

Department of Human Development

Counseling Psychology Program

Doctoral Student Handbook

**Table of Contents Page**

**PREFACE** 3

**MISSION STATEMENTS** 4

Counseling Psychology Program Philosophy of Training 4

Counseling Psychology Values 5

Values Statement Addressing Diversity 5

**ADMISSION REQUIREMENTS** 8

**EVALUATION** of Student-Trainee Competence

 in Professional Psychology Programs 9

**COURSEWORK**

Advising and Establishing a Program of Study 10

Distribution of Credit Hours 11

Comprehensive Examinations 11

**PRACTICUM SITES AND INTERNSHIP**

Practicum Guidelines and Information 13

Record Keeping 14

Predoctoral Internships 14

Student Employment as Providers of Psychological Services 14

**RESEARCH**

Research Requirement 16

Individualized Study in Research 16

Doctoral Dissertation 17

**POLICIES**

Policy on Student Conduct 20

ECPY Student Review and Retention Policy 21

Dismissal Policy 23

**FORMS**

Instructions for Filling Out Practicum and Internship Summary 27

Pre-enrollment, ECPY 780, Advanced Practicum 29

**APPENDICES**

Appendix A: Plan of Study Form 31

Appendix B: Counseling Psychology Doctoral Program Course Equivalencies 32

Appendix C: Required Classes for the Counseling Psychology Doctoral Program 35

Appendix D: Dissertation Committee Members 36

Appendix E: Cover Letter for Dissertation Proposal/Defense 37

Appendix F: Acknowledgement of Understanding and Agreement 38

Appendix G: Counseling Psychology Doctoral Student Annual Progress Report 39

Appendix H: Request for Transfer Credit Form 42

Appendix I: Practicum Evaluation Forms 43

Appendix J: Oral Comprehensive Exam Evaluation 52

Appendix K: Practicum/Internship Site Request Form 56

Appendix L: American Psychological Association (APA) Code of Ethics 59

**Preface**

This handbook is written primarily for students enrolled in the doctoral program in Counseling Psychology but may be used by prospective students to gauge the requirements and rigor of the APA-accredited Counseling Psychology Program (CPP). It is designed to be used in conjunction with and as a supplement to the Graduate School Catalog, as well as other publications such as the University of Louisville Graduate Student Handbook (found online at http://louisville.edu/dos/students/code-of-student-conduct.html). Print copies may be obtained from the Graduate School. In order to minimize duplication of material found in CEHD documents, only basic program information, requirements, and procedures added by the Counseling Psychology Doctoral Program or the Counseling and Human Development (CHD) are included here.

Nothing in this handbook supersedes any existing Graduate School, College, or University regulation. However, certain program requirements are legitimately more stringent than those stated in the Graduate School Catalog. Throughout their degree program students should bear in mind that it is the responsibility of the student to know and follow the academic requirements of the Graduate School, the department, and the program, as well as the conduct requirements detailed in the Code of Student Conduct. Since students are obligated by the requirements elucidated in the catalogs published for their year of entry into the Graduate School and their doctoral program, they should retain the Graduate School Catalog and the Counseling Psychology Program Handbook from the year that they entered the Counseling Psychology Program. In addition, students should acquaint themselves with any updates regarding the Student Code of Conduct and the American Psychological Association Ethical Principles of Psychologists and Code of Conduct.

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The University of Louisville’s Counseling Psychology Program faculty members look forward to working with you in your pursuit of a doctoral degree!

***The University of Louisville Counseling Psychology Program***

**Mission Statements and Philosophies**

***College of Education and Human Development***

The College of Education and Human Development embraces the University's mission as a metropolitan research university committed to advancing the intellectual, cultural, and economic development of our diverse communities and citizens. We promote the highest levels of learning and social, emotional, and physical health and well-being for all children, individuals, and families. Our programs enhance the organizations and communities in which they grow and develop.

Our mission is to advance knowledge and understanding across our disciplines and constituencies and to develop educational leaders who will inform policy, improve practice, strengthen communities, and address pressing social concerns. We prepare students to be exemplary professional practitioners and scholars; to generate, use, and disseminate knowledge about teaching, learning, health promotion and disease prevention, and leadership in public and private sector organizations; and to collaborate with others to solve critical human problems in a diverse global community. We seek to continually improve the quality of life for all in our metropolitan community, the Commonwealth of Kentucky, and the nation.

***Department of Counseling & Human Development (CHD)***

Consistent with the mission of the University of Louisville and the College of Education and Human Development, the faculty and staff of CHD endeavor to cultivate exemplary scholars and professional practitioners in art therapy; college student personnel; clinical mental health counseling; counseling psychology; educational psychology, measurement, and evaluation; and school counseling. The purpose of the department is to advance the knowledge base in these fields and to serve the larger College, University, and community by drawing on our expertise in human development across the life span, mental health and well-being, and research methods. CHD seeks to describe, understand, and explain the formal and informal processes of cognitive, social, and emotional learning throughout the lifespan and how variables of significance affect outcomes in these areas, as related to our fields of study.

CHD faculty and students conduct research in a wide set of scholarly areas, ranging from measurable elementary school improvement in high-poverty contexts to issues affecting the power of colleges to sustain students to graduation and successful careers. Several CHD faculty conduct ongoing investigations into methods for improving mental health services to historically under-served and otherwise at-risk populations.

***Philosophy and Training Model***

The Counseling Psychology Program at the University of Louisville is designed to train professionals in the science and practice of psychology, while emphasizing counseling psychology approaches to research, practice, consultation, supervision, and training. The department has recently opened two clinics in historically underserved parts of Louisville, one at a high school and one as a free-standing clinic. We are very excited about these clinics, as they give students first-hand counseling, research, consultation, and outreach experiences in communities that have significant needs. These clinics are the result of many individuals in the department with strong social justice beliefs, and has the backing of the university as well as local government leaders. We also place students in a variety of counseling agencies, including many types of mental health centers, VA and other hospitals, and counseling centers.

The program produces:

a) psychologists who are capable of contributing to the empirical and theoretical literature in counseling and psychology, (b) practitioners who are equipped to foster human development and to prevent the emergence of psychological problems as well as to remediate psychopathology, and (c) professionals who are committed to working with diverse populations in metropolitan settings, in accordance with the metropolitan mission of the University of Louisville.

It is one of six graduate programs in the Department. Competencies guide our training program. Thus, the program develops students’ critical thinking skills that are applicable to both their clinical activities and their scholarly pursuits. In particular, the program trains students to use (a) those interventions that have empirical support and (b) the scientific method as a model for clinical practice. The Counseling Psychology Program first achieved accreditation from the Council on Accreditation of the American Psychological Association on November 15, 1999. Our next site visit is scheduled for 2017.

***Counseling Psychology Values1***

Over the years, counseling psychologists have engaged in thoughtful and ongoing dialogue regarding the qualities that characterize counseling psychology as a specialty (Gelso & Fretz, 2001; Rude, Weissberg, & Gazda, 1988; Whiteley, 1984).  The study and practice of career development and counseling, systematic training in interpersonal skills, and the provision of preventive, remedial, and educational interventions have historically been employed as prominent descriptors of counseling psychology.  In addition, counseling psychology as a field has emphasized  attention to issues of cultural and individual diversity, serving as leaders in the creation and adoption of several sets of APA guidelines related to diversity in professional practice, including the Multicultural Guidelines on Education, Training, Research, Practice and Organizational Change the Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients, The Guidelines for Psychological Practice with Older Adults, practice guidelines in process for girls and women, boys and men, and those for other groups that may be addressed in the future (APA, 2004, 2003; Division 44/Committee on Lesbian, Gay and Bisexual Concerns Joint Task Force on Professional Practice 2000).  The integration of theory, research, and practice and respect for diversity has been emphasized since the inception of Counseling Psychology as a specialty field.

            Throughout this dialogue a consensus has emerged that the field of counseling psychology is best defined by its distinctive philosophical perspective, reflected in our model, rather than by particular settings or clients served.  Gelso and Fretz (2001) proposed unifying themes of counseling psychology, which were embellished by the Council of Counseling Psychology Training Programs.  These philosophical themes are  (a) a focus on working within a developmental framework across a wide range of psychological functioning; (b) a focus on assets and strengths, regardless of level of functioning; (c) the inclusion of relatively brief counseling approaches; (d) an emphasis on person-environment interactions, rather than an exclusive focus on either person or environment; (e) an emphasis on prevention, including psycho-educational interventions; (f) emphasis on the educational and vocational lives of individuals; (g) a strong commitment to attending to issues of culture, race, and ethnicity, as well as other areas of individual diversity such as gender, age, ability, socioeconomic status and sexual orientation; and (h) evaluation and improvement through critical thinking and a commitment to the scientific approach.

            Attention to life-span development and transitions has traditionally been and remains a critical element in the practice of counseling psychology.  Developmental issues are approached from two major perspectives: (a) the need to anticipate typical or normative problems associated with the full range of development in the design of educational and preventive measures; and (b) the need to take into account developmental differences in the design and application of counseling psychology interventions for the treatment of adjustment and remedial problems.  Understanding of both types of problems requires awareness of the developmental background, predisposing conditions, and critical person-environment interactions that influence behavior.

            The broadening of the developmental focus to encompass the entire life span has brought about changes in how counseling psychologists understand the emphases and boundaries of their specialty. Consequently, the focus of research and training has expanded to include a wider range of preventive and remedial interventions than was characteristic of counseling psychology in its formative years.

            Counseling psychology's developmental and adaptive orientation necessitates an understanding of normal as well as abnormal human development, from individual, couples, family, group, systems, and organizational perspectives.  This developmental framework promotes the integration of theory, research, and practice across the content areas of counseling psychology. Counseling psychology promotes the optimal development of individuals, families, groups, and environmental systems from a culture-centered perspective.

1Downloaded on August 1, 2010 from http://www.ccptp.org/trainingdirectorpage5.html

***Counseling Psychology Values Statement Addressing Diversity1***

The Counseling Psychology Program at the University of Louisville adheres to the values and ethics put forward by the American Psychological Association. Students are expected to adhere to the highest professional and ethical standards. Upon entry into the program students are expected to become familiar with the Ethical Principles of Psychologists and Code of Conduct (2002) and the various specialty guidelines published by APA.

Respect for diversity and for values different from one’s own is a central value of counseling 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 Psychologists and Code of Conduct* (2002) and as discussed in the *Guidelines and Principles of Programs in Professional Psychology* (APA, 2005). More recently there has been a call for counseling psychologists to actively work and advocate for social justice and prevent further oppression in society.  Counseling psychologists provide services, teach, and/or engage in research with or pertaining to members of social groups that have often been devalued, viewed as deficient, or otherwise marginalized in the larger society.

Academic training programs, internships that employ counseling psychologists and espouse counseling values, and post-doc training programs (herein “training programs”) in counseling 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.  Counseling 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.  Internship trainers, professors, practicum supervisors (herein “trainers”) and students and interns (herein “trainees”) agree to work together to create training environments that are characterized by respect, safety, and trust. Further, trainers and trainees are expected to be respectful and supportive of all individuals, including, but not limited to clients, staff, peers, and research participants.

Trainers recognize that no individual is completely free from all forms of bias and prejudice. Furthermore, it is expected that each training community will evidence a range of attitudes, beliefs, and behaviors. Nonetheless, trainees and trainers in counseling psychology training programs are expected to be committed to the social values of respect for diversity, inclusion, and equity. Further, trainees and trainers are expected to be committed to critical thinking and the process of self-examination so that such 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, trainees and trainers are asked to demonstrate a genuine desire 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” (APA Ethics Code, 2002, Principle E, p. 1063). Stated simply, both trainers and trainees are expected to demonstrate a willingness to examine their personal values, and to acquire and utilize professionally relevant knowledge and skills regardless of their beliefs, attitudes, and values.

Trainers will engage trainees in a manner inclusive and respectful of their multiple cultural identities.  Trainers will examine their own biases and prejudices in the course of their interactions with trainees so as to model and facilitate this process for their trainees.  Trainers will provide equal access, opportunity, and encouragement for trainees inclusive of their multiple cultural identities.  Where appropriate, trainers will also model the processes of personal introspection in which they desire trainees to engage.  As such, trainers will engage in and model appropriate self-disclosure and introspection with their trainees.  This can include discussions about personal life experiences, attitudes, beliefs, opinions, feelings, and personal histories.  Assuming no one is free from biases and prejudices, trainers will remain open to appropriate challenges from trainees to their held biases and prejudices.  Trainers are committed to lifelong learning relative to multicultural competence.

Counseling psychology training programs believe providing experiences that call for trainees to self-disclose and personally introspect about personal life experiences is an essential component of the training program. Specifically, while in the program trainees will be expected to engage in self-reflection and introspection on their attitudes, beliefs, opinions, feelings and personal history.  Trainees 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.

The APA Ethical Principles of Psychologists and Code of Conduct (2010), regarding self-disclosure, states:

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

Note: Because of the nature of the program and its relevance to counseling psychology we often require self-disclosure and introspection of our students while in the program.

Members of the training community are committed to educating each other on the existence and effects of racism, sexism, ageism, heterosexism, religious intolerance, and other forms of invidious prejudice. Evidence of bias, stereotyped thinking, and prejudicial beliefs and attitudes will not go unchallenged, even when such behavior is rationalized as being a function of ignorance, joking, cultural differences, or substance abuse.   When these actions result in physical or psychological abuse, harassment, intimidation, substandard psychological services or research, or violence against persons or property, members of the training community will intervene appropriately.

In summary, all members of counseling psychology training communities 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. Members 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. Such training processes are consistent with counseling psychology’s core values, respect for diversity and for values similar and different from one’s own.

1This document was endorsed by the Association of Counseling Center Training Agencies (ACCTA), the Council of Counseling Psychology Training Programs (CCPTP), and the Society of Counseling Psychology (SCP) in August of 2006.

# In addition, students should be familiar with the Specialty Guidelines for the Delivery of Services endorsed by APA:

# (see http://www.apa.org/search.aspx?query=diversity%20specialty%20guidelines) Downloaded July 17, 2013.

## [Admission Requirements](http://louisville.edu/graduatecatalog/programs/degree-programs/academic/ge/cpsphd/)

[Prospective students must submit an](http://louisville.edu/graduatecatalog/programs/degree-programs/academic/ge/cpsphd/) [online application for admission](https://graduate.louisville.edu/apply) to the School of Interdisciplinary and Graduate Studies. Students may enter with a baccalaureate or a master's degree. The Counseling Psychology Program requires four undergraduate or graduate courses (3 semester hours of coursework) in each of the following areas: 1) abnormal psychology, 2) social psychology, 3) human or lifespan development, and 4) statistics or methodology. These courses cannot become part of the doctoral program of study. Students admitted to the doctoral program who are deficient in these prerequisite courses must complete them in the first semester of doctoral study.

Students are evaluated on all of the required information below, as well as “fit” with faculty and program goals.

* Three letters of recommendation from individuals who can speak to the applicant's academic and/or professional capabilities and potential.
* Official scores from the Graduate Record Examination (GRE) with a total greater than the 40th percentile in the verbal and quantitative sections, and applicants are required to submit the analytical writing scores as well.
* Undergraduate grade point average greater than 3.0 or a graduate grade point average greater than 3.5.
* The Test of English as a Foreign Language (TOEFL) is required of all foreign students from countries in which English is not the native language. Students holding a baccalaureate or advanced degree from an accredited institution in the United States are exempt from this requirement.
* An updated Curriculum Vitae or resume.
* Professional goals appropriate to pursuing a Ph.D. in Counseling Psychology from the University of Louisville. Applicants should submit a personal statement outlining their professional goals and how their research and professional interests might align with those of faculty in the Counseling Psychology Program.

An applicant who does not meet one of the above criteria and wishes to be considered for admission should include, in his/her application package, a written rationale for why the doctoral admissions committee should consider the application.

Applicants ranked highest by the doctoral admissions committee based on their application package will be interviewed on campus or by telephone/skype.

**The Comprehensive Evaluation of Student-Trainee Competence in**

**Professional Psychology Programs 1**

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

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

This policy is applicable to settings and contexts in which evaluation would appropriately occur (e.g., coursework, practica, supervision), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts).  However, irrespective of setting or context, when a student-trainee’s conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the student-trainee, (b) raises questions of an ethical nature, (c) represents a risk to public safety, or (d) damages the representation of psychology to the profession or public, appropriate representatives of the program may review such conduct within the context of the program’s evaluation processes.

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

[[1]](http://wsm.ezsitedesigner.com/%22%20%5Cl%20%22_ftnref1%22%20%5Co%20%22) This document was developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC) (<http://www.apa.org/ed/graduate/cctc.html>) and approved by the CCTC on March 25, 2004.

**Coursework**

# **ADVISING AND ESTABLISHING A PROGRAM OF STUDY**

Upon entry into the doctoral program, a student will be assigned a program chair, who will act as the student’s advisor throughout the program phase of their doctoral studies. As soon as the student can arrange it, they should meet with this faculty member and start the process of establishing a working relationship with him/her. If, after meeting with the assigned individual, the student decides that their interests are not a good match, the student should talk with the faculty member or training director regarding this issue. All CPP faculty are open to helping the student resolve this dilemma.

The Program Chair advises the student and monitors the student's progress until the student obtains doctoral candidacy status. After meeting with the program chair, together they will establish a Program Committee. This committee will guide the student through their doctoral training. One member is normally a CPP faculty member. The other should be a graduate faculty member from the ECPY department, the College of Education and Human Development or another college or school throughout the University of Louisville. The Program Committee members, along with other ECPY faculty, also take an active role in creating and evaluating Comprehensive Exam questions.

Programs of study are individualized; however, certain courses or equivalents are required for all students in the Counseling Psychology Program. The student’s Program Committee establishes equivalency of past courses. The course equivalency document is contained in Appendix B, Counseling Psychology Program Doctoral Course Equivalencies. Such factors as course level (master's vs. doctoral), recency of information, class grade, qualifications of instructor, and the department offering the course may be weighed during the evaluation by the committee. The student may be required to present a course syllabi or course catalog description for review. The student may appeal the outcome of this process through the regular university grievance procedure.

 The CPP Program includes the following courses:

| University of Louisville**College of Education and Human Development****Ph.D. in Counseling and Personnel Services****with a concentration in Counseling Psychology** |
| --- |
| ***Areas*** | ***Specific Courses*** | ***# of Semester Hours*** |
| **Assessment** | ECPY 740 Advanced Psychometrics in Education and CounselingECPY 648 Intellectual AssessmentECPY 649 Personality Assessment | 333 |
| **Counseling Theory and Practice** | ECPY 619 Empirical & Theoretical Foundations of Counseling & PsychotherapyECPY 629 Theories & Techniques of Counseling & Psychotherapy ECPY 722 Advanced Theories of Counseling & PsychologyECPY 793 Advanced Psychotherapy Research & PracticeECPY 671 Psychology of Career DevelopmentECPY 755 Counselor SupervisionECPY 626 ConsultationElective | 33333333 |
| **Psychological Foundations** | ECPY 611 Learning Theory & Application ECPY 775 Biological Bases of BehaviorECPY 712 Advanced Human Development ECPY 663 Multicultural and Diversity Issues ECPY 710 Social Ecology & Social BehaviorECPY 793 Advanced Multicultural CounselingPSYC 601 History of Psychology | 3333333 |
| **Psychopathology** | ECPY 621 Differential Diagnosis & Treatment in Counseling | 3 |
| **Legal and Ethical Issues** | ECPY 793 Professional, Ethical, & Legal Issues in Counseling Psychology | 3 |
| **Statistics and Research Methods** | ELFH 701 Intermediate Statistics ELFH 703 Multivariate Educational StatisticsECPY 700 Supervised Counseling Psychology ResearchECPY 789 Advanced Issues in Research DesignECPY 7XX Advanced Statistics (764/765/793/ SEM or HLM or Meta-analysis or Qualitative Methods) | 33633 |
| **Practicum or Other Pre-Internship Field Experience** | ECPY 673/683 Practicum in Counseling ECPY 780 Advanced Practicum in Counseling ECPY 680 Practicum in Psychological AssessmentECPY 782 Doctoral Internship in Counseling Psychology | 61233 |
| **Dissertation** | ECPY 795 Doctoral Research  | 3 |
|  | **Total Hours of Doctoral Coursework** | 108 |

See Appendix B for course equivalencies and Appendix C for required courses

Occasionally, CPP doctoral students have taken additional courses during their post bachelor’s studies that may transfer into their doctoral studies. It should be noted that CPP doctoral students must complete two full academic years and an approved predoctoral internship during their doctoral studies at the University of Louisville. There must be at least 48 hours of credit obtained from the University of Louisville during their doctoral studies (refer to Appendix A: Counseling Psychology Program Plan of Study Form)

**TRANSFER CREDIT**

Transfer credit will be considered on a course-by-course basis by the Core Faculty. Students arriving with a master’s degree will meet with their Core Faculty advisor to determine whether some or all of their previous program coursework will be accepted by the University of Louisville Counseling Psychology program. Careful documentation of the course(s) (e.g., course descriptions from graduate catalogues, syllabi, textbooks) for which students request transfer credit must be submitted to the student’s advisor. If questions arise due to content area the advisor will submit student transfer requests to the faculty members most familiar with the course request to determine whether credit will be allowed (e.g., expected content area, textbooks, readings). In addition, we have included a Credit Transfer Form (Appendix H) in which students must not only request the transfer but indicate how the old course meets the primary course requirement(s). Entering students should put together their requests for transfer credit as soon as it is feasible prior to or within their first semester in order to facilitate their overall program planning.

**COMPREHENSIVE EXAMINATIONS**

***Structure of the Comprehensive Examination***

The structure of the Comprehensive exam is determined by the Program Advisory Committee. The committee decides who will write questions in each area and who the additional two evaluators for each area will be. Faculty members are assigned the responsibility for each question, and students know beforehand who will write the questions.

The current exam structure is that students are given one week to respond to the following four sections in writing: theory, ethics/professional issues, research, and assessment/practice. Further, a fifth section is an oral examination. The comprehensive examination is is typically done during late May. It is administered only one time per year. Students are required to take all four written sections during the week. The oral section consists of a case study that is provided to the student 45 min prior to the examination. The oral examination covers several areas including, diagnosis/assessment, ethics, cultural and individual differences, conceptualization, empirical bases for interventions, personal awareness, and presentation style. All sections are evenly weighted. There are 3 evaluators for the oral section (the student’s program chair cannot be an evaluator).

***Eligibility to Sit for the Comprehensive Examination***

To be eligible to take the comprehensive examination, a student must be entering their final year of training. In addition they must be in good standing academically, and any incomplete courses or courses in which a grade of "X" was received must be completed prior to sitting for the exam. The DCT is responsible to make sure that all doctoral comprehensive examination applicants have met all requirements prior to them taking the exam. A student must have passed all four written sections and the oral section of the comprehensive examination to be eligible to apply to internship sites**.**

***Passing the Comprehensive Examination***

Consistent with the CEHD handbook, a student is give two attempts to pass the Comprehensive Examination. Failure to pass the examination after two attempts will result in the dismissal of the student from the Counseling Psychology Program.

Consistent with the CEHD handbook, a student must retake all sections of the written comprehensive examination if more than half of the written sections are failed. Consistently, a student must retake all sections of the oral section if more than half of the covered areas are failed. For the Counseling Psychology Program this is defined as failing three or more of the five written and oral sections of the comprehensive examination. Failing a section is defined as two of the three raters for the question giving the student a failing rating.If three or more of the sections are failed the student have to retake the full comprehensive examination at the next scheduled administration. Students will receive feedback on their performance and suggestions for improvement if needed.

A student who fails two of the five written and oral sections of the comprehensive examination must retake the two failed sections but not prior to the next scheduled examination time. Students must retake the two sections no later than one year from the original examination date.

A student who fails one of the five written and oral sections of the comprehensive examination is allowed to take a second attempt by the end of the next semester (not including summer) if desired. All students retaking one examination question shall be tested on the same day and time to be set by the program faculty. Student failing one section can opt to retake the failed section at the time of the next scheduled examination time, but no later than that. Thus, students can retake the failed section either within the following semester (not including summer), *or* the following May.

Upon failure of one or more sections students may be required to complete remedial work in these sections, which will be determined by the faculty. This work will take time and the intent is for students to become proficient in these areas and demonstrate it when retaking the examination. It is very highly recommended that students take a sufficient amount of time remediating in order to increase their chances at passing the examination sections.

The re-examination must be over similar content, with similar format, rigor, and with the same allowances, such as what materials the student can bring to the examination or accommodations for disabilities, as the original examination question. The examination will be retaken in the same format as the original examination.

The advisor, representing the input from the program committee, is responsible for advising students of the risk of retaking an exam quickly and perhaps failing out of the program. Committee feedback is intended to help the advisor formalize a plan that enhances the chances for success. Written documentation of the plan signed by the student and all committee members will be placed in the student’s file.

Students will be allowed to retake the comprehensive examination against advisor and program committee recommendations, though with the understanding of the implications of a second failure (dismissal from the program). If a student elects to re-take the comprehensive examination against the advice of the advisor and program committee, a written acknowledgement of this decision and the possible outcomes on the examination and program status must be signed by both the student and advisor and placed in the student’s file.

**Practicum Sites and Internship**

**PRACTICUM GUIDELINES AND INFORMATION**

Depending on whether students are admitted with or without a master’s degree, the number of semesters in practicum will vary. Students are required to have a minimum 2 semesters of beginning practicum (typically done in Master’s program for individuals admitted with a Master’s degree). There is also a requirement of 12 credits or 4 semesters of Advanced Practicum and 1 semester of assessment practicum. When it is time for students to begin their field work, they should submit an application to the ECPY Director of Clinical Training (DCT). Doctoral students will discuss their clinical interests with the DCT who will assign them to a practicum placement site. These placements will be based on student interest, developmental appropriateness, faculty input, and availability.

# ***Client Contact and Supervision Requirements***

During their doctoral studies, students should have a minimum of 1000 hours of practicum including at least 650 hours of direct contact with clients and 160 hours of individual supervision. Practicum duties include other activities such as writing case notes, processing tapes, preparing for sessions, attending care conferences, and consultation, educational enrichment, and observation activities. Practicum hours range from 15 – 20 hours per week, unless the student has prior special permission by the DCT.The DCT will confer with the student’s chair prior to approval. Direct client contact refers to individual, conjoint, and group counseling with clients. It includes intake interviews and also sessions conducted with another counselor, if the student actively participates (otherwise, it is considered observation).

It is the student’s responsibility to record the hours devoted to the various activities in practicum, using the Documentation and Summary forms provided by the department or through APPIC.org. Forms are collected at the end of the semester and placed in the student’s training file.

It is the joint responsibility of the student and supervisor to establish and operationalize goals at the beginning of the semester. It is their responsibility at formal evaluation sessions to provide specific evidence of the student’s progress in these areas. Evaluation of the student’s performance is both individualized and normative. It takes into account the student’s own baseline and goals but also estimates the student’s performance relative to other students at the same level of training.

While evaluation should be ongoing during the course of the semester, formal evaluation takes place at the middle and end of the semester when the student and the supervisor provide the practicum instructor and Director of Clinical Training with written evaluation on forms provided by the department. A copy of the form is placed in the student’s file. The practicum instructor then assigns a grade based on the evaluation and class work/participation.

# ***Practicum Sites and Application Procedures***

Students planning to take practicum must apply for sites in the preceding semester, according to the following procedure:

1. Students file a Practicum Pre-enrollment Form (see page 29) with the Director of Clinical Training for practicum placement assignment in early fall semester (announcements will be made) for the subsequent spring semester and summer semesters, and early spring semester (announcements will be made) for the fall semester.

2. The Director of Clinical Training assigns students to practicum sites according to a) student preference, b) developmental appropriateness, c) faculty input, and d) availability of the site. These are not necessarily in order based on needs of the practicum site and fit.

3. Students unsatisfied with the site assignment may appeal to the Director of Clinical Training for feedback and, if appropriate, reconsideration for assignment.

Practicum sites must be approved by the Counseling Psychology Director of Clinical Training in consultation with the Counseling Psychology faculty. Students interested in an unapproved site may ask the Director of Clinical Training to consider the site for approval but may not use the site until it has been approved.

**Students are required to show proof of liability insurance coverage** before they will be allowed to participate in practicum.

# ***Establishment of Practicum Sites***

Efforts will be made to develop practicum sites at agencies where students will receive experience and training commensurate with the philosophies of the Counseling Psychology training program. Counseling psychologists are employed in a wide variety of work settings, so this program can provide students with a range of pre-professional opportunities.

**RECORD KEEPING**

Students are expected to maintain records of all client-related work. There are minimum hour requirements by the department for practica, as well as many internship sites, and these records will make it easier to verify clinical experiences when completing the APPIC application for Predoctoral Internships. This information can be recorded in many ways, but it needs to be documented. One method is to use a weekly planner, writing down client contact hours, supervision hours, tests administered, reports written, demographic information about the client, the type of contact (i.e. family, couples, individual), and any related activity such as reviewing a chart (refer to Student Therapy Experience Log on page 24). Another option is to use MyPsychTrack or similar program (http://mypsychtrack.com)

*Electronic and Telephone Communication.* Psychologists and those in training should be particularly aware of the fact that clients can obtain personal information about their therapists using the basic and common tools of the Internet. As such, you should be particularly cognizant about the type and nature of the personal information you make publicly available on the web. You should carefully consider how you use social media (e.g., Facebook, Twitter), or similar online venues. Keep in mind that you may also receive unsolicited electronic communications from your clients and you should consult with your supervisor about how to address this if it does occur.

When using a personal cell or home phone to contact a client, the caller ID should be blocked (\*67, then the number) to prevent clients from having access to personal cell phone numbers. Similarly, when calling clients on cell phone, be aware that they may answer your call in a situation in which they are not comfortable speaking with you. You should ask your client whether you have reached them at an appropriate time to discuss clinical matters. Discuss with your clients their preferred method of being contacted (email, mail, phone, cell phone) and whether their preferred medium is confidential (e.g. home phone shared with roommates).

**PREDOCTORAL INTERNSHIP**

Before students may apply for internship they MUST: (1) complete/pass the comprehensive examination, and (2) successfully defend their dissertation proposal.

States are moving closer to requiring an APA-accredited internship for licensure in accordance with a recent APA resolution (http://www.apa.org/ed/precollege/psn/2014/01/resolution-accreditation.aspx) on health service provision. Many jobs also require an APA-accredited internship.

Given the increasingly competitive nature of securing internship sites, the Counseling Psychology Program has set forth the following policy. The first year that a student applies for internship, all internship sites to which students apply must be APA-accredited. This applies to both the Match I and Match II process.

If a student fails to secure an APA-accredited internship during their first application year, they may apply to sites that are not accredited by APA during their second application year; however those sites must be APPIC member sites. Students must speak with their advisor prior to their application submissions. During the first Match phase of a student’s second application year, APA-accredited sites must be ranked first, before any non APA-accredited sites are ranked. During the second Match phase of the student’s second application year, the student is allowed to rank sites without restriction. However, a student is NOT at any time, allowed to apply to a site that is neither APA-accredited, nor a member of APPIC.

The decision to pursue a non APA-accredited internship site should be weighed carefully by the student and his or her advisor for several reasons. First, graduate programs must provide the APA Commission on Accreditation an accounting of the number of students who secure APA and non APA-accredited sites. Though the Commission is aware of the internship problem that exists, this does not preclude them from evaluating this aspect of a program’s outcome data. Second, a few licensing boards will not credential an applicant as a licensed psychologist if this individual did not train at an APA-accredited internship, and the number of states’ licensing boards will continue to grow. At a minimum, most state boards require that an applicant receive internship training at an APPIC member site. Third, some federal employers (e.g., Veteran’s Affairs, Bureau of Prisons) will not employee graduates that did not complete an APA-accredited internship. Moreover, promotions in some employment settings might also be hindered for those students who do not complete an APA-accredited internship.

The final decision on whether or not to apply to non APA-accredited sites during the second application year is up to the student, after consulting with the advisor and program director. However, obtaining the documentation needed to satisfy the Commission, licensing boards, potential employers, etc., will be responsibility of the student.

STATEMENT REGARDING STUDENT EMPLOYMENT AS PROVIDERS OF PSYCHOLOGICAL SERVICES

Questions arise occasionally regarding our students’ employment as “providers of psychological services” and the conditions surrounding their employment. The Counseling Psychology Program subscribes to the American Psychological Association’s *Ethical Principles of Psychologists and Code of Conduct* (2010), and the Specialty Guidelines for the Delivery of Services.

***PROVIDERS OF COUNSELING PSYCHOLOGICAL SERVICES*:** This term subsumes two categories of providers of counseling psychological services. These are (a) professional counseling psychologists, and (b) all other persons who offer counseling psychological services under the supervision of a counseling psychologist.

Professional counseling psychologists have a doctoral degree from an organized, sequential counseling psychology program in a regionally accredited University or professional school. The program of study is provided in a department of psychology in a University or College or in an appropriate department or other similar unit of a professional school. Only counseling psychologists, i.e., those who meet these education and training requirements, have the minimum professional qualifications to provide unsupervised counseling psychological services.

Consistent with the above:

1. Graduate students in the ECPY Department are not to engage in providing unsupervised counseling psychological services for a fee under any circumstances unless they hold a professional credential and are licensed or certified to provide such services in the Commonwealth of Kentucky or the state in which the service is provided.

2. Graduate students in the Department who wish to engage in the supervised practice of providing psychological services must do so within the structure of a practicum or supervised field experience. Students must apply for placement in a practica and, those who wish to engage in field experience (used for post-practicum experiences when students are deemed to be capable of engaging in the practice of psychology with the supervision of a psychologist) should inform the ECPY Department Clinical Training Director of their intent and provide documentation of suitable supervisor arrangements *prior* to engaging in that practice. The ECPY Training Director in consultation with the student’s advisor and the Counseling Psychology faculty will assess and determine the student’s readiness for field experience and recommend specific areas of enrichment. Some students will be required to engage in additional practica experience in order to develop essential therapy and assessment skills through their practica before permission is granted. Students *MUST* be enrolled in a practicum or field experience *AND* have professional liability insurance.

1. When engaging in permissible clinical practice or consulting activity, graduate students may not use their affiliation with the University of Louisville, the College of Education and Human Development, the Counseling Psychology Program, or the ECPY Department as a “professional credential,” either explicitly or implicitly, without the written consent of the faculty. All clients must be fully informed of the student’s status as a trainee in the Counseling Psychology Doctoral Program.

# **Research**

# **RESEARCH REQUIREMENT AND FOCUS**

In addition to required and suggested other formal coursework in research methodology, supervised experience conducting research is an important component in training a scientist-practitioner. The Counseling Psychology training program provides this experience to students via a research apprenticeship with a faculty member. This apprenticeship involves participation in the research projects of a faculty member who serves as a research mentor. As an apprentice, a student joins a research team and assists in various phases of the research process: conceptualizing the study (e.g., formulating research questions and research hypotheses grounded in a review of the scholarly literature), articulating the research design, developing the research method (e.g., constructing psychological measures, developing experimental procedures), making arrangements to conduct the study (e.g., scheduling participants, collating material, setting up the laboratory), conducting the study, coding and entering the data, analyzing the data, and writing up the findings for publication.

Beginning with the 2010-2011 class, all students have been required to complete a second year (for post-baccalaureate; first year for post-master’s) research project (or thesis if the student desires). It is expected that students will have a significant role in this project while still being developmentally appropriate. This project does not preclude work on other research projects, though students and their faculty chair (or research mentor) should be mindful of the time requirement to complete this project. Students entering at the post-baccalaureate level must complete the project by the end of their second year upon entry into the program. Students entering at the post-master’s level will have to either demonstrate that they have already completed a master’s thesis or equivalent, or must complete it within one year upon entering the program. Determining whether a preexisting project fulfills the requirements of the master’s equivalent required for our program rests with the program faculty. Failure to complete the research project in the allotted time will result in the student discontinuing progress with any clinical practicum until the project is completed, and their progress in the program will be evaluated to determine whether they should continue in the program. Upon completion of the research project to the satisfaction of the faculty chair, the faculty chair will submit a letter of completion to the Director of Clinical Training, which will then be placed in the student’s file.

The research apprenticeship is formalized by enrollment in ECPY 700. Students are required to earn a minimum of 6 credit hours in ECPY 700 distributed across two full academic years. With their research mentor, students negotiate a contract that defines their responsibilities on the research project for the upcoming semester and the publication credit they will receive from the project if all duties are fulfilled. Students enroll in ECPY 700 at the outset of their doctoral program to begin their "socialization" into the research enterprise as early as possible. The counseling psychology faculty may assign incoming students to research teams based on the student’s interests and experience.

By serving as a member of a research team, students develop deeper insight into the research process as well as the substantive areas of research. This experience prepares students to conduct independent research, including their dissertation research. More generally, this experience encourages students to think like scientists--to subject ideas to rational and empirical scrutiny--in all their professional activities.

**INDIVIDUALIZED STUDY IN RESEARCH**

In adhering to the Scientist-Practitioner model of professional training, the Counseling Psychology program emphasizes the training of research skills. Consequently, in addition to taking coursework in various research and statistical methods, students work with faculty members with whom they may share or develop research interests and become involved in ongoing research projects. Another purpose is to aid in the development of research projects for the student resulting in presentations at professional meetings, publications in professional journals, and to lay the groundwork for the doctoral dissertation.

Students are strongly encouraged to begin thinking about dissertation topics, selection of the committee and performing any preliminary work prior to the taking of the comprehensive examinations. While the formal proposal meeting cannot be held until the student passes all comprehensive examinations, this procedure should not be misconstrued as prohibiting preparatory work toward the project until the exams are completed. Students are strongly encouraged to begin developing a comprehensive review of literature in their area of interest for dissertation research as early as practical.

**DOCTORAL DISSERTATION**

***Dissertation Process***

For each student, the specific timetable for dissertation process and completion will vary. However, the overall sequence of events is identical. Each student works with his/her chair to develop a research topic and proposal, though the primary responsibility for developing a topic falls to the student. The primary purpose of completing a dissertation is to demonstrate research competency. Dissertation topics shall be applicable to counseling psychology and make a unique scientific contribution to the field. The topic and methodology chosen should be consistent with the expertise of the chair and committee members. Topics and methods falling outside of these expertise areas will not be approved.

 In conjunction with the chair, the student will develop a minimum of a four-person dissertation committee, two of which must be from the counseling psychology program (the chair must be from the counseling psychology program). In some cases a student can select a co-chair outside of the program, though one of the co-chairs must still be a counseling psychology faculty member. Note that if co-chairs are used then the committee will have five members, three of which will be counseling psychologists. All but one member of the committee must also be University of Louisville Graduate Faculty members or hold similar rank at other universities. After arriving at a mutual decision regarding the composition of the committee, the student is responsible for contacting the prospective dissertation committee members and asking whether they would agree to be a member of the committee. Students must have committee members complete **Appendix D**, which will be returned to the counseling psychology dissertation chair, who will place it in the student’s file.

Committee members can assist the student during the proposal process (e.g. recommend readings, suggest additional methodological considerations). Students should coordinate with their chair about potential changes suggested by the committee members. The student will then write the proposal in conjunction with the style agreed upon by the committee. The writing style and format for organization of the dissertation is variable depending on the committee requirements, but is dictated by the APA publication manual and guidelines available from the Graduate School office and online at <http://www.apastyle.org> . The dissertation chair spearheads the process and all information goes through the chair and the student. Note that any changes in committee members must be mutually agreed upon by the student, chair and committee members. Students are expected to discuss the change with the chair first and then the faculty member. If students wish to change chairs, it should be discussed with the current chair. If this is not possible then the student may opt to contact the Director of Clinical Training first or the Department Chair second.

Once the chair determines the proposal is ready to distribute to the committee, copies with a standard cover letter (see **Appendix E**) are provided by the student to committee members. Committee members will have 14 full days for manuscript review and feedback to the committee chair. If all committee members agree the proposal is ready to defend, the student is permitted to schedule the proposal defense. If one or more of the committee members deem revisions necessary prior to defense, the student consults with these members and the committee chair in order to address suggested changes. When suggested revisions are completed, he/she redistributes the proposal to the committee through the chair. The committee members have 7 days in which to reply. Note that some committee members may not provide additional feedback at this step to the student. Additional revisions follow the same timetable, that is, committee members have 7 days to review the document and provide feedback to the chair. If the changes are approved, the student may schedule the defense. Students are not to arrange the scheduling of the oral defense until all committee members have agreed that it can be defended. In other words, handing the proposal to committee members and immediately scheduling the defense for 14 days later is unacceptable. Once permitted to defend, the scheduling of the defense, room, and any equipment arrangements are the responsibility of the student.

At the oral defense meeting of the dissertation proposal, a full critical examination of the proposed research will be conducted. Any changes recommended by the committee must be incorporated into the proposal, and the student cannot go forth with data collection until all changes have been made to the satisfaction of all committee members.. All committee members sign off on the proposal, as agreed upon, to prevent future misunderstandings. The Dissertation Committee chair keeps this proposal and keeps the sign off sheet on file (See Appendix E).

Once the proposal is successfully defended, the student must submit his/her proposal to the Institutional Review Board - Human Subjects Protection Program. Please contact the Human Studies Committee office for a submission packet detailing the current procedures (office number 852-5188) or visit their website

<http://www.louisville.edu/research/uhsc.htm>. Also, the doctoral student and dissertation committee chair must complete IRB Training which is an online course that requires at least 7 hours of participation and certification of successful completion before submission of the research request to the IRB Committees.

The University supports the SPSS-for-Windows program, and graduate students may obtain this through the University bookstore or through Miller Information Technology. There are additional statistical packages supported through the ERTC.

Data may not be collected until the research is approved by the IRB. Once the IRB Committee approval has been obtained the data may be gathered and the study completed.

It is important to note that the successfully defended proposal represents a *contract* between the student and the committee. Any subsequent changes in procedure, design, method, etc. must be brought to the *entire* committee for approval. The process for the dissertation defense is analogous to the proposal defense process. The student and chair work together on drafts. Once the chair determines the manuscript is ready for committee review, it is sent out with a cover letter (Appendix E) and the committee is provided 14 days to review and suggest changes. As with the prospective, with full committee approval, the student schedules the dissertation defense. Proposal and defense of the dissertation cannot be scheduled the first or last week of semesters, or during university holidays. The School of Interdisciplinary and Graduate Studies provides detailed information regarding dissertation deadlines and manuscript preparation.

***Acceptable Research Designs***

Various research designs have been evaluated in terms of their suitability for doctoral dissertations. *At least one member of the committee must be intimately familiar with the design used in the dissertation (for example, any research design including experimental, meta-analysis, qualitative or mixed-methods design is unacceptable if no committee member is familiar with the design).* A committee member’s familiarity should be based on his/her experience conducting studies with that design. Ideally, the committee member should have presented research using this design at a professional conference or in a peer-reviewed journal.

The suitability of any research design will be evaluated based on the ability of design to advance the knowledge in a given domain. Various methods are appropriate and some designs may be more or less realistic to complete in a reasonable time frame. This decision should be guided by previous research, the theory being tested, and feasibility to conduct the study. Here are some examples and caveats about each design:

**True Experimental Design -** To investigate possible cause-and-effect relationships by exposing one or more experimental groups to one or more treatment conditions and comparing the results to one or more control groups which have not received the treatment. Random assignment to treatment/control conditions is an essential component of this design.

 **Quasi-experimental Design -** (including single case/multiple-baseline behavioral designs) - To approximate the conditions of the true experimental design in a setting which does not allow the control and/or manipulation of all relevant variables. The researcher must clearly understand what compromises exist in the internal and external validity of this design and proceed within these limitations.

**Correlational Design -** To investigate the extent to which variations in one or more factors correspond with variations in one or more other factors based on correlation coefficients. Appropriate the use of this design should be consistent with the state of the literature in a given domain. They should be theoretically informed. The rigor of these designs may also be reflected in statistical models employed. However, advanced statistical models cannot make up for poorly designed correlational methodology.

**Qualitative design** - To investigate psychological phenomena through “bottom up” approaches. These designs may include ethnographic, grounded theory, and phenomenological approaches. In order to use this design in a dissertation, reliability and validity information must be included (e.g., divergence, convergence).

**Mixed Methods Research** (including mixed model and mixed methods) – To investigate psychological phenomena using a blending of quantitative and qualitative methods. Note that having at least two experts in quantitative and qualitative designs may not be sufficient; students may want to seriously consider consulting with a mixed-methods expert.

**Meta-Analysis –** To investigate psychological phenomena using statistical methods to analyze existing studies. Thesedesigns synthesize existing research into cogent findings about the status of the literature as well as analyzing specific moderators that may influence outcomes. Similar to other studies it is important to consider the breadth and depth of existing studies to meta-analyze.

***Unacceptable Research Designs***

The following designs are not acceptable under any conditions: descriptive studies (i.e., how many clients drop out of therapy), theoretical reviews (e.g., summarizing the theoretical literature in a domain), and "ex post facto" wherein the study was not developed to analyze the research question. If students want to use preexisting data sets, they should consult their committee chair and committee to determine the appropriateness of using this data. While developmental designs are of great value, they are seen as inappropriate for students in the Counseling Psychology Program, given the nature of the data collection process. Though there are multiple texts in this area, students can consult:

Miller, D.C., & Salkind, N.J. (2002). *Handbook of research design and social measurement*. (6th

 ed.). Thousand Oaks, CA: Sage Publications.

***Oral Defense of the Dissertation***

When the committee chair and the student believe that the written portion of the dissertation is finished, the student should submit the dissertation draft and an oral defense of the dissertation should be scheduled. The dissertation defense is open to the public and advertised by the Graduate School. Students are encouraged to attend their colleagues' defenses to gain some prior exposure or desensitization to the process. A copy of the final dissertation should be distributed to all committee members at least two weeks prior to the oral defense (three weeks is preferable).

In conducting the oral defense, the chair of the Dissertation Committee will convene the examination by introducing the candidate, giving her/his background and indicating the format of the procedures to be followed. The candidate will give a short overview of the project, findings, etc. After this presentation, the candidate is questioned by members of the committee. All members of the committee should have thoroughly familiarized themselves with the dissertation before the examination. When ample opportunity has been given for questions, the candidate and any observers should be dismissed from the room while the committee deliberates and comes to a decision regarding the adequacy of the candidate's performance. When a decision is reached, the candidate is informed and the committee chair notifies the Dean of the Graduate School. It should be noted that further revisions may be suggested or necessary prior to submitting the final document to the committee chair and University Library. It is the responsibility of the dissertation chair to ensure that these changes are made, unless a committee member(s) states that he or she wishes to see the revised version prior to final submission.

***Dissertation Submission***

Upon successful completion of the dissertation defense each student is required to submit a copy of the dissertation to the committee chair and the department in addition to the University Library.

**POLICIES**

**POLICY ON STUDENT CONDUCT**

Counseling psychologists interact with clients at a time when they are most vulnerable to outside influence. Consequently, counseling psychologists must be exemplary in their conduct and must display good judgment. Counseling Psychologists are expected to conduct themselves in a professional manner as practitioners, students, and citizens. Any behavior which violates professional ethics (APA *Ethical Principles and Code of Conduct*, Appendix L), campus regulations (University of Louisville Student Handbook), or local, state, or federal laws will be cause for consideration by the program faculty as to whether the student involved should be allowed to continue in the program. This decision is independent of decisions made at other professional, academic, and legal levels of academic excellence exhibited by the student.

***University Policy On Excused Absences***
Although each college, school, or academic unit of the University of Louisville creates its own regulations concerning class attendance, all units hold students responsible for materials covered, lectures given, papers due, exams scheduled or other evaluative measures administered during a student's absence from class.  The academy requires student participation in the learning process, measurement of student progress, and the fulfillment of basic course requirements.

When, however, a student's participation in a university-sanctioned event or activity requires him or her to be absent from a class during which an examination or other measurement of academic progress is scheduled, faculty are expected to provide the student an opportunity to be evaluated at another time or by a comparable alternative evaluation method, within a reasonable period of time prior to or after the absence.

A university-sanctioned event shall be one in which a student represents the university to external constituencies in academic or extra-curricular activities.  These include, but are not limited to, student government congresses, intercollegiate athletic and debate contests, music competitions, academic meetings and conferences.  In order for any other event or category of events to be designated university-sanctioned, it must be approved in writing by the dean of the student's enrollment unit.  A dean's decision not to designate an event as university-sanctioned may be appealed to the University Provost.

Official notice of a university-sanctioned event shall consist of a letter from the sponsoring unit or program to the faculty whose class will be missed.  If the event or class of events has not already been designated as university-sanctioned, the letter must be signed by the dean of the student's enrollment unit or her/his designee.  The letter shall be considered binding only if it is delivered to and received by the faculty member a minimum of one week prior to the event or activity.  The letter shall include the following data:

 • Date(s) and location(s) of the event(s)
 • Date of departure from campus and exact time when the student is expected to report for

departure
 • Date of return to campus and exact time when the student will be expected to return to

 class.

The University of Louisville recognizes that educational experiences extend beyond the classroom and campus.  Students are encouraged to participate in activities that provide opportunities for academic enrichment, experiential learning, and university service as ambassadors for the university.  Faculty are urged to be as flexible as possible in providing alternative times or means for the evaluation of students who are acting as representatives of the university in an officially sanctioned activity that requires absence from class.”

***Student Academic Grievance Policy[[1]](#footnote-1)***

All University of Louisville students have the option of filing academic grievances, which are used if and when a student believes he or she has been treated unfairly. Most of these problems are resolved at the departmental level.

You should begin the process by speaking directly with the person whose actions have precipitated what you believe to be unfair treatment, if you feel comfortable doing so. If the outcome of that conference is unsatisfactory, the department has outlined a series of steps you may take. Your Graduate Student Advisor or the person fulfilling that function can advise you regarding the proper procedure.

Grievances not resolved at the departmental level can be brought to the attention of the Student Grievance Officer in the Graduate School. You cannot omit any of these steps or procedures, which have been designed to protect the legal rights of both the student and the faculty member involved in the grievance.

<http://louisville.edu/graduatecatalog/toc#Academic_Grievance_Procedure>

Questions may also be directed to the American Psychological Association:

Office of Program Consultation and Accreditation
750 First Street, NE • Washington, DC • 20002-4242
Phone: 202-336-5979 • TDD/TTY: 202-336-6123
Email: apaaccred@apa.org

**ECPY STUDENT REVIEW AND RETENTION POLICY**

Successful Completion of a program in Counseling Psychology, Counselor Education, College Student Development, or Educational Psychology is based on the demonstration of effectiveness in academic, professional, and personal areas as they relate to a student’s professional objectives. The faculty of the Department of Educational and Counseling Psychology have a professional responsibility to evaluate the academic, professional, and personal development of students in the training programs. The evaluation procedures serve two main purposes:

1. To provide students with information related to their progress that will enable them to take advantage of strengths and to remediate weaknesses in their academic, professional and personal development.

2. To provide the faculty with information about the progress of students which will facilitate decision making that is in the best interest of students and the profession they are preparing to enter. The faculty is concerned about the suitability of a student entering a profession with evidence of satisfactory performance in academic course work but with weakness in required practical skills, or behaviors which are unethical, illegal, or unprofessional.

The Student Review and Retention Policy enables ECPY faculty to share and evaluate information about student progress. Student review is an ongoing and continuous process. Any faculty member may raise questions about a particular student’s performance and progress during regularly scheduled program or department faculty meetings. The discussions of student performance and progress will be held in executive session. At that time, any questions about students may be raised for faculty consideration.

In the Spring semester, the ECPY faculty meets to review the progress of all doctoral students based, in part, on a yearly evaluation form that students complete. The purpose of the review is to determine whether or not a student is making satisfactory progress in graduate training. All students will receive a letter from their advisor summarizing their progress in the program, providing specific feedback in regard to areas of strengths and weaknesses. Minimal levels of satisfactory achievement is based on multiple factors including (but not limited to) course grades, clinical work and site supervisor feedback, research progress, GA (if applicable) behaviors, professional and ethical behaviors, comprehensive examinations, teaching responsibilities, dissertation progress, and internship training (See Appendix G)..

A student deemed not to be performing at a high academic, professional, personal, and/or scientific level will be given an indication of the areas in which improvement is needed. Students are then encouraged to meet with advisors and/or faculty to discuss the outcome of their annual review. Failure to make satisfactory progress academically, or reasons which are extremely serious (e.g., violation of ethics codes see Appendix L) may result in a student being formally dismissed or asked to withdraw from the program and a recommendation to that effect being made to the Graduate Dean. In such a case, the faculty will hold a formal review.

The faculty will determine one of five possible outcomes for each student and proceed utilizing appropriate protocols specified:

1. The student is demonstrating exceptional skill and progress in their program. A letter addressing specific unique accomplishments of the student will be given to the student by their advisor and placed in the student’s permanent department file.

2. The student is making satisfactory progress in the program.

3. The student is not demonstrating satisfactory progress but the issues are not judged serious enough to be placed on probation. This student is notified to make an appointment with their advisor in order to receive feedback and to identify appropriate remediation procedures expected of the student.

4. If, in the professional judgment of the department faculty, a student’s behavior is deemed substandard, unethical, illegal, and/or professionally unbecoming at any time during the course of training (including, but not limited to, course work, practica, externships, internships, and violations of the student code of conduct), the faculty may either place the student on probation and create a remediation program, or,

5. Dismiss the student from the program.

 **A Probation and Remediation**. The student will be placed on probation, and a remediation plan will be developed by the student and the advisor with the approval of the ECPY retention committee. The Retention committee is composed of three faculty from the ECPY faculty appointed by the Department Chair, and does not include the advisor of the student. This plan will be in writing and will be signed by both the student and the advisor. A copy of the plan will be provided to the student and a copy will be placed in the student’s ECPY file.

**Probation and Remediation Steps**

If the department faculty determines the student can benefit from a period of remediation, the following steps will be taken:

1. The department chair will notify the student, in writing, that the student is on probation within the program. Additionally, the student will be requested to make an appointment with the advisor to discuss the procedures that will be used regarding the probation.

2. The student, the student’s advisor, and/or the Retention Committee develop a plan for remediation of the student’s behavior. This plan will (a) define the student’s problem areas, (b) identify the expected behavior patterns or goals, (c) specify possible methods that could be used to reach these goals, which may include personal counseling, self-structured practica, behavioral change, and/or additional academic course work, (d) delineate specific goals and how goal attainments will be demonstrated, and (e) designate a date for goal attainment or reevaluation.

3. A copy of the approved plan will be provided to the student and a copy will be retained in the student’s file in the ECPY office. Both copies of the plan will be signed and dated by the student, the student’s advisor, and the department chair.

4. At or near the date for reevaluation, the student’s progress or lack of it will be reviewed by the department faculty. The review will include a review of the faculty evaluations and any documentation provided to the advisor by the student.

5. The faculty has three options of recommendation:

a) **Continuation in the program**: the specified concerns no longer present a significant problem and the student is allowed to continue in the program.

b) **Continued probation and remediation**: if progress is documented on the first evaluation, an updated behavioral plan is prepared, and a date is set for another reevaluation at the department faculty’s discretion.

c) **Dismissal from the program**: if the student has failed to attain the behavioral goals and there is no expectation that he or she can reasonably attain them in the near future.

6. The student will be notified in writing, by the department chair, of the reevaluation decision and it will be requested that the student make an appointment with the advisor for feedback concerning the decision.

7. The student will be requested to sign and date two copies of the reevaluation decision. One copy will be retained by the student and one copy will be placed in the student’s permanent file in the ECPY office.

8. Depending upon the reevaluation decision by the department faculty (as outlined in 5 a, b, and c. above), the student and the advisor will review the options available to the student.

9. If dismissal from the program is recommended by the faculty, the department chair will send a written notification to the student by certified mail. A copy of the notice will be placed in the student’s permanent file in the ECPY office.

10. If dismissal from the program is recommended, the student will be given 30 days, within the regular academic year, in which to (a) prepare and present to the faculty a written response to the notification, and (b) request, in writing, a faculty review of the termination recommendation, if the student chooses.

11. Upon receipt of a written request from the student regarding the termination recommendation during the 30-day period described in step A (10), a faculty meeting will be held to provide the student with the opportunity to present his or her case to the faculty.

12. Following the student’s presentation, the department faculty will meet to (a) review the student’s progress in the program, (b) review the student’s behaviors as related to expected professional and personal behaviors, (c) review the student’s remediation progress, and (d) render a decision as to whether the dismissal recommendation is to be upheld.

13. Written notification of the decision will be provided to the student by the department chair.

14. If the dismissal decision is upheld, the department chair will forward a formal dismissal recommendation to the Dean of the College of Education and Human Development and the Dean of the U of L Graduate School.

If the student is not satisfied with the department faculty’s decision, the student may file a grievance in accordance with the procedures outlines in Chapter 6 of the Redbook and further published in the Student Handbook.

**B**. **Dismissal from Program**. If a student’s unacceptable professional and personal behaviors are deemed severe enough by the department faculty, the department chair will forward an immediate dismissal recommendation to the student by certified mail.

1. The student will be given 30 days, within the regular academic year, in which to (a) prepare and present to the faculty a written response to the notification, and (b) request, in writing, a faculty review of the termination recommendation, if the student chooses.

2. Upon receipt of a written request from the student regarding the termination recommendation during the 30-day period described in step B(1), a faculty meeting will be held to provide the student with the opportunity to present his or her case to the faculty.

3. Following the student’s presentation, the department faculty will meet to (a) review the student’s progress in the program, (b) review the student’s behaviors as related to expected professional and personal behaviors, and (c) render a decision as to whether the dismissal recommendation is to be upheld.

4. Written notification of the decision will be provided to the student by the department chair.

5. If the dismissal decision is upheld, the department chair will forward a formal dismissal recommendation to the Dean of the College of Education and Human Development and the Dean of the U of L Graduate School.

**DISMISSAL POLICY**

Dismissal of a student from the program is a significant event for both the student and the program faculty and represents the conclusion of the faculty that the student has not demonstrated an adequate level of competency in either academic or clinical skills, or in other critical areas of ethical and professional conduct. Program initiation of action toward the dismissal of a student is generally the final outcome when several informal and formal communications with the student regarding his or her unsatisfactory progress through the program have resulted in no improvement. When appropriate, special efforts at helping the student meet program requirements and training objectives are initiated. The final program decision regarding whether or not a student should be terminated from the program, or under what conditions a student making unsatisfactory progress will be allowed to continue, is a decision that rests with the program faculty, within the parameters set by the Graduate School.

The University of Louisville and the faculty of the department are committed to principles of fairness and due process in the implementation of dismissal actions. The University's *Graduate Student Handbook* as well as the *Graduate Student Catalog* describes the rights of each student at the University. Students should make themselves aware of their rights, as well as their responsibilities. Consult the School of Interdisciplinary and Graduate Studies, located in Houchens Administration Building, for a handbook or the School of Interdisciplinary and Graduate Studies Web Page at graduate.louisville.edu/files/Graduate%20Student%20Handbook.pdf. The University also has policies against sexual, racial, and ethnic harassment, found in the *Graduate Student Handbook* as well. See the *Graduate Catalog*. Rules regarding academic misconduct appear in the *Graduate Catalog* as well as policies about drug and alcohol use on campus.

***Reasons for Dismissal from the Program***

A student's advancement through his or her academic program from one year to the next is contingent upon satisfactory progress each semester. Student advancement in the program is intended to assure that each student maintains adequate progress in gaining knowledge, skills, competencies, and behaviors required for graduation and professional practice. Students are formally reviewed by program faculty once each academic year; however, faculty retain the right and responsibility to review any student circumstances or personal performances that may negatively affect the student's completion of the program, competencies for individual professional practice, or that may threaten client welfare. The following are offered as examples of circumstances or performances that may be the basis for dismissal action:

* Failure to maintain minimum academic standards
* Unsatisfactory performance in counseling practica courses (labs, field experiences, practica) or internship
* Academic misconduct or dishonesty
* Criminal conviction of misconduct that affects ability to practice or be licensed
* Failure to comply with established University or program timetables and requirements
* Unethical practices and/or unprofessional conduct
* Problems with professional competence that obstruct the training process and/or threaten client welfare

The following subsections are offered to clarify the above listed bases for student dismissal.

1. **Failure to maintain minimum academic standards**

Students are required to maintain a 3.0 GPA in both their overall graduate work and their degree program (see definitions of these terms in the UofL Graduate Catalog). The Graduate School places a student on academic probation whenever her/his cumulative graduate GPA falls below 3.0 (on a 4.0 scale). Normally, students receive a letter informing them of their probationary status; however, students are expected to be aware that they must maintain a 3.0 GPA during their graduate studies and, should they drop below a 3.0, they have one semester to bring up their GPA. Students should be aware that all + and - grades are averaged on a fractional bases except for an A+, which is averaged as 4.0. Students on probation have one semester to raise their GPA to 3.0 and return to regular status. A student failing to meet this requirement will not be permitted to re-enroll unless recommended by the department and approved by the Dean of the College of Education and Human Development. As a matter of departmental policy, no incomplete grades may accrue during a probationary semester, and any incomplete grades assigned prior to the probationary period must be completed by the end of the probationary semester or the student remediation plan.

In the Counseling Psychology Program, grades of A+ to A- and B+ to B- are considered passing, whereas grades lower than B- are considered failing. Also as a matter of departmental policy, doctoral students may not accrue more than two "C's" or lower in their graduate program--whether those courses are courses within the department or courses taken through other departments. A third "C" in the program will result in the student's dismissal from the program, regardless of the student’s overall grade point average. Students must retake all courses (up to two) in which they earned a C or less. Students earning a D or F in a course(s) will result in automatic termination review by the program faculty, followed by the department faculty. Students may take up to two program electives on a PASS/FAIL basis. No program subspecialty areas may be taken on PASS/FAIL bases.

**2. Unsatisfactory performance in counseling practica courses or internship**

Upon the recommendation of the student's clinical supervisor at their practicum or internship site and/or in conjunction with the ECPY Clinical Training Director and, after a performance review by the program faculty, a student who is judged to have failed to meet the program's expectations for the quantity or quality of clinical work or supervision during any counseling practica or the student's predoctoral internship, may be recommended to the ECPY department faculty for review for dismissal as outlined in the Student Review and Retention Plan.(beginning on p. 20).

**3. Academic misconduct or dishonesty**

Academic misconduct or dishonesty by a student includes, but is not limited to, disruption of classes, giving or receiving of unauthorized aid on examinations, or in the preparation of notebooks, themes, reports, or other assignments, or, knowingly misrepresenting the source of any academic work, falsification of research results, plagiarizing another person's work, violation of regulation or ethical codes for the treatment of human subjects, or otherwise acting dishonestly in research.

An instructor may, with due notice to the student, treat as unsatisfactory any student work that is a product of academic misconduct or dishonesty. If an instructor deems other judiciary action for academic misconduct or dishonesty by a student to be advisable, or if a student wishes to protest a grade based on work judged by an instructor to be a product of academic misconduct or dishonesty, the case shall be reported to the Chair of the ECPY Department. If suitable solutions are not reached, the case shall be reported to the Dean of the College of Education and Human Development. (A copy of the grievance procedures used by the College of Education and Human Development can be found at louisville.edu/education/eass/graduate-grievance-process.pdf ).

**4.** **Criminal conviction of misconduct that affects ability to practice or be licensed**

A student whose conduct, within or outside of the program, has resulted in the conviction of a crime that would preclude licensing or certification in Kentucky as a psychologist (including a certified psychological associate) may be dismissed from the program by action of faculty.

**5.** **Failure to comply with established University or program timetables and requirements**

Graduate School policy permits doctoral students four years from the time of elevation to candidate status (conferred when students pass their comprehensive examinations) to completion of the dissertation. Where more than four years are needed to complete the degree, the appropriate appeals body of the Graduate School will consider petitions for further extensions and where evidence of continuing progress, currency of knowledge and other reasons are compelling, may grant further extensions. Doctoral students may initiate the petition process to the Graduate School through their doctoral program or dissertation chair for a leave of absence during either the pre- or post- comprehensive period to pursue full-time professional activities related to the student's doctoral program and long-range goals. Leaves of absence also may be granted because of illness or other emergency. Ordinarily a leave of absence is granted for one (1) year, with the possibility of extension upon request. After an absence of five (5) years, however, a doctoral student loses matriculation status and, in order to continue, must apply for readmission to the program and to the Graduate School. By graduating a student from one of its programs, the department is certifying that a student is current with respect to his/her field of study. When granting extension, the department may, at its discretion, stipulate that a student retake or supplement coursework in order to maintain currency in the field.

**6. Unethical practices and/or unprofessional conduct**

Faculty and students are referred to the APA Ethical Principles of Psychologists and Code of Conduct (refer to Appendix G). Multiple relationship issues are considered serious matters by the department faculty; close personal monitoring is suggested.

**7. Problems with professional competence that obstruct the training process and/or threaten client welfare**

Student conduct which, in the opinion of the faculty and/or the student's supervisors, is the result of problems with professional competence and which obstructs, interferes with, or threatens the training of fellow students or welfare of clients, students, faculty or supervisors may result in student dismissal from the program or referral for remediation. In the case of referral for remediation, the student may be asked or required to withdraw from classes and may be placed on a leave of absence from the program until such time as the student is able to demonstrate to the satisfaction of the faculty that she/he is able to return to the program with improved professional functioning. Students may, as part of their remediation, be asked to consult other professionals including psychotherapists and engage in consultation or psychological treatment.

Examples of problematic behavior resulting in the potential for student dismissal or referral include, but are not limited to: substance abuse, dual relationships with clients or students/supervisees for whom the student is responsible; lying or misrepresenting oneself to clients, faculty or supervisors; failure to refer or practicing outside of one's area of competence without appropriate supervision; chronic lateness and/or absence from academic and clinical responsibilities; behavior that interferes with or jeopardizes the well-being of clients, students, faculty, or supervisors; unsupervised practice; and infractions of university rules for student conduct (see page 9 for *The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Program*).

**FORMS**

**INSTRUCTIONS FOR COMPLETING PRACTICUM AND INTERNSHIP SUMMARY**

I. COUNSELING ACTIVITY

A. INDIVIDUAL COUNSELING ACTIVITY refers to face-to-face individual, couple or family interaction between client and therapist. Children are considered birth to 12 years of age, adolescents 13 to 18, and adults, over 18. Couples are same or opposite sex individuals who are in a romantic relationship. They may be dating, committed to each other or married. Families are groups of individuals who define themselves as a family. This may be adults and children or adults and their parents or other adults who are defined as family members. There need not be a genetic relationship. The definition of family includes traditional married couples with children or parents, same sex couples with children or parents/other adults defined as family members.

Vocational/Educational planning is defined as career counseling or educational planning. This includes dealing with problems occurring in an educational setting.

* Interpersonal is defined as relational problems; e.g., the focus of counseling is on problems occurring between the client and other individuals.
* Intrapersonal is defined as problems focused within the individual. The primary focus of counseling is upon thoughts and beliefs of the client about themselves and how they experience emotion.
* Marriage/Family includes interventions into the partner/couple or family systems.
* Other may include behavior modification interventions as a primary mode of therapy, interventions focused upon parenting, or other interventions that do not meet the above criteria. Please describe.

B. GROUP COUNSELING

. The number of groups refers to different types of groups rather than the number of sessions. For instance, a student might lead a psycho-educational group on grief and co lead a group of individuals who have experienced sexual violence. This would be considered two (2) groups. The total number of sessions is how many individual group sessions of any type the student has lead or co lead. The total number of hours is how many hours of group the student has lead or co lead. This includes only actual time in-group, not preparation time.

. Type/Focus of group(s) include psycho-educational, support, therapy, here and now (growth group), social skills, and other. The focus would be information, support for some issue, general therapy or specific problem focused therapy, etc. Describe the specific problem or issues the group is designed to address. This may include support for patients recently released from mental hospitals, education about HIV/AIDS, social skills for AD/HD male children, etc.

 Hours of supervision for group only (also include in summary below) means supervision focused on group only. These hours are also contained in the summary of supervision.

C. CONSULTING ACTIVITY

 Consulting activity is any activity where the student provides expertise to someone that is not primarily focused upon therapy. For instance, consulting with a teacher about modifying the behavior of a child, consulting with an agency about their programs in a certain area that is within the expertise of the student/agency, helping an agency develop a program to serve a particular population, helping an agency understand the population they are serving. Examples include consulting with a girl scout troop leader about her troop where several girls are experiencing the divorce of their parents; helping a family resource director select therapeutic games for her volunteers to play with referred children, examining a curriculum for possible emotionally loaded subjects; or helping a parent who is not currently in therapy with you understand the needs of their geriatric-aged memory impaired parent. Briefly describe consulting activity and number of contacts.

D. ASSESSMENT ACTIVITY

 Assessment includes administering, scoring and writing reports using psychological instruments. It also includes using behavioral observation. Briefly describe any assessment procedures, instruments used, etc.

II. SUPERVISORY ACTIVITY

Class Supervision refers to the entire practicum class, e.g., the number of hours spent in class. Group supervision is the amount of time the student receives supervision on-site in a group format (more than one supervisee and one or more supervisors). These two categories of supervision are added together and reported here since practicum class is generally group supervision.

Individual Supervision is the amount of one-on-one supervision between practicum on-site supervisor and student.

Educational activities refer to any educational forum provided by the practicum site. It may be on-site or at another location. It may be a formal workshop or informal instruction.

On-Site Supervision is the total of practicum on-site group and individual supervision.

TOTAL refers to the number of hours in class and the number of hours for all other supervision in individual and group formats.

PRE-ENROLLMENT, ECPY 780, ADVANCED PRACTICUM

**PRACTICUM/INTERNSHIP SITE REQUEST FORM**

All ECPY Clinical Mental Health Counseling, Counseling Psychology, or Counselor Education & Supervision students planning to enroll in practicum or internship in a future semester must complete this form and return it to the ECPY Office, Room 320. It is essential that you provide your current U of L e-mail address and check your email frequently for information about your placement. Students should NOT contact any practicum or internship site on their own unless given prior approval. Students will be contacted via e-mail some time before the beginning of the semester. At that time, information will be disseminated and the scheduling of interviews will begin.

**This form must be submitted with a current Curriculum Vitae.**

Date of this application: / /

Please indicate the future semester that you plan to enroll in a practicum or internship:

Spring 20 Summer 20 Fall 20

Please **CLEARLY PRINT** the following information in the spaces provided below:

Student name (Last) (First) (Middle)

Student ID # **(ESSENTIAL)** Your UofL e-mail address:

Home Phone: Cell or Work Phone:

**1. Program of Study**: Counseling Psych\_\_\_\_ Clinical Mental Health\_\_\_\_ Your Level: CES PhD\_\_\_ \_ CP PhD \_\_\_\_\_ MEd \_\_\_\_\_\_\_

**2. Faculty Advisor:**

**3. Do you have an undergraduate degree in psychology or sociology?** Yes No

**4. Are you seeking a practicum where you work?** Yes No

If yes, where do you work? Job Title:

**5. Are you seeking a**: Clinical practicum/internship or an Assessment practicum ?

**6. Are you currently at a practicum/internship?** Yes No

If yes, list name of current site:

Name of Site Supervisor: Supervisor’s e-mail:

**7. Would you like to continue at this site?** Yes No

If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**8. Please list previous practicum/internship experiences:** ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Some of our sites require driving 30 to 45min.** Do you have transportation to get to sites outside of Metro-Louisville?

Yes No

There are a variety of types of practicum counseling experiences offered in the area. Some of the populations you will be working with are inpatient, outpatient, children/adolescents, adults, etc. We cannot guarantee that every student will get the population or site they prefer; however, we will do our best to accommodate you.

**10. Would you like to work with children (under 13 yrs old)?** Yes No Unsure\_\_\_\_\_\_\_\_

**11. Would you like to work with adolescents (over 13 yrs old)?** Yes No Unsure\_\_\_\_\_\_\_\_

**12. Would you like to work with adults?** Yes No Unsure\_\_\_\_\_\_\_\_

**13. Would you like to work in a residential setting?** Yes No Unsure\_\_\_\_\_\_\_\_

**14. Would you like to work in an in-patient hospital setting?** Yes No Unsure\_\_\_\_\_\_\_\_

**15. Would you like to work in community mental health setting?** Yes No Unsure\_\_\_\_\_\_\_\_

**16. Would you like to work in a college counseling setting?** Yes No Unsure\_\_\_\_\_\_\_\_

**17. Would you like to work with children with developmental disorders (e.g., autism)?**

Yes No Unsure\_\_\_\_\_\_\_\_

**18. Would you like to work with in a school setting (e.g., high school)?** Yes No Unsure\_\_\_\_\_\_\_\_

**19. Would you like to work with in forensic setting (e.g., prison)?** Yes No Unsure\_\_\_\_\_\_\_\_

**20. Would you like to work with refugees?** Yes No Unsure\_\_\_\_\_\_\_\_

**21. Would you like to work with military folks?** Yes No Unsure\_\_\_\_\_\_\_\_

**22. Any other information that would be helpful for placing you at a site**

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**\*\*\*\*\*IF YOU ARE CURRENTLY WORKING, practicum/internship placements require 16 to 20 hours per week. ALL sites require these hours to be done during business hours (e.g., 8am to 5pm)\*\*\*\*\*\***

**23. Will you be able to adjust your work schedule to accommodate 16 to 20 hours during typical business hours?**

Yes \_\_\_\_\_ No

**24. Please describe in writing what your plans are for your future (no more than 1 page). That is, please describe what you are wanting to do for your career, what are your passions, etc.**

**APPENDICES**

**Appendix A**

**Doctoral Program in Counseling Psychology**

**Ph.D. in Counseling and Personnel Services with a Specialization in Counseling Psychology**

**PLAN OF STUDY**

**Student Name:**

|  |  |  |
| --- | --- | --- |
| **COURSE** | **CREDIT HOURS** | **SEMESTER COMPLETED** |
| **Counseling Core (12 credit hours)** |
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| **Foundations (18 credit hours)** |
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|  **Professional Specialty (21 credit hours)** |
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|  **Clinical/Field Experience (21 credit hours)** |
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| **Research/Statistics (36 credit hours)** |
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**TOTAL = minimum 108 credit hours**

18 hour residency requirement will be fulfilled from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_.

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**Program Chairperson Date Committee Member Date Committee Member Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Student Date**

**Appendix B**

**Counseling Psychology Program**

**Doctoral Course Equivalencies**

| **COUNSELING PSYCHOLOGY PROGRAM DOCTORAL COURSE EQUIVALENCY WORKSHEET** |
| --- |
| **General Name of Course** | **General Course Description** | **UofL course** | **Other University Course Equivalent****(LIST)** | Equivalency orRequirement Fulfilled |
| **YES** | **NO** |
| Evaluation and Measurement |  | ECPY 740 Advanced Psychometrics in Education and Counseling |  |  |  |
| Intellectual Assessment | Tests of cognitive function | ECPY 648 Intellectual Assessment |  |  |  |
| Personality Assessment | Tests of social and emotional functioning | ECPY 649 Personality Assessment |  |  |  |
| Advanced Career Development | Comprehensive study of the research base of leisure and career studies | ECPY 671 Psychology of Career Development |  |  |  |
| Counselor Supervision | Developmental models of counselor development and supervision and consultation issues. Experiential component supervising &/or consulting | ECPY 755 Counselor Supervision |  |  |  |
| Theories of Counseling and Pschotherapy | Study of empirical and theoretical foundations of psychology and application to professional psychology | ECPY 619 Empirical and Theoretical Foundations of Counseling and Psychotherapy |  |  |  |
| Techniques of Counseling | Focus upon the counseling process and interventions for specific mental health disorders for children, adolescents or adults | ECPY 629 Theories and Techniques of Counseling and Psychotherapy |  |  |  |
| Applied Psychotherapy | In depth study of a particular mental health disorder or cluster of disorders and theory-based techniques used to address these issues  | Examples:ECPY 650 Group Process and PracticeECPY seminar treatment of particular population or problem area |  |  |  |
| Basics of Career Counseling | Study of career development, trajectory, factors affecting individuals’ career choice and counseling interventions.  | ECPY 671 Psychology of Career Development  |  |  |  |
| Advanced Doctoral Seminar | Different topics | ECPY 721 Advanced Seminar |  |  |  |
| Doctoral Seminar in Counseling | An in-depth look at a current area of mental health practice and development of students’ personal integrated, researched-based theory of intervention | ECPY 793 Doctoral Seminar in Counseling |  |  |  |
| Research Methodology | Experimental and quasi-experimental design, threats to validity and reliability, appropriate statistical analysis  | ELFH 701 Intermediate Statistics |  |  |  |
| Multivariate Statistics | Examination of multivariate statistical methods utilized in psychology | ELFH 703 Multivariate Educational Statistics |  |  |  |
| Research Design | Emphasis upon characteristics of populations studied, appropriate designs and statistics for optimal power and validity  | ECPY 789 Advances Issues in Research Design |  |  |  |
| Supervised Counseling Psychology Research | Apprenticeship in research | ECPY 700 Supervised Research in Educational Psychology |  |  |  |
| Learning Theory and Application | Theories of learning and application to management of human behavior | ECPY 611 Learning Theory and Application or PSYC 620 Human Learning |  |  |  |
| Biological Bases of Behavior | Study of the biological bases for behavior including the influence of behavior due to drugs, genetics, physiology, brain function and injury and the use of mind/body interventions | ECPY 775 Biological Bases of Behavior |  |  |  |
| Social Bases of Behavior | The study of behavior with an emphasis upon social functioning of the individual within society | ECPY 710 Social Ecology & Social Behavior |  |  |  |
| Multicultural Issues |  | ESPY 663 Multicultural Issues in CounselingECPY 793 Advanced Multicultural  |  |  |  |
| Human Development | The study of theories of human development and current application to mental health treatment | ECPY 605 Human Development, ECPY 631 Adolescence, ECPY 705 Adult Development |  |  |  |
| Differential Diagnosis and Treatment | The study of the DSM-5, ICD 10, classification systems and diagnostic criteria and how diagnosis applies to mental health treatment | ECPY 621 Differential Diagnosis and Treatment in Counseling  |  |  |  |
| Ethics | The study of social, legal and ethical issues within counseling | ECPY 793 Social, Legal and Ethical Issues in Counseling |  |  |  |
| Practicum in Counseling | Counseling or Assessment experience in a supervised setting. Must have a multicultural or metropolitan focus | ECPY 672/673/680 Practicum in Counseling |  |  |  |
| Advanced Practicum(four semesters) | Advanced counseling experience supervised by a psychologist. May include assessment. Must have a multicultural or metropolitan focus | ECPY 780 Advanced Practicum |  |  |  |
| Consultation | Study of theory, models and application of mental health consultation | ECPY626 Consultation |  |  |  |

**Appendix C**

**Required Classes for the Counseling Psychology Doctoral Program**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year 1** | **Fall** | **Spring** | **Summer** | **Total Credits** |  |
|  | 712-adv human development | 629-techniques | 663-Multicultural counseling |  |  |
|  | 619 theories | ELFH 703-adv stats | 789-Adv Research Design |  |  |
|  | ELFH 701-stats | 740- Adv psychometrics | 700-Sup Research |  |  |
|  | 793 prosem/ethics | 621-Diagnosis |  |  |  |
|  | 700-Sup Research | 700-Sup Research |  |  |  |
| ***Credits*** | *13* | *13* | *7* | *33* |  |
| **Year 2** | **Fall**  | **Spring** | **Summer** |  |  |
|  | 648-Cognitive assessment | 649-Personality assessment | 683-Master-Internship |  |  |
|  | 673-practicum | 680-Assessment practicum | \*\*793-Adv MCC or Adv Interven |  |
|  | \*\*793-Adv Career or 722 Adv Theories | \*\*793 Adv. Consultation or 775 Biological bases of behavior | 700-Sup Research |  |  |
|  | 700-Sup Research | 700-Sup Research |  |  |  |
|  |  |  | **Master project due** |  |  |
| ***Credits*** | *10* | *10* | *7* | *27* |  |
| **Year 3** | **Fall**  | **Spring** | **Summer** |  |  |
|  | 780 Advanced practicum | 780-Advanced prac | 780-Advanced prac |  |  |
|  | \*\*793-Adv Career or 722 Adv Theories | 755-Supervision | \*\*793-Adv MCC or Adv Interven |  |
|  | Elective (Group or Family or Adv stats) | \*\*793 Adv. Consultation or 775 bio |  |  |
|  | **Start Dissertation Proposal** | **Comps** | **Defend Diss Proposal** |  |  |
| ***Credits*** | *9* | *9* | *6* | *24* |  |
|  |  |  |  |  |  |
| **Year 4** | **Fall** | **Spring** | **Summer** | **Total Credits** |  |
|  | 710-Social psychology | 7xx-Adv stats | Diss-3 |  |  |
|  | 7xx-History of psychology | 611-Learning theory |  |  |  |
|  | 780 Advanced prac | 780 Advanced Prac |  |  |  |
|  | **Apply for Internship** |  | **Defend Dissertation** |  |  |
| ***Credits*** | *9* | *9* | *3* | *21* |  |
| **Year 5** | **Fall** | **Spring**  | **Summer** |  |  |
|  | 782-Internship | 782-Internship | 782-Internship | 3 |  |
|  |  |  |  |  |  |
|  | **TOTAL Program Credits** | **108** |  |  |  |
|  | *\*\*Taught every other year* |  |  |  |  |

  **Appendix D**

**Dissertation Committee Members**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The following individuals have agreed to be a dissertation committee member:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chair or Co-Chair)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chair or Co-Chair) (Leave blank if no Co-Chair)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Member)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Member)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Member; optional)**

**Appendix E**

**Cover Letter for Dissertation Proposal/Defense**

**Sample Dissertation (Proposal) Letter**

**University of Louisville**

TO: Dr. Pössel & Dr. Hardesty

FROM: Mark M. Leach, Ph.D.

DATE:

RE: John T. Smith’s Dissertation

Attached is a draft of a dissertation proposal for your inspection. Please read it and return

your comments (if major modifications are needed), and this form, to me by \_\_\_(add 14 days)\_\_\_ if possible. If not

possible, please let me know within 5 days. If ready for defense please keep the proposal until the defense meeting but return this form to me.

\_\_\_\_\_\_\_ a. Dissertation (proposal) appears ready for defense with corrections indicated in the manuscript.

\_\_\_\_\_\_\_ b. Major modifications or revisions are needed. I would prefer to see another revision before scheduling a defense.

\_\_\_\_\_\_\_ c. Other disposition, see comments below.

Comments

**Appendix F**

**Acknowledgement of Understanding and Agreement**

I have read the Counseling Psychology Program Handbook and understand its contents. I will also abide by the ethical principles and standards set forth by the American Psychological Association. I understand that I can ask questions about the Handbook at any time and by signing this it means that I have read the Handbook and will act ethically and professionally.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**Appendix G**

**Counseling Psychology Doctoral Student Annual Progress Report**

**It is time to conduct the yearly evaluations. This year, in conjunction with student input, we are beginning to use this more comprehensive form in order to give us a more complete picture of your accomplishments. Your yearly evaluation will be based, in part, on what you include here. Please complete each section below, including sections where you believe you do not have information to include (do not simply put N/A). In these sections please include a narrative about your progress for each area and goals for the upcoming year. Keep in mind that this is not a time to be shy. It is in your best interest to add as much information as you can, so if in doubt, include it. This could include evaluations from practicum courses and other courses taught as well as other documentation (e.g., writing samples, awards, descriptions of other professional activities). Some of the faculty will be less familiar with your work than others, so write as if you are directing your responses to them. When questions ask for “the past year” include Summer 2010-present. Please return this form to Karen Barnes by April 18.**

**PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS.**

1. **General Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Level (during the evaluative period)

Year 1 Year 2 Year 3 Year 4 Year 5

Internship Year

Financial Aid Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Fellowship, Assistantship, Grant, Self-Supporting)

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated (or current) Internship Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comprehensive Examination Status (Complete One):

Expected Year \_\_\_\_\_\_\_ Year Passed\_\_\_\_\_\_\_\_

 What are your career goals?

1. **Academic Performance**

a. Current GPA \_\_\_\_\_\_\_\_\_\_

b. List courses completed this past academic year (Fall, Spring, and Summer) and grade earned (or add a transcript).

1. **Research Activities**

a. List all publications in the past year.

b. List all manuscripts submitted for review in the past year.

c. List all research activities in which you participated during the past year (e.g., research team involvement, journal manuscript review, grant writing activity, help with data gathering).

 d. List progress of your Research Project (the 2nd year project if applicable)

e. Dissertation (check all that apply)

\_\_\_\_\_\_\_ Committee formed

\_\_\_\_\_\_\_ Prospectus in progress

\_\_\_\_\_\_\_ Prospectus defended

\_\_\_\_\_\_\_ Data gathered

\_\_\_\_\_\_\_ Dissertation defended

\_\_\_\_\_\_\_ Manuscript submitted to journal

Dissertation Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dissertation Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Conference Presentations**

List any local, state, regional, national, or international conference presentations during the past year.

1. **Conferences/workshops attended**

List any conferences/workshops attended during the past year.

1. **Teaching**

a. In the past year, list any classes taught, any classes where you served as a teaching advisor.

7. **Clinical Work**

a. For practicum courses, list total direct service client contact hours for each practicum.

 b. How are you developing as a multicultural, ethically competent, and theory-guided counselor?

 c. Assessment experience.

d. Internship Candidates Only: List course work plan for this coming year.

e. Rank order your top 3-5 internship settings to which you expect to apply.

 \_\_Community Mental Health Center \_\_State or County Hospital

 \_\_Health Maintenance Organization \_\_Correctional Facility

 \_\_Medical Center \_\_School District or System

 \_\_Military Medical Center \_\_University Counseling Center

 \_\_Private General Hospital \_\_Medical School

 \_\_General Hospital \_\_Consortium

 \_\_VA Medical Center \_\_Multiple Internship Setting

 \_\_Private Psychiatric Hospital

**8. Supervision**

a. List any experience you have serving as a supervisor.

**9. Additional Activities**

List any additional activities that may assist the program faculty in evaluating your work. Include any administrative work, committee membership (e.g., admissions committee, self-study committee work), awards, student governance involvement (DSO), professional organization membership, etc.

#### Reminder: PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS.

|  |
| --- |
| Other InstitutionPrefix & Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate how the previous course meets the primary course requirement(s). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other InstitutionPrefix & Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate how the previous course meets the primary course requirement(s). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other InstitutionPrefix & Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate how the previous course meets the primary course requirement(s). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other InstitutionPrefix & Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate how the previous course meets the primary course requirement(s). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Appendix H**

Name:

Email Address:

Request for Transfer Credit Form

Counseling Psychology Program

Educational & Counseling Psychology, Counseling,

& College Student Personnel

Note: The course syllabus from the previous institution must be attached for any course to be considered for transfer to the University of Louisville

**Appendix I**

**Practicum Evaluation Forms**

**COUNSELING PSYCHOLOGY**

**University of Louisville**

**MID-TERM TRAINEE CLINICAL FEEDBACK**

**Trainee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Evaluation: \_\_\_\_\_\_\_\_\_ Supervision Dates: From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_**

**Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainee Level: ⬜ Masters ⬜ Doctoral**

**Trainee Prior Clinical Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(direct client hours prior to this placement)**

**Practicum Site Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Site (e.g., CMHC, Hospital, UCC, VA, etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This feedback form is consistent with the training model for our counseling psychology programs as it uses a developmental, competency-based model. The areas of competency listed below have been discussed in literature and are considered the critical areas of knowledge, awareness, and skills for the practice of psychology. Trainees should be provided feedback based on their level of professional development, *not* relative to peers. Expectations of trainees vary depending on their training level.

**Please use the following scale to rate your supervisee on the items below:**

**+3 Strongly Above Expectations:** The trainee has shown strong evidence of the knowledge, awareness,

and/or skill. Performance is highly consistent.

**+2 Above Expectations:** The trainee has shown some evidence of the knowledge, awareness, and/or skill. Performance is mostly consistent.

**+1 Slightly Above Expectations:** The trainee has shown some evidence of the knowledge, awareness,

and/or skill. Performance is fairly consistent

 **0 Meets Expectations:** The trainee has shown some evidence of the knowledge, awareness,

and/or skill. Performance is inconsistent.

**-1 Slightly Below Expectations:** This is an emerging knowledge, awareness, and/or skill for trainee. The trainee’s knowledge, awareness, and/or skill are not very evident in their performance or discussions. Extra attention and focus should be provided in supervision.

**-2 Below Expectations:** Trainee lacks understanding and demonstrates minimal to no evidence of the knowledge, awareness, and/or skill. Extra attention and focus should be provided in supervision. Remedial work may be required.

**-3 Extremely Below Expectations:** Trainee demonstrates problematic or harmful behavior requiring immediate attention.Immediate attention and remedial work will be required.

**N/A**Not applicable for this training experience or not assessed by this supervisor.

|  |  |
| --- | --- |
| ***Training Area*** | ***Rating*** |
| 1. **Assessment, Diagnosis & Case Conceptualization** (e.g., gathers critical information, formulates meaningful case conceptualizations, develops appropriate treatment goals, flexible and knowledgeable about theoretical approaches, knowledgeable about DSM-IV-TR, incorporates cultural considerations)

Comments: |  |
| 1. **Intervention** (e.g., uses basic interviewing skills, forms working alliance with clients, tolerates difficult emotions with clients, knowledgeable and flexible with interventions and takes into consideration cultural factors, develops appropriate plan to address treatment goals, is respectful and nonjudgmental with clients, maintains professional boundaries, deals with ruptures effectively)

Comments: |  |
| 1. **Psychological Testing** (e.g., administers and scores psychological tests appropriately, integrates data appropriately, develops appropriate recommendations for clients, communicates test results competently and sensitively)

Comments: |  |
| 1. **Crisis Intervention** (e.g., assess and intervenes during crisis situations appropriately, ability to conduct suicidal and homicidal assessments effectively, assess potential of child and elder abuse and/or neglect effectively, follows up appropriately, demonstrates ability to remain calm during crisis situations)

Comments: |  |
| 1. **Consultation and Outreach** (e.g., knowledgeable about when to consult, collaborates with colleagues and other departments professionally, conducts clear, professional, and effective outreach programs that are relevant to student populations)

Comments: |  |
| 1. **Personal Characteristics** (e.g., ability to assess own strengths and weaknesses, empathizes with others, ability to identify personal distress, understands impact of self on others, demonstrates professionalism, actively participates in seminars)

Comments: |  |
| 1. **Relationships and Interpersonal Issues (Colleagues, Agency)** (e.g.,works collaboratively with colleagues including support staff and peers, provides constructive feedback and support to peers, willing to take risks and be transparent with peers, receives feedback non-defensively, willing to acknowledge and work through interpersonal conflict with colleagues)

Comments: |  |
| 1. **Use of Supervision** (e.g.,open and non-defensive to supervisory evaluation and feedback, self-reflects and self-evaluates regarding clinical skills and use of supervision, demonstrates good judgment as to when supervisory input is necessary, transparent with supervisor, willing to take risks and acknowledge mistakes, applies what is discussed in supervision to interactions with clients)

Comments: |  |
| 1. **Management and Administration** (e.g., completes delegated and administrative tasks in a timely manner, follows agency’s policies and operating procedures, maintains organized and timely notes and client records)

Comments: |  |
| 1. **Diversity – Individual and Cultural Differences** (e.g., knowledgeable about one’s cultural worldview, recognizes biases and stereotypes, willing and open to work through emotional responses regarding cultural diversity, willing and open for self-reflection, knowledgeable about the impact of diversity in clinical situations, advocates for positive change in system, infuses culture and diversity into all aspects of professional work)

Comments: |  |
| 1. **Ethical and Legal Standards** (e.g., Knowledgeable about ethical principles and legal mandates, recognizes and analyzes ethical dilemmas and legal issues appropriately, seeks appropriate information and consultation when faced with ethical issues, behaves ethically across all aspects of professional work)

Comments: |  |

**Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

|  |
| --- |
| **Trainee’s Response:** |

**COUNSELING PSYCHOLOGY**

**University of Louisville**

**FINAL-TERM TRAINEE CLINICAL FEEDBACK**

**Trainee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Evaluation: \_\_\_\_\_\_\_\_\_ Supervision Dates: From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_**

**Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainee Level: ⬜ Masters ⬜ Doctoral**

**Trainee Prior Clinical Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(direct client hours prior to this placement)**

**Practicum Site Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Site (e.g., CMHC, Hospital, UCC, VA, etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This feedback form is consistent with the training model for our counseling psychology programs as it uses a developmental, competency-based model. The areas of competency listed below have been discussed in literature and are considered the critical areas of knowledge, awareness, and skills for the practice of psychology. Trainees should be provided feedback based on their level of professional development, *not* relative to peers. Expectations of trainees vary depending on their training level.

**Please use the following scale to rate your supervisee on the items below:**

**+3 Strongly Above Expectations:** The trainee has shown strong evidence of the knowledge, awareness,

and/or skill. Performance is highly consistent.

**+2 Above Expectations:** The trainee has shown some evidence of the knowledge, awareness, and/or skill. Performance is mostly consistent.

**+1 Slightly Above Expectations:** The trainee has shown some evidence of the knowledge, awareness,

and/or skill. Performance is fairly consistent

 **0 Meets Expectations:** The trainee has shown some evidence of the knowledge, awareness,

and/or skill. Performance is inconsistent.

**-1 Slightly Below Expectations:** This is an emerging knowledge, awareness, and/or skill for trainee. The trainee’s knowledge, awareness, and/or skill are not very evident in their performance or discussions. Extra attention and focus should be provided in supervision.

**-2 Below Expectations:** Trainee lacks understanding and demonstrates minimal to no evidence of the knowledge, awareness, and/or skill. Extra attention and focus should be provided in supervision. Remedial work may be required.

**-3 Extremely Below Expectations:** Trainee demonstrates problematic or harmful behavior requiring immediate attention.Immediate attention and remedial work will be required.

**N/A**Not applicable for this training experience or not assessed by this supervisor.

|  |  |
| --- | --- |
| **I. Assessment / Diagnosis / Case Conceptualization** | **Rating** |
| 1. Effectively gathers information about the nature and severity of clients’ presenting concerns.
 |  |
| 1. Formulates meaningful case conceptualizations and hypotheses concerning client behavior and dynamics.
 |  |
| 1. Develops treatment goals that are appropriate.
 |  |
| 1. Knowledgeable about and open to various theoretical approaches and their application to diverse clients.
 |  |
| 1. Knowledgeable about when to seek further information to conceptualize the client.
 |  |
| 1. Demonstrates competence using diagnostic criteria (DSM-IV-TR) including differential diagnoses.
 |  |
| 1. Incorporates cultural considerations into assessment, diagnosis, treatment planning, and case conceptualizations.
 |  |
| **OVERALL RATING** |  |
| **Comments:** |  |

|  |  |
| --- | --- |
| **II. Intervention** | **Rating** |
| 1. Uses basic interviewing skills effectively, including initiating & terminating the interview appropriately.
 |  |
| 1. Ability to form a working alliance with clients.
 |  |
| 1. Tolerates difficult emotions and explores clients’ feelings.
 |  |
| 1. Deals with ruptures effectively and negotiates differences with clients.
 |  |
| 1. Knowledgeable about different interventions, demonstrates flexibility and knowledge about when to change interventions, and selects interventions based on client needs.
 |  |
| 1. Adapts and tailors interventions and mainstream treatment methods to be culturally relevant and congruent to clients.
 |  |
| 1. Refers clients to appropriate resources when appropriate (e.g., psychiatry, group, community therapists, agencies).
 |  |
| 1. Considers empirically supported treatments or evidence-based treatments.
 |  |
| 1. Prepares clients for termination of treatment appropriately and sensitively.
 |  |
| 1. Understands and maintains appropriate professional boundaries with clients.
 |  |
| **OVERALL RATING**  |  |
| **Comments:** |  |

|  |  |
| --- | --- |
| **III. Psychological Testing** | **Rating** |
| 1. Administers and scores psychological tests appropriately, in a standard way, and capably.
 |  |
| 1. Integrates data into meaningful statements about clients.
 |  |
| 1. Demonstrates ability to develop appropriate recommendations and to relate recommendations to assessment findings and conclusions.
 |  |
| 1. Communicates test results to client in a clear, competent and sensitive manner.
 |  |
| **OVERALL RATING** |  |
| **Comments:** |

|  |  |
| --- | --- |
| **IV. Crisis intervention** | **Rating** |
| 1. Assesses crisis situations appropriately.
 |  |
| 1. Intervenes during crisis situations appropriately.
 |  |
| 1. Conducts suicidal and homicidality assessments thoroughly, effectively and appropriately. Elicits relevant information.
 |  |
| 1. Assesses for potential child and elder abuse/neglect and domestic violence thoroughly, effectively, and appropriately. Elicits relevant information.
 |  |
| 1. Seeks appropriate consultation or supervision when encountering crisis situations.
 |  |
| 1. Follows-up with client needs related to the crisis and provides case management when appropriate.
 |  |
| 1. Demonstrates ability to remain calm during a crisis situation.
 |  |
| **OVERALL RATING** |  |
| **Comments:** |

|  |  |
| --- | --- |
| **V. Consultation and Outreach** | **Rating** |
| 1. When seeking consult, trainee maintains rapport with colleagues and is aware of other disciplines’ contributions.
 |  |
| 1. Knowledgeable about when to consult with other professionals or supervisors.
 |  |
| 1. Knowledgeable about didactic learning strategies that take into consideration developmental and individual differences during outreach programs.
 |  |
| 1. Demonstrates comfort in presenting to audiences and engages audience when presenting.
 |  |
| 1. Demonstrates clear and effective communication skills in both consultation and outreach.
 |  |
| **OVERALL RATING** |  |
| **Comments:** |

|  |  |
| --- | --- |
| **VI. Personal Characteristics** | **Rating** |
| 1. Monitors and accurately assesses own strengths and weaknesses (i.e., self-awareness).
 |  |
| 1. Empathizes with thoughts, feelings, and needs of others (i.e., empathy).
 |  |
| 1. Demonstrates ability to identify personal distress and uses resources that support healthy functioning when experiencing personal distress (i.e., self-care).
 |  |
| 1. Demonstrates awareness of one’s own feelings toward clients and understands client’s impact on self.
 |  |
| 1. Understands impact of self on others including colleagues and clients.
 |  |
| 1. Demonstrates consistent attendance of meetings and seminars and if there are absences, takes the initiative to plan ahead and/or to follow-up after the absence(s) to be caught up.
 |  |
| 1. Demonstrates professionalism in the workplace (e.g., dress, work ethic, timeliness)
 |  |
| **OVERALL RATING** |  |
| **Comments:** |

|  |  |
| --- | --- |
| **VII. Relationships and Interpersonal Issues (Colleagues, Agency)** | **Rating** |
| 1. Works collaboratively with peers and colleagues.
 |  |
| 1. Provides constructive feedback and support to peers.
 |  |
| 1. Receives feedback non-defensively from peers.
 |  |
| 1. Respects support staff roles and persons.
 |  |
| 1. Willing to acknowledge and correct interpersonal conflict with colleagues if applicable.
 |  |
| **OVERALL RATING** |  |
| **Comments:** |

|  |  |
| --- | --- |
| **VIII. Use of Supervision** | **Rating** |
| 1. Open and non-defensive to supervisory evaluation and feedback.
 |  |
| 1. Self-reflects and self-evaluates regarding clinical work with clients.
 |  |
| 1. Willing to voice own opinion and does not inappropriately defer to supervisor. Demonstrates good judgment as to when supervisory input is necessary.
 |  |
| 1. Communicates self to the supervisor when appropriate (i.e., transparency)
 |  |
| 1. Willing to take risks and acknowledge troublesome areas and make mistakes.
 |  |
| 1. Applies what is discussed in supervision to interactions with clients.
 |  |
| **OVERALL RATING** |  |
| **Comments:** |

|  |  |
| --- | --- |
| **X. Management and Administration** | **Rating** |
| 1. Follows agency’s policies and operating procedures.
 |  |
| 1. Documents crisis assessments appropriately.
 |  |
| 1. Maintains organized and timely notes and client records. Notes are completed within the week and prior to any significant leave; documents are up-to-date.
 |  |
| **OVERALL RATING** |  |
| **Comments:** |

|  |  |
| --- | --- |
| **XI. Diversity – Individual and Cultural Differences** | **Rating** |
| 1. Knowledge of one’s own beliefs, values, attitudes, assumptions in the context of diversity.
 |  |
| 1. Recognizes own biases and stereotypes, personal limitations, and areas for future growth and takes action to reduce such biases.
 |  |
| 1. Open to exploring one’s feelings and reactions to power and diversity issues.
 |  |
| 1. Knowledge about the nature and impact of diversity in different clinical situations.
 |  |
| 1. Facilitates discourse and acts as an ally when oppression or poor treatment is imposed on stigmatized and underserved groups.
 |  |
| 1. Infuses culture and diversity into all aspects of professional work.
 |  |
| 1. Demonstrates respect for and values differing worldviews in all domains of professional practice and professional interactions.
 |  |
| **OVERALL RATING** |  |
| **Comments:** |

|  |  |
| --- | --- |
| **XII. Ethical and Legal Standards** | **Rating** |
| 1. Knowledgeable about ethical principles, legal mandates, and standards of professional conduct.
 |  |
| 1. Recognizes and analyzes ethical dilemmas and legal issues using ethical decision-making skills across the range of professional activities in the clinical setting.
 |  |
| 1. Seeks appropriate information and consultation when faced with ethical issues and dilemmas.
 |  |
| 1. Behaves ethically across all aspects of professional work.
 |  |
| **OVERALL RATING** |  |
| **Comments:** |

|  |
| --- |
| **Comments on Overall Evaluation:** |

**Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

|  |
| --- |
| **Trainee’s Response:** |

**Department of Educational and Counseling Psychology**

**University of Louisville**

**EVALUATION OF SUPERVISOR & PRACTICUM/INTERNSHIP SITE**

Date of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic program:**

Clinical Mental Health Counseling M.Ed. \_\_\_\_\_

Counseling Psychology M.Ed. \_\_\_\_\_

Counselor Education and Supervision Ph.D. \_\_\_\_\_

Counseling Psychology Ph.D. \_\_\_\_\_

Number of Previous Practicum/Internship Experiences\_\_\_\_\_\_\_\_\_\_\_\_

Dates/Semester(s) of Supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervision Format (i.e., Individual or Group): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please respond to the following questions in terms of your current supervisor, adding any comments and examples that may be helpful.

**1 ------------------------2--------------------------3---------------------------4---------------------------5**

**Not at all Greatest Degree**

 **Possible**

**5** Supervisor consistently demonstrated this supervisory skill and is a clear strength for this supervisor. Supervisor implemented this skill in a very impactful, effective, and helpful manner.

**4** Supervisor consistently demonstrated this supervisory skill.

Supervisor implemented this skill in an effective and helpful manner.

**3** Supervisor occasionally demonstrated this supervisory skill. Supervisor

implemented this skill in a somewhat effective and helpful manner.

**2** Supervisor infrequently demonstrated this supervisory skill.

Supervisor implemented this skill in a slightly effective and helpful manner.

**1** Supervisor did not demonstrate this supervisory skill OR supervisor was ineffective or unhelpful in implementing it.

**N/A** Not applicable for this supervision format or training experience.

|  |  |
| --- | --- |
| **Supervisory Skill: Goal Setting** | **Rating** |
| 1. My supervisor helps me to define clear, realistic and appropriate clinical and professional goals.
 |  |
| 1. My supervisor helps me to reach my clinical and professional goals.
 |  |
| 1. My supervisor is clear about his or her expectations for supervision and for me as a trainee.
 |  |
| Comments on Goal Setting: |  |
| **Supervisory Skill: Enhancing Treatment** | **Rating** |
| 1. My supervisor helps me improve my ability to conceptualize and understand my cases and/or group dynamics.
 |  |
| 1. My supervisor helps me recognize and articulate my personal feelings and reactions when it was relevant.
 |  |
| 1. My supervisor helps me to broaden and deepen my clinical / supervision / group therapy skills.
 |  |
| 1. My supervisor helps and encourages me to explore theoretical orientation(s) that are a good fit for me and to find my clinical style.
 |  |
| 1. My supervisor is aware of and reviews the evaluations generated from my outreach programs.
 |  |
| 1. My supervisor encouraged me to develop my own therapeutic style, regardless of his/her own approach.
 |  |
| 1. My supervisor integrates psychological testing into our supervision and oversees my psychological assessments and reports.
 |  |
| Comment on Enhancing Treatment: |  |
| **Supervisory Skill: Diversity** | **Rating** |
| 1. My supervisor considers multicultural/diversity issues for both work with client/group and work within supervision.
 |  |
| 1. My supervisor explores and acknowledges cultural similarities and differences within supervision and their impact on our work together.
 |  |
| 1. My supervisor discusses, acknowledges, and considers the power differential within the supervisory relationship and encouraged discussion about its impact and implications.
 |  |
| Comment on Diversity: |  |
| **Supervisory Skill: Relationship and Environment** | **Rating** |
| 1. My supervisor offers me a safe atmosphere where I could feel free to make mistakes and explore my weaker areas.
 |  |
| 1. My supervisor provides me with a good balance of support and challenge.
 |  |
| 1. My supervisor provides me with constructive and helpful feedback throughout the course of supervision.
 |  |
| 1. My supervisor uses video recordings effectively to help me hone my clinical skills and to better understand myself as a clinician.
 |  |
| 1. My supervisor’s self-disclosure helped me learn more about therapy.
 |  |
| 1. My supervisor helps me feel strengthened and affirmed in my efforts to become a professional.
 |  |
| 1. My supervisor is available for emergencies and on-the-spot consultation.
 |  |
| 1. My supervisor provides consistent supervision and provides the appropriate amount of structure in supervision.
 |  |
| 1. The relationship I have with my supervisor is characterized by acceptance, trust, and respect.
 |  |
| 1. My supervisor assisted me in maintaining self-care and balance.
 |  |
| 1. My supervisor was overly involved in my work to the point it was not helpful.
 |  |
| 1. My supervisor was disengaged (e.g., sporadic meetings, disinterested in my progress).
 |  |
| 1. My supervisor is prompt and timely with reviewing my clinical notes and other administrative work
 |  |
| Comment on Relationship and Environment: |  |
| **Supervisory Skill: Ethics and Procedures** | **Rating** |
| 1. My supervisor maintained clear and professional boundaries (e.g., not a friend, not a therapist).
 |  |
| 1. My supervisor is knowledgeable about ethical guidelines and legal mandates. She or he helps me recognize and analyze potential ethical concerns and dilemmas.
 |  |
| 1. My supervisor is knowledgeable about the policies and procedures of the agency and helps me better understand these policies and procedures.
 |  |
| Comment on Ethics and Procedures: |  |

|  |  |
| --- | --- |
| **Practicum/Internship Site:** **Rating Scale: 1 = Strongly Disagree , 4= Neutral , 7 = Strongly Agree** |  |
| 1. I felt challenged professionally at this practicum/internship site.
 |  |
| 1. My practicum/internship site was professional.
 |  |
| 1. My practicum/internship site was flexible in regards to scheduling.
 |  |
| 1. I was able to receive the number of client contact hours as originally stated in the practicum/internship agreement.
 |  |
| 1. My overall experience at this practicum/internship was favorable.
 |  |
| 1. I would recommend this site for a 1st practicum experience
 |  |
| 1. I would recommend this site for a 2nd or 3rd practicum/internship experience
 |  |
| 1. I would recommend this site, but with a different supervisor.
 |  |
| 1. I would not recommend this site ever, ever…
 |  |
| 1. After this experience, I would not want to work at this practicum/internship site.
 |  |
| 1. I did not want to go to this practicum/internship site in the first place.
 |  |
| Additional Comments about the Practicum/Internship Site and/or Supervision: |  |
|  |

Appendix J

Oral Comprehensive Exam Evaluation

University of Louisville Counseling Psychology PhD Program

**Comprehensive Examination Part 1 (Clinical Case)**

**Examinee name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Exam Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluator names**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your evaluation of the examinee on each of the items listed below. Circle the number to the right of each item that best describes your perceptions of the student’s skills, based on your expectations of performance on each competency for students at the end of the 2nd year of doctoral study.

Note: A rating of 4 (“Meets expectations”) or higher indicates that you consider that the student demonstrates developmentally appropriate mastery in terms of preparation for post-doctoral internship.

A rating of “NR” indicates that you have not had the opportunity to observe this competency.

**Relational/Affective skills**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Based on oral materials, the examinee: |  |  |  |  |  |
|  | **Needs attention** | **Emer-****ging** | **Meets****expec** | **Exceeds****expectations** | **NR** |
| 1. Was aware of the influence of their own behavior on the client | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Demonstrated the ability to negotiate differences and handle conflict | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Demonstrated awareness of influence of their own social identities (e.g., racial, ethnic, gender, sexual, SES, religious/spiritual) on the client | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Responded non-defensively to questions and feedback from the examining committee  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Comments:

**Assessment and diagnosis**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Based on oral materials, the examinee: |  |  |  |  |  |
|  | **Needs attention** | **Emer-****ging** | **Meets****expec** | **Exceeds****expectations** | **NR** |
| 1. Articulated developmental features and clinical symptoms relevant to presenting problem | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Based diagnosis and case conceptualization on case evidence  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Appropriately discussed assessment tools to augment clinical data for case conceptualization | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Appropriately attended to multiple levels (e.g., individual, group, universal) in conceptualizing the client’s presenting issue and setting treatment goals | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

 Comments:

 **Intervention**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Based on oral case materials, the examinee: |  |  |  |  |  |
|  | **Needs attention** | **Emer-****ging** | **Meets****expec** | **Exceeds****expectations** | **NR** |
| 1. Presented a case conceptualization and treatment plan that reflect a coherent theoretical approach(es) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Weighed merits of different intervention approaches, taking into account empirical and clinical literatures, client worldview and values | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Discussed how ongoing evaluation of client progress could inform the treatment plan  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

 Comments:

 **Sensitivity to individual and cultural differences (ICDs)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Based on oral materials, the examinee: |  |  |  |  |  |
|  | **Needs attention** | **Emer-****ging** | **Meets****expec** | **Exceeds****expectations** | **NR** |
| 1. Articulated fit between theoretical orientation used for this case and client cultural heritage | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Conceptualized the client’s presenting concerns within the larger societal and environmental context | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Demonstrated awareness of the role of oppression and privilege and cultural similarities and differences between therapist and client in the therapeutic relationship | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Comments:

**Applications of scientific foundations, method**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Based on oral materials, the examinee: |  |  |  |  |  |
|  | **Needs attention** | **Emer-****ging** | **Meets****expec** | **Exceeds****expectations** | **NR** |
| 1. Applied the concept of evidence-based practice (EBP) in case conceptualization, treatment planning, and intervention  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Applied knowledge of scientific literature on ICDs relevant to the client’s values and cultural identities | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Generated and tested hypotheses about her or his own role in the therapeutic process | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|  |  |  |  |  |  |  |  |

Comments:

**Law and ethics**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Based on oral materials, the examinee: |  |  |  |  |  |
|  | **Needs attention** | **Emer-****ging** | **Meets****expec** | **Exceeds****expectations** | **NR** |
| 1. Was aware of salient ethical and legal issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Discussed therapeutic boundaries appropriately | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Discussed effective management of ethical concerns | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Attended to cultural considerations and related APA guidelines in ethical decision-making processes | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|  |  |  |  |  |  |  |  |

Comments:

**Presentation Quality**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Based on oral materials, the examinee: |  |  |  |  |  |
|  | **Needs attention** | **Emer-****ging** | **Meets****expec** | **Exceeds****expectations** | **NR** |
| 1. Organized materials well and provided evidence on the relevant competencies. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Organized the oral presentation well  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Used allotted oral presentation time efficiently; presented the most relevant elements of the case  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Demonstrated an emerging professional identity as a psychologist. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Was responsive to questions and feedback, able to “think on their feet.” | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Comments:

**Examinee’s Overall Strengths** (if needed, please add additional sheet for comments)

**Examinee’s Areas for Growth** (if needed, please add additional sheet for comments)

**Required Revisions** (Contingent Pass decisions only):

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Examiner 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Examiner 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Examiner 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: Advisor signature certifies that student has satisfactorily completed any required revisions to the written case study (described above) and demonstrates readiness for internship.**

 [revised Nov 2013]

**Appendix K**

**PRACTICUM/INTERNSHIP SITE REQUEST FORM**

All ECPY Clinical Mental Health Counseling, Counseling Psychology, or Counselor Education & Supervision students planning to enroll in practicum or internship in a future semester must complete this form and return it to the ECPY Office, Room 320. It is essential that you provide your current U of L e-mail address and check your email frequently for information about your placement. Students should NOT contact any practicum or internship site on their own unless given prior approval. Students will be contacted via e-mail some time before the beginning of the semester. At that time, information will be disseminated and the scheduling of interviews will begin.

**This form must be submitted with a current Curriculum Vitae.**

Date of this application: / /

Please indicate the future semester that you plan to enroll in a practicum or internship:

Spring 20 Summer 20 Fall 20

Please **CLEARLY PRINT** the following information in the spaces provided below:

Student name (Last) (First) (Middle)

Student ID # **(ESSENTIAL)** Your UofL e-mail address:

Home Phone: Cell or Work Phone:

**1. Program of Study**: Counseling Psych\_\_\_\_ Clinical Mental Health\_\_\_\_ Your Level: CES PhD\_\_\_ \_ CP PhD \_\_\_\_\_ MEd \_\_\_\_\_\_\_

**2. Faculty Advisor:**

**3. Do you have an undergraduate degree in psychology or sociology?** Yes No

**4. Are you seeking a practicum where you work?** Yes No

If yes, where do you work? Job Title:

**5. Are you seeking a**: Clinical practicum/internship or an Assessment practicum ?

**6. Are you currently at a practicum/internship?** Yes No

If yes, list name of current site:

Name of Site Supervisor: Supervisor’s e-mail:

**7. Would you like to continue at this site?** Yes No

If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Please list previous practicum/internship experiences:** ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Some of our sites require driving 30 to 45min.** Do you have transportation to get to sites outside of Metro-Louisville?

Yes No

There are a variety of types of practicum counseling experiences offered in the area. Some of the populations you will be working with are inpatient, outpatient, children/adolescents, adults, etc. We cannot guarantee that every student will get the population or site they prefer; however, we will do our best to accommodate you.

**10. Would you like to work with children (under 13 yrs old)?** Yes No Unsure\_\_\_\_\_\_\_\_

**11. Would you like to work with adolescents (over 13 yrs old)?** Yes No Unsure\_\_\_\_\_\_\_\_

**12. Would you like to work with adults?** Yes No Unsure\_\_\_\_\_\_\_\_

**13. Would you like to work in a residential setting?** Yes No Unsure\_\_\_\_\_\_\_\_

**14. Would you like to work in an in-patient hospital setting?** Yes No Unsure\_\_\_\_\_\_\_\_

**15. Would you like to work in community mental health setting?** Yes No Unsure\_\_\_\_\_\_\_\_

**16. Would you like to work in a college counseling setting?** Yes No Unsure\_\_\_\_\_\_\_\_

**17. Would you like to work with children with developmental disorders (e.g., autism)?**

Yes No Unsure\_\_\_\_\_\_\_\_

**18. Would you like to work with in a school setting (e.g., high school)?** Yes No Unsure\_\_\_\_\_\_\_\_

**19. Would you like to work with in forensic setting (e.g., prison)?** Yes No Unsure\_\_\_\_\_\_\_\_

**20. Would you like to work with refugees?** Yes No Unsure\_\_\_\_\_\_\_\_

**21. Would you like to work with military folks?** Yes No Unsure\_\_\_\_\_\_\_\_

**22. Any other information that would be helpful for placing you at a site**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*IF YOU ARE CURRENTLY WORKING, practicum/internship placements require 16 to 20 hours per week. ALL sites require these hours to be done during business hours (e.g., 8am to 5pm)\*\*\*\*\*\***

**23. Will you be able to adjust your work schedule to accommodate 16 to 20 hours during typical business hours?**

Yes \_\_\_\_\_ No

**24. Please describe in writing what your plans are for your future (no more than 1 page). That is, please describe what you are wanting to do for your career, what are your passions, etc.**

**COURSE LISTED BELOW ARE PREREQUISITES FOR PRACTICUM**

Indicate the semester when courses were completed. Example: S12, U12, F12

 ECPY 619 Empirical & Theoretical Foundations of Counseling Psychotherapy

 ECPY 629 Theories & Techniques of Counseling Psychotherapy

 ECPY 793 Social, Legal & Ethical Issues in Counseling

**ADDITIONAL COURSES YOU MAY HAVE TAKEN TO PREPARE FOR PRACTICUM**

Indicate the semester when courses were completed. Example: S12, U12, F12

 ECPY 621 Differential Diagnosis (This class is a required prerequisite for some sites.)

 ECPY 650 Group Process & Practice

 ECPY 663 Multicultural Issues

 ECPY 670 Career Development & Counseling

**ASSESSMENT COURSES**

**Clinical Mental Health**

 ECPY 540 Evaluation & Measurement in Education

 ECPY 640 Assessment Methods for Counselors

**Counseling Psychology**

 ECPY 540 Evaluation & Measurement in Education

 ECPY 648 Intellectual Assessment **(This is a prerequisite for an assessment practicum.)**

 ECPY 649 Personality Assessment **(This is a prerequisite for an assessment practicum.)**

**Please NOTE: ECPY 621 is required by a majority of sites. If you have not taken Differential Diagnosis, your placement possibilities are limited.**

**ALL PRACTICUM STUDENTS MUST TURN IN PROOF OF PROFESSIONAL LIABILITY INSURANCE PRIOR TO OR ON THE FIRST DAY OF YOUR PRACTICUM/INTERNSHIP CLASS. PROOF OF INSURANCE MUST BE SUBMITTED TO CEHD, ROOM 320 (THE ECPY MAIN OFFICE).**

**ATTACH A CURRENT CURRICULUM VITAE**

**Appendix L**

**American Psychological Association**

***Ethical Principles of Psychologists and Code of Conduct***

**2010**

**Ethical Principles of Psychologists and Code of Conduct (2010). Retrieved July 17, 2013 at http://www.apa.org/ethics/code/index.aspx**

# CONTENTS

[INTRODUCTION AND APPLICABILITY](#_Toc21796617)

[PREAMBLE](#_Toc21796618)

[GENERAL PRINCIPLES](#_Toc21796619)

[Principle A: Beneficence and Nonmaleficence](#_Toc21796620)

[Principle B: Fidelity and Responsibility](#_Toc21796621)

[Principle C: Integrity](#_Toc21796622)

[Principle D: Justice](#_Toc21796623)

[Principle E: Respect for People’s Rights and Dignity](#_Toc21796624)

[ETHICAL STANDARDS](#_Toc21796625)

[1. Resolving Ethical Issues](#_Toc21796626)

[**1.01 Misuse of Psychologists’ Work**](#_Toc21796627)

[**1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority**](#_Toc21796628)

[**1.03 Conflicts Between Ethics and Organizational Demands**](#_Toc21796629)

[**1.04 Informal Resolution of Ethical Violations**](#_Toc21796630)

[**1.05 Reporting Ethical Violations**](#_Toc21796631)

[**1.06 Cooperating With Ethics Committees**](#_Toc21796632)

[**1.07 Improper Complaints**](#_Toc21796633)

[**1.08 Unfair Discrimination Against Complainants and Respondents**](#_Toc21796634)

[2. Competence](#_Toc21796635)

[**2.01 Boundaries of Competence**](#_Toc21796636)

[**2.02 Providing Services in Emergencies**](#_Toc21796637)

[**2.03 Maintaining Competence**](#_Toc21796638)

[**2.04 Bases for Scientific and Professional Judgments**](#_Toc21796639)

[**2.05 Delegation of Work to Others**](#_Toc21796640)

[**2.06 Personal Problems and Conflicts**](#_Toc21796641)

[3. Human Relations](#_Toc21796642)

[**3.01 Unfair Discrimination**](#_Toc21796643)

[**3.02 Sexual Harassment**](#_Toc21796644)

[**3.03 Other Harassment**](#_Toc21796645)

[**3.04 Avoiding Harm**](#_Toc21796646)

[**3.05 Multiple Relationships**](#_Toc21796647)

[**3.06 Conflict of Interest**](#_Toc21796648)

[**3.07 Third-Party Requests for Services**](#_Toc21796649)

[**3.08 Exploitative Relationships**](#_Toc21796650)

[**3.09 Cooperation With Other Professionals**](#_Toc21796651)

[**3.10 Informed Consent**](#_Toc21796652)

[**3.11 Psychological Services Delivered To or Through Organizations**](#_Toc21796653)

[**3.12 Interruption of Psychological Services**](#_Toc21796654)

[4. Privacy And Confidentiality](#_Toc21796655)

[**4.01 Maintaining Confidentiality**](#_Toc21796656)

[**4.02 Discussing the Limits of Confidentiality**](#_Toc21796657)

[**4.03 Recording**](#_Toc21796658)

[**4.04 Minimizing Intrusions on Privacy**](#_Toc21796659)

[**4.05 Disclosures**](#_Toc21796660)

[**4.06 Consultations**](#_Toc21796661)

[**4.07 Use of Confidential Information for Didactic or Other Purposes**](#_Toc21796662)

[5. Advertising and Other Public Statements](#_Toc21796663)

[**5.01 Avoidance of False or Deceptive Statements**](#_Toc21796664)

[**5.02 Statements by Others**](#_Toc21796665)

[**5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs**](#_Toc21796666)

[**5.04 Media Presentations**](#_Toc21796667)

[**5.05 Testimonials**](#_Toc21796668)

[**5.06 In-Person Solicitation**](#_Toc21796669)

[6. Record Keeping and Fees](#_Toc21796670)

[**6.01 Documentation of Professional and Scientific Work and Maintenance of Records**](#_Toc21796671)

[**6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work**](#_Toc21796672)

[**6.03 Withholding Records for Nonpayment**](#_Toc21796673)

[**6.04 Fees and Financial Arrangements**](#_Toc21796674)

[**6.05 Barter With Clients/Patients**](#_Toc21796675)

[**6.06 Accuracy in Reports to Payors and Funding Sources**](#_Toc21796676)

[**6.07 Referrals and Fees**](#_Toc21796677)

[7. Education and Training](#_Toc21796678)

[**7.01 Design of Education and Training Programs**](#_Toc21796679)

[**7.02 Descriptions of Education and Training Programs**](#_Toc21796680)

[**7.03 Accuracy in Teaching**](#_Toc21796681)

[**7.04 Student Disclosure of Personal Information**](#_Toc21796682)

[**7.05 Mandatory Individual or Group Therapy**](#_Toc21796683)

[**7.06 Assessing Student and Supervisee Performance**](#_Toc21796684)

[**7.07 Sexual Relationships With Students and Supervisees**](#_Toc21796685)

[**8. Research and Publication**](#_Toc21796686)

[**8.01 Institutional Approval**](#_Toc21796687)

[**8.02 Informed Consent to Research**](#_Toc21796688)

[**8.03 Informed Consent for Recording Voices and Images in Research**](#_Toc21796689)

[**8.04 Client/Patient, Student, and Subordinate Research Participants**](#_Toc21796690)

[**8.05 Dispensing With Informed Consent for Research**](#_Toc21796691)

[**8.06 Offering Inducements for Research Participation**](#_Toc21796692)

[**8.07 Deception in Research**](#_Toc21796693)

[**8.08 Debriefing**](#_Toc21796694)

[**8.09 Humane Care and Use of Animals in Research**](#_Toc21796695)

[**8.10 Reporting Research Results**](#_Toc21796696)

[**8.11 Plagiarism**](#_Toc21796697)

[**8.12 Publication Credit**](#_Toc21796698)

[**8.13 Duplicate Publication of Data**](#_Toc21796699)

[**8.14 Sharing Research Data for Verification**](#_Toc21796700)

[**8.15 Reviewers**](#_Toc21796701)

[9. Assessment](#_Toc21796702)

[**9.01 Bases for Assessments**](#_Toc21796703)

[**9.02 Use of Assessments**](#_Toc21796704)

[**9.03 Informed Consent in Assessments**](#_Toc21796705)

[**9.04 Release of Test Data**](#_Toc21796706)

[**9.05 Test Construction**](#_Toc21796707)

[**9.06 Interpreting Assessment Results**](#_Toc21796708)

[**9.07 Assessment by Unqualified Persons**](#_Toc21796709)

[**9.08 Obsolete Tests and Outdated Test Results**](#_Toc21796710)

[**9.09 Test Scoring and Interpretation Services**](#_Toc21796711)

[**9.10 Explaining Assessment Results**](#_Toc21796712)

[**9.11. Maintaining Test Security**](#_Toc21796713)

[10. Therapy](#_Toc21796714)

[**10.01 Informed Consent to Therapy**](#_Toc21796715)

[**10.02 Therapy Involving Couples or Families**](#_Toc21796716)

[**10.03 Group Therapy**](#_Toc21796717)

[**10.04 Providing Therapy to Those Served by Others**](#_Toc21796718)

[**10.05 Sexual Intimacies With Current Therapy Clients/Patients**](#_Toc21796719)

[**10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients**](#_Toc21796720)

[**10.07 Therapy With Former Sexual Partners**](#_Toc21796721)

[**10.08 Sexual Intimacies With Former Therapy Clients/Patients**](#_Toc21796722)

[**10.09 Interruption of Therapy**](#_Toc21796723)

[**10.10 Terminating Therapy**](#_Toc21796724)

# INTRODUCTION AND APPLICABILITY

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

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

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

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

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

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

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

# PREAMBLE

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

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

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

# GENERAL PRINCIPLES

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

## Principle A: Beneficence and Nonmaleficence

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

## Principle B: Fidelity and Responsibility

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

## Principle C: Integrity

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

## Principle D: Justice

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

## Principle E: Respect for People’s Rights and Dignity

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

# ETHICAL STANDARDS

## 1. Resolving Ethical Issues

### 1.01 Misuse of Psychologists’ Work

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

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

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

### 1.03 Conflicts Between Ethics and Organizational Demands

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

### 1.04 Informal Resolution of Ethical Violations

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

### 1.05 Reporting Ethical Violations

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

### 1.06 Cooperating With Ethics Committees

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

### 1.07 Improper Complaints

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

### 1.08 Unfair Discrimination Against Complainants and Respondents

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

## 2. Competence

### 2.01 Boundaries of Competence

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

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

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

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

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

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

### 2.02 Providing Services in Emergencies

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

### 2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

### 2.04 Bases for Scientific and Professional Judgments

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

### 2.05 Delegation of Work to Others

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

### 2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

## 3. Human Relations

### 3.01 Unfair Discrimination

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

### 3.02 Sexual Harassment

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

### 3.03 Other Harassment

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

### 3.04 Avoiding Harm

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

### 3.05 Multiple Relationships

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

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

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

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

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

### 3.06 Conflict of Interest

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

### 3.07 Third-Party Requests for Services

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

### 3.08 Exploitative Relationships

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

### 3.09 Cooperation With Other Professionals

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

### 3.10 Informed Consent

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

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

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

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

### 3.11 Psychological Services Delivered To or Through Organizations

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

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

### 3.12 Interruption of Psychological Services

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

## 4. Privacy And Confidentiality

### 4.01 Maintaining Confidentiality

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

### 4.02 Discussing the Limits of Confidentiality

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

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

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

### 4.03 Recording

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

### 4.04 Minimizing Intrusions on Privacy

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

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

### 4.05 Disclosures

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

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

### 4.06 Consultations

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

### 4.07 Use of Confidential Information for Didactic or Other Purposes

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

## 5. Advertising and Other Public Statements

### 5.01 Avoidance of False or Deceptive Statements

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

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

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

### 5.02 Statements by Others

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

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

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

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

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

### 5.04 Media Presentations

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

### 5.05 Testimonials

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

### 5.06 In-Person Solicitation

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

## 6. Record Keeping and Fees

### 6.01 Documentation of Professional and Scientific Work and Maintenance of Records

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

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

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

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

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

### 6.03 Withholding Records for Nonpayment

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

### 6.04 Fees and Financial Arrangements

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

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

(c) Psychologists do not misrepresent their fees.

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

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

### 6.05 Barter With Clients/Patients

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

### 6.06 Accuracy in Reports to Payors and Funding Sources

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

### 6.07 Referrals and Fees

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

## 7. Education and Training

### 7.01 Design of Education and Training Programs

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

### 7.02 Descriptions of Education and Training Programs

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

### 7.03 Accuracy in Teaching

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

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

### 7.04 Student Disclosure of Personal Information

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

### 7.05 Mandatory Individual or Group Therapy

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

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

### 7.06 Assessing Student and Supervisee Performance

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

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

### 7.07 Sexual Relationships With Students and Supervisees

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

## 8. Research and Publication

### 8.01 Institutional Approval

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

### 8.02 Informed Consent to Research

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

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

### 8.03 Informed Consent for Recording Voices and Images in Research

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

### 8.04 Client/Patient, Student, and Subordinate Research Participants

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

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

### 8.05 Dispensing With Informed Consent for Research

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

### 8.06 Offering Inducements for Research Participation

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

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

### 8.07 Deception in Research

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

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

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

### 8.08 Debriefing

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

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

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

### 8.09 Humane Care and Use of Animals in Research

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

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

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

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

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

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

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

### 8.10 Reporting Research Results

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

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

### 8.11 Plagiarism

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

### 8.12 Publication Credit

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

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

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student’s doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

### 8.13 Duplicate Publication of Data

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

### 8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

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

### 8.15 Reviewers

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

## 9. Assessment

### 9.01 Bases for Assessments

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

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

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

### 9.02 Use of Assessments

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

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

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

### 9.03 Informed Consent in Assessments

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

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

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

### 9.04 Release of Test Data

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

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

### 9.05 Test Construction

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

### 9.06 Interpreting Assessment Results

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

### 9.07 Assessment by Unqualified Persons

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

### 9.08 Obsolete Tests and Outdated Test Results

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

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

### 9.09 Test Scoring and Interpretation Services

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

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

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

### 9.10 Explaining Assessment Results

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

### 9.11. Maintaining Test Security

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

## 10. Therapy

### 10.01 Informed Consent to Therapy

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

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

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

### 10.02 Therapy Involving Couples or Families

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

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

### 10.03 Group Therapy

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

### 10.04 Providing Therapy to Those Served by Others

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

### 10.05 Sexual Intimacies With Current Therapy Clients/Patients

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

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

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

### 10.07 Therapy With Former Sexual Partners

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

### 10.08 Sexual Intimacies With Former Therapy Clients/Patients

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

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

### 10.09 Interruption of Therapy

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

### 10.10 Terminating Therapy

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

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

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

**History and Effective Date Footnote**

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

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

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

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

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

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

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

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

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

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

American Psychological Association. (2010). Ethical principles of psychologists and code of conduct. Retrieved from http://www.apa.org/ethics

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

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1. [↑](#footnote-ref-1)