able to critically evaluate their own and others' research, including the ability to identify limitations in the research literature or design of a specific study, to critique a manuscript as an ad hoc reviewer, and to "make psychological sense" of their own data. They must be able to use theory to inform the conceptualization, design, and interpretation of research. Additionally, students must be able to effectively understand the theoretical literature in their identified substantive research area, to appropriately discuss their literature in individual and group lab meetings, and to integrate their understanding into scientific writing and presentations. They must further demonstrate the ability to generate novel hypotheses and to design a study that

follows from those hypotheses.

Students must be able to analyze and synthesize information form a wide variety of sources and must demonstrate sophisticated critical thinking skills. They must be able to learn effectively through a variety of modalities including, but not limited to: classroom instruction, clinical supervision, small group discussions, individual study of materials, independent literature review, preparation and presentation of written and oral reports, and use of computer-based technology.

Because the practice of psychology is governed by the ethical practices set forth in the current APA Ethics Code and by current state and federal laws, a clinical science student must have the capacity to learn and understand these ethical standards and legal requirements and to perform consistent with those principles and mandates as a student the Clinical Science doctoral program.

C. Communication

Students must be able to ask effective questions, to receive answers perceptively, to record information about clients, and to provide effective psychoeducation to clients. They must be able to communicate effectively and efficiently with clients, their families, fellow students, faculty and staff members, clinical supervisors in varied practicum settings, and with other members of the health care team. This includes verbal and non-verbal communication (e.g., interpretation of facial expressions, affects, and body language). Mastery of both written and spoken English is required, although applications from students with hearing and speech disabilities will be given full consideration. In such cases, use of a trained intermediary or other communications aide may be appropriate if this intermediary functions only as an informant conduit and does not serve integrative or interpretive functions.

D. Health

Virginia Tech is committed to equality of educational opportunity. A student with a diagnosed psychiatric disorder or other physical, mental, or emotional disability may participate in the Clinical Science doctoral program so long as the condition is managed sufficiently with or without reasonable accommodation to permit the student to satisfy the requirements of the Clinical Science doctoral program, including these standards of conduct. Students who seek reasonable accommodations for disabilities must contact the Services for Students with Disabilities (SSD) Office. The SSD Office will determine a student's eligibility for and recommend appropriate accommodations and services.

In the event of deteriorating function, it is essential that a student be willing and able to acknowledge the need for and to accept professional help before the condition poses a danger to the student, clients, other students, faculty and staff members, or research participants.

X. Faculty and Research Interests

The clinical training program draws from a special group of psychologists. The core faculty group is committed to clinical science and disciplined scholarly inquiry. Core faculty

membership is defined by a contribution of 50% or more of professional time and effort to the clinical science area and meeting one of three criteria: (a) an active program of research of direct relevance to issues in clinical psychology; (b) responsibility for teaching a required clinical course; and/or (c) extensive student involvement, through a combination of mentoring an individual student, clinical supervision, involvement on numerous student committees, and/or clinical program or center administration.

Affiliated program faculty members are contributing faculty who meet one of the three criteria above while providing less than 50% of their time to the clinical program. It is noteworthy that these individuals take on these responsibilities despite their accountability structures being largely outside of our program area. This reflects the collaborative and collegial culture of the department, the quality of our students, the appeal of our clinical scientist model, and the overall standing of our program in the larger environment of APA and PCSAS accredited programs.

This large group of contributing faculty assures that no single faculty member carries responsibility for the mentoring of an unduly large number of students, and provides, in many instances, several faculty members working in related areas of scholarship (e.g., autism spectrum disorders, childhood disorders, neurological-bases) with whom a student may work.

A. Core Faculty

Breaux, Rosanna, Ph.D., is an Assistant Professor of Psychology and Director of the Child Study Center. Her research focuses on emotional and social functioning of children and adolescents with ADHD, with a focus on emotion regulation. She developed and is testing the implementation and dissemination of the RELAX intervention, targeting emotional competencies in youth with ADHD.

Brem, Meagan, Ph.D., is an Assistant Professor of Psychology. Her research focuses on the co-occurrence of intimate partner/sexual violence and alcohol use; ecological momentary assessment; and brief interventions for aggression across young adult and minoritized populations.

Chiu, Pearl, Ph.D., is a Professor of Psychology and affiliated with the Virginia Tech Fralin Biomedical Research Institute. Her research interests are the neuroscience of motivation and valuation, decision-making; depression, substance use disorders, PTSD; quantitative neurobehavioral predictors and mechanisms of treatment response; fMRI-informed assessment and intervention; and interpersonal influences on decision-making.

Cooper, Lee, Ph.D., is a Clinical Professor of Psychology and Director of the Psychological Services Center (PSC). He provides clinical supervision for practicum courses. His research interests focus on the integration of research and practice including evidence-based intervention adaptations, routine outcomes monitoring/measurement-based care, and supervision of reflective practice.

Davis, Heather, Ph.D., is an Assistant Professor of Psychology. She specializes in risk for eating disorders, underlying emotion-based mechanisms for psychiatric comorbidity (i.e., shame), and

overlap between disordered eating and food insecurity.

Hudson, Chloe, Ph.D., is an Assistant Professor of Psychology. She studies theory of mind, including its behavioral manifestations and relational correlates, as a predictor and mechanism of change across various mental disorders.

King-Casas, Brooks, Ph.D., is an Associate Professor of Psychology and affiliated with the Virginia Tech Fralin Biomedical Research Institute. His research addresses two broad areas of inquiry: (a) neural basis of valuation and learning in social settings, and, (b) abnormalities of social valuation. His work seeks insight into neural computations underlying normative social behavior using methods of decision neuroscience, behavioral economics, and social psychology.

Margherio, Samantha, Ph.D., is an Assistant Professor of Psychology. Her research focuses on the interplay between ADHD and Long-Term Alcohol Use, including the effects of a training intervention for adolescents with ADHD.

Marshall, Amy, Ph.D., is a Professor of Psychology. Her research is focused on identifying individual and contextual factors that contribute to the occurrence of psychological and physical aggression in intimate and family relationships, with a particular focus on the role of trauma exposure and threat perception. She will be taking on the role of Director of Clinical Training by December 2024.

Richey, John, Ph.D., is an Associate Professor of Psychology. His program of research broadly seeks to advance knowledge of how the brain processes social information and clinical manifestations of faulty social information processing. Specifically, he is interested in how variation in neural circuits leads to impairment in two highly prevalent and debilitating disorders: autism and social anxiety disorder (SAD).

Romer, Adrienne, Ph.D., is an Associate Professor of Psychology. Her research centers on identifying neurobiological and psychological mechanisms underlying shared risk for coexisting mental illnesses. She uses structural and functional neuroimaging methods to examine individual differences in cognitive-affective functioning related to multiple forms of brain disorders. The ultimate goal of this research is to inform transdiagnostic intervention and prevention approaches for individuals whose symptoms span traditional diagnostic categories.

Scarpa, Angela, Ph.D., is a Professor of Psychology and Director of Clinical Training (DCT). She is the Founder and Director of the Virginia Tech Autism Clinic & Center for Autism Research. Her general interest is in child and adolescent mental health, dissemination and implementation of evidence-based practices, and developmental psychopathology. Currently, her work is focused on children, adolescents, and young adults on the autism spectrum.

Stephens, Robert, Ph.D., is a Professor of Psychology and Director of the Graduate Program (DGP). His research interests are treatment and etiology of substance abuse and dependence.

B. Affiliated Faculty:

Bickel, Warren, Ph.D., is currently director of the Addiction Recovery Research Center at Virginia Tech Fralin Biomedical Research Institute. He has interests in addiction and recovery; delayed discounting; neuroscience of decision-making processes; and trans-disease processes.

Means-Christensen, Adrienne, *Ph.D.*, is a licensed clinical psychologist, instructor of psychology, and Assistant Director for the Psychological Services Center. In addition to teaching graduate level Ethics and supervising clinical practicum, she is interested in research, teaching, and supervision in clinical and counseling psychology.

XI. Student Admissions, Training Outcomes, and Other Data

The Clinical Science area, in accordance with APA implementing regulations and CUDCP recommendations, provides potential graduate students, current students, and the public with accurate information on our program and on program expectations using the most up-to-date data on education and training outcomes. These data presented in tabular format include admissions data, time to completion, program costs, internship placement, attrition, and licensure. These data are located on our website at https://support.psyc.vt.edu/grads/program/clinical-science, and are updated annually.

XII. Training, Facilities, and Mentorship

A. Research Training

Research training is the core of our program, students are expected to be involved in research and actively disseminate research throughout their graduate education and beyond. The Clinical Science area operates on the proposition that research training is a necessary and vital part of the education of clinical psychologists. Although the program admits only persons who expect to receive a Ph.D., each student who enters at the bachelor's degree level is expected to complete an empirical master's project while in progress toward the doctoral dissertation. Students may conduct research under the supervision of either clinical or departmental research faculty. In addition to the master's project and dissertation, clinical students are expected and strongly encouraged to be involved in multiple lines of research activity under the direction of a faculty member during each semester in residence.

Most of the clinical and departmental faculty members have research teams. These research teams are usually centered on the interests of the faculty member or members. Students select a research team (or teams) that best match their research and career interests. The faculty member who directs the research team will usually function as the student's advisor/mentor for the master's project and dissertation research.

Beginning students immediately become involved in research labs assisting projects and begin planning and reading in a particular research area so as to design a master's thesis project. Concurrently, they are completing the required scientific psychology foundation course sequence, and the required research and quantitative methods three-course sequence. The majority of our students take additional research and quantitative methods courses that are

offered within our department or in other departments. Further, research is integrated throughout other aspects of the student's training including coursework that requires creating research projects or interventional research as part of their applied training. Students are also expected to attend program, departmental, regional, and national research forums, workshops, and colloquia.

B. Research Facilities

Students and faculty study human behavior in a range of settings from the laboratory to the community and use diverse methodologies spanning descriptive studies, quasi-experiments, analog studies, single-subject designs, and randomized control trials. Students develop and carry out research with a research team and a faculty mentor(s). The goals are to learn how to conduct high-quality, publishable research; to begin a program of research and scholarship; and, to learn how to secure external funding for programmatic research. A number of different research facilities provide opportunities for a wide range of basic and applied clinical research. These include, but are not limited to, the following:

Williams Hall, 890 Drillfield Drive, Blacksburg, VA, 24060:

- Administrative Office
- Research for Alcohol and Couples Health Lab (REACH Lab; Brem)
- Study of Emotions and Eating Disorders Lab (SEED Lab; Davis)
- Mental State Processing and Psychopathology Lab (MSP Lab; Hudson)

Clinical Science Suite, 460 Turner ST NW, Blacksburg, VA:

- Social Clinical Affective Neuroscience Lab (SCAN Lab; Richey)
- Spectrum of Psychopathology and Affective Neuroscience Lab (SPAN Lab; Romer)
- TEEN Lab (Kempker-Margherio)

Child Study Center (CSC), 460 Turner ST NW, Blacksburg, VA:

- Coping skills and Learning to Manage Emotions Readily Lab (CALMER Lab; Breaux)
- The Relationship and Stress Lab (Marshall)

Virginia Tech Autism Clinic & Center for Autism Research (VTAC/VTCAR),
3110 Prices Fork Road, Blacksburg, VA

- Psychosocial Adjustment, Neurodevelopment, and Autism Lab (PANDA, Scarpa)

Fralin Biomedical Research Institute, 4 Riverside Circle, Roanoke, VA

- The Bickel Lab (Bickel)
- The Casas Lab (Casas)
- The Chiu Lab (Chiu)

C. Research Mentorship

Prior to or upon arrival at Virginia Tech, incoming students are assigned to a research advisor/mentor. Students typically have been admitted because of the close match between their research interests and those of a core faculty member, so this assignment is based on mutual interest. Although most students work with the same mentor throughout, students have the option

of changing mentors as they progress through the program, and some students either change mentors or work with more than one faculty member concurrently (see **Changing Advisors in Section VII-D: Advisor/Mentor** for full description of procedure). In all cases, however, the student has a close, apprenticeship relationship with a faculty member, who serves as the student's primary advisor to guide the student in decisions about courses, research, and clinical experiences, and who is aware of the student's progress and difficulties. Students whose primary research mentor is a nonclinical faculty member should also select a clinical faculty to serve as a clinical mentor/advisor for purposes of career planning and mentoring around issues of professional practice behavior and development.

From the beginning of the first semester, the student works actively with the research mentor. The formal commitment to the research mentor is a minimum of eight hours per week, but most students spend greater amounts of time in research activities.

Students should engage in a variety of professional activities beyond research, clinical, and course requirements. Of foremost importance is publication of empirical research in peer-reviewed journals. Additional important activities include collaboration on scholarly chapters and presentation of research at meetings of professional societies. Students should also join professional societies most closely allied with their specific areas of scholarship. Development of a plan for publication, presentation, and involvement in professional societies should be accomplished in consultation with the student's primary mentor.

D. Clinical Training

Exposure to professional clinical activities begins in the first year of graduate training and continues through the completion of the clinical internship. To provide broad clinical training for students, the clinical science area offers a variety of different clinical experiences. The Psychological Services Center (PSC), including affiliated clinics for children, adults, and autism, is staffed by faculty and clinical graduate students and provides evidence-based assessment, treatment, and consultative services for a fee to the surrounding communities. The doctoral program also allows an optional external practicum placement experience in the student's third year and usually this has taken place at a local service agency, facility, or organization, or at a national site.

Our clinical training bridges research and application. We keep informed about the most recent developments in psychological research, and focus on treatments that have empirical evidence to support their use through multiple scientific studies. The treatments that we provide primarily align themselves with cognitive-behavioral approaches. Moreover, practicum training at the PSC and external sites is based on the evidence-based practice in psychology model (EBPP, see also http://www.apa.org/practice/guidelines/evidence-based-statement.aspx), encompassing the notion that best practice is based on the integration of the best available *research* with *clinical expertise* in the context of key *patient characteristics* (including culture and preferences).

The population served and the clinical problems addressed at the PSC typically reflect the research interests and clinical expertise of our faculty in the clinical program. Understanding, treating, and, ultimately preventing psychological problems, hinge on careful research, which is

why the psychological services that we offer at the PSC embody a science-practice integrative approach and are uniquely specialized.

All clients first undergo a careful assessment with the most widely used and research supported assessment approaches and measures. With a working case formulation and diagnosis, a well-established empirically supported treatment (EST) is the starting point for developing a treatment plan with clear goals and initiating a safe and agreed-upon intervention. We offer individual, dyadic, and family interventions, as well as group therapy programs. Treatment is typically provided once weekly, although more intensive schedules are also possible when warranted. The length of treatment varies depending on the severity and types of clinical problems. Whereas the average duration of treatment is approximately 12 to 16 sessions, patients can be seen for longer periods of time under certain conditions and with PSC director approval. Progress on goals and evaluation of treatment effectiveness are continually measured through a routine outcomes monitoring system.

E. Practicum Sites

Extensive practicum training with diverse clients focuses on evidence-based approaches to assessment and intervention such that clinical science guides practice. Practicum training occurs at the program's clinical centers, and through optional external practica at a variety of sites in the local community and elsewhere. A culminating experience is an established clinical psychology internship that matches and enhances students' long-range, clinical science career plans.

The majority of clinical training will take place at the Psychological Services Center (PSC), located at 3110 Prices Fork Road, about a 10-minute drive from campus or Williams Hall. The PSC is under the directorship of Dr. Lee Cooper, although the PSC Director, DCT, and the Department Chair consult on a routine basis about supervisor assignments, practicum student progress, and student problems. The PSC provides services to the community as a whole. Every student is required to carry cases at the PSC in practica during their second and fourth year in the program. There are a variety of clinical concerns or disorders addressed through the PSC. Evidence-based approaches to assessment, treatment, and/or prevention of these concerns/disorders are used in the PSC, and the PSC is a site for clinical research on their diagnosis, assessment, treatment, and/or prevention.

In addition to practica required at the PSC for the student’s second and fourth years in the program, the students engage in a third-year external practicum experience (externship). Sites for the external practicum can be in the surrounding community or elsewhere, including community mental health centers, schools, medical centers, and other specialized clinical centers. Students are expected to work with the PSC Director (who also serves as the externship coordinator) and their mentors to plan, select, and apply to external practica. We do not have a direct pipeline of externships, although we do have ongoing community relationships and a list of prior sites where our students have externed, for reference. New practicum sites can and have been developed in response to changing circumstances in the field and student interests (e.g., neuropsychology, treatment of veterans and their families). If an external practicum is not available to the student for any reason, they may request an in-house practicum for third year.

The following are in-house training site locations:

1. The Psychological Services Center (PSC; 3110 Prices Fork Road, Blacksburg, VA)
2. The Child Assessment Center (CAC; 460 Turner NW, Blacksburg, VA)
3. The Virginia Tech Autism Clinic (VTAC; 3110 Prices Fork Road, Blacksburg, VA)

F. Clinical Supervision.

The hallmark of our clinical practice training is close supervision by the faculty supervisor(s). Faculty supervisors are licensed by the Virginia Board of Psychology. New and/or license-eligible faculty interested in providing supervision are paired with a licensed supervisor until they become knowledgeable and comfortable with the supervision process and/or licensed. The faculty supervisor assumes ultimate clinical responsibility for the client's treatment and the responsibility of maximizing the student's training. Supervision must be conducted face-to-face, in-person, and not through electronically mediated education (unless special circumstances require tele-supervision). Our faculty usually maintain supervision loads of 4-6 trainees at a time, in order to ensure the capacity to be attentive to student training. Faculty supervisors are responsible to arrange and provide all student trainees with at least 2.5 hours of weekly group supervision, which allows the small group time for discussion of practicum experiences. Faculty must provide or arrange at least 45 minutes of individual supervision at least once per week for those with a number of active cases (3-6 cases) and at least once every two weeks for those with beginning level or minimal caseloads (1-2 cases). While the practicum student is primarily responsible to the faculty supervisor, advanced students will also provide supplementary feedback, guidance, and consultation as a peer supervisor.

We firmly believe in the evaluation of competency of our students across multiple aspects of performance, development, and functioning. Supervisors will utilize a set of developmentally-based competencies that state what is expected of the student in the general areas of scientific values, knowledge and application; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills.

As part of our program's ongoing commitment to ensuring the quality of our students, each practicum evaluation is based in part on direct observation. Direct observation can include live supervision and/or video recording. Direct observation provides the essential information regarding students' development of competencies, as well as quality of the services provided, that cannot be obtained through other methods. This allows supervisors to provide a more accurate assessment of the students' development of profession-wide and program-specific competencies.

G. Integration of Research and Practice

A primary goal of our clinical science program is training our students in the integration of science and practice, such that research guides application and practice issues inform clinical research. To this end, students' major research projects (thesis and dissertation), along with the preliminary examination, must demonstrate the integration of science and practice within the

written product and oral defense. Further, clinical research training is integrated throughout our student's training including coursework, applied training, and in assistantships. Our students gain direct experience conducting clinical research through our core faculty labs that focus on the understanding, prevention, assessment, and intervention of cognitive, behavioral, and health problems and issues. We also strongly emphasize the integration of science into practice through the emphasis on evidence-based practices, especially assessment, empirically supported treatments, the evaluation of treatment effectiveness, and measurement-based clinical decision making. PSC operations include specialty assessment clinics that provide students with extensive experience and supervision in administering and interpreting scientifically-based 'goal standard' measures culminating in a comprehensive, integrated, and diagnostic report. Students often participate in outreach/consultative presentations and workshops to the local community focused on promoting and disseminating evidence-based practices.

XIIV. Assistantships

There are a variety of financial assistance programs available within the Department of Psychology. The most common forms of support are graduate teaching (GTA), research (GRA), and other graduate (i.e., clinical) assistantships (GA). The PSC has several GA positions each year, typically working within one of the assessment clinics at the PSC (adult assessment clinic) or the CSC (child assessment clinic). Teaching assistantship monies fund these clinic GA positions. Acceptance into the graduate program does not guarantee financial support, but the vast majority of the students in the program in recent years have received support. We aim for full support (stipend and tuition) for all students while they remain in good standing in the program.

If you hold a teaching, research, or graduate assistantship appointment, your duties will be determined after the class schedules and job preferences of all GTAs, GRAs, and GAs are known. The assignment of assistantships is a complex juggling act. Your appointments are renewed annually, if funds are available. If you are a GTA/GRA/GA, your appointment typically begins in mid-August on the date noted on your acceptance letter. Plan your arrival in Blacksburg accordingly and be here in time to begin performing your duties.

The following is departmental policy concerning financial (GTA, GRA, GA) assistance for graduate students. Note that eligibility is not meant to imply any guarantee of support. Other circumstances such as availability of funds must be considered in granting financial assistance. Persons who enter the Ph.D. program without prior graduate school experience ordinarily will be eligible for financial support during their first 4 years of residence. Under ordinary circumstances, students will be eligible for 2 years of support prior to completion of the M.S. degree. Persons who have not completed all requirements (including a successful oral defense) for the M.S. degree by the end of their fifth semester in the program will have a lower priority for funding relative to students who have successfully completed their M.S. degree requirements and master's project by this time.

The Department Chair has the responsibility of judging what circumstances are "extraordinary," when exceptions are appropriate, and the level of support to be granted to individual students.

Students with assistantships must be registered for at least 12 credit hours per semester. Students on full assistantships are expected to work an average of 20 hours per week for the assistantship (*beyond* coursework and research) and are considered to be 50% employed. You must maintain at least a 3.0 GPA and be doing the job that is required of you. It is rare that a GTA/GRA/GA appointment is revoked; however, it is your responsibility to see that neither the department nor you are put in an uncomfortable situation.

Application of these criteria may be complicated by extenuating circumstances. In addition, state funds are allocated on the basis of teaching needs and specific department teaching needs must be considered. In general, priority for department support will be given to students based on factors such as satisfactory progress to degree and the ability or experience required to meet specific department needs. Priority for department financial support will be reduced by a student's lack of progress or because she or he has exceeded the number of years for which students are eligible. The Department Chair does not make final decisions about "non-departmental" support, such as research assistantships supported by grants, or about positions outside the department.

Other sources of funding can be explored on the Graduate School website (https://graduateschool.vt.edu/funding.html) including current funding opportunities, grants, fellowships, and University Scholarships and Financial Aid (http://www.finaid.vt.edu/).

XV. Requirements of the PhD Program

Helpful Terminology:
Department = Department PhD requirement
Area = Clinical Science Area requirement

A. Courses: Breadth, Core, Depth, and Practica

The program is designed as a five-year, full-time post-baccalaureate program, with admission in the fall semester, although most students complete their academic work during the first five years and complete their internship in their sixth year. This includes four to five years of coursework, practica, and research, with a one-year off-site pre-doctoral internship. The program requires that each of its students complete at least three full-time academic years of graduate study in residence at Virginia Tech and the successful completion of an internship prior to awarding the doctoral degree. Students who enter the program after completing graduate level courses (including thesis) in another program may request waivers of required core courses or transfers of program-specific courses. However, the waiver or transfer of previous courses is not guaranteed. Also, it is Graduate School policy that no more than 50% of the graded credit hours needed to satisfy the requirements of the graduate degree may be waived or transferred from a regionally accredited university (https://secure.graduateschool.vt.edu/graduate_catalog/policies.htm?policy=002d14432c654287012c6542e38200ca). Students entering the program with a master's degree may complete the on-campus part of the program in three years; however, given the limited amount of approved waivers or transfer credit, the level of competence and range of experience of clinical practice

needed to be competitive for internship, and the increasing need for scholarly productivity for quality post-doctoral and research positions, most students entering with a master's degree spend four years on campus. We also have a policy that all requirements for the department, CS area (including internship), and Graduate School must be completed within a maximum of 10 years.

The program seeks to prepare students in a number of ways through course work. Students complete a range of core courses in the department and the clinical area. In addition, students complete an elective graduate-level course in their area of emphasis that can be within or outside the department. A sample Plan of Study is provided below to give prospective students a concrete example of the clinical curriculum. The department's and area's courses, as well as faculty research, focus on the science of human behavior from biological, cognitive-affective, social, psychological, and developmental perspectives, and the courses attend to issues of history and systems, and cultural and individual diversity.

All students must meet the minimum requirements for the MS/PhD degree as described in the graduate catalog, available at the VT Graduate School website: https://secure.graduateschool.vt.edu/graduate_catalog/. It is the student's responsibility to meet both the department and university requirements for fulfilling the curriculum for the MS and PhD degrees. Careful planning is essential. To guide course planning, all students complete a Plan of Study for the MS and a second Plan of Study for the PhD. Consult the Graduate Catalog for general university-level requirements. Psychology Department requirements are described below. All graduate courses are not offered each semester or year. A tentative 5-year plan is offered on the department website, but is subject to change (e.g., if faculty leave, a course is no longer offered, etc.). It is important that entering graduate students consult with their advisors and advisory committee in order to plan a program of study that will satisfy these guidelines.

The curriculum area for history and systems of psychology is infused throughout many of these courses. The curriculum area for individual and cultural diversity is satisfied through a multiculturalism course offered every other year.

Area Breadth Requirement (Scientific Psychology): For Clinical Science students, this requirement is met by completing four courses – at least one course within each of these four domains: Biological, Cognitive–Affective, Social, and Developmental Aspects of Behavior. This breadth curriculum is consistent with guidelines from the American Psychological Association for breadth of scientific psychology knowledge and understanding. This requirement can be met by completing courses chosen from the menu of options below. However, one course can only meet a requirement for one domain. Specific courses from the options below should be decided by the student and her/his advisor. To help determine when you can take breadth and depth courses, refer to the "Graduate Courses Schedule" available on the Graduate Program page on the department website.

Biological Aspects of Behavior (one of these)
PSYC 5294: Psychophysiology
PSYC 5404: Biological Bases of Behavior
PSYC 6254: Advanced Topics in Clinical Psychology: Neuropsychology

PSYC 6954: Advanced Topics in Clinical Psychology: Cognitive and Clinical Neuroscience
PSYC 6954: Biological, Clinical, & Developmental Perspectives on Stress and Trauma
PSYC 6954: Biological, Clinical, & Developmental Perspectives on Emotion Regulation
TBMH 5074: Fundamentals of Cognitive Brain Science

Cognitive-Affective Aspects of Behavior (one of these)
PSYC 5344: Cognitive Psychology
PSYC 5544: Cognitive Development
PSYC 5274: Personality Processes
TBMH 5074: Fundamentals of Cognitive Brain Science

Social Aspects of Behavior (one of these)
PSYC 5314: Psychological Perspectives in Social Psychology
PSYC 5554: Social Development

Human Development (one of these)
PSYC 5544: Cognitive Development
PSYC 5554: Social Development
PSYC 5274: Personality Processes
PSYC 6944: Advanced Topics in Developmental Psychology
HD 5224: Child Development in the Family Context
HD 5005: Theories in Human Development and Family Science

Department Core Requirement (Quantitative and Research Methods Foundation): At least three quantitative and research methods courses:

- The two semester, two course sequence in research methods (PSYC 5315-5316). Note that currently the second course taken is not PSYC 5316 but rather STAT 5214-G (Advanced Methods in Regression).
- One or more additional courses in statistics, psychometrics, or advanced methodology. Students should consult their advisory committee in selecting these courses. Examples include:
  PSYC 6014 Quantitative Topics in Industrial and Organizational Psychology
  HD 6514/6524 Advanced Research Methods, with lab
  EDRE 6504 Qualitative Methods in Educational Research I
  EDRE 6524 Qualitative Methods in Educational Research II
  EDRE 6624 Measurement Theory
  EDRE 6634: Advanced Statistics for Education
  EDRE 6654 Multivariate Statistics for Applications to Educational Problems
  EDRE 6664: Application of Structural Equations in Education
  EDRE 6674 Longitudinal Data Analysis
  EDRE 6684 Instrument Development and Validation
  EDRE 6694 Hierarchical Linear Modeling
  EDRE 6754 Advanced Item Response Theory

EDRE 6794: Advanced Topics in Educational Research

STAT 5444 Introduction to Bayesian Statistics

Area Core Requirement (Clinical Knowledge Foundation): All of the following courses are required of clinical science students.

PSYC 5284: Psychopathology
PSYC 6254: Clinical Psychological Assessment I (Adult)
PSYC 6254: Clinical Psychological Assessment II (Child)
PSYC 6254: Ethics
PSYC 6244: Multiculturalism in Clinical Psychology *(For students beginning in AY2022-23 or later)*
PSYC 5984: Special Study: Clinical Interventions (*For students beginning in AY2023-24 or later*)

Area Practica Requirement (Clinical Practice Foundation): All of the following practica are required of clinical science students.

PSYC 5965: Clinical Practicum (Second Year, Fall Semester)
PSYC 5966: Clinical Practicum (Second Year, Spring Semester)
PSYC 6965: Clinical Practicum (Third and Fourth Year, Fall Semester)
PSYC 6966: Clinical Practicum (Third and Fourth Year, Spring Semester)
PSYC 7964: Clinical Internship (Fall Semester)
PSYC 7964: Clinical Internship (Spring Semester)

Area Depth Requirement (Area of Emphasis): All students complete at least three graduate-level courses within the student's research concentration area that deepen their understanding of the theories, methodologies, and existing literatures pertaining to their defined area of interest. Students satisfy this requirement automatically by completing the required clinical courses outlined above.

One Elective: Students are required to take one additional graduate course as an elective in a topic of their choice. This course can be within or outside the department and is chosen by the student and advisor to meet a student's interests and career goals.

Optional Certificates: If interested, students can earn graduate certificates, though these are not required: More information on certificates can be found here: https://graduateschool.vt.edu/academics/programs/graduate-certificates.html.

Sample Plan of Study: This is just a sample plan based on the requirements described above; your actual plan will depend on a number of factors including your interests and career plans, plan of courses, availability of courses, thesis/dissertation credit requirements, and your progress through the program. To help determine when you can take breadth and depth courses, refer to the Graduate Courses Schedule available on the Graduate Program page on the department website. Plan of Study (POS) instructions, FAQs, examples, and templates can be found on our Psychology Grad Program Canvas Project Site.

Area Breadth Requirement = Behavioral Science Foundation courses (4 courses)
Department Core Requirement = Quantitative and Research Methods courses (3 courses)
Area Depth Requirement = Area Core courses (Psychopathology, Assessment I (Adult), Assessment II (Child), Ethics, Multiculturalism, and Clinical Interventions (6 courses)
Area Practica Requirement = Clinical Practicum (6 semesters) and Internship (one year with two semesters of credit)

	Year 1		
Fall	**Credits**	**Spring**	**Credits**
PSYC 5315 – Research Methods	3	STAT 5214G – Regression	3
PSYC 5284 – Psychopathology	3	PSYC 5984 – Special Study: Clinical Interventions	3
PSYC 6254 – Assessment I	3	PSYC 6254 – Assessment II	3
PSYC 5994 – Research and Thesis	6	PSYC 5994– Research & Thesis	6
GRAD 5004 – GTA Training workshop	1		
Total	16		15

	Year 2		
Fall	**Credits**	**Spring**	**Credits**
Core/Breadth/Depth/Elective	3	PSYC 6254 Ethics **Or** PSYC 6244 Multiculturalism **Or** Core/Breadth/Depth/Elective	3
Core/Breadth/Depth/Elective	3	Core/Breadth/Depth/Elective	3
PSYC 5965 - Clinical Practicum	3	PSYC 5966 – Clinical Practicum	3
PSYC 5994 – Research and Thesis	3	PSYC 5994 – Research and Thesis	3
Total	12		12

NOTE:

1. For Master's Degree: Minimum total credits is 30 and minimum research/thesis credits is 6.
2. If removal of a course in any semester drops the total credits below 12, increase research credits accordingly so that Student remains in full-time status (i.e., at least 12 credits total in the semester).
3. Ethics and Multiculturalism in Clinical Psychology are offered on an alternating basis every Spring semester. Students should plan their schedules accordingly so that if they take one in 2nd year, the other is taken another year.

	Year 3		
Fall	**Credits**	**Spring**	**Credits**
Core/Breadth/Depth/Elective	3	PSYC 6254 – Ethics **Or** PSYC 6244 Multiculturalism **Or** Core/Breadth/Depth/Elective	3
Core/Breadth/Depth Elective (can be taken in Year 4 instead)	3	Core/Breadth/Depth/Elective (can be taken in Year 4 instead)	3
PSYC 6965 Clinical Practicum (External)	3	PSYC 6966 – Clinical Practicum (External)	3
PSYC 7994 – Research and Dissertation	9	PSYC 7994 – Research and Dissertation	9
Total	18		18

Year 4			
Fall	**Credits**	**Spring**	**Credits**
Core/Breadth/Depth/Elective (if not taken in Year 3)	3	Core/Breadth/Depth/Elective	3
PSYC 6965 - Clinical Practicum	2	PSYC 6966 – Clinical Practicum	2
PSYC 7994 – Research and Dissertation	13	PSYC 7994 – Research and Dissertation	10
Total	18		15

Year 5			
Fall	**Credits**	**Spring**	**Credits**
PSYC 7964 – Clinical Internship	3	PSYC 7964 – Clinical Internship	3

NOTES:

1. For Doctoral Degree: Minimum total credits is 90 and minimum research/dissertation credits is 30.
2. If removal of a course in any semester drops the total credits below 12, increase research credits accordingly so that Student remains in full-time status (i.e., at least 12 credits total in the semester).
3. In Year 3, students sign up for the 3 credit course PSYC 6965 in fall and PSYC 6966 in the spring, whether they do externship in the prior summer, in the fall, or in the spring, or whether they opt for an internal practicum. For externships, the PSC Director assigns a grade for both fall and spring semesters as long as at least one evaluation form and one site review form are completed before the corresponding semester's grades are due.
4. The U.S. Department of Education requires that we disclose whether we meet requirements for professional licensure. While our program provides most coursework consistent with the educational requirement for licensure in Virginia, such requirements can change at any time and we are not able to confirm the licensing requirements of other states. To assist you, our website contains a state-by-state listing of our recent understanding of educational requirements based largely on the annual review by ASPPB to give you a general idea of how well VT fits with the educational requirements of each state (https://support.psyc.vt.edu/grads/program/clinical-science/curriculum-overview). All states also have other requirements beyond the educational requirements. You should directly check the web sites of the State Licensing Board you are interested in for the most accurate and up to date information on educational and other requirements for licensure as there is no guarantee that our summary or ASPPB's is entirely accurate and up to date. You are encouraged to review current state licensing requirements, and can do so at http://psybook.asppb.org/. Virginia Tech's disclosure on professional licensure can be found at https://vtonline.vt.edu/State-Authorizations-SARA.html. You may also contact the DCT at ascarpa@vt.edu for assistance in answering questions about licensure.

Minimum Grade Requirement: It is the Department of Psychology's graduate program policy that a failure to attain at least a B- in a core course will require remediation. Students who receive grades lower than a C- must retake the course, consistent with the Graduate School Policy. A student receiving a C+, C, or C- in a core, depth, breadth, or clinical course must remediate deficiencies in her or his performance to the satisfaction of the instructor. Remediation may involve attending some or all of the classes the next time the course is offered, re-taking tests, re-doing papers or other class assignments, or completing alternate assignments to demonstrate competence in the areas that were deficient. Tasks to be performed and criteria to be met are left to the discretion of the instructor but

generally should approximate evidence of a level of competence consistent with the grade of B- or higher. It is the student's responsibility to initiate this process by contacting the instructor and creating a written contract for the work to be completed. The contract should be signed by both the student and the instructor and a copy should be forwarded to the DGP. Normally remediation should occur in the semester following the one in which the deficient grade was received unless, at the instructor's request, the student must wait until the course is offered again. When the deficiency is remediated, the instructor will send a letter to the DGP documenting that the remediation has occurred and the letter grade that the student's remediated performance has earned. The DGP will inform the student and place a copy of the letter in the student's file.

The Clinical Science area can require some form of remediation for grade of B- in a program or area core course. The area faculty view these courses as essential and critical foundational courses for conducting good clinical science, and may evaluate a grade of B- as deficient for further advancement in the program. As such, a grade of B- in a core course will be reviewed by the clinical area faculty, along with input from the instructor, for possible remediation. If remediation is deemed necessary. Remediation may involve attending some or all of the classes the next time the course is offered, re-taking tests, re-doing papers or other class assignments, or completing alternate assignments to demonstrate competence in the areas that were deficient. Tasks to be performed and criteria to be met are left to the discretion of the instructor but generally should approximate evidence of a level of competence consistent with the grade of B or higher. It is the student's responsibility to initiate this process by contacting the instructor and creating a written contract for the work to be completed. The contract should be signed by both the student and the instructor and a copy should be forwarded to the DCT. Normally remediation should occur in the semester following the one in which the deficient grade was received unless, at the instructor's request, the student must wait until the course is offered again. When the deficiency is remediated, the instructor will send a letter to the DCT documenting that the remediation has occurred and the letter grade that the student's remediated performance has earned. The DCT will inform the student and place a copy of the letter in the student's file.

Waiving Core Courses and Transferring Depth and Additional Required Courses:
Graduate students who enter the PhD program after completing graduate level courses at another university can request waivers of required courses. Requests for waivers should be made during the student's first semester of academic study, but may be considered later.

Waiving Discipline Specific Knowledge, Category 2: Basic Content Areas in Scientific Psychology Required Courses:
Graduate students who enter the PhD program can request for a waiver, up to six credits, of Discipline Specific Knowledge-Category 2: Basic Content Areas in Scientific Psychology courses, which includes biological, cognitive-affective, development, and social. For a waiver, the student should submit all available course materials including syllabus, exams, written products etc., to the DCT. The DCT will initiate and oversee the review process. The decision to grant a waiver will be based on:

1. A final course grade of an "A" or better;
2. Review by appropriate course instructor for acquisition of graduate level knowledge

consistent with the expectations of our training program;
3. Review by DCT.

Procedure for waiving a Program Core (research methods) course: Comparability of the prior coursework to the Program Core courses in the Department is the primary criteria for granting a waiver. Students should first consult with the current instructor of the course they wish to waive and provide him or her with documentation of the completed course that will serve as basis for the waiver. Normally, this documentation would include copies of:

1. The transcript (unofficial is acceptable) showing a final grade of B or higher in the completed course;
2. The completed course syllabus, text, and reading lists;
3. Tests, notes, projects, etc. from the completed course (if available).

This instructor then contacts the student by email. Although the instructor offers an informal opinion on the comparability of the completed course, the instructor does not make the decision on waiving a Program Core course. If following the instructor's review, the student wishes to pursue the waiver, s/he then would submit all of this documentation along with the instructor's email/letter to the DGP. A separate request and set of documentation should be submitted for each requested Program Core course waiver.

The DGP will submit the waiver request and documentation to be reviewed by an ad hoc committee of the Director and faculty members who regularly teach the Program Core (research methods) course sequence. This ad hoc committee makes the final decision on the request for a waiver of a Program Core course. The Director will then notify the student of the Committee's decision and also place a letter of notification in the student's file in the department office. The student also must be sure to document the waived Core course as a transferred course on her or his Plan of Study document.

Procedure for transferring or waiving other courses (Clinical, Depth, and Additional courses): Only Core (research methods) courses require a waiver review by the instructor and department committee. All other courses that a student wishes to transfer or waive, and count toward her or his program-specific coursework requirements is handled within the Clinical Science area. To request a transfer of a course, the student should submit a request by email to her or his advisor that includes the following documentation:

1. The transcript (unofficial is acceptable) showing a final grade of B or higher in the completed course;
2. The completed course syllabus, text, and reading lists;
3. Tests, notes, projects, etc. from the completed course (if available).

The advisor then corresponds with the DCT regarding the nature of the student's request, and the advisor's recommendation regarding the transfer request. If needed, the DCT can gather additional input from other faculty (e.g., faculty who teach similar or related courses) regarding the suitability or comparability of course content. The DCT then makes the decision as to whether the course can

be transferred and count toward the clinical, breadth, depth, or additional coursework requirement within the clinical area. The DCT notifies the student of this decision by email or letter, and places a letter of notification in the student's file in the Department office. The student also must be sure to document the transferred course on her or his Plan of Study document.

Recommendation to Retain Your Syllabi: It is recommended that you permanently retain a copy of the course syllabus for each of the graduate courses you take during your program-of-study at Virginia Tech, or at least until you are licensed to practice psychology. Such information is occasionally useful to various state licensing boards, to the National Register of Health Service Psychologists, or to agencies as they review your application for licensure or other credentialing.

B. Master's Degree en route to the Doctoral Degree

Students are admitted to the Doctor of Philosophy degree program in the department. However, the department views the successful completion of a Master's thesis and associated courses as an important component en route to the doctorate. Accordingly, it does not offer a non-thesis MS degree. Moreover, all graduate students must demonstrate successful completion of the MS degree and be reviewed by the Clinical Science Area faculty, DGP, and Department Chair prior to beginning the preliminary examination process. For students who obtain their MS within the Department, this review and evaluation is accomplished by requesting permission to continue onto the PhD program and to initiate the preliminary examination.

Graduate students who enter the department with an MS from another Department of Psychology are required to demonstrate successful completion of all requirements for the MS in psychology at Virginia Tech prior to receiving the Ph.D. Although they may complete these requirements any time prior to receiving the Ph.D., they must have the thesis requirement waived and be evaluated for readiness by the clinical area faculty prior to entering the preliminary exam process. A document outlining the steps and timeline to the MS degree in Psychology can be found on the Psychology Grad Program Canvas site: https://canvas.vt.edu/courses/52120/files/folder/Plan%20of%20Study

C. Plan of Study (POS): Master's Degree

Master's Thesis Student Advisory Committee (SAC): Prior to filing the POS for the MS degree, the student must form a SAC that will oversee their work, including signing the student's POS. The SAC is established when its members sign the POS. The Thesis SAC normally consists of the student's major advisor and two members. The major Advisor (Chair of Student Advisory Committee) must hold the terminal degree and hold the rank of Assistant Professor or above in the Department of Psychology.

The Student Advisory Committee (SAC) must have at least two members from the Psychology faculty, one of whom has chaired a Psychology thesis to completion. An experienced committee member will provide guidance to the major professor who is chairing his or her first master's SAC.

The typical composition of a clinical area Master Thesis committee is 3 members from the clinical area. However, this is a flexible guideline with faculty members recruiting across areas and the FBRI research faculty. For this policy, Drs. Brooks Casas, Pearl Chiu, and Warren Bickel of FBRI

are considered psychology faculty based on their appointments within the Department. The overriding goal of a committee structure is that it best matches the student's interest and content area.

Students may nominate one member or an additional member of the thesis committee who is not a member of the Faculty of Psychology. In this case, however, there must still be two members of the Faculty of Psychology on the committee. The student may be asked by other members of the advisory committee to submit a current vita of that "outside" person and a brief statement on the reason this person would be useful on the Committee. If less than two members of the committee are Psychology Department faculty, the chair must write a memo explaining why departmental faculty are not appropriate, and why selected committee members are appropriate.

Plan of Study: The University's Graduate Catalog offers a detailed explanation of University-level requirements. The following text delineates only Psychology Department additions and changes from the Graduate Catalog. How to File the MS POS: instructions, examples, and document templates can be found at the Psychology Grad Program Canvas site noted above and in the Graduate Handbook link at https://support.psyc.vt.edu/grads/program.

Prior to the end of your second academic semester, you are required to file a POS for the Master's Degree, which should be finalized/updated before you receive your Master's Degree. Please consult your major advisor and MS Student Advisory Committee before composing a POS. Email the completed POS draft document, area-specific worksheet, ethics check sheet, and (for students enrolling in Fall 2022 and thereafter) inclusion & diversity check sheet to the DGP. The DGP will check the documents and email back any necessary modifications. After discussing any modifications with your advisor, obtain the signatures of all members of your MS SAC, the DGP, and the Department Chair. Once approved by the Department Chair, the Graduate Program Coordinator (currently Michelle Wooddell) will enter the POS into the online system. Be sure to check your POS progress in your HokieSpa account. If after several weeks it still shows as "pending," contact the Graduate Programs Coordinator to check on the status of your POS. If your POS changes prior to completion of the MS you must complete a change of plan form that is signed by your advisory committee members, the DGP, and the Department Chair. Failure to have an accurate POS entered on the university computer system will preempt graduation.

According to the VT Graduate School, the minimum total credits for a Master's degree is 30 and this number includes a minimum of 6 'research and thesis' credits for a Master's degree.

The student is also to submit to the DGP a *Clinical Science Area Curriculum Worksheet* with their Plan of Study. This worksheet is located on the Psychology Grad Program Canvas Site. This worksheet will be useful to track the completion of necessary course requirements for the clinical science area.

D. Research: General Info Regarding Proposals and Exams

Students will complete a master's thesis, preliminary examination, and dissertation as part of their research requirements in the department. Each milestone involves a written proposal, proposal meeting, final written document, and an oral defense. All proposal documents for

thesis, preliminary exams, and dissertations and final written documents for thesis/dissertation defenses are due to the SAC at least one week before the committee meeting (earlier dates might be required, if requested by the SAC). Final written documents for the preliminary exam are due two weeks prior to the committee meeting. Written thesis/dissertation proposals should be in the format of a scientific paper (Introduction, Method, Planned Analyses, Measures, Consent docs, References) to be determined by the SAC; and final defense documents would also include Results, Tables, Figures, etc. as needed. Written preliminary exams can be in multiple formats as described below and agreed by the committee. Committee meetings should be scheduled for 2 hours as the default (1.5 hours allowed if all other scheduling options have failed AND if agreed by the committee; less than 1.5 hours are not allowed). To alleviate scheduling difficulties, we suggest that students reach out to the committee at least one month in advance to schedule the meeting, and cancel if needed. Finally, if the SAC suggests revisions to any document, how requested changes are to be handled should be decided by the committee before ending the meeting (e.g., what changes are expected, should the written document be revised with changes incorporated or is a letter describing the planned modifications sufficient, will the committee reconvene and/or will student meet with members individually, is Chair review of revisions sufficient or would all committee members like to review; what is the due date for changes). Chair of the committee should initiate this conversation before the end of the meeting, and will offer a summary of the committee decisions either at the meeting or within 3 business days after.

E. Research: The Master's Thesis

Overview: The purpose of the Master's thesis is to help develop students' research and scholarship skills. While there are many approaches to preparing a Master's thesis, the Clinical Science area has decided that we want students to use the developing, conducting, analyzing, and writing of the thesis to build skills needed for publication of empirical work. These skills include concise, conceptually strong, and logical writing; a detailed introduction/conceptual/ literature review section; a methodology section including specific instruments and detailed psychometric information about them; a results section with techniques of data analysis, figures and tables; and a discussion of general findings, implications for the field of study and clinical practice, and strengths and limitations of the project. Theses can use existing datasets, but should be empirical studies and should not be review papers; review papers are more suitable for the preliminary exam. Moreover, the thesis committee will focus their input and help towards developing a thesis project that could be subsequently written and submitted for a peer reviewed journal.

Thesis Proposal: A formal proposal for the thesis research must be presented to and approved by the SAC. We require both a formal proposal meeting prior to the master's thesis, and a meeting to defend one's thesis which is referred to as the final exam. All members of the committee must approve the proposal and at least two of three members must pass the student on the final defense. The main purpose of the proposal meeting is to provide clarity and common understanding among committee members and the student regarding the scope, focus, and audience for the thesis.

All research that involves human subjects must be submitted to and approved by the Virginia Tech Human Research Protection Program (HRPP) as part of the federal Institutional Review Board (IRB) process, prior to the collection or analysis of any data. Even projects that use

existing data must be submitted to the HRPP for prior IRB approval. Requirements, deadlines, and all forms are available at the website: https://www.research.vt.edu/sirc/hrpp.html . All students must complete CITI Human Protections Training and successfully pass the training before their research proposal will be IRB approved. Students are encouraged to take the tutorial during their first semester. Instructions to access the on-line tutorial can be found at the web site of the HRPP at https://www.research.vt.edu/sirc/hrpp/training.html.

Students should begin planning for their thesis research during the first year of graduate study. An ideal time to work on the proposal is during the spring semester or the summer between the first and second year. Students are strongly encouraged to complete their thesis research during the second year of graduate study. Based on our current SAR-Progress to Degree evaluation criteria, the thesis should be proposed by the end of the student's third semester in the program and defended by the end of the student's fifth semester in our program.

Thesis Defense: The SAC evaluates the student performance on the (a) written product and (b) oral defense of the empirical Master's thesis. Demonstration of basic research competency requires "passing" the required written product and a "satisfactory" oral defense of the Master's thesis. The SAC renders a decision of a "Pass," "Pass with Revisions," or "Not Pass" on the written product, and "Satisfactory" or "Unsatisfactory" for the oral defense.

The clinical area requires an oral defense of the thesis. Prior to the defense, all members of the thesis committee must be given a written or electronic copy of the thesis for review and approval. Committee members must be given sufficient time to review the thesis (at least one week), and the student should anticipate feedback and recommendations for revisions from committee members at the defense. This feedback and recommendations are to improve the quality of the current product and the likelihood of a successful manuscript submission to a peer-reviewed journal. The thesis oral defense affords the faculty an opportunity to focus on the students' in-depth understanding of the theories, mechanisms, methodology, research design, statistics, analyses, conceptualizations, and research, theory, and practice implications of the research conducted.

The following are structural meeting guidelines for thesis defenses. The chair of the committee will explain the structure and process of the defense to the audience. Typically, the defense will have the following three phases, modified as needed at the discretion of the committee chair.

a) The student will provide a 15 to 20-minute presentation that is open to all members of the university community and wider public. There will be time for questions from the audience at the end of this presentation.

b) At a time deemed appropriate and at the discretion of the committee chair, the audience will be asked to leave the room so that the student and committee can complete further questioning privately.

c) At a time deemed appropriate by the committee chair, the student will be asked to leave the room so that the committee can deliberate. Once completed, the student will return

alone to receive the outcome of the committee vote and other feedback.

You must schedule the defense of your Master's thesis with the Graduate School. You must use paper forms to schedule your masters' thesis defense and to submit the electronic thesis that will be stored by the university. Paper forms are used for the thesis because Master's students in direct-to-PhD graduate programs like ours are not recognized by the Graduate School's Electronic Signature System (ESS). Instructions for accessing the forms can be found at the Psychology Grad Program Canvas Site: https://canvas.vt.edu/courses/52120/files/folder/Thesis_Dissertation%20Forms. Requests to schedule examinations must include the time, date, building and room number, title of thesis, and the names and signatures of the SAC. These requests are due in the Graduate School *at least three weeks* before the examination date requested. To schedule a defense, students are required to upload their thesis to Ithenticate and obtain an Ithenticate report. This Ithenticate report should also be submitted to the Grad School when you submit the scheduling form to the Graduate School. Here's a link to instructions on how to use Ithenticate: https://graduateschool.vt.edu/academics/what-you-need-to-graduate/ithenticate-for-students.html. The Graduate School will issue the examination card to your major advisor on the date of examination. The examination should not be conducted if the Advisor has not received the examination form/card. The major advisor returns the signed examination card to the Department Administrator (Michelle Wooddell) following the exam, with each committee member signifying whether the exam performance was Satisfactory or Unsatisfactory, and she will make a copy for the department and forward the original to the Graduate School.

For scheduling of the Final Examination, students must have the thesis ready for defense (as judged by Advisory Committee members having read the document and signed the examination scheduling request) and the student must be able to complete all other degree requirements within the semester when the examination is held: all coursework on the Plan of Study will need to be completed with grades of C- or higher and both the Plan of Study GPA and the overall GPA must be a 3.0 or higher by the end of the semester. Because some problem situations with deficient grades or credits require retaking courses or adding credits, the Plan of Study should be examined at the beginning of the semester in which a student plans to take the Final Examination.

All members of a Student's Advisory Committee are required to participate in that student's final examination. Depending upon the technological resources available, committee members may participate from a remote location. If an Advisory Committee member cannot participate, the committee member should recommend to the Chair of the Advisory Committee, when possible, the name of a scholar eligible for advisory committee membership to serve as a proxy during the examination. After consultation with the student, the Chair makes such a proxy appointment in writing. Regardless of the size of the advisory committee, only one official proxy will be approved. Those conducting the examination must enter their decision on the exam result on the examination card before leaving the defense meeting. The proxy must communicate with the committee member for whom he or she is serving as a proxy regarding the exam result decision, and the original committee member must provide the decision on behalf of the proxy.

All committee members must also signify approval or disapproval of the thesis in the Electronic Signature Approval System. Only one negative vote is allowed. This signifies that the thesis is in

final form and ready for ETD submission to the Graduate School. The final version of the thesis approved by the student's Advisory Committee must be submitted electronically as an ETD to the Graduate School no later than two weeks after successful completion of the final examination.

Evaluation Criteria for Thesis Project: Essential elements and criteria include;

- General: Demonstrates basic level competency in the design and implementation of a research project.
- Specific: Demonstrates writing competence including use of APA style and appropriate for journal submission;
- Demonstrates ability to provide a clear statement of problem;
- Demonstrates ability to conduct and write an adequate and systematic literature review;
- Demonstrates understanding of and use of theory to inform the conceptualization, design, and interpretation;
- Demonstrates ability to generate novel hypotheses;
- Demonstrates ability to design a study that follows from hypotheses;
- Demonstrates appropriate methodology including psychological measures and data gathering;
- Demonstrates familiarity and proficiency in basic data analytical procedures;
- Demonstrates adequate data presentation methods;
- Demonstrates adequate interpretation of the results from data analysis;
- Demonstrates ability to provide meaningful discussion and conclusions;
- Demonstrates ability to critically evaluate own and others' research;
- Demonstrates ability to integrate science and practice;
- Demonstrates ability to discuss practice implications;
- Demonstrates knowledge and application of ethical principles and guidelines relevant to psychological research;
- Receives approval from university and department IRBs including successfully passing the VT CITI Human Protections Training;
- Demonstrates responsible conduct of research (e.g., quality assurance checks, adherence to protocol, confidentiality);
- Demonstrates initiative, conscientiousness, and perseverance in handling research problems;
- Demonstrates ability to prepare and present thesis project in oral defense, similar in quality to presentation at a professional research conference;
- Demonstrates ability to answer and discuss relevant questions in oral defense.

Waiving the Thesis Requirement; Students who have completed a Master's thesis in another Department of Psychology or a related discipline, and who wish to waive the thesis requirement at Virginia Tech should submit a request for a waiver to the DCT along with a signed copy of their thesis. Normally, requests for waivers of the thesis requirement should be made during the student's first semester in residence at Virginia Tech. Upon receipt of the student's request for a waiver and thesis, the DCT will convene a committee to read and evaluate the adequacy of the

thesis. The committee should be composed of three faculty at Virginia Tech who hold the rank of Assistant Professor or higher and whose areas of expertise most closely match the topical and methodological area of the thesis. At least two of the committee members must be from the Department but they need not be from the student's current area. Area Directors may or may not be members of the committee. The standard for granting a waiver of the thesis requirement will be the completion of a thesis comparable in quality to that typically completed by students who receive their MS within the VT Department of Psychology. Members of the evaluating committee will submit their vote regarding the waiver of the thesis requirement to the DCT. It is not required that the evaluating committee meets to discuss the adequacy of the thesis although such a meeting may be scheduled at the request of any committee member or the DCT.

If at least two committee members recommend waiver of the thesis requirement, the DCT will send a letter to the DGP documenting the membership of the evaluating committee and the final vote regarding the waiver of the thesis. The DGP will then inform the student that the thesis requirement has been waived and will place a copy of this letter and the DCT's letter in the student's file.

A thesis submitted to the DCT for waiver that was written in a foreign language must either be translated to English or the student must meet with the committee convened by the DCT to explain the thesis. In either case, the student must present the thesis in English in sufficient detail for the committee to reach a decision regarding the quality and comparability of the document in relation to those completed in the VT Department of Psychology. At least some of the thesis may need to be translated to aid in the evaluation process (e.g., the hypotheses, design, tables or results, etc.). The decision on whether to translate the thesis or meet with the committee to explain the document should be decided by the student in consultation with the committee members.

Thesis Deadlines: The area's expectation is a successful Thesis proposal by the end of the third semester. A Does Not Meet Expectations rating on the student's SAR will be given in the fourth semester if this standard has not been met. The student would have until the end of the fifth semester to propose the Thesis or risk dismissal from the program.

The area expects a successful Thesis defense by the end of the fifth semester. A Does Not Meet Expectations rating will be given on the student's SAR in the sixth semester if this standard has not been met. The student would have until the end of the seventh semester to complete the Thesis or risk dismissal from the program.

F. Plan of Study (POS): Doctoral Degree

Doctoral Student Advisory Committee (SAC):
Following successful master's defense, the student, in concert with his/her Advisor, must form a new SAC of at least four members who will oversee the student's Preliminary Exam and Dissertation projects. The Advisor is considered the chair of the SAC. The four SAC members must hold academic rank at Virginia Tech and at least three of them should be core or affiliated faculty in the CS area of the psychology department. Note that individuals whose only appointment to the University is "Adjunct" are not considered to have academic rank and those who are

appointed as Instructor are not eligible to participate on the SAC. The SAC must have a chair who has directed a Psychology thesis to completion and one member who has directed a Psychology dissertation to completion, or two members who have directed Psychology dissertations to completion if the chair has not directed a Psychology thesis to completion. An experienced committee member will provide guidance to the major professor who is chairing his or her first doctoral SAC. At least one member of the SAC must be affiliated with a different graduate training area other than CS (i.e. Developmental Science, Industrial/Organizational, or Cognitive Neuroscience and Biopsychology) or with another department or program at Virginia Tech. Faculty in the Department of Psychology who are formally affiliated (i.e., core or affiliated area faculty) with more than one of the graduate training areas may be counted as a member of whichever area the student and SAC agree is appropriate to accomplish the goals of instilling breadth in the committee. Students may also include as a fifth member of the committee, a person who is an adjunct faculty member in our department or a person not affiliated with Virginia Tech. Decisions regarding the final composition of the SAC should be made by the student in conjunction with the Advisor. The SAC may have additional members without academic rank at Virginia Tech.

Plan of Study: The University's Graduate Catalog offers a detailed explanation of University-level requirements. The following text delineates only Psychology Department additions and changes from the Graduate Catalog. How to File the PhD POS: instructions, examples, and document templates can be found at the Psychology Grad Program Canvas site (https://canvas.vt.edu/courses/52120/files/folder/Plan%20of%20Study) and in the Graduate Handbook link at https://support.psyc.vt.edu/grads/program.

Prior to completing 15 hours beyond the MS degree, the PhD candidate must file a POS for the PhD. You will need signatures from the members of your PhD SAC, the DGP, and the Department Chair. For students who have obtained core course waivers, please attach a copy of the DGP's notification letter. If your Plan of Study changes prior to completion of the PhD you must complete a plan of study change form and have it signed by advisory committee members, the DGP, and the Department Chair. Failure to have an accurate Plan of Study entered on the university computer system will preempt scheduling of the preliminary examination and the final dissertation defense. In order to graduate the final POS must accurately match courses actually completed on the student transcript.

According to the Graduate School, the minimum total credits for a Doctoral degree is 90 (since the beginning of the program) and minimum 'research and dissertation' credits (PSYC 7994) for Doctoral degree is 30. However, most students take substantially more research credits in order to reach the total of 90.

The student is also to submit to the DGP a *Clinical Science Area Curriculum Worksheet* with their Plan of Study. This worksheet is located on the Psychology Grad Program Canvas Project Site. This worksheet will be useful for tracking the completion of necessary course requirements for the clinical science area.

G. The Preliminary Examination

Overview: Consistent with policies of the Graduate School and the Department of Psychology,

the Preliminary Examination in the clinical science area is designed to examine the student's mastery of knowledge and skills in developing comprehensive doctoral-level conceptualizations of direct relevance to clinical psychology. **Additionally, the preliminary examination includes demonstration of *Discipline-Specific Knowledge, Category 3: Advanced Integrative Knowledge in Scientific Psychology* (i.e., integration of at least two of: affective, biological, cognitive, social, or developmental aspects of behavior).** As such, it is intended to tap knowledge and skills necessary to become a doctoral-level psychologist with particular and integrative expertise in clinical research. Moreover, the preliminary examination committee will focus their input and help towards developing a written product that could be subsequently written and submitted to a peer-reviewed journal or granting agency.

Specifically, the Clinical Preliminary Examination consists of two related parts: 1) a ten-week writing phase resulting in the production of a scholarly written product in the student's area of emphasis, and 2) completion of an oral examination on the theory, research, and practice of that area of study.

The scholarly written product can take a number of forms. The product can consist of an in-depth analysis and review of a particular topic/problem/issue in the student's area of emphasis. In particular, it is expected that this paper will consist of a conceptual, evaluative, critical, and integrative review that summarizes a literature and that sets forth major developments within a particular clinical research area, or provides a bridge between related specialized fields within psychology or between psychology and related fields. In all cases, reviews that are theoretically-based and develop connections between areas of discipline-specific content, research and prevention, treatment, and intervention are particularly valuable. The review should also include any ethical, individual differences, and/or cultural diversity issues pertinent to the topic. Instead of an extensive conceptual review in an area, a student may develop with the committee's approval a more focused empirical/systematic review, meta-analysis, or grant proposal. The empirical/systematic review, meta-analysis, or grant proposal format should follow the length and format of an article/proposal to be submitted to an appropriate journal or grant mechanism designated by the student and approved by the committee. In the prospectus for the preliminary exam paper, the designated journal or grant mechanism must be noted. Once the topic and format have been approved, the student is provided a 10-week writing phase.

The oral examination consists of an examination of the student's knowledge about theory, research, ethics, individual and cultural issues, and practice in his or her area of emphasis. As such, it examines diverse issues related to that area of emphasis and how those issues evolve from theory and research in psychology in general, and clinical psychology in particular. The scope of the oral exam may extend well beyond the confines of the written product.

<u>Timing of the Preliminary Examination</u>: Students are eligible to initiate the Preliminary Examination process following successful completion of their Master's thesis. Assuming that the Master's degree has been completed by the end of the second year in residence or, at the latest, by the end of the fall semester of the third year in residence, most students would take the Preliminary Examination during the spring semester of their third year, the summer between their third and fourth year if committee approves writing over the summer, or the fall semester of

their fourth year in residence. However, the process could be initiated prior to that time if the student has met the above requirements or has entered the program with a Masters degree. Passing of the Preliminary Examination is a prerequisite to proposing the doctoral dissertation prospectus that should occur prior to October 15 of the fourth or fifth year in residence (so that the student can be approved for internship placement prior to October 15 of that year*).* Students entering the program with a Master's degree can initiate the Preliminary Examination process during the semester in which all or a substantial number of core courses have been completed. Such students might anticipate completing the Preliminary Examination in the spring of the second year in residence or earlier.

Students wishing to apply for internship in the fall must successfully pass their preliminary exam, written and oral parts, by the end of the preceding spring semester. The only exception is that a student who has not passed part of the exam, may: 1) revise and rewrite a preliminary exam product during the summer and/or, 2) take or retake the oral exam in the fall when they are applying for internship. However, the first preliminary exam must occur in the spring semester prior to applying for internship in the subsequent fall semester.

Under special extenuating circumstances, a student could successfully propose their written product and then designate a 10-week writing period to begin in the near future if it is apparent that no writing can occur immediately after the proposal meeting.

Proposal: The student should work closely with his/her Advisor and propose to their Advisor a topic of interest to him/her. In general, this proposal should consist of a brief (i.e., no more than 10-12 pages) written statement that details the topic that the student wishes to address. A tentative outline for the product should also be prepared that includes the content areas or sections, projected number of pages dedicated to each major section, and a journal(s) or grant type and agency that the product could be appropriately submitted. Once approved by the Advisor the student should arrange a meeting of the SAC to review the proposed topic and to provide additional guidance to the student on the acceptability of the nature and scope of the proposed product. If the proposed product is found wanting by the SAC, the Advisor should work with the student to develop an acceptable proposal. The SAC should then reconvene, if necessary, to determine the revised topic's acceptability.

Written Product: Once the topic has been approved by the SAC, the 10-week writing phase should commence (unless for extenuating circumstances). The student can receive verbal feedback from committee members on the conceptualization of the product throughout this time period. Students cannot receive specific feedback about their actual writing nor should students present writing samples to committee members or any other faculty or students. The actual writing of the product should represent the independent effort of the student. Failure to complete the product within that timeframe constitutes a failure to pass the written product phase of the examination.

Following completion of the written product, students are required to run an iThenticate report (https://graduateschool.vt.edu/academics/what-you-need-to-graduate/ithenticate-for-students.html) for their written product and expected to keep text similarity below 15% overall

and below 5% per single source. The iThenticate report should be attached to the written document when submitted to their committee.

Following review of the written product, and within a 7-day period, the Advisor should contact members of the committee to discuss the student's performance and to obtain independent recommendations of “acceptable” or “not acceptable” from each member. To pass the Preliminary Examination written product, a student must receive an evaluation of "acceptable" from three of the four members of the Examining Committee. Passing the Preliminary Examination Written Product entitles the student to proceed with the Oral Examination (see below). A student should not receive feedback from faculty on specific aspects or features of the Written Product before the Oral Examination beyond the status of "acceptable.” Passing the written part of the exam means that regardless of performance in the oral exam, the student has passed the written exam.

If more than one member of the SAC finds that the student's written product is not acceptable in its present form and that he/she must revise the Preliminary Examination Written Product, the student will not be permitted to proceed with the Oral Examination. Rather, following feedback from the SAC on areas in which the written product is found wanting, the student should undertake a revision of the written product and submit the revised product to the Examining Committee within 10 weeks of the beginning of the revision period. During this process, the student can receive verbal feedback as described previously. NOTE: Because the oral examination was not conducted, this first attempt at the written project is not registered with the graduate school and is <u>not</u> considered a failure of the preliminary exam.

Upon completion of the revised written product, it should be resubmitted to the SAC who will render an evaluation (again, within 7 days) of "acceptable" or "not acceptable" only. If the revised Preliminary Examination Written Product is found acceptable (at least 3 of the four (or 4 of 5) Examining Committee members rendering such an evaluation), the student may schedule the Oral Examination (see below). No other feedback is provided except for the status of "accept.” If the revised Preliminary Examination Product is found “not acceptable” by more than one member of the SAC, the final exam must be scheduled with the graduate school and an outcome of "failure" of the Preliminary Examination is recorded with the Graduate School.

Graduate School policy indicates that if a student fails the preliminary exam, they must then wait a minimum of 15 weeks before retaking the Preliminary Exam for a second time. Under such circumstances, the student might elect to revise the "not acceptable" product once again or to propose a new topic and/or type of written product mutually agreed upon by the student and Advisory Committee. An "acceptable" or "not acceptable" decision only will be made on this re-revised or new written product. If the student's revised or new written product is found “not acceptable” by more than one member of the SAC, a “failure” of the Preliminary Examination will be recorded with the Graduate School. This would constitute the second failure of the Preliminary Examination and, consistent with Graduate School policy and Department Rules and Regulations, the student would be dismissed from the program for insufficient progress. Passing the Preliminary Examination Written Product at that time permits the student to schedule the Oral Examination.

Oral Examination: Within two weeks of successful completion of the Preliminary Examination Written Product, the Oral Examination should be conducted. The oral exam must be scheduled through the Graduate School and two weeks in advance of the defense date. Although the Preliminary Examination Written Product serves as the stimulus or springboard for the Oral Examination, the exam also addresses broader issues including the relationship of that area of emphasis to psychology as a basic behavioral science, to clinical psychology as an applied science, to individual and cultural diversity issues, etc. As such, issues of theoretical/ conceptual importance, research/methodological significance, and ethical and diversity concerns are examined. Further, basic prevention, assessment, and treatment practice implications as they apply to that area of emphasis are examined. The Oral Examination should be scheduled for a two-hour period. However, a student's oral presentation of their product should not exceed 20 minutes assuming no interruptions.

Similar to the written product, the student can receive verbal feedback from committee members on the overall purpose, function, and goals of the oral presentation and examination. Students should not receive specific feedback about their presentation or examination, nor should the advisor or committee members be present at a "practice" defense. The scholarly defense of the product should represent the independent effort of the student.

Scheduling of the oral part of the preliminary examination is processed digitally through Electronic Scheduling System (ESS). The preliminary examination request must be submitted at least two weeks prior to the examination date. The request must include the time, date, building and room number, title of preliminary examination, and the names and signatures of the examining committee. The ESS does not allow a student to request an exam date less than two weeks from the examination request submission date. It is important that students plan in advance with their advisory committee to ensure that all advisory committee members can attend the examination for the date/time requested. Every advisory committee member will have up to 3 days to approve the online examination scheduling request from the time the request is submitted by the student. If the online scheduling request form is not approved by all committee members in the Electronic Signature System in this time frame, the committee, student, and academic unit administrative contacts will be notified that the examination request will be cancelled and will need to be rescheduled. Requesting a room in the examination request does not reserve the room; students must reserve the room through the building room coordinator.

Immediately following the examination, the student will be asked to leave the examining room. Following discussion of the student's performance, each member of the Examining Committee will indicate his/her evaluation of the student's performance. An evaluation of "satisfactory" or "unsatisfactory" will be provided by each member of the Committee. The Advisor will record the evaluations and, if necessary, engage in discussion and deliberation before inviting the student back into the examining room to reveal the Committee recommendation.

To pass the Oral Examination, a candidate must receive a "satisfactory" vote from three of the four (or 4 of 5) members of the Examining Committee; receiving an "unsatisfactory" vote from two or more of the Committee members constitutes a "failure" of the Oral Examination.

According to Graduate School Policy, one full semester (or a minimum of 15 weeks) must lapse before a second examination can be held. Failure to pass the Oral Examination at the second sitting will result in the student's dismissal from the program.

Evaluation Criteria: Criteria for evaluation employed by the examining committee include the following, though specific criterion will depend on type of written product:

- General: Demonstrates mastery of knowledge and skills in developing comprehensive doctoral-level conceptualizations of direct relevance to clinical psychology.
- Specific: Writing competence including use of APA style and appropriate for journal submission;
- Specific: Demonstrates advanced integrative knowledge of at least two basic discipline-specific content areas of biological, cognitive-affective, social, or developmental aspects of behavior;
- Demonstrates ability to provide a clear statement of problem;
- Demonstrates ability to conduct and write an adequate and systematic literature review;
- Demonstrates understanding of and use of theory to inform the conceptualization and interpretation;
- Demonstrates ability to generate novel hypotheses;
- Demonstrates ability to design a study, or set of studies, that follows from hypotheses;
- Demonstrates appropriate methodology including psychological measures and data gathering;
- Demonstrates familiarity and proficiency in basic and advanced data analytical procedures;
- Demonstrates adequate data presentation methods;
- Demonstrates accurate interpretation of the results from data analysis;
- Demonstrates ability to provide meaningful discussion and conclusions;
- Demonstrates ability to critically evaluate own and others' research;
- Demonstrates knowledge and understanding of evidence-based procedures and practices;
- Demonstrates ability to integrate science and practice;
- Demonstrates ability to discuss practice implications;
- Demonstrates knowledge of individual and cultural differences as they relate to examination topic;
- Demonstrates knowledge and application of ethical principles and guidelines relevant to topic area;
- Demonstrates knowledge of grant writing and review process, if applicable;
- Demonstrates ability to prepare and present the preliminary examination product in oral defense, similar in quality to presentation at a professional research conference;
- Demonstrates ability to answer and discuss relevant questions in oral defense.

Preliminary Examination Deadlines: The area's expectation is a successful preliminary examination defense by the end of the seventh semester in residence. A Does Not Meet Expectations rating on the student's SAR will be given in the eighth semester if this standard has not been met. The student would have until the end of the ninth semester to complete the preliminary examination or risk dismissal from the program.

H. Research: The Dissertation

Overview: The doctoral dissertation is expected to be an original empirical study, representing an independent research effort on the part of the student. Students at this final stage are expected to demonstrate increased independence in the formulation of research questions and testable hypotheses as compared to the thesis. All research that involves human subjects must be submitted to and approved by the Virginia Tech Institutional Review Board (IRB) prior to the collection of any data. All students must complete Training in the Protection of Human Subjects and successfully pass the training before their dissertation proposal will be approved by the IRB.

Dissertation Proposal: A formal proposal for the dissertation research must be presented to and approved by the student's committee. We require both a formal proposal and meeting prior to the dissertation. All members of the committee must approve the proposal. The main purpose of the proposal meeting is to provide clarity and common understanding among committee members and the student regarding the scope, focus, and audience for the dissertation. Moreover, the committee will provide their input and help towards designing a dissertation project that could be subsequently written and submitted to a peer reviewed journal.

Dissertation Defense (The Final Examination) Procedures: The clinical area requires both a (a) written product and an (b) oral defense of the dissertation. Prior to the defense, all members of the dissertation committee must be given a written or electronic copy of the dissertation for review and approval. Committee members must be given sufficient time to review the dissertation (usually, one week), and the student should anticipate feedback and recommendations for revisions from committee members at the defense. All Advisory Committee members must approve the dissertation.

You must schedule the defense of your Dissertation with the Graduate School. Requests to schedule examinations must include the time, date, building and room number, title of dissertation, and the names and signatures of the Examining Committee. These requests are due in the Graduate School at least two weeks before the examination date requested. To schedule a defense, students are required to upload their thesis to Ithenticate and obtain an Ithenticate report. This Ithenticate report should also be submitted to the Grad School when you submit the scheduling form to the Graduate School. Here's a link to instructions on how to use Ithenticate: https://graduateschool.vt.edu/academics/what-you-need-to-graduate/ithenticate-for-students.html. Notification of the approval of the examination scheduling and the examination form/card will be sent electronically to the student and all members of the Examining Committee. Every advisory committee member must have approved the request for the exam on the Electronic Signature System (ESS) within 3 days, or the system will automatically cancel the exam. The examination should not be conducted if the Advisor has not received notification that the examination has been scheduled and the examination form/card has been received.

For scheduling of the Final Examination, students must have the dissertation ready for defense (as judged by Advisory Committee members having read the document and signed the examination scheduling request) and the student must be able to complete all other degree requirements within the semester when the examination is held: all coursework on the Plan of Study will need to be completed with grades of C- or higher and both the Plan of Study GPA and the overall GPA must be a 3.0 or higher by the end of the semester. Because some problem situations with deficient grades or credits require retaking courses or adding credits, the Plan of Study should be examined at the beginning of the semester in which a student plans to take the Final Examination.

The final examination result should be entered in the ESS within 2 days after the examination, with each committee member signifying whether the exam performance was "satisfactory" or "unsatisfactory." All members of a Student's Advisory Committee are required to participate in that student's final examination. Depending upon the technological resources available, committee members may participate from a remote location. If an Advisory Committee member cannot participate, the committee member should recommend to the Chair of the Advisory Committee, when possible, the name of a scholar eligible for advisory committee membership to serve as a proxy during the examination. After consultation with the student, the Chair makes such a proxy appointment in writing. Regardless of the size of the Advisory Committee, only one official proxy will be approved. Those conducting the examination must log in to the Electronic Signature System and enter in their decision on the exam result. The proxy must communicate with the committee member for whom he or she is serving as a proxy regarding the exam result decision, and the original committee member must log in to the Electronic Signature System to enter the decision on behalf of the proxy.

Evaluation Criterion: The dissertation defense affords the faculty an opportunity to focus on the students' in depth understanding of the theories, mechanisms, methodology, research design, statistics, and/or research, theory, and practice implications of the research conducted. Criteria for evaluation employed by the examining committee include;

- General: Demonstrates advanced level competence in the design and implementation of a major research project including increased independence in the formulation of research questions and testable hypotheses as compared to the thesis.
- Specific: Demonstrates writing competence including use of APA style and appropriate for journal submission;
- Demonstrates ability to provide a clear statement of problem;
- Demonstrates ability to conduct and write a systematic literature review;
- Demonstrates in-depth understanding of and use of theory to inform the conceptualization and interpretation;
- Demonstrates ability to generate novel hypotheses;
- Demonstrates ability to design a study that follows from hypotheses;
- Demonstrates appropriate methodology including psychological measures and data gathering;
- Demonstrates familiarity and competency in basic and advanced data analytical procedures;

- Demonstrates adequate data presentation methods;
- Demonstrates accurate interpretation of the results from data analysis;
- Demonstrates ability to provide meaningful discussion and conclusions;
- Demonstrates ability to critically evaluate own and others' research;
- Demonstrates ability to integrate science and practice;
- Demonstrates ability to discuss practice implications;
- Demonstrates knowledge of individual and cultural differences as they relate to dissertation;
- Demonstrates knowledge and application of ethical principles and guidelines relevant to dissertation;
- Demonstrates ability to prepare and present dissertation in oral defense equivalent to presentation at a professional research conference or a job talk;
- Demonstrates master of the research area;
- Demonstrates ability to understand, answer, and discuss relevant questions in oral defense.

The following are guidelines for dissertation oral defenses. The chair of the committee will explain the structure and process of the defense to the audience. Typically, the defense will have the following three phases, modified as needed at the discretion of the committee chair.

a) The student will provide a presentation that is open to all members of the university community and wider public. There will be time for questions from the audience at the end of this presentation.

b) At a time deemed appropriate and at the discretion of the committee chair, the audience will be asked to leave the room so that the student and committee can complete further questioning privately.

c) At a time deemed appropriate by the committee chair, the student will be asked to leave the room so that the committee can deliberate. Once completed, the student will return alone to receive the outcome of the committee vote and other feedback.

The dissertation requires evaluations by faculty of your performance on both the (a) written product and (b) oral defense of the empirical doctoral dissertation. The four-member SAC renders a decision of a "Pass," "Pass with Revisions," or "Not Pass" on the written product, and "Satisfactory" or "Unsatisfactory" for the oral defense. Demonstration of advanced research competence requires "passing' the required written product and a "satisfactory" oral defense of the empirical doctoral dissertation. All Committee members must approve or "pass" the dissertation written product and approve a "satisfactory" performance in the oral defense.

All committee members must also signify approval or disapproval of the dissertation in the Electronic Signature System (ESS). This signifies that the dissertation is in final form and ready for ETD submission to the Graduate School. The final version of the dissertation approved by the student's Advisory Committee must be submitted electronically as an ETD to the Graduate School no later than two weeks after successful completion of the final examination.

Dissertation Deadlines: A successful dissertation proposal is expected by Oct. 15th (for purposes of Internship applications) of the ninth semester. A Does Not Meet Expectations rating will be given in the tenth semester if not met. The student would have until the end of the eleventh semester to propose the dissertation or risk dismissal from the program.

A successful dissertation defense is required by the end of the tenth year post initial semester of admission or by the end of their fifth year post successful defense of the preliminary examination or the student will risk dismissal from the program.

I. Steps to take to receive the degree (master's or doctoral) / Application to degree

1. Have a complete and up to date Plan of Study.

2. Submit an application for degree (AFD) form through the Graduate School Form Submission Portal before the deadline for the semester you wish to defend your thesis or dissertation. For students defending before leaving for internship, you will submit this form for the term you take your final exam (i.e., dissertation defense), and the graduate school will then roll it forward to the term your internship will be completed. The reason for the AFD at that time is so that you can use the Electronic Signature System (ESS) that requires a pending AFD to proceed.

3. Be sure that the Graduate School has official copies of all transcripts for transfer courses.

4. Pay all fees due to the university.

5. Schedule your final exam two weeks in advance, and take your exam before the deadline for graduation for the academic term.

6. Confirm with committee Chair that exam outcome was submitted to the Graduate School immediately following the examination.

7. Turn in your thesis or dissertation before the deadline for graduation. Check the Dates and Deadlines page for specific details.

J. Scheduling Summer Defenses or Proposals

The Graduate School will not schedule defenses past 5pm on last day of final exams. Electronic Theses and Dissertations (ETDs) are typically due within 2 weeks of successful defense. Exact dates change each year, and can be found here: https://graduateschool.vt.edu/academics/what-you-need-to-graduate/deadlines-for-academic-progress.html

Note that these dates only apply to defenses, not proposals. Proposals can be scheduled at any time during the year, pending agreement by all members of the advisory committee. Faculty are not required to serve on committees over the summer. However, academic year faculty may be available two weeks before the first day of classes and two weeks following commencement.

K. Electronic Signature Approval System for Defenses

Defense examinations of preliminary examination and dissertation are scheduled within an Electronic Signature System (ESS). At this time, the ESS does not recognize the thesis for those programs that require a master thesis on-route-to the doctoral degree. The ESS request to schedule a defense must be submitted at least two weeks prior to the examination (i.e., the defense) date and the ESS will set it up accordingly. The ESS does not allow a student to request an exam date less than two weeks from the examination request submission date. It is important that students plan in advance with their advisory committee to ensure that all advisory committee members can attend the examination for the date/time requested.

For preliminary examination and dissertation defense examinations, committee members have up to three (3) days to approve the online examination scheduling request from the time the request is submitted by the student. If the online scheduling request form is not approved by all committee members in the ESS in this time frame, the committee, students, and academic unit administrative contacts will be notified that the examination request will be cancelled and will need to be rescheduled.

Requesting a room in the examination request does not reserve the room; students must reserve the room through the department's room coordinator.

Students sign into the ESS system to request their examination. Advisory committee members sign into the ESS system to approve the examination request as well as electronically sign the examination card (notification sent to the @vt.edu <http://vt.edu> email address). Once an examination request is approved by the advisory committee and the Graduate School, an email confirmation will be sent to the student, advisory committee, and department staff coordinator with notification of the official examination scheduling. An examination should not be held without receipt of the notification email from the Graduate School. Please contact the Graduate School before the examination if you have not received a scheduling notification email.

The Electronic Signature Approval system can be accessed online at https://ess.graduateschool.vt.edu/.

An Electronic Signature Approval system guide can be found online at https://secure.graduateschool.vt.edu/GSITWiki/Wiki.jsp?page=UniversityTools.

Questions regarding the use of the Electronic Signature Approval system should be directed to Graduate Admissions and Academic Progress (540-231-8636; grads@vt.edu).

L. Practicum Training

The *practicum* is the first set of supervised practical training experiences in the sequence of professional training in psychology that extends from initial classroom education to internship and licensure. The practicum is designed to meet the training goals of our graduate area program. The practicum comprises all supervised pre-internship training experiences conducted under the auspices of the graduate program in settings providing professional psychological services. The

practicum provides the integration of academic knowledge with practical, supervised experience, and prepares the student for future training in professional psychology, particularly for the internship that follows. On practicum, student therapists apply and extend the knowledge, skills, and attitudes learning in the program's didactic and classroom-based experiential components to produce increasingly sophisticated levels of understanding and skill.

Our mission statement articulates our commitment to clinical science in all program activities, and the importance of integrating science and practice in our clinical application training sequence. Our clinical practice training program is designed to provide students with the broad skill set needed to offer the most widely-used and research-supported assessment and intervention approaches. Our program strongly emphasizes evidence-based practices in the development of the clinical scientist. Our primary starting point for clients is a comprehensive evidence-based assessment for disorders, as well as problems in living and relationships. With a working case formulation and diagnosis, a well-established empirically-supported treatment is the starting point for developing a treatment plan with clear goals and initiating a safe and agreed-upon intervention. Progress on goals and evaluation of treatment effectiveness are continually measured to inform clinical care through a routine outcomes monitoring system.

Our practicum sequence proceeds from basic to advanced skills and from general clinical skills to specific assessment approaches and psychological interventions. In your first year, you will take coursework on psychopathology, psychological clinical assessment, and intervention. These courses have practicum-like or practicum-ready components to learn associated practical skills through observation, role-playing, and simulated client interviewing, and assessment/diagnostic/case conceptualization and intervention readings, exercises, and assignments. During your summer between your first and second year, you will be offered an opportunity to be on a practicum team at the Psychological Services Center (PSC), our in-house training clinic. This 'first year' summer practicum training affords the opportunity to receive supervised training in the basic skills of interviewing, assessment, and intervention with clients. Throughout your first two years, you will be closely supervised by a faculty member and typically an advanced practicum student. The practicum experiences themselves are graded in complexity, as students move from didactics, role-playing, observation of advanced students, and/or co-therapy to one or two highly supervised case/s, and then to multiple assessment and/or treatment cases. A third level of professional functioning is assumed with an external practicum placement, or "externship." The externship involves placement at a community setting (inpatient or outpatient), local hospital, school, health organization, or a nationally recognized clinic, center, or hospital. Additionally, you will take a professional ethics course to learn APA's Ethics Code and legal standards along with learning how your own values and moral principles interact with the application of law and ethics within the context of direct and shared clinical experiences; and a multiculturalism in clinical psychology course to develop cultural self-awareness, knowledge of the worldviews of culturally different clients, and the skills to provide clinical services with cultural humility. Advanced students then return to the PSC in their fourth year to obtain additional assessment and intervention training experiences and to function more independently in their final year. You will also obtain some beginning supervisory experiences working with second year practicum students. Finally, you will be approved for, apply to, obtain, and successfully complete an APA-approved internship (or faculty approved equivalent)

as your capstone experience in professional pre-doctoral training.

Practicum Teams. Our program utilizes an approach in which each team consists of at least one faculty supervisor with second and fourth year students. The PSC Director makes the practicum team assignments, with student input. Assigning graduate students to a team rather than to an individual faculty member allows for a broader variety of practicum experiences. Students are assigned to practicum teams based upon their interests and clinical training needs, along with the availability and training expertise of a faculty supervisor. Throughout practicum training, you will complete initial intake interviews and reports, conduct assessments using both general and domain specific measures, and lead (or co-lead) weekly individual, family, couple, and/or group therapy sessions using empirically supported cognitive behavioral therapy approaches for issues such as anxiety, depression, health, behavioral or emotional control. Building on the assessment course, you will conduct psycho-educational evaluations using such instruments as the WAIS/WISC/WMS, Woodcock-Johnson Cognitive and Achievement Battery, behavior checklists such as the CBCL/SCL-90/PDSQ, ADIS/SCID and other scientifically-based measures. You will receive live and recorded supervision and engage in both weekly group and individual supervision. As you progress beyond the initial clinical experiences and demonstrate increasing clinical skill, additional experiences at the PSC are available including couples and family therapy, specialized assessment, and health issues.

While teams differ in specific models and procedures, each team emphasizes linking theory and research to the techniques and processes of assessment and treatment. You will be exposed to the current body of knowledge of the supervisor's preferred theories and methods of assessment and diagnosis; effective interventions; measurement-based care; consultation; and supervision. This is done through teaching, assigned readings, case presentations, team discussions of clients being treated, and discussion of specific assessment and intervention issues. As discussed later, practicum strongly focuses on evidence-based assessments and interventions.

Clinical Supervision. The hallmark of our practicum is close supervision by the faculty supervisor(s). Faculty supervisors are licensed by the Virginia Board of Psychology. New and/or licensed-eligible faculty interesting in providing supervision are paired with a licensed supervisor or receive supervision from a licensed supervisor until they become knowledgeable and comfortable with the supervision process and/or licensed. The faculty supervisor assumes ultimate clinical responsibility for the client's treatment and the responsibility of maximizing the student's training. Supervision must be conducted face-to-face, in-person. Our faculty maintain supervision loads of 4-6 trainees at a time, in order to ensure the capacity to be attentive to student training. Faculty supervisors are responsible to arrange and provide all student trainees with at least 2.5 hours of weekly group supervision, which allows the small group of students' considerable time for discussion of practicum experiences. Faculty must provide or arrange at least one hour of individual supervision at least once every two weeks for those with active cases. While the practicum student is primarily responsible to the faculty supervisor, approved advanced students may also provide peer supervision through student feedback, guidance, and consultation. Peer supervisors are under the supervision of the faculty supervisor.

Direct Observation: As part of our program's ongoing commitment to ensuring quality

graduates, each practicum experience and evaluation is based in part on direct observation, either live or electronically. Direct observation provides essential information regarding trainees' development of competencies, as well as the quality of the services provided, that cannot be obtained in other methods. This allows the clinical and peer supervisors to provide a more accurate assessment of trainees' development of profession-wide and program-specific competencies. Direct observation includes live observation, streaming, or video recording. Direct observation methods must comply with all appropriate regulations, laws, and professional standards with regard to confidentiality and security.

Telesupervision: It is our view that in-person, face-to-face relationship is the best form of supervision. Telesupervision should be only utilized when in-person supervision is not possible. Telesupervision is not to be used simply for travel (e.g., student lives outside of Blacksburg) or financial expedience (e. g., low-cost substitute for in-vivo supervision). Telesupervision may account for no more than 25% of the total supervision time for a given semester of practicum. Telesupervision should not be utilized until the supervisory relationship is well established. Telesupervision should not be utilized until the student trainee has completed his/her first semester of practicum and has basic intervention experience within the doctoral program. If telesupervision is used, then the student trainee and faculty supervisor are to follow the PSC policy for telesupervision (available from the PSC Director) which provides additional procedures and guidelines (e.g., video platform) to follow.

On-Site Training Clinic. The majority of clinical practicum training takes place at the Psychological Services Center (PSC). Evidence-based approaches to assessment, treatment, and/or prevention of behavioral and health problems and disorders are emphasized in the PSC, and the PSC is also a site for clinical research on the diagnosis, assessment, treatment, and/or prevention of these disorders. The PSC maintains a Canvas project site available to all students and faculty of materials related to all aspects of PSC structure, services, training, and policy and procedure.

At the PSC, clinical training bridges research and treatment. We keep informed about the most recent developments in psychological research, and only provide treatments that have been proven to be effective through multiple scientific studies. The treatments that we provide align themselves mainly with cognitive-behavioral approaches, and clinical practicum at the PSC is based on the EBPP model, encompassing the notion that best practice is based on the integration of the best available *research* with *clinical expertise* in the context of key *client characteristics* (including culture and preferences).

The PSC works in collaboration with several other clinics or centers that also provide clinical training opportunities to our students. The PSC and these sites refer clients to each other and operate under the same policies and procedures when providing client service. These clinics and centers include the Child Study Center (CSC), the Child Assessment Clinic (CAC), and the Virginia Tech Autism Clinic & Center for Autism Research (VTAC/CAR) with its Mobile Autism Clinic (MAC).

First Year Clinical Training. Students in our program begin their sequential and integrated

training in clinical practice in their first year of the program. Clinical faculty provide a one-semester course in psychopathology, a two-semester course on psychological clinical assessment, and a one semester course in clinical interventions. The assessment and interventions courses have practicum-like or practicum-ready components to learn associated practical skills through observation, role-playing, and simulated and/or actual client interviewing, assessment, diagnostic, case conceptualization, and intervention-related readings, exercises, and assignments.

The course instructors and practicum supervisor(s) utilize a step-wise, graduated approach to prepare the beginning first-year students to interview, assess, and treat clients. This process involves introducing general methods of interviewing and typical modes of assessment through a process of didactics, role-playing, written exercises, assessing a non-client volunteer, shadowing an advanced student, observation of other student therapists with clients, formally assessing one adult client and one child client, and conducting the intake process on one client. All of these clinical experiences are highly supervised and monitored. Areas of competencies focused on and evaluated throughout one's practicum training include scientific values, knowledge, and method applied to practice; ethical and legal standards; individual and cultural diversity; professional values and attitudes; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills (aka Profession-Wide Competencies).

First-year Summer Practicum. The program also offers a *voluntary* summer practicum for students between their first and second year in the program. Summer practicum provides a training experience in which to practice and develop basic interviewing, assessment, and treatment skills that makes second year practicum more effective. In addition, summer practicum also focuses on the competencies of demonstrating a scientific approach to practice, conducting comprehensive and integrative assessments, forming diagnostic and case conceptualizations, implementing evidence-based interventions, conducting measurement-based care, learning reflective practice, and identifying treatment process issues.

Second Year Practicum: In their second year students participate in practicum at the PSC. During this second year, the student will further develop their basic clinical practice skills with more complex cases and diverse clients, and across more treatment modalities and evidence-based assessments and interventions. There is more focus, supervision, and evaluation of competencies in the areas of case conceptualizations, evidence-based manualized interventions, ethical conduct and legal issues, and measurement of the efficacy of interventions, in addition to continued development of interviewing, assessment, and treatment skills.

Third Year External Practicum ("Externship"): Students engage in a third year external practicum placement for their 3rd year practicum experience. If an externship placement is chosen, it can be done either during the summer before your third academic year, during the academic year, and/or during the summer following your third academic year. We strongly recommend that you discuss your preference and options with your faculty advisor. External practicum placements or multiple external practicum placements are selected consistent with a student's career goals. In addition, students frequently select externships that offer the opportunity to work within a different level of care (e.g., inpatient) and/or a different system of

care (e.g., Veterans Administration center), to work with clients with diverse backgrounds, and to obtain quality supervision. Students are supervised by qualified professionals in terms of training and experience including licensed clinical psychologists, medical doctors, social workers, and nurses. The PSC Director is also the externship coordinator and oversees the identification and approval of an externship practicum site; oversees and is responsible for any procedures and agreements and; conducts periodic site reviews of each site. The PSC Director also provides or arranges additional supervision if needed. Supervisors are required to complete our program's external practicum evaluation form for each student or can provide an equivalent evaluation of their own if it covers the major competencies area of our training program.

If a student is not being supervised in external practicum by doctoral level psychologists, the program will provide on-going weekly opportunities for students to discuss their clinical work with a licensed clinical faculty member. It is recognized that supervision for clinical external practicum can also be provided by doctoral interns or post-doctoral fellows in psychology, under the supervision of a psychologist appropriately credentialed for the jurisdiction. As noted above, if an externship is not feasible or desired, students have the option of instead completing their third-year practicum internally.

As noted, external practicum placements are required in a student's third year -- either during the summer before the third academic year, during the academic year, and/or during the summer following the third academic year. These placements are intended to build the student's clinical experience in areas consistent with their career goals in sites that offer a different level (e.g., inpatient) or system (e.g., Veteran's Administration) of care, that work with clients of diverse backgrounds or presentations beyond what we typically see in the Psychological Services Center, and/or to obtain additional models of supervision from a wider array of professionals. Simply extending a practicum to take on a few extra clients during the summer would not satisfy the spirit of this placement.

If a student is unable to obtain an external practicum placement (i.e., externship) for any reason, including financial, students have the option of requesting an internal placement for their 3rd year practicum requirement. One option can include a formal practicum team during the academic year, though this might not be ideal if the student is looking to diversify their clinical experience (e.g., working in a hospital, school, or milieu setting). Additional options include working with faculty on clinical research projects or other clinics to get different kinds of clinical experiences. Clinical research project and other clinic opportunities that can count as practicum placements will be advertised to all clinical science students as they arise. Students who opt for an internal placement instead of an externship are expected to work with their mentors to plan and select an internal practicum experience that is consistent with their training goals, and to contact relevant supervising faculty that have advertised openings to ensure eligibility. Students will start the request process by discussing the internal option with their mentor, who can forward a request to the DCT (Angela Scarpa) and externship coordinator (Lee Cooper). The request should include: a) the reason for choosing an internal versus an external placement; b) the training goals the student hopes to achieve on this practicum; c) the internal placement options being considered (note that the proposed supervising faculty should have been contacted and tentatively agreed, pending approval by the DCT and externship

coordinator). Angela Scarpa and Lee Cooper are available for any consultation.

Fourth Year Practicum: Advanced students return to the PSC in their fourth year in the program to obtain additional evidence-based assessment and intervention training experiences and to function more independently in their final year. These advanced students work with their practicum supervisor and advisor to select and arrange the practicum clinical training and experience that best meets their internship needs and career goals. For example, an advanced student interested in a career studying and working with childhood disorders may design their fourth practicum experience to focus on family therapy. Fourth year students, with approval from the practicum supervisor, may also obtain beginning supervisory experiences working with second year practicum students.

In rare circumstances, an alternative fourth year practicum placement can be requested. This procedure was piloted in 2023 and will be re-evaluated in fall 2024. Any changes will be announced. Note that this policy does not apply to situations in which 4th year practicum is being postponed due to readiness issues. Criteria for approval of the request for an alternative experience will include the following:

1. The student must have completed at least three full-time academic years of graduate study in residence at Virginia Tech.
2. The student must have earned a rating of at least "meets expectations" in all competencies on their two most recent [semester] evaluations of internal or external practicum experiences.
3. The student must have earned a rating of "meets expectations" in the Clinical Practice Development domain on their most recent SAR.
4. The student must provide a written request including:
    a. A description of the training experience and ways in which it meets the practicum site criteria. According to the APAGS workbook, "practicum hours are those obtained: a) by practicing your skills; b) under appropriate supervision; c) as part of an organized, sequential, training experience; d) with real clients; and e) in real treatment settings."
    b. An explanation of the ways in which the alternative experience is consistent with the student's professional goals. Clear demonstration is required of how this experience achieves these goals, above and beyond what could be gained through the 4th year PSC practicum.
    c. A statement about the timeline for the training opportunity being requested, demonstrating that it is consistent with the timeframe of 15 weeks per semester (30 weeks total for the year).
    d. A statement about the frequency of supervision and the credentials of the supervisors. Supervisors must be appropriately credentialed as licensed clinical psychologists and provide regular weekly supervision.
    e. Identification of the method by which the student's performance will be evaluated. Evaluation is required at the middle and end of the experience, preferably at the end of each semester.
    f. An explanation of the extent to which the student will have the opportunity to act as a peer supervisor. Some exposure to peer supervision training is preferable.
5. The student's faculty mentor must approve the request.
6. The request must be sent to the DCT by April 15 in the spring of the student's 3rd year.

7. The DCT, in consultation with practicum supervisors, must approve the request.

Required Prerequisites for Fourth Year Practicum: Readiness includes (1) A course grade of at least a "B-" or better in all clinical core courses, (2) an overall rating of at least "Meets Expectations" on clinical practicum evaluations for second year-spring semester and external practicum, and (3) successful defense of Master's Thesis or if the thesis was waived successful defense of the preliminary examination.

Scientific Orientation. Students are expected to utilize empirical literature for assessments and interventions including considering empirical data regarding psychometrics for assessments and evidence-based interventions and select appropriate intervention based on published empirical evidence and diversity characteristics of the client. Students are also expected to participate and/or contribute to clinical research studies involving practicum clients or trainees including program development, measures, surveys, interventions, case studies, etc.

Advanced Integrative Knowledge: One mechanism the program utilizes to further ensure integration of two or more discipline-specific contact areas is throughout clinical training experience, students are assessed on the clinical practicum evaluation form with regard to their ability to both understand and integrate knowledge related to biological, affective, cognitive, developmental, and social aspects of behavior in working with clients in the PSC and in externship placements. Supervisors evaluate the degree to which students are able to integrate their knowledge to provide effective, evidence-based clinical practice to the benefit of their clients.

Ethical and Legal Standards: Students are expected to become knowledgeable of and act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels including mandatory reporting; and relevant professional standards and guidelines. Students over the course of training should be able to recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. Student should strive to conduct themselves in an ethical manner in all professional activities and consistent with work involving diverse clients. Student should be able to institute procedures to protect privacy and confidentiality, explain the limits of confidentiality, and identify own professional limitations and refer to another professional when appropriate.

Individual and Cultural Diversity. Our student therapists also need to be culturally competent. More specifically, our students need to have a shared positive value of cultural diversity, be responsive to cultural needs of clients, and deliver services in a way that empowers the client. The PSC actively promotes a training environment that openly values the differences and similarities among people, and respects the multiple identities of clients and communities with whom we work. To help develop skills, the students work with their clinical supervisor, in practicum at the PSC and external practicum sites, to acquire clinical experience with members of a minority or marginalized community. Clinical supervisors also provide learning objectives, supervision, and/or readings focused on cultural and individual diversity issues. The PSC maintains a library of materials available to students including models, guidelines, and exercises

addressing cultural complexities.

In our program we are committed to a training process that ensures that graduate students develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. When graduate students' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the area faculty and supervisors are committed to a developmental training approach that is designed to support the acquisition of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all clients/patients.

For some student trainees, integrating personal beliefs or values with professional competence in working with all clients/patients may require additional time and faculty support. Ultimately though, to complete our program successfully, all graduate students must be able to work with any client placed in their care in a beneficial and non-injurious manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, students do not have the option to avoid working with particular client populations or refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values.

Professional Values and Attitudes. Students are expected to and are evaluated on their ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of clinical training. Students are expected to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Students are trained to engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintaining and improve performance, well-being, and professional effectiveness. Students are to actively seek and demonstrate openness and responsiveness to feedback and supervision.

Professional Functioning: It is important for student trainees to understand and appreciate that competence in professional psychology programs is defined and evaluated comprehensively. Specifically, in addition to performance in coursework, seminars, scholarship, examinations, and related program requirements, other aspects of professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) will also be evaluated. 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, staff, 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, staff, 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 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 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., courses, research laboratories, 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 process.

Communication and Interpersonal Skills. Our students are expected and supervised to maintain effective relationships with a wide range of individuals, including colleagues, communities, health care systems, school systems, organizations, supervisors, supervisees, and those receiving professional services. Student are intensely and systematically trained and evaluated on the ability to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, and to demonstrate a thorough grasp of professional language and concepts. Students are closely supervised and trained in a supportive yet challenging manner to develop and demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Assessment. Consistent with the program's mission, an extremely strong emphasis is placed upon scientifically based theories, methods, and procedures of assessment. The PSC, along with affiliated clinics, maintain an extensive library of empirically supported "gold standard" assessment self-, parent-, teacher-, observer-, and therapist-report measures of behaviors, cognitions, emotions, diagnostics, symptoms, life satisfaction, distress, etc. To help start the assessment process, clients fill out a psychopathology screener (e.g., PDSQ, SDQ), symptom measure(s) (e.g., DASS-21, IRS), and overall functioning survey (BASE-6, PSC-17) before the initial intake session. The student therapist should decide, based on gathered information and in consultation with supervisor(s), on the initial and ongoing assessment measures to be utilized in the intake-assessment phase and in the intervention phase.

Assessment Clinics. The PSC also operates several specialized assessment clinics that students can gain further supervised experience with evidence-based assessment measures and protocols. These assessment clinics now include the Child Assessment Center, Autism Clinic and Center for Autism Research, and the Adult Assessment Center. The graduate student also receives extensive training and experience in diagnostic formulation, case conceptualization, report writing, feedback, and consultative procedures. These assessment clinics currently focus on childhood disorders including anxiety, externalizing, and autism spectrum, or adulthood disorders particularly attentional, learning, anxiety, depression, and/or personality problems. Each assessment center has a dedicated clinical faculty member responsible for its mission, operations, and supervision.

Case Conceptualization. As part of practicum training and as an area of evaluation will be the case

conceptualization. Students will be asked to provide either weekly/informal case conceptualizations during supervision or a formal case formulation of a required case presentation. A preferred case conceptualization model is *Diagnosis* (identifying the client's problems) -> *Case Formulation* (understanding the developing and maintaining conditions of the client's problems) -> *Treatment Planning* (interventions for the client's problems). The goal for any case conceptualization presentation is to provide and discuss (1) diagnostic impressions based on the client's report of problems or concerns along with evidence-based assessment measures, (2) the maintaining conditions of the client's problems and how the client came to have these problems, and (3) the treatment goals with specific evidence-based interventions planned to address the problems identified, and specific measures to assess the effectiveness of intervention.

Intervention. Consistent with the program's mission, a strong emphasis is placed upon scientifically based methods of intervention, most developed within a cognitive-behavioral framework. The PSC maintains an extensive library of empirically supported treatments materials including therapist manuals and client workbooks that are available to all student therapists and supervisors. Students also have Virginia Tech Libraries electronic access to APA's databases PsychTHERAPY AND PsychTESTS.

Students are directly evaluated by their clinical supervisors on our competencies-based practicum evaluation for their use and skill in the implementation of empirically supported treatments. Each student must have demonstrated the entry level ability to select and accurately implement empirically supported treatments to receive a passing grade in the practicum sequence and verification of approval for internship.

The PSC also offers presentations and workshops to our graduate students, faculty, and the local community focused on promoting and disseminated evidence-based practices. One prime example of this mission is the annual Clinical Scientist Scholar Speaker series in which a nationally recognized cognitive-behavioral therapy researcher provides a research colloquium to our department and a clinical practice workshop to our students and local community.

Supervision. Theories, models, and methods of supervision is a competency area that is infused throughout practicum and within some courses. Advanced students (fourth year and beyond) have the option of providing supplemental or peer supervision in order to gain basic supervision skills. When a student is providing peer supervision, the supervisor provides theories, models, and methods of supervision through didactics, discussions, modeling, experiential training, supervision-of-supervision, and required readings.

Consultation and Inter-professional/Interdisciplinary Skills. Theories, models, and methods of consultation is a competency area that is infused throughout practicum and within some courses (e.g., Psychological Assessment). Students are required to provide consultation; at least one consultative experience per year of practicum training. Consultation and inter-professional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. When a student is providing consultation, his/her supervisor will provide theories, models, and methods of consultation through didactics, discussion, modeling, experiential

training, individual supervision, and required readings. To fulfill this requirement, student clinicians should contact an identified health care professional (e. g., therapist, school counselor, psychiatrist, physician, etc.) associated with a case to schedule a discussion of the case, ideally following the completion of an assessment or intake. The student clinician's peer and faculty supervisors can help decide which and how these professionals should be contacted, and what to discuss. Alternatively, a consultation experience can involve working with a local school psychologist on a complex assessment case, providing a professional opinion to another provider, or providing training on an area of expertise and special interest (e.g., a workshop on evidence-based treatment of child depression to a group of community mental health practitioners).

Measurement-Based Care. Also consistent with the program's mission, we place an emphasis on the scientific approach and methods of measurement-based care, particularly on the evaluation of the efficacy of interventions. Measurement-based care (MBC) can be defined as the practice of basing clinical care on client data collected throughout treatment and communicating the purpose, results, and interpretative of such data in a collaborative manner with the client(s). MBC is considered a core component of evidence-based practices. Students are expected to administer both overall functioning/quality of life measures and specific symptom or symptom-cluster measures to fully evaluate the effects of treatment. Ideally, students are to carry out routine outcomes monitoring of treatment progress on all of their clients.

The PSC utilizes the Owl Outcomes (OO) system as the primary mechanism of measurement-based care. This routine outcomes monitoring (ROM) system is cloud-based, auto-scored, and provide up-to-date graphs with clinical cut-offs. This ROM system features reliable and valid community outpatient-based questionnaires for adults, adolescents, children and their parents. They measure overall symptomology, specific symptomology, behavioral monitoring, interpersonal relations, therapeutic alliance, treatment expectations, and social role functioning upon intake and throughout treatment.

Competency-Based Evaluation. Our program firmly believes we have a duty and responsibility to evaluate the competence of our students across multiple aspects of performance, development, and functioning. We make these expectations explicit for student trainees prior to the outset of clinical training. The program utilizes a set of developmentally based competencies that state what is expected of the student in the general areas of scientific orientation; ethical and legal standards; individual and cultural diversity; professional values and attitudes; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills.

Each student's practicum work is evaluated each semester by the faculty leader of the practicum team and an advanced student peer supervisor. Supervisors complete the evaluation with an advanced student supervisor and meet with each of their practicum students at the end of each semester. The completed, reviewed, and signed competency-based evaluations are sent to the PSC Director, who reviews them and sends them to the departmental administrative assistant to be placed in the student's clinical program file. The PSC Director alerts the DCT if any noted deficiencies are observed upon review. Additionally, the competency-based evaluations are included in the student's yearly Student Activities Report (SAR). There is also a second level of

review, conducted by the PSC Director, involving student's level of skill given their year in the program and adherence to chart completion and PSC rules. Clinical chart documentation is considered an important clinical competency and must be complete prior to the SAR submission to receive 'Meets Expectations' in this domain. Incomplete documentation will be considered as 'Does Not Meet Expectations,' even if practicum evaluations do not reflect it because they are done prior to chart reviews. A similar approach is followed for external practicums. This level of review assures that no student advances in practicum if skills are deficient or if clinical procedures are not followed. If the student receives a "Does Not Meet Expectations" rating on their practicum evaluation, the specific deficit will be identified, and a remediation plan will be implemented; the student must demonstrate competency to the "Meets Expectations" level as specified in the remediation plan. The remediation plan could include repetition of practicum, additional practicum assignments, or other relevant intervention to build competency.

Procedure and Resolution of Practicum Issues or Concerns. One of the primary purposes of assigning graduate students to a team rather than to an individual faculty member is to allow for a broader variety of practicum experiences. While this can be extremely beneficial to most graduate students, there may be times when the recommendations and advice of the team may conflict (e.g., when two faculty members co-lead a team). When this happens, the student can do the following:

1. Clarify which alternative he/she is expected to follow in the course of treatment by providing a summary statement of the approach he/she plans to follow and solicit feedback and clarification on this approach.

2. Seek additional clarification as to which faculty member will be the primary supervisor on that particular case or the course of action to be pursued.

Any particular problems with the particular team assignment, course of action, supervision style, or interpersonal issue should be discussed first with the Faculty Supervisor(s) on that team and, barring satisfaction at that level, should then be brought to the attention of the PSC Director or DCT (if the PSC Director is also the Faculty Supervisor). Every attempt will then be made to resolve any issues or problems that may be interfering with the training process.

Course Credit. In light of the number of hours that students typically spend on practicum-related activities, the number of credits they sign up for and receive is 3 hours per semester as 2nd year and 3rd year students, and 3 hours per semester as 4th year. According to Graduate School policies and procedures, this would roughly require 12 hours per week of practicum related activities for 2nd year,3rd year, and 4th year students. First-year summer practicum is not taken for course credit. Expectations of students at each year of training will be specified in the syllabus or practicum placement contract, and will include some combination of didactics, readings, group/individual/peer supervision, peer observations and/or shadowing, writing assignments, direct client contact, comprehensive assessments, co-therapy, audiovisual review, literature search, chart documentation, and/or clinical training at other pre-approved sites (e.g., VTAC, Child Study Center).

Caseloads. The caseload for a given practicum student is ultimately determined by the faculty supervisor on the student's team. The following are suggested guidelines based on a number of factors including credit hours devoted to practicum, preparation time, experience, training needs, clinic needs, and internship qualifications. Optional summer practicum caseloads are determined by the faculty supervisor and are based on the number of hours the student therapist is working at the PSC along with the clinical needs of the PSC. In past summers (12 weeks of practicum), the student is typically expected to accumulate at least 32 hours of direct clinical contact and may complete a formal assessment.

Second-year students normally carry a caseload of roughly 3 client contact hours per week and at least one comprehensive assessment per semester. A variation of this expectation is that the second-year student is expected to accumulate at least 36 direct contact hours per semester (or 72 contact hours for the academic year). The focus of what constitutes an adequate caseload should be based on client contact hours. Hence, to maintain a weekly average of 3 contact hours a student therapist may have to maintain a caseload of 4-5 clients (to account for cancellations, no-shows, every other week sessions, etc). It is worth noting that the APPIC Application for Psychology Internship requires calculation of actual client contact hours, not number of cases.

Fourth-year student's caseloads are quite varied depending on the student's training needs, practicum team needs, and/or the faculty supervisor's training philosophy. For example, a fourth-year student caseload may range from 2-3 peer supervision cases and no clients, to 1 client and 2 peer supervision cases, to 2 clients and 1 peer supervision case, along with formalized assessment experience, etc. The advanced student and her/his supervisor(s) should agree upon the actual configuration of the caseload.

Tracking Practicum Hours. To help students track their hours, the PSC maintains an Institutional Account with Time2Track, www.time2track.com. Time2Track is a web-based site designed to help psychology graduate students track clinical training experiences for practica, internship, and licensure. It was designed to specifically mirror the format of the AAPI internship application. Upon graduation the student will be taken off the Institutional Account by the PSC Director. The graduated student can then, if they want, purchase an Individual Account (e.g., to help with future licensure) subsequent to graduation. Moreover, Time2Track maintains the student's file in their system in case they chose at a later date to purchase an Individual Account.

Direct Contact Hours. This guidance was developed in response to student feedback regarding their experiences applying for internship and with respect to keeping overall clinical hours at a number that is competitive but leaves time for research and other activities, and fosters a positive work-life balance. These recommendations are meant to provide students with GUIDANCE on clinical hours, but are not strict requirements.

- The Clinical Science area encourages **(but does not require)** students to limit their direct contact hours to 500-1000 during their time in residence before applying for internship.
- Within the 500-1000 Total Direct Hours, it is recommended that students obtain at least 100 assessment hours and at least 400 therapy hours.

- Total DIRECT CONTACT clinical hours (assessment plus intervention) will be obtained from summer practicum following 1st year (optional), 2nd year practicum, 1-2 externships, 4th year practicum, and all other research or clinic-based hours.

Hours in Typical Practicum Teams, Externships, And Assessment Courses

- Assessment Courses - Adult and Child, Year 1: 1-2 assessments (7-20 hours)
- Summer practicum after 1st year (optional but encouraged; 15-30 hours)
- 2nd year practicum (72 hours plus 30-40 hours for 4 assessments)
- 1-2 Externships (varies depending on externship)
- 4th year practicum (60 hours plus 7-20 hours for 1-2 assessments); direct contact hours are typically through a mix of peer supervision and seeing own therapy and/or assessment cases

Other hours would need to be gained through other experiences, such as research, additional assessments through assistantships or research, additional clients in 4th year practicum, additional externships, hours from master's program, etc.

Additional Recommendations:

a. Comprehensive Assessment Batteries: We suggest students obtain at least 8 comprehensive assessment batteries throughout their time in residence.
b. Assessment hours: The recommended 8 comprehensive assessment batteries will not give students the recommended 100 total assessment hours, so additional assessment hours will need to be obtained (e.g., through child assist assessments).
c. Client Load: Typical client load is 3-5 clients, but this differs widely depending on year in program, needed hours, and client no-show rate.
d. Externship(s): Minimum 100 hours total of direct contact suggested (can be one full-time or multiple part-time externships); students can opt to do more externships as needed.
e. Scheduling: Recommend students designate dedicated clinical time, and do not schedule clients outside that time; also dedicate your research time to the extent possible.
f. Volunteering: We recommend limiting volunteering, but keeping it flexible for training needs. Volunteering at clinics or on other projects should occur only after discussion with mentors and with intentionality of how it impacts the student's time.
g. Research mentors and practicum supervisors: Students and mentors/supervisors should check-in regularly to help keep hours on track.
h. Tailoring of hours to career goals: Overall, students should tailor their hours within the 500-1000 total hours based on their desired career goals, in discussion with their mentors/supervisors. Assessment or neuropsychology-focused internship sites will require far more assessment hours (i.e., 250+) and/or comprehensive reports (e.g., in the 10-25 range). Some heavily clinical internship sites will require 500 therapy hours. Some internships that offer specialty rotations (including, but not limited to, eating disorders and dialectical behavior therapy) will prefer or require that students have 500 therapy hours. If you desire specialty training that is only offered at a limited number of internship training sites, it is strongly recommended that you check their requirements as you complete your training to ensure you are meeting their guidelines.

M. Internship

The capstone of practicum training for our program is the internship. Completion of an internship is a requirement for completion of the doctoral degree in our program. Degree requirements are not considered met without certification from the director of the internship that the student has met all internship requirements satisfactorily. The student's research mentor and the student maintain ongoing discussions about readiness to apply for internship, and the student must complete the dissertation proposal and any remediation before they can apply. Students select internship sites based on training needs and the degree to which the internship fits into the student's long-term career path. The DCT also meets and advises prospective intern applicants about the status of their ongoing clinical experiences and their relative comparability to existing Association of Psychology Postdoctoral and Internship Centers (APPIC) data. Except under extraordinary circumstances, students apply only to internships accredited by the American Psychological Association (APA-accredited) or approved by APPIC (APPIC-approved). Students are to follow the rules and regulations for the internship application, interview, and selection process as defined by APPIC. Students applying for internship may apply for departmental travel funding to use towards their internship application fees, in lieu of travel expenses for that year. APPIC rules and regulations can be accessed through the APPIC website at http://www.appic.org. Because the procedures governing the internship selection process change each year, they are not included in the student handbook. Students should subscribe to the APPIC Match-News email list and access the APPIC website regularly to obtain current information.

Review and approval by the DCT and clinical faculty is necessary to apply for internship. This process is to ensure that the student is "ready" for internship per competencies and program requirements as listed below. The student submits a completed Internship Verification Form and current Curriculum Vitae (CV) to the DCT for initial review and approval. The DCT then brings this information along with practicum evaluations to the entire clinical science area faculty for final approval. The objectives of the Internship Verification Form are based on Council of University Directors of Clinical Psychology's (CUDCP) criteria for internship readiness and peer reviewed articles relevant to internship readiness (e.g., Callahan, Hogan, Klonoff, and Collins, 2014; Callahan, Collins, and Klonoff, 2010; Power, Robins, Watkins, Rourke, and Alderfer, 2011). The DCT schedules regular group meetings to help the students through the selection, application, interviewing, and ranking process – usually beginning with a panel discussion in spring semester, ongoing optional meetings in summer, application and mock interviews in fall, and interviews and rankings in winter. We have also compiled a step-by-step guide to the internship application process and other resources available to all students and faculty on a shared Google drive. Any extenuating circumstances for faculty to consider should be provided to the DCT as soon as possible if the below requirements seem unlikely to be completed.

Requirements of the Clinical Science area for application to clinical internships:

a. Completion of the Master's degree.
b. Successful completion of second year and third year/externship practica, with either successful completion or expected successful completion of fourth year practicum
c. Successfully pass the Preliminary Examination, written and oral, by the end of the spring semester preceding the semester of the internship application process (which

occurs the subsequent fall semester). The only exception is a student who has not passed one part of the exam, and they are to revise and rewrite a preliminary exam product during the summer and/or take or retake the oral exam in the fall when they are applying for internship. However, the first preliminary examination defense must occur in the spring prior to applying for internship in the fall.

d. Successful proposal of the Dissertation research project by October 15th of the fall semester in which the student plans to apply for internship.
e. Successful completion of any remediation plan, if applicable, by September 1 of the fall semester in which the student plans to apply for internship.
f. Review and approval by the DCT and the Clinical Science Area Committee (CSAC). This process is to ensure that the student has completed the requirements and is "ready" for internship per our program's stated competencies as well as outcomes measures cited in the literature as minimal and/or necessary for a successful match. For this review and approval process, student submits a completed Internship Verification Form and current CV to the DCT, due by the first week of the fall semester of application. The DCT then submits this information, along with practicum evaluations when needed, to the CSAC for clinical area faculty approval.

While on Internship, the DCT is available to provide any additional support, consultation, or needed documentation. The DCT will contact each student on internship for the following documentation from their Internship Director:

a. A verification letter of *expected* successful completion of Internship if the student wants to walk in the May graduation ceremony, required at least one month before the date of the graduation ceremony;
b. A verification letter of *successful* completion on Internship in order to meet the requirement for completion of the doctoral degree.

If Not Matched to an Internship: It is possible that a well qualified student will not match to an APA-accredited and/or APPIC-approved internship in either Match Phase I or II. The Clinical Science area, primarily the DCT and the student's Advisor, will work collaboratively to manage the challenge of students successfully obtaining an internship match. We will make every effort to limit the financial burdens during the unmatched year and to develop a specific plan to assist students who go unmatched with educational, mentorship and training opportunities during the subsequent training year.

A 'Does Not Meet Expectations' rating on a SAR Summary Evaluation can be given if the student is not approved to apply for an internship or does not match to an internship. If there is an unsuccessful match, the 'Does Not Meet Expectations' rating of this component and an improvement plan will be provided in a separate document. Program completion time limits (ten years total or five years post preliminary examination) also apply to the successful completion of the internship.

N. Enrollment while on Internship

The Commission on Graduate Studies and Policies (CGSP) and University Council (UC) at

Virginia Tech have a policy requiring Continuous Enrollment for graduate students in training (PPM 291); for more information see: https://secure.graduateschool.vt.edu/graduate_catalog/policies.htm?policy=002d14432c654287012c6542e382008c. Relatedly, the CGSP and UC have a policy for obtaining In Absentia Status for students who will be completing degree-related requirements off campus including internships (PPM 293); for more information see: https://secure.graduateschool.vt.edu/graduate_catalog/policies.htm?policy=ff8080814d91d304014e63f8c46000d5.

The In-Absentia policy permits students on internship to enroll for just 1 credit instead of the 3-credit minimum required by PPM 291. Applying for In-Absentia Status enrollment is defined as maintaining continuous enrollment, including for international students, but international students will need to check individually with an immigration advisor at the Graduate School to make sure enrolling via this mechanism doesn't affect their immigration status.

With these policies, students on internship must enroll in PSYC 7964–Clinical Internship-1 credit in the fall and spring of their internship year. The In-Absentia Request form must be submitted at least 2 weeks before the start of the fall semester so your account can be coded to permit the 1-credit enrollment without penalty. The In absentia request form can be found on the Graduate School web site for Forms, under Enrollment/Registration; https://graduateschool.vt.edu/academics/what-you-need-to-graduate/forms.html.

In order to ease the financial burden of tuition and certain fees (library and technology) for the fall and spring semester of your internship, it is recommended to pursue in-state residence. The cost of tuition at least doubles from in-state to out-of-state per semester, and so may associated fees. Be sure **not** to enroll in summer, in order to avoid summer tuition.

NOTE: Note that at the end of spring semester, the Clinical Internship course will be graded as "Incomplete." The final grade will be changed to passing once the internship is successfully completed, documented by a letter to this effect from the internship director to the DCT. All other requirements for degree completion (e.g., all other coursework, dissertation) must still be completed before the end of spring semester. The doctoral degree cannot be officially awarded until all degree requirements, including the internship and dissertation, are successfully completed.

O. Defending your Dissertation while on Internship

Based on the Graduate School's Continuous Enrollment policy students must be enrolled in the fall and spring semesters of their internship year. Correspondingly, the Graduate School requires that the student be enrolled in the semester in which they intend to defend their dissertation. Thus, graduate students needing to defend their dissertation while on Internship should be enrolled (typically 1 credit with the In-Absentia approval) and be able to defend in either the fall or spring semester of their internship year.

P. Graduation Ceremonies

Graduate students who are still on internship can walk in the *department's* celebration as long as they successfully defend their dissertation by the day before the department's event. As noted above, to walk in the department's celebration, the DCT will also need a letter of Expected Successful Completion of Internship from the Internship Training Director by April 15. This will provide us with necessary documentation that the student is expected to finish in good standing.

The student will not be able to walk in the *university's* graduate student commencement until the next available ceremony after the degree is officially awarded, usually in December or the following year.

Q. Awarding of the Doctoral Degree

Students must meet all program requirements and complete their dissertation prior to the annual departmental graduation celebration, which is held in May. The American Psychological Association requires that all degree requirements, including the clinical internship, must be completed prior to the awarding of the doctoral degree. All students will need to successfully complete internship, documented by a letter of successful completion by the Internship Training Director to the DCT, before the degree is officially awarded. If the student plans to walk in the departmental commencement celebration, the Department of Psychology requires that the student provide a letter documenting their *expected* successful completion by the Internship prior to the event.

These policies are for CS graduate students who have completed all degree requirements with the exception of their pre-doctoral internship by end of spring semester each year:

1. The student is not permitted to walk in university commencement until after the degree is awarded, but students ***can*** walk in the departmental celebration ***if the internship states the student is in good standing and expected to complete internship, the dissertation is successfully defended, and coursework is completed.*** Students cannot walk in either ceremony/event before internship has begun, even if all other requirements have been met.

2. The DCT will give the student a grade of 'Incomplete' for their internship course in spring semester. Upon successful completion of internship, documented by the Internship Training Director, the 'Incomplete' would be changed to their final passing grade.

3. The student can apply for the degree on Hokie Spa in the spring, as usual, and the degree would simply not be conferred officially until the 'Incomplete' grade is changed to the final passing grade.

4. Once the final passing grade is entered, the degree is awarded at the next available award date, usually end of summer or winter. Up-to-date information on deadlines and dates can be found at https://graduateschool.vt.edu/academics/what-you-need-to-graduate/deadlines-for-academic-progress.html. Students can go online for verification, if needed for postdocs or other positions, to show that their degree requirements are completed once the final grade is entered.

XV. Student Involvement

The Department and Clinical Science Area have multiple avenues for student involvement, as noted below. These opportunities are typically held on Thursdays 3:30pm for graduate students to socialize, learn, and share ideas in non-evaluative settings. We generally expect students to attend the Clinical Science Research Fair, departmental colloquia/talks, diversity hour discussions, and job talks. Peer mentoring, social events, and professional development talks are optional, but encouraged. If in doubt about what you should attend, ask your mentor. A good rule of thumb is that we require attendance to at least 3 of these expected events each semester (beyond the required departmental diversity/inclusion training) for your annual evaluation, but if there is an unavoidable conflict, students can note other ways that professional development was achieved (e.g., recordings, online events, conferences).

A. Clinical Science or Department Research Fair

The Department of Psychology and/or the Clinical Science area holds a Research Fair once a year, usually on the Friday of orientation week or the first week of classes, for an entire afternoon. A departmental committee will arrange and direct the Fair and graduate students are expected to present on their research projects (e.g., thesis) at least once during their years in the program. All students are expected to attend.

B. Department and Centers Colloquia

Department and associated centers (e.g., PSC, CSC, VTAC/CAR) offer colloquia that provide unique opportunities for students to learn from leading researchers in psychology as well as up-and-coming young psychologists being considered for positions in the Department. Students are strongly encouraged to attend Departmental colloquia and job talks. Announcements about colloquia are posted on the Departmental website and listserv.

C. Clinical Scientist Scholar Series

The Clinical Science area has developed a Clinical Scientist Scholar Speaker series in which a nationally recognized cognitive-behavioral therapy or evidence-based practice researcher provides a research colloquium to our department and a clinical practice workshop for our students, faculty, and the local community.

D. Area and Department Committees

The CSAC maintains several sub-committees. Students are expected to serve on the CSAC and/or at least one sub-committee during their time in our program. The Department of Psychology also has a number of committees on which a graduate student can serve on. These committees provide opportunities for students to contribute to the development and quality of their own training. Examples of committees include those that work on ‘Scholarly Productivity,’ ‘Practicum/Clinical Training,’ and ‘Recruitment, Retention, Inclusion and Diversity.’

E. Clinical Professional Development Series

The Professional Development Series was developed with a primary emphasis on providing current graduate students with a deeper understanding of clinical science research methods, grant development, and career development. Presentations and panel discussions have included Early Career Faculty and their Career Trajectories, Publishing your Research in Peer Reviewed Scientific Journals, Grant Searching, Writing Specific Aims, Conducting Systematic Reviews, etc. Topics are chosen based on student interest.

F. Town Hall Meetings

The DCT holds a "Town Hall" meeting, typically once a year, that is open to all clinical graduate students and faculty. Additionally, the DCT meets with each cohort separately once per semester. The purposes of these meeting are to: (a) afford the Director an opportunity to convey the goals and purposes of the clinical faculty and any recent discussions, concerns, or developments that may be occurring in the near future; (b) afford the clinical area graduate students an opportunity to present and discuss their observations, concerns, needs, desired improvements, etc. to the program.

G. Diversity Workshops and Discussion Hours

In addition to diversity/inclusion training required by the Graduate School, core workshops provide foundational information for an understanding of key issues in diversity and inclusion and form the basis of more advanced topics to be featured in discussion hours. Workshop topics include Principles of Community, and examples of past topics have been Implicit Bias/Stereotype Threat, and Microaggressions/Recognizing Privilege. Discussion hours facilitate the application of core concepts to more nuanced topics, a variety of which are provided in order to ensure that many areas of interest are represented. Diversity workshops and discussion hours can be used toward earning a Department of Psychology diversity & inclusion training certificate (see https://diversity.psyc.vt.edu/training-certificate-program.html).

H. Peer Mentoring

Advanced graduate students of the Department of Psychology Ph.D. program can provide peer mentoring to a first-year graduate student. The purpose of the Peer Mentoring Program is to match first year graduate students with an advanced student mentor within their area. Advanced students can meet with their mentee on a weekly, monthly, and/or as-needed basis to provide social support, accountability in meeting deadlines and achieving milestones, tips about time management and studying, and general guidance about the program. Typically, an individual advanced student will be the designated coordinator and that person should be contacted if interested in being a peer mentor.

XVI. Performance Evaluations and Feedback: Student Activities Report (SAR)

The progress that each graduate student makes toward the doctoral degree will be evaluated annually in the beginning of the spring semester with a Student Activities Report (SAR). The evaluation will be conducted by the faculty of the Clinical Science Area Committee (CSAC) in

consultation with the student's advisor. The student will be informed by their advisor of the results of the evaluation, which will be placed in the student's department folder.

A. Purpose

The primary purposes of the SAR are to inform the clinical faculty of the student's progress in the program, to provide a formal method of giving feedback to the student, and to help a student formulate training goals and plans. The process is necessarily an evaluative one and involves applying standards and criteria to all students, but also the context of evaluating performance in light of training and career goals.

Regardless of the student's eventual career path, progress and production in the five training domains of Progress to Degree, Academic, Research, Professional, and Clinical activities is seen as crucial. The SAR is an annual listing of the student's activities and accomplishments in each of these domains, along with overall and/or specific goals. Given that most training activities can be construed as relevant to development in more than one of these domains, it is acknowledged that the listing of specific activities in specific areas may be somewhat arbitrary.

The SAR and subsequent evaluation of the student by the faculty are built on the premise that it is in the student's best interest to know the specific expectations of the faculty. Thus, general criteria for successful progress in each domain are specified. These criteria serve as guidelines that promote consistency in faculty ratings across students. Moreover, these criteria were developed and designed to best prepare and position our students for clinical science-oriented internships, post-docs, and initial employment. The evaluation of an individual student will also consider extenuating circumstances imposed by both professional interests (e.g., subject population) and personal circumstances.

The emphasis in the Clinical Science area is on developing students as clinical scientists who will use their unique scientific perspective and research skills to further the field. While it is acknowledged and anticipated that students' career paths will be diverse, solid training and experience in the principles and methods of clinical research and practice are seen as the foundation upon which all career paths will be built. Successful performance, or 'Meets Expectations' rating, is expected in all domains. Unsatisfactory progress, or 'Does Not Meet Expectations' rating, in any one domain will result in a clearly defined remediation plan with a timeline for change, and the lack of remediation and/or change within the expected timeline can be cause for dismissal from the program.

When a student receives a 'Does Not Meet Expectations' in any area, they must both remediate and meet criteria in that area for their current year in the program to 'Meet Expectations' the following year. Unless otherwise stated, students' completion of remediation will be assessed during the SAR review the following year. If this assessment shows that a student has not successfully completed remediation, this will result in an automatic referral to the Doctoral Admissions Committee (DAC), which will review the student's materials and make a recommendation to the Department Chair regarding the student's continuation in the graduate program. Students who receive a 'Does not Meet Expectations' evaluation in one or more areas will not automatically lose assistantship funding but will be lower priority for funding should the

Department budget be insufficient to fund all students.

B. Timing and Process

Completion of the SAR is an iterative process normally initiated at the end of each calendar year and the start of the spring semester. The goal is for all students (except those on internship) to complete the SAR at the beginning of the spring semester in order for the clinical faculty to review each student by the end of March.

There are several possible exceptions to the typical timeline of the SAR review at the beginning of the new calendar year.

- A student who has been granted a waiver of the thesis, then the expected dates of completion of the preliminary exam and dissertation proposals and defenses are one year earlier.

- A student who has taken a medical-family leave will have that period of time (e.g., one semester) removed from their evaluation. Their annual review, particularly research activities, may be re-calibrated to match up with number of semesters in the program (First Year=One Semester, Second Year = Three Semesters, Third Year = Five Semesters, Fourth Year = Seven Semesters, etc.) and take place at the beginning of the fall semester. It will be responsibility of the student and advisor to notify the DCT of this re-positioned SAR review.

In this process, there are opportunities for the student and their advisor to discuss and summarize accomplishments, highlight strengths and areas of needed development, and set goals for the next year. The steps for each year in the program in the evaluation process are:

1. The student lists activities and accomplishments in each section of the electronic SAR for the prior calendar year only (i.e., January 1 to December 31) as indicated in the instructions.
2. The student is required to meet with his or her advisor to review the electronic SAR. Additions and modifications are made by the student as appropriate depending upon the discussion and feedback from the advisor. The advisor provides initial ratings. Once finalized, the student and advisor electronically sign and date the SAR, and can provide any additional comments on the SAR.
3. The student sends the electronic SAR to the DCT at the designated date in the spring semester. Students should also include the following in their electronic packet:
    a. Unofficial transcript from Hokie Spa;
    b. Curriculum Vitae (CV);
    c. SPOT surveys for the calendar year;
    d. Assistantship Evaluation forms for the calendar year;

e. Clinical Practicum (including externship) evaluations for the calendar year.

4. SARs are presented to the clinical area faculty for review, and the advisor completes a SAR Summary Evaluation Form based on the SAR and any additional faculty input. Discussion of the student's performance during the review meetings results in faculty comments and ratings in each domain on the Summary Evaluation Form. Any domain that received a rating of Does Not Meet Expectations must include a remediation plan with timeline for change.
5. The student and their advisor meet again to review and electronically sign the final version of the SAR Summary Evaluation Form. The student is free to disagree with specific aspects of the evaluation and can make comments to this end on the SAR Summary Evaluation Form after signing it. If the student provides new information that would substantially change the evaluation, the advisor should present this information to the DCT and the clinical faculty subcommittee and the SAR Summary Evaluation Form should be adjusted, if appropriate and necessary, prior to final signatures.
6. Once signed, the student forwards the SAR Summary Evaluation Form to the DCT. Subsequently, the SAR Summary Evaluation Form is placed in the student's department file.

Note that the exact process may change from year to year, but this general process remains the same. Exact instructions will be provided at the time of SAR distribution to students.

C. Ratings

During a clinical subcommittee faculty meeting, the student is rated in each of the domains of Progress to Degree, Academic, Research, Professional, and Clinical activities using the following categories:

- Does Not Meet Expectations –performance is below minimal expectations
- Meets Expectations – performance/progress consistent with or beyond expectations

A Does Not Meet Expectations rating means that a student is below meeting the most minimal expectations of the program. As noted above, a Does Not Meet Expectations rating in any one domain will result in a remediation plan with a timeline. The lack of remediation and/or change within the expected timeline can be cause for dismissal from the program.

A Meets Expectations rating means the student's performance on a wide range of activities are being done as expected based on the program's and area's expectations, and within each student's circumstances (i.e. advisor, types of projects, quality of products, etc.). A rating of Meets Expectations in the Research domain will based on meeting criteria for at least four of the five subdomains and one component has to be publications. Specific comments and goals for the next year can be used to inform the student of relative strengths and areas of needed development within the broader rating of Meets Expectations.

The Clinical Science area does not provide a rating for the Overall category on the SAR Summary Evaluation Form.

D. Domains and Minimal Levels of Acceptable Achievement (MLA)

Section I – Progress to Degree:

Annual ratings in the Progress to Degree domain are based on adequate progress on the thesis, preliminary examination, and dissertation projects. The Progress to Degree domain also includes the Internship. The outline below describes the required Progress to Degree domain accomplishments to the rating of Meets Expectations by year and semester in the program. The expected deadlines and remediation deadlines for Progress to Degree are:

a. Thesis Proposal: successful proposal by the end of the third semester. A Does Not Meet Expectations rating will be given in the fourth semester if this standard has not been met. The student would have until the end of the fifth semester to propose the Thesis or risk dismissal from the program.

b. Thesis Defense: successful defense by the end of the fifth semester. A Does Not Meet Expectations rating will be given in the sixth semester if this standard has not been met. The student would have until the end of the seventh semester to complete the Thesis or risk dismissal from the program.

c. Preliminary Examination Defense: successful defense by the end of the seventh semester. A Does Not Meet Expectations rating will be given in the eighth semester if not met. The student would have until the end of the ninth semester to complete the preliminary examination or risk dismissal from the program.

d. Dissertation Proposal: successful proposal by Oct. 15th (for purposes of Internship applications) of the ninth semester. A Does Not Meet Expectations rating will be given in the tenth semester if not met. The student would have until the end of the eleventh semester to propose the dissertation or risk dismissal from the program. This deadline can be waived/extended (e. g., eleventh semester) if circumstances support extended/additional time to strengthen scholarly productivity, clinical training, grant activity, etc. for internship/postdoc.

e. Dissertation Defense: successful defense by the end of the tenth year post initial semester of admission or by the end of their fifth year post successful defense of the preliminary examination or risk dismissal from the program. Though the successful defense of a dissertation is a required Progress to Degree component, it is not required on the SAR given most students will have completed their campus residency in the program and be working elsewhere (e.g., Internship) while completing and defending their dissertation.

f. Internship: Successful completion of an APA-accredited internship, APPIC-approved, or faculty-approved equivalent, is required for the PhD degree. A Does Not Meet

Expectations rating can be given if the student is not approved to apply for an internship, does not match to an internship, and/or is unable to successfully complete their internship. If a student has a remediation plan from the prior year's SAR, remediation must be successfully completed by September 1 of the fall semester in which they plan to apply for internship, unless a specific timeline is otherwise noted in their SAR. Given that the internship match phases occur early in the calendar year (February and March) and our goal is to provide timely feedback, internship match status is not required on the SAR. If there is an unsuccessful match, the Does Not Meet Expectations rating of this component and improvement plan will be provided in a separate document. Program completion time limits (ten years total or five years post preliminary examination) also apply to the successful completion of the internship.

Section II – Academic Activities:

Annual ratings in the Academic Activities domain are based on courses completed at Virginia Tech during the previous calendar year and cumulative GPA. The student's cumulative GPA at Virginia Tech is reported and reviewed along with the courses completed during the past year in order to provide a context for the student's recent performance. A Meets Expectations rating requires a course grade of B- or better, and a cumulative GPA of 3.0 or higher. Any student whose cumulative GPA falls below 3.0 will receive a Does Not Meet Expectations rating and then have one year to raise their GPA to 3.0 or higher. Failure to do so may result in dismissal from the program.

If the student has received less than a B- in any core course during the calendar year, that student should attach the remediation plan that was designed to help develop the necessary knowledge, understanding, experience, and/or skill needed for at least B- level performance. The faculty may also determine that receiving a B- in a specific program or area core course (e.g., Research Methods, Psychological Assessment) requires a remediation plan in order to help the student develop the knowledge, understanding, experience, and/or skill necessary for PhD level work. If so determined, a remediation plan or a request for one from the student and advisor will be stated on the SAR Summary Evaluation Form.

Incomplete grades in courses do not automatically result in an evaluation of "Does not meet expectations" because they are considered to result from extenuating circumstances. Nonetheless, a remediation plan should be submitted by the student and instructor, indicating how the incomplete course will be completed, and a timeline for doing so. Importantly, for core courses, necessary knowledge, understanding, or skills may be needed before a student can move forward in practicum or other required courses. Therefore, it should be kept in mind that incomplete coursework could impact progress to degree.

Section III – Research Activities:

The Research Activities domain is divided into multiple sub-domains reflecting: 1) research team involvement; 2) submitted and presented conference posters, presentations, panels, etc.; 3) submitted peer-reviewed publications; 4) a cohesive statement of the purpose, scientific import,

and programmatic nature of the student's research efforts; and 5) submitted grant proposals and awards.

Table 1 shows prototypical Research Activities domain accomplishments of students who Meets Expectations by year in the program. Entries in the cells of this table reflect expected accomplishments for the previous calendar year. A single rating for the Research Activities domain is generated by the faculty after considering all components and, hence, the full range of activities represented in Table 1. A rating of Meets Expectations in this domain will be based on meeting *at least four of the five* criteria components, and one component has to be submissions and publications. The benchmark requirements in the research publication domain, however, refers to submissions and pace of **submissions**, not actual publications. Because only 4 out of 5 criteria are needed, it is possible to be performing less than expected in one of the other components of research activities (conference presentations, grants, etc.) and still receive a Meets Expectations rating. In this sense, Table 1 reflects a prototype of the student who Meets Expectations. The faculty will judge whether the student's overall research performance during the previous year approximates or exceeds these expectations. A Does Not Meet Expectations rating indicates that a student has clearly not met expectations in at least two sub-domains, or has not met expectations in the submissions/publications domain.

Faculty will take into account the overall performance across domains in prior years in order to determine whether the expectations are met, with the goal of providing a holistic evaluation. For example, if a student surpassed requirements for a specific domain in prior years, lesser emphasis may be placed on that domain for the current evaluation. If applicable, students and/or advisors can add a statement to reflect holistic performance that will assist in this review.

Section IV – Professional Development Activities:

The Professional Development Activities domain provides a place for students to list activities that further their development as a scientist, clinician, teacher, or departmental or community citizen. It includes 1) professional conduct across all professional settings, 2) attendance (in person or online) of at least six (about three per semester) departmental colloquia, diversity hours, and job talks, 3) attendance of professional conferences or workshops, 4) assistantship assignments and evaluation ratings, 5) teaching assignments and SPOT ratings, 6) honors and awards, 7) grants related to training, service, or evaluation, and/or community or professional efforts related to engagement, outreach, social justice, advocacy, diversity, or other professional or community service (e.g., student representation on professional committees, diversity-related service activities).

This domain is also utilized by the clinical faculty to evaluate the student's level of professional conduct across multiple settings, domains, or contexts (e.g., courses, laboratory, practicum, teaching, meetings, etc.). Specific aspects of professional conduct include attendance at all required classes, meetings, and program events; timeliness, preparedness, and participation; maintaining appropriate levels of work (e.g., taking enough classes to graduate in five years, caseloads in practicum, etc.); appropriate manner and dress; knowledge of and compliance with all applicable graduate school, departmental, graduate program, and clinical science area policies and procedures; appropriate and effective communication with administrators, directors, faculty, staff, peers, other students, and other professionals, agencies, and systems; ethical behavior;

completion of all necessary documentation in a well written, thorough, accurate, and timely manner; the ability to appropriately and effectively utilize advisement, mentorship, and supervision by faculty and identified advanced peers (e.g., an advanced graduate student functioning as the lab manager for an advisor or TA in a graduate class); and appropriate level of self-assessment, reflective practice, self-care, interpersonal functioning, and affective skills necessary for effective professional functioning.

A single rating for the Professional Development Activities domain is generated by the faculty after considering all component areas in this domain. It is possible to be performing less than ideally in one area and still receive a Meets Expectations rating if the student is performing at or above expectations in other areas. Students generally are evaluated as Meets Expectations if they are active in attending at least six (about 3 per semester) departmental colloquia, diversity hours, and job talks, attend at least one conference or workshop, receive good evaluations in their teaching and assistantship roles during the past year, and show ethical and professional conduct in clinical practicum. A student may receive a Does Not Meet Expectations rating based on lack of or minimal attendance at departmental colloquia, job talks, research fairs, conferences etc. A student may receive a Does Not Meet Expectations rating for lower than average ratings for graduate student teachers on a SPOT survey and/or below expected performance on an assistantship as reported by the faculty member overseeing the assistantship. A student may receive a Does Not Meet Expectations for a pattern or repeated instances of deficient professional conduct within or across settings, domains, or contexts (e.g., courses, laboratory, practicum, teaching, meetings, etc.).

Section V – Clinical Practice Development:

The Clinical Practice Development domain provides a place to evaluate the development of clinical practice skills. The student's performance in clinical practicum settings will be reviewed for the prior calendar year. The focus will be on seeing gradual, integrated, and cumulative progress across the year with more emphasis placed on evaluations from the most recent practicum experience. Written evaluations from each semester will be used to rate the student in this domain. All evaluations will take into account the student's level of training, prior experience, and the circumstances of the practicum experience (e.g., nature of work, difficulty of cases, etc.). Students are expected to achieve mastery on the clinical competency skills appropriate for their level of training as reflected in the ratings of specific clinical core competencies and components on the Clinical Practicum Student Evaluation form and/or the Clinical Externship Student Evaluation form. Each of the practicum evaluation forms utilizes the same metric of evaluation as the current SAR. Hence, if a student receives an overall rating of 'Meets Expectations' on all practicum evaluations, the student will receive a Meets Expectations for this domain on their SAR. If a student receives an overall 'Does Not Meet Expectations" rating on any practicum evaluation and/or on multiple core competency areas across evaluations they will receive a Does Not Meet Expectations rating in this SAR domain. Additionally, clinical chart documentation is considered an important clinical competency and must be complete prior to the SAR submission to receive 'Meets Expectations' in this domain. Incomplete documentation will be considered as 'Does Not Meet Expectations,' even if practicum evaluations do not reflect it because they are done prior to chart reviews.

E. Research Activities: Meets Expectations Table

This table shows prototypical Research domain accomplishments of students who Meets Expectations by year in the program. Evaluations will take place after SARs are submitted (in January). The SAR should encompass accomplishments only from the previous calendar year. For example, accomplishments listed for Second Year students refer to activities completed from January 1st (of Year 1) to December 31st (of Year 2).

Domain	First Year	Second Year	Third Year	Fourth+ Year
Research Team Involvement	Show initiative on research team; assist on team projects; be involved in at least one non-thesis project	Show leadership on research team; assist on team projects; be involved in at least one non-thesis project	Show initiative & leadership on research team in addition to undertaking prelim; be actively involved in at least one team project	Show initiative and leadership by being the leader on at least one team research project in addition to dissertation
Conference Submissions (Presentations, Posters, Panels, etc.)	Identify conferences and appropriate projects/data sets relevant to area of study in preparation to submit abstracts	Present as coauthor for at least one regional, national, or international conference. Submissions are permitted if not accepted or the student becomes unable to attend (e.g., can no longer afford, becomes ill, etc.).	Present as lead author at one national or international conference. Submissions are permitted if not accepted or the student becomes unable to attend (e.g., can no longer afford, becomes ill, etc.).	Two presentations (at least one as lead author) at national or international conference(s); two presentations at single conference is acceptable. Submissions are permitted if not accepted or the student becomes unable to attend (e.g., can no longer afford, becomes ill, etc.).
Submissions/Publications	Develop an abstract that could lead to a future peer reviewed manuscript or book chapter	Submit one peer-reviewed manuscript or book chapter as coauthor (can be manuscript worked on during 1st year)	Submit two different peer-reviewed manuscripts or book chapters as co-author (can be revisions or resubmissions of two different prior submitted manuscripts)	Submit one new peer-reviewed manuscript as lead author (can be based on thesis or prelims) and a second new manuscript or book chapter as co-author; if thesis/prelims not appropriate for submission or already submitted in prior years, then the new peer-reviewed manuscript can be as co-author.
Scope/Quality/ Programmatic Nature of Research Projects	Identify and begin to conceptualize thesis project ideas	Quality of thesis shows conceptual & methodological sophistication; Work beyond thesis consistent with programmatic scope of research	Work beyond prelim consistent with programmatic scope of research and where appropriate, interdisciplinary collaborations	Work beyond dissertation consistent with programmatic scope of research and where appropriate, interdisciplinary collaborations
Grant and Award Activity	Research appropriate funding mechanisms for internal and external grant submission; identify a mechanism to apply for (e.g., travel, internal graduate student grants	Identify external fellowship or grant mechanism & begin completing application as PI (e.g., Small grants, NSF, NRSA, NDSEG, foundation) OR assist on another PI's submission & apply for travel or similar award.	Submit (or re-submit) one external fellowship/research application (e.g., small grants, NSF, NRSA, NDSEG, foundation) OR show significant activity on another PI's submission. Funding source should cover some aspect of tuition/stipend or research support, and be beyond travel or similar awards.	If not funded, address reviewer comments and re-submit previous external fellowship/research application or submit new fellowship/research application

NOTES:

1. A *Meets Expectations* rating will be based on meeting criteria for at least four out of the five listed domains for the year of review. The sub-domain of 'Publications' must be rated as 'meets expectations' (i.e., it must be one of the four domains).
2. This table is meant to represent our expectations for student productivity. The criteria in the table for *Meets Expectations* are meant to provide a prototype for what types of activities should be undertaken each year in residence. Students are evaluated holistically, however, as unique circumstances may affect one's productivity on a given activity domain.
3. Reviews of each domain are based on the previous calendar year, though consideration will be given to exceptional or notable cumulative accomplishments in a domain(s).
4. Progress documented in a given calendar year on any manuscript (journal article or book chapter) must include the date (month/day/year) of each of the following where applicable: (1) Initial Submission date, (2) Revise and/or resubmission date(s) (to same or a different publication outlet), and (3) Acceptance date (based on date in notification of acceptance for publication from the journal or book editor).
    a. The *acceptance date* will count as the end of the submission process and is date/year that the paper will be counted as "published" in the SAR.
5. The review of manuscript(s) submission(s) component will also encompass quality of journal and timeliness of resubmissions (e.g., within 30-60 days) to the same or next level publication outlet. Though the acceptance of a manuscript is ultimately up to editors/reviewers, every effort to achieve an acceptance will be considered.
6. Authorship can be of any order with the assumption that authorship was granted for work actually performed for a substantial contribution to the (a) conceptualization, design, execution/acquisition of data, and/or analysis and interpretation of data; (b) participate in drafting, reviewing, and/or revising the manuscript for intellectual content; and (c) approve of the version of manuscript to be published. All authors should meet all three criteria. An administrative position, acquisition of funding, collection of data, or supervision of research alone does not constitute authorship.
7. If a student's authorship order is beyond the *third* author, it will help to know the nature of the student's "substantial contribution" (based on APA's Publication Manual definition of authorship, pp. 18-19) to the manuscript, e.g., conceptualization, organization, running subjects, data collection, writing, etc.
8. A specific remediation plan is required for a rating of *Does Not Meet Expectations* and the student has up to 1 year to meet the remediation requirements or an alternative date if provided by the committee. The student still must meet requirements for the current year plus the remediation plan for a rating of *Meets Expectations*, or another *Does Not Meet Expectations* is conferred for the current year criteria.
9. Students placed on a remediation plan the year prior to applying for internship must remediate before Sept 1 of the semester in which they plan to apply in order to be considered for approval to apply to internship.
10. Students are encouraged to apply for grants through NSF or NIH for their own learning of the process, though other kinds of grants of any size are acceptable.

F. SAR Summary Evaluation Form and Remediation Plan

In the spring semester, students will receive results of their SAR Evaluation with a rating of "Meets Expectations" or "Does Not Meet Expectations" on each domain area, along with committee review and faculty area comments. The clinical area does not provide a rating for the Overall category.

When a student receives a 'Does Not Meet Expectations' in any area, they must both remediate and meet criteria in that area for their current year in the program to 'Meet Expectations' the

following year. Unless otherwise stated, students' completion of remediation will be assessed during the SAR review the following year. If this assessment shows that a student has not completed remediation, this will result in an automatic referral to the Doctoral Admissions Committee (DAC), which will review the student's materials and make a recommendation to the Department Chair regarding the student's continuation in the graduate program. Students applying for internship need to successfully remediate by September 1 of the fall semester in which they plan to apply. Students who receive a 'Does not Meet Expectations' evaluation in one or more areas will not automatically lose assistantship funding but will be lower priority for funding should the Department budget be insufficient to fund all students.

In all cases, students are expected to sign the final SAR Evaluation to acknowledge receiving the evaluation feedback. If students wish to respond to the evaluation or to provide more information relevant to the evaluation, they may do so on the SAR Summary Evaluation Form.

G. Annual mentor-mentee expectations agreement

Graduate students meet with their faculty advisor at the beginning of each academic year to complete a mentor-mentee expectations document. This meeting is intended to allow for discussion between mentor and mentee, to clarify expectations, and to offer periodic, timely, and documented feedback and mentorship about the student's progress including outcome (e.g., proposals/defenses, grades, manuscripts etc.) and process (e.g., time allocation, writing strategies, self-care etc.). Goals and expectations may differ depending on year in the program and type of assistantship. This way, expectations are aligned and the needs for both parties are met; what does the mentor expect from the mentee, and vice versa? Mentoring should be an active, engaging, and mutually beneficial experience.

XVII. Student Status and Classifications

A. Student Responsibilities

A student's status and classification (described below) is based on the premise that ultimately it is the graduate student's responsibility to (1) be enrolled appropriate to level and year of training; (2) performing at least at 'Meets Expectations' level for all training domains required of their program, as listed on the SAR; (3) be in regular contact with their advisor (and if not available, then the DCT) regarding the structure and timeline of their plan of study, research, teaching, etc.; (4) respond within the requested timeline or deadline for graduate program-related information by either their advisor, DCT, DGP, and/or Department Chair; and (5) have their most current contact information in their departmental file including phone number, email address, and mailing address. This policy is in addition to maintaining a satisfactory GPA and the Virginia Tech Graduate School policy for readmission when a student has not been registered for more than one calendar year.

B. In State Residence

Out of state graduate students are recommended to seek and begin the process of Virginia in-state residency as soon as you can to help offset any potential tuition and fees costs while

fully completing the program. In state residence tuition is about one half of out of state residence. With the Graduate School's Continuous Enrollment policy (see Policy PPM 291), you will be paying some form of tuition and fees while on Internship. To help reduce this financial burden on students while on internship, the Graduate School has developed the In-Absentia Status request (see Policy PPM 293) which allows the student to pay for 1 credit each in the fall and spring semesters (not summer), rather than 3 credits for every semester (fall, spring, and summer). Additionally, in the unfortunate event that department funding (i.e., an assistantship) is not approved or available while you are in the resident program, you will be responsible to pay for your tuition and fees.

C. Leave of Absence

A student may request a 'Leave of Absence' (including Family Medical Leave) to interrupt their graduate work for a variety of personal reasons. Examples include birth or adoption of a child, severe illness of an immediate family member, serious personal health condition, and unique opportunities that require the student to be away from the program and which further the student's professional development. A 'Leave of Absence' can be for up to one year and will stop the progress-to-degree clock. Implications for assistantship funding should be discussed in advance with the DCT and Department Chair, and may not be foreseeable at the time of requesting the Leave of Absence. The request for leave must be submitted in writing to the DGP, following consultation with the advisor and DCT. The advisor, DCT, and DGP may recommend a Leave of Absence to the Department Chair, who must approve the leave. At end of the leave, the student must request permission for an extension of the leave to the DGP, following consultation with their Advisor and the DGP. The Department Chair must approve the extension. Please note that according to Graduate School policy, when students have not been registered for more than one calendar year, an Application for Readmission is required regardless of whether the student has been on a formal Leave of Absence. The Readmission process requires a review of the student's progress and of the Plan of Study to determine what changes, justification of old course work, committee changes, or other conditions may be required for readmission to the degree.

D. Readmission Following an Absence of One Year or More

When a student has not been registered for more than one calendar year, the Graduate School requires an Application of Readmission whether or not the student has been on formal Leave of Absence. In addition, the Graduate School examines the Plan of Study (POS) of all students readmitted following an absence of one year or more (including those on formal Leave of Absences) and requires that any courses on the POS more than 5 years old be justified. Justification of courses can be accomplished in several ways but requires documentation and is not automatic.

E. Preliminary Examination to Completion of Doctoral Degree Time Requirement

The Department of Psychology expects that all requirements for the doctoral degree will be completed within **five calendar years** from the time the student passes the preliminary examination. This includes time spent on Leave of Absence or internship. Otherwise, the student will need to reapply to the clinical area. If accepted, the student's research advisory committee

will require that a new preliminary examination be passed. Re-taking coursework or completing additional coursework may also be considered necessary given the current scientific state of the field of inquiry.

F. Student Standing

In Good Standing: The student is considered to be In Good Standing if the student is enrolled in a program for three or more credits hours, is in regular contact with their Major Advisor, and has received a rating of Meets Expectations or higher in all domains evaluated on the most recent SAR. Refer to the Psychology Graduate Handbook of Program Rules and Regulations for information on remediation plans, probationary status, and potential dismissal from the program.

G. Student Records and Retention Schedule

The graduate program documents and maintains records of each student's education and training experiences and evaluations for evidence of the student's progression through the program, as well as for future reference and credentialing purposes. Based on Virginia State Code Records Retention Policies and Virginia Tech's Records Retention Schedule, the program must retain graduate student records for 10 years after graduation or withdrawal; and then shred.

XVIII. Due Process and Appeals

Graduate education is a complex activity involving a high order of student-faculty relationship. It follows that the mentorship and evaluation of a graduate student's conduct, training, and progress is, and must be, dependent in large part on the judgment of the student's advisor, teacher, or supervisor, augmented by the collective judgment of the members of the advisory committee, training faculty, and program administrators. It is assumed that most problems involving graduate education will be discussed informally and reconciled at the advisor, advisory committee, and/or training faculty level. Indeed, most discussions of this kind will commonly occur among the student, their advisor or instructor or supervisor, the other members of advisory committee, and other training faculty. However, from time to time serious actions, issues, or questions may arise that place the student's status or classification in jeopardy including risk of dismissal from the program. On these occasions it is important that the clinical area provides full opportunity for the student's grievance to be reviewed in a judicious manner.

Due Process: Our program provides due process to students by having procedures and processes available that provide students their full due process rights. Due process requires notice and some opportunity for a hearing before a student can be dismissed or terminated from the program. Substantive due process requires that decisions regarding the fate of students be made free from malice, bad faith, or ill will, with the substance of a decision bearing a rational relationship to the information provided in a situation or case. Furthermore, it should be clear that professional judgment was exercised in such a manner that it would be consistent with that of the profession.

Our program's due process requirements include:

a. Providing the student with notification that the student's progress to degree, academic

work, research work, clinical performance, and/or professional conduct is placing the student's status in jeopardy;
b. Making expectations for improved performance clear to the student in writing and within what time frame improvement is expected;
c. Providing the student with an opportunity to explain his or her situation;
d. Deciding to dismiss a student (if program and/or remediation expectations are not met) in a non-capricious, careful, and deliberate manner.

Appeals Procedure: Whenever a Clinical Science area graduate student believes that any work or conduct has been improperly evaluated, believes that there has been unfair treatment, or believes the consequences or decisions of due process to be unfair, it is expected that the student will take up the questions directly with the faculty member(s) involved. This may be their advisor, another faculty member, an instructor responsible for a course, a supervisor responsible for practicum, the faculty area, or a program administrator. If, after earnest inquiry, the matter is not reconciled, the graduate student can appeal the question, issue, or decision to the DCT. If the DCT is a party to the appeal, then the student should appeal the question to the DGP, who will assume this responsibility. The DCT or DGP will choose two other faculty members to review the appeal and make a recommendation to the Department Chair who will make a decision on the matter (or to the College's Dean, if the Department Chair is party to the appeal). If no decision can be reached, the matter will be referred for a department level review following the procedures of the department. A response in writing to the student from the Department Chair will be provided within one month of the student's appeal. A student can appeal the department decision by entering the University Appeals Procedure, described in the Graduate Catalog.

XIX. Student Grievances and Complaints

The Clinical Science area and its faculty are committed to developing and maintaining a supportive, respectful learning and training environment. Part of this commitment is the recognition that in the course of graduate training, students may experience difficulties with procedures, policies, advisor, advisory committee, instructors, supervisors, training faculty, program administrators, or fellow graduate students. Given the intensity of the training and the apprenticeship quality of graduate work, these difficulties are expected. The clinical program wishes to make the training process as fair and humane as possible, while also maintaining the high standards necessary for completion of a doctoral degree.

Students who feel they are being discriminated against on the basis of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religious affiliation, sexual orientation, genetic information, veteran status, or any other basis protected by law have the right to exercise the grievance procedure.

Students who are seeking assistance with a disability and do not believe they are being provided reasonable accommodations may also utilize the grievance procedure for resolution. However, in order to ensure disability accommodations are made, the student must be registered with the Services for Student with Disabilities located at Suite 310 Lavery Hall (x3788).

Grievance and Complaint Procedure: It is assumed that most problems involving graduate education will be discussed informally and reconciled at the advisor, advisory committee, instructor, supervisor, training faculty, and/or fellow student level. Indeed, most discussions of this kind will commonly occur among the student, their advisor, or other training faculty. However, when a serious issue arises during the course of a student's career that is not resolvable through direct communication with the involved parties, it may be channeled through the grievance procedure and process of the program. All inquiries and complaints will be treated confidentially.

Whenever a conflict between students and faculty or with other students occurs, the following policies and procedures are provided in an effort to resolve conflicts between student and student, and between students and faculty.

A. The first step in addressing these conflicts is for the student to consult with their faculty advisor.
B. If speaking to one's advisor is inappropriate for a particular problem, the conflict is not resolved to satisfaction, or if additional input is needed, the conflict may be brought to the attention of the DCT, who may request written documentation from the student of the complaint or grievance. The DCT may also seek consultation from the DGP and/or Department Chair.
C. A typical and recommended option at this point is an *informal resolution*; an individual does not wish to file a formal complaint but nonetheless wishes to resolve the issue in a constructive manner. Action taken by the DCT within this procedure does not constitute a finding in violation of relevant policy. An informal resolution can include any of the following options:
    i. With the advice and assistance of the DCT, the graduate student may meet with the involved party to discuss the situation.
    ii. The DCT may discuss the problem with the other party. The student may request that, if practical, such a conversation be held without revealing his or her identity directly to the other party.
    iii. The DCT may consult with appropriate peers (e.g., DGP) in governance or supervisors (e.g., Department Chair) to explore options for informal resolution
D. If an effective informal solution is not achieved in consultation with the DCT, then the student has the option of consulting directly with the DGP or the Department Chair.
E. Graduate students are also encouraged to consult with the Graduate School ombudsperson (http://www.graduate.ombudsman.vt.edu/index.html), who can confidentially consult with students on avenues to resolve issues.
F. If the complaint or grievance cannot be resolved informally, a written grievance may be composed and given directly to the Department Chair, or to the DCT who will give it to the Department Chair. All complaints and grievances will be treated confidentially; documentation will be kept in a locked cabinet, separate from student or personnel files, in the Department Chair's office.
G. The DCT, in consultation with the Department Chair, will keep a log of all formal complaints and grievances within the auspices of the clinical area. The clinical area will, if required, share this with accrediting bodies. However, any shared information will be

provided in de-identified format.

XX. Time Off and Vacation

A. Vacation Days: Graduate students are not expected to work on any university holiday (New Year's Day, Martin Luther King Jr. Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving and the day after, December 24-25). Mentors and supervisors are expected to honor requests for time off to observe other major holidays associated with the students' religion or cultural heritage; students should provide at least one month notification of these holidays. Implications for specific assignments are noted below:

Teaching Assistantships:
Graduate students are encouraged to take time off during breaks in the academic year—Thanksgiving break, spring break, and winter break. Students should discuss with their mentor the time they plan to take off at least one month in advance.

Clinical Assistantships:
Graduate students are encouraged to take time off during breaks in the academic year—Thanksgiving break, spring break, and winter break. Students should discuss with their mentor and clinical supervisor of the time they plan to take off at least one month in advance. For students who are currently seeing clients as part of their assistantship, if you are unavailable to your clients for two or more consecutive sessions, this must be approved in advance by your clinical supervisor.

Research Assistantships:
Most assistantships are on 9-month contracts; as such students have summer break off. However, students can pick up additional assistantships or hourly wage positions over the summer. For students working over the summer, the week in between the spring and summer session and between the summer and fall session are typically used for vacation, unless the specific position requires otherwise. In these cases, alternate vacation times can be arranged with the supervisor.

For students on 12-month contracts, all vacations need to be discussed and approved by your research mentor. Faculty are encouraged to provide students with at least one week vacation during winter break and one week vacation during summer break.

Students on Externship:
In advance of starting an externship, students are expected to meet with their future supervisor(s) to determine the leave/vacation policy for the externship. Note that it is likely the vacation schedule for Virginia Tech will be different than the vacation schedule at an externship site. Therefore, students will need to negotiate with the site about time-off. Ideally, the agreement around scheduling should be documented and signed by both the student and supervisor. As is true with any professional setting, student requests for time off should be made as much in advance as possible.

B. Time Off for Professional and Emergency Days:

Students are expected to provide at least 2 weeks notification to their mentor and supervisors for any professional days (e.g., internship interviews, professional conferences).

As emergencies may come up that result in students needing to take time off during the semester (e.g., illness, death of a family member, caring for an ailing family member), students should notify their mentor and supervisors when these emergencies occur and of the days they will be absent. Approval for any such absences of more than three consecutive business days is required.

If an emergency arises during the preliminary examination period (e.g., illness, death of a family member, caring for ailing family members), a one-week leeway to the 10-week period can be taken. Students should consult with their preliminary examination committee in these cases. When an emergency would require a leave of absence (e.g., needing a semester or year off due to illness, change in parental status), the Graduate School Leave of Absence policy (PPM 292) would apply. Leave of Absence Request Forms need to be completed and returned to the Graduate School. See above for the departmental leave of absence process in Section XVII-C.

C. Time off Following Birth/Adoption of a Child:

Some fellowships (e.g., NRSAs) provide 60 consecutive calendar days of leave upon the birth or adoption of a child. For psychology graduate students not on these fellowships, students are entitled to 30 consecutive calendar days of excused absence upon the birth or adoption of a child. Either or both parents are eligible. For students completing coursework, students are encouraged to speak with each of their professors and determine a plan of action (e.g., receiving an incomplete until coursework is completed following their return).

The university also has Work-Life Grants available for graduate students, to support up to 8 weeks leave upon the birth or adoption of a child (https://graduateschool.vt.edu/funding/work-life-grants.html). These grants need to be applied for by the department and require financial support from the graduate school and dean).

If students wish to take more than 8 weeks, in the event that a Work-Life Grant is received, students can apply for a leave of absence (see Graduate School PPM 292 for more information).