Contents

Physical facility.................................................................................................................. 4
Purpose and Aims of the Program ...................................................................................... 5
Overview of the Curriculum .............................................................................................. 7
Curriculum Requirements ................................................................................................. 9
Other Program Requirements .......................................................................................... 11
Scope and Sequence ........................................................................................................ 12
Suggested Course Sequence – Enter EVEN Year ............................................................ 12
Suggested Course Sequence – Enter ODD Year ............................................................... 15
Registration ..................................................................................................................... 18
Fellowships ..................................................................................................................... 18
Transfer Credits and Waivers of Requirements ............................................................ 21
Practica and Prepractica Experiences ......................................................................... 21
Program Policy Statement Regarding Conflicts Working with Diverse Individuals .... 23
Academic Advising ........................................................................................................ 24
Annual Evaluation of Students ....................................................................................... 24
Reasons for Termination from the Program .................................................................... 26
Grievance Policies and Procedures ............................................................................... 27
Time Limit for Program Completion .............................................................................. 29
Counseling and Psychological Services (CAPS) ............................................................ 29
Leave of Absence ........................................................................................................... 30
Master’s Thesis Requirements ....................................................................................... 30
Qualifying Paper ........................................................................................................... 34
Dissertation Requirements ........................................................................................... 37
Applying for Internship ................................................................................................. 40
Graduation and Degree Conferral .................................................................................. 42
Master’s Conferral and Impact on Financial Aid ............................................................ 42
Malpractice Insurance During Internship and Practicum ............................................. 42
Licensing ...................................................................................................................... 42
Professional Development ............................................................................................ 43
Yearly Information Needed From Students .................................................................. 44
Welcome to the Eastern Michigan University clinical psychology program. You are a member of a highly select group beginning a journey toward the development of specialized competencies as a professional clinical psychologist. This journey involves not only the acquisition of expert knowledge, but also alterations in your thinking about yourself, your actions, and your place in the world. You will find this trek to be alternatively exhausting and exhilarating; tortuous and thrilling. At times you will plod; at other times you will soar; periods of self-satisfaction and self-doubt are integral parts of the journey. You will find the faculty and the more advanced students to be ready to provide compassionate and wise assistance as you make this trip.

This handbook is designed to facilitate your progress through the program. It is a mixture of official policies, recommendations for making your life easier, and the accumulated wisdom of your peers and faculty mentors. The manual supplements (but does not replace) other important published material that appears in the Graduate Catalog and the Policies and Procedures Manual of the Psychology Clinic. In this manual, we periodically reference relevant portions of these sources but you should also be familiar with them to facilitate your progress through the program.

The policies and recommendations contained in this handbook and the Policies and Procedures Manual of the Psychology Clinic are modified periodically and students must abide by the current policies and procedures and not those in effect upon admission. However, you must follow the program of study in effect at admission unless you choose to adopt a more recent program of study. We urge you to familiarize yourself with all current degree requirements as well as revisions of those policies. The University, the Psychology Department, and professional organizations reserve the right to make periodic changes to policies to clarify or improve program procedures. Please review these documents throughout your academic career to ensure compliance. The most recent version of the handbook is available online at: http://www.emich.edu/psychology/phd_clinicalpsych.php. All policies and procedures in this handbook can be petitioned to the Doctoral Training Committee for exceptions. Submit a brief justification of the requested exception to the Director of Clinical Training for consideration by the Doctoral Training Committee during the next scheduled meeting.

**Physical facility**

Eastern Michigan University was founded in 1849. The University is located in Ypsilanti, which is a 45-minute drive to Detroit and Toledo and ten minutes from Ann Arbor.

The University comprises five colleges, the Graduate School, and a diverse student population of nearly 24,000 students. The Psychology Department is part of the College of Arts and Sciences and is housed in the Mark Jefferson Science Complex. There are approximately 24 full-time faculty in our department, 12 of whom are core clinical faculty. Faculty biographies and contact information can be found at: http://www.emich.edu/psychology/faculty/index.php.
The clinical program also maintains a Psychology Clinic located at 611 W. Cross Street. The clinic has six individual therapy rooms, a play therapy room, a family therapy room, and several student offices. Psychological services are provided to the EMU community, as well as the Ypsilanti community at large. This Psychology Clinic provides an excellent training opportunity for beginning therapists to be supervised by licensed psychologists as well as provide low cost services for individuals with mental health needs.

**Purpose and Aims of the Program**

The purpose of the program is to train contemporary, fully license-eligible clinical psychologists knowledgeable in psychological principles of assessment, therapy, research, and program development and evaluation. A primary program objective is the preparation of clinical psychologists who will be effective in supervising and managing therapists in multidisciplinary mental healthcare delivery systems in a diverse society. To meet these aims, the program emphasizes traditional scientist-practitioner skills such as practical clinical skills in assessment and treatment, and scholarly skills in designing, conducting, analyzing, and disseminating research that contributes to the field of psychology. Students may acquire specialty skills critical to healthcare systems management, including conducting program evaluation research, demonstrating administrative/clinical management skills, developing training programs in treatment and assessment, establishing community education programs, and supervising master’s level clinicians.

The following are skills taught at traditional clinical Ph.D. programs. They are incorporated into the program to provide the students with the requisite skills necessary to be competent psychologists.

**Practical Clinical Skills**

1. Learn assessment techniques using multimodal and multimethod approaches
2. Learn evidence-based diagnostic techniques and procedures
3. Write professional evaluations, treatment plans, progress notes, and other reports
4. Develop and implement treatment programs
5. Develop and deliver case presentations
6. Select evidence-based treatments and empirically determined treatments of choice
7. Develop skills in implementing standardized treatments
8. Demonstrate sensitivity to the issues of cultural and individual diversity
9. Demonstrate knowledge of and correct use of the APA Ethical Guidelines for clinical practice.

**General Scholarly Skills**

10. Develop critical analysis of assessment and treatment research literature
11. Demonstrate understanding and application of the philosophical underpinnings of psychology
12. Demonstrate the ability to write a scholarly article to the standards that would be expected under peer review
13. Demonstrate the ability to make a research or scholarly presentation in a public forum
Research Skills
14. Demonstrate knowledge of research in clinical assessment and treatment
15. Demonstrate knowledge of treatment outcome research
16. Design, conduct, analyze, and disseminate research that contributes to the field

Training and Supervision Skills
17. Demonstrate knowledge of models and methods of clinical supervision
18. Develop training programs in treatment and assessment skills for other clinicians
19. Demonstrate ability to develop in-service or community education programs based on areas of expertise
20. Supervise master’s level students in assessment and treatment
21. Develop a course for undergraduate study

Student Opportunities Essential to Meet Program Aims
22. Practice assessment and treatment skills in a highly supervised environment through an onsite clinic
23. Work with and be supervised by faculty who have expertise in a variety of assessment and treatment modalities
24. Use state of the art equipment and technology used in the field today
25. Participate in a collegial atmosphere that is accepting of diverse opinions and prepares students to analyze the current literature critically

The following are additional specialty skills available in the program:

Managerial and Healthcare Systems Skills
26. Conduct clinical program evaluation research
27. Conduct behavioral systems/organizational behavior management research
28. Demonstrate administrative/clinical management skills - clinical triage; case management; organizing multidisciplinary teams, staffing, and team meetings; and developing reports

The program also offers training in five areas of emphasis including clinical-adult, applied behavior analysis, assessment, developmental psychopathology, and health. Students select at least one area of emphasis to complete in addition to general clinical psychology training.

Specific Program Aims

Aim 1: To train students in Research Design, Methodology, and Statistics
- Demonstrate breadth of knowledge of contemporary statistical concepts and procedures and major research designs, and depth of knowledge of research issues unique to a specialization area
- Design and conduct evidence-based research and use appropriate statistical techniques to analyze results
- Demonstrate knowledge of ethical considerations in human subjects research
- Demonstrate the ability to write a publishable article and/or make a presentation of research or scholarly piece in a public forum
Aim 2: To train students in the clinical skills of assessment, diagnosis, intervention, and supervision

- Demonstrate broad knowledge and critical analysis of research in clinical assessment, diagnosis, and intervention
- Learn and apply evidence-based diagnostic methods
- Select and implement evidence-based treatments
- Write professional evaluations, treatment plans, progress notes, and other reports, as well as develop and deliver case presentations
- Demonstrate knowledge of and correct use of the APA Ethical Guidelines for clinical practice
- Demonstrate knowledge of models and methods of clinical supervision
- Participate in a tiered supervision model as a supervisor in training

Aim 3: To train students to have the knowledge and skills necessary to conduct themselves professionally and who are prepared for careers in clinical psychology

- Demonstrate competence in teaching a course at the undergraduate level
- Provide clinical services that benefit the community
- Demonstrate competence in cultural and individual diversity
- Demonstrate active participation in research teams, the department, and the community
- Become involved in professional organizations, advocacy groups, and/or social justice efforts that advance values consistent with the profession of psychology

Overview of the Curriculum

The doctoral program is a full-time, full residency program designed to be completed in five years, but typically students complete within six years. No part-time students will be accepted. The curriculum is designed to meet or exceed state and national guidelines for licensing and accreditation.

State licensing. Licensure information for Michigan can be found at: https://www.michigan.gov/lara/0,4601,7-154-63294---,00.html. Note that licensure requirements are regulated by each state and students should review the requirements where they expect to practice.

Accreditation. The program is currently accredited by the Commission on Accreditation (next site visit is expected in 2027). To become accredited, clinical Ph.D. programs must comply with several standards.

*Questions related to the program’s accredited status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street NE
Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
The program provides extensive training in an on-site clinic, staffed and supervised by our faculty. Additionally, the program requires off-site clinical practica to diversify clinical training. Upon completion of the master's degree, students fulfill requirements for master’s-level licensing (in Michigan) enroute to the Ph.D.

Integration of M.S. and Ph.D. curricula. The doctoral program builds on our current clinical M.S. programs, which offer two different clinical approaches. The Clinical Behavioral (CB) MS program provides training in state-of-the-art behavioral assessment and empirically validated treatment techniques, encompassing applied behavior analysis, behavior therapy, cognitive-behavior therapy, and third-wave behavioral therapies. The General Clinical (GC) MS program provides a multitheoretical view of psychological disorders that emphasizes assessment, diagnosis, and treatment from various perspectives. A unique feature of our doctoral program is the opportunity for students to acquire specialization in applied behavior analysis or to sample from a menu of courses from multitheoretical orientations.

Competent M.S. and Ph.D. clinicians must learn a complex of specialized assessment and treatment strategies. Our two M.S. programs concentrate on training effective therapists. Well-prepared Ph.D. clinicians need this skill-based training, as well as broad knowledge of the empirical, theoretical, and philosophical underpinnings of the profession. Our doctoral program includes doctoral seminars that serve as links between concurrently taught M.S. level courses, the Ph.D. knowledge base, and prepracticum training. For each two-credit course, students are required to spend two hours per week in scholarly discussions relevant to treatment, assessment, and clinical practice.

After mastering M.S. level skills, Ph.D. students will learn to train and supervise beginning level clinicians. Doctoral students may also take a course designed to teach them the skills necessary to manage, supervise, and evaluate healthcare systems, including a required course in organizational healthcare systems management.

Practica experiences: In the first year of the program, doctoral students spend 3-5 hours per week at the on-site clinic, answering phones, doing phone intakes, shadowing therapists, and participating in group supervision. In the second year of the program, students participate in a full 500-hour (direct and indirect) practicum experience, seeing clients and conducting assessments at our on-site community clinic. It is expected that students will have 100 hours of direct contact, 100 hours of supervision, and 300 hours of support activities during this first internal practicum. The 100 direct contact hours are required before pursuing external practicum placements. Students attend both group and individual supervision of at least eight hours per month. In the third and fourth years of the program, students continue to see 1-2 therapy and/or assessment clients at our onsite clinic and continue to participate in group and individual supervision. Third and fourth year students also secure offsite practica at numerous community agencies in our area. For extra external practicum experiences (year four and beyond) to count as “program sanctioned” for internship applications, the following conditions must be met: preapproved in advance by the Doctoral Training Committee, face-to-face supervision of at least four hours per month by a fully licensed psychologist, clinical hours do not exceed 20 per week,
supervisor completes an evaluation of skills at both 250 and 500 hours (each evaluation based at least in part on direct observation), and enrollment in the advanced external practicum course or continuous enrollment credit.

As a result of the various clinical experiences, students should have a minimum of 600 hours of direct client contact prior to applying for internship. At least 80% of these hours should be from therapy sessions with the other 20% from formal assessments (unless a student is specializing their training in psychological assessment where the numbers can be reversed). Students are required to complete ten integrated assessment reports prior to applying for internship; reports can be done at either internal or external practicum sites.

**Curriculum Requirements**

The Clinical Doctoral program requires the completion of 90 graduate credit hours. The Master's degree is earned en route to the doctoral degree (see [http://www.emich.edu/psychology/programs/grad_form.php](http://www.emich.edu/psychology/programs/grad_form.php) for MS and doctoral programs of study). Students in the doctoral program must complete a master’s thesis.

All courses require a B or better grade. All courses less than a B will need to be repeated. Students are not allowed to take the same course more than twice.

Check with the Director of Clinical Training to make sure the course fulfills an assessment or treatment requirement before registering. Advanced treatment elective courses do not require a prepracticum credit (unless necessary for an area of emphasis).

**Areas of Emphasis**

Students are encouraged to take courses consistent with their long-term clinical interests to create depth of knowledge and focus, while these suggested course sequences are not considered required. Because they are not required courses, it is possible that a course/s may not be offered during a student’s time in the program. The five areas of emphasis are listed in the table below along with the suggested courses associated with each.

<table>
<thead>
<tr>
<th>Clinical-Adult</th>
<th>Applied Behavior Analysis</th>
<th>Assessment</th>
<th>Developmental Psychopathology</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 627/671</td>
<td>PSY 619/641</td>
<td>PSY 610</td>
<td>PSY 720/791</td>
<td>PSY 619/641 OR PSY 610 and 710</td>
</tr>
<tr>
<td>2 treatment electives</td>
<td>PSY 620</td>
<td>PSY 710</td>
<td>PSY 744</td>
<td></td>
</tr>
<tr>
<td>2 Prepracticums (for treatment electives)</td>
<td>PSY 623/651</td>
<td>PSY 723</td>
<td>PSY 763</td>
<td>PSY 630/621</td>
</tr>
<tr>
<td></td>
<td>PSY 625/661</td>
<td>PSY 770</td>
<td></td>
<td>PSY 723</td>
</tr>
</tbody>
</table>

**Core Courses (63 Credits Required)**

| PSY 600 Psychological Statistics I | 3 |

Core Courses (63 Credits Required) | Credits
--- | ---
PSY 600 Psychological Statistics I | 3
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 601</td>
<td>Psychological Statistics II</td>
<td>3</td>
</tr>
<tr>
<td>PSY 605</td>
<td>Research Design</td>
<td>3</td>
</tr>
<tr>
<td>PSY 635</td>
<td>Cognitive and Affective Processes of Behavior</td>
<td>3</td>
</tr>
<tr>
<td>PSY 637</td>
<td>Social Psychology</td>
<td>3</td>
</tr>
<tr>
<td>PSY 640</td>
<td>Developmental Psychology</td>
<td>3</td>
</tr>
<tr>
<td>PSY 670</td>
<td>Scientific and Professional Ethics</td>
<td>3</td>
</tr>
<tr>
<td>PSY 683</td>
<td>Field Practicum with Seminar</td>
<td>2</td>
</tr>
<tr>
<td>PSY 684</td>
<td>Field Practicum with Seminar</td>
<td>2</td>
</tr>
<tr>
<td>PSY 690/691/692</td>
<td>Master’s Thesis <em>(Minimum 1 credit required)</em></td>
<td>1</td>
</tr>
<tr>
<td>PSY 703</td>
<td>Clinical Organizational Management</td>
<td>3</td>
</tr>
<tr>
<td>PSY 743</td>
<td>Psychopathology</td>
<td>3</td>
</tr>
<tr>
<td>PSY 751/731</td>
<td>Interpersonal Processes in Psychotherapy with Prepracticum</td>
<td>3/1</td>
</tr>
<tr>
<td>PSY 762</td>
<td>Cognitive Assessment</td>
<td>4</td>
</tr>
<tr>
<td>PSY 777</td>
<td>Advanced History and Systems of Psychology</td>
<td>3</td>
</tr>
<tr>
<td>PSY 807</td>
<td>Methods of Teaching in Psychology</td>
<td>2</td>
</tr>
<tr>
<td>PSY 883</td>
<td>Doctoral Seminar I: Issues in Professional Development</td>
<td>2</td>
</tr>
<tr>
<td>PSY 885</td>
<td>Models and Methods of Service Delivery and Supervision</td>
<td>2</td>
</tr>
<tr>
<td>PSY 888</td>
<td>Diversity Issues in Clinical Populations</td>
<td>3</td>
</tr>
<tr>
<td>PSY 894</td>
<td>Doctoral Clinical Internship <em>(Minimum 2 credits required)</em></td>
<td>1</td>
</tr>
<tr>
<td>PSY 896/897/898</td>
<td>Dissertation <em>(Minimum 6 credits required)</em></td>
<td>1 2 4</td>
</tr>
</tbody>
</table>

**Individual Differences (3-4 Credits Required)**  

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 623/651</td>
<td>Experimental Analysis of Behavior with Prepracticum</td>
<td>3/1</td>
</tr>
<tr>
<td>PSY 646</td>
<td>Personality: Theory and Research</td>
<td>3</td>
</tr>
<tr>
<td>PSY 744</td>
<td>Child and Adolescent Psychopathology</td>
<td>3</td>
</tr>
</tbody>
</table>

**Evidence-Based Therapy (4 Credits Required)**  

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 627/671</td>
<td>Behavioral and Other Evidence-Based Psychotherapies with Prepracticum</td>
<td>3/1</td>
</tr>
<tr>
<td>PSY 720/791</td>
<td>Evidence-Based Therapies for Children and Adolescents with Prepracticum</td>
<td>3/1</td>
</tr>
</tbody>
</table>

**Biological Bases of Behavior (3 Credits Required)**  

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 629</td>
<td>Physiological Psychology</td>
<td>3</td>
</tr>
<tr>
<td>PSY 633</td>
<td>Cognitive Neuroscience</td>
<td>3</td>
</tr>
</tbody>
</table>

**Assessment Electives (4 Credits Required)**  

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 619/641</td>
<td>Behavioral Assessment with Prepracticum</td>
<td>3/1</td>
</tr>
<tr>
<td>PSY 710</td>
<td>Neuropsychological Assessment</td>
<td>4</td>
</tr>
<tr>
<td>PSY 763</td>
<td>Advanced Individual Testing: Child Assessment</td>
<td>4</td>
</tr>
<tr>
<td>PSY 770</td>
<td>Self-Report Assessment of Personality</td>
<td>4</td>
</tr>
<tr>
<td>Course</td>
<td>Credits</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>PSY 771 Performance-Based Assessment of Personality</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Treatment Electives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSY 625/661 Clinical Behavior Analysis with Prepracticum</td>
<td>3/1</td>
<td></td>
</tr>
<tr>
<td>PSY 630/621 Behavioral Medicine with Prepracticum</td>
<td>3/1</td>
<td></td>
</tr>
<tr>
<td>PSY 672 Modern Behavior Therapies: Theory, Research and Practice</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PSY 721 Treatment of Anxiety Disorders</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PSY 722 Assessment and Treatment of Personality Disorders</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PSY 752 Intrapersonal Processes in Psychotherapy</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> One additional assessment OR treatment course required (3-4 Credits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>General Electives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSY 610 Clinical Neuropsychology</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PSY 611 Treatment Course Prepracticum</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PSY 620 Learning</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PSY 705 Clinical Ecological Psychology</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PSY 723 Psychopharmacology</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PSY 788 Advanced Clinical Practicum I</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PSY 801 Program Evaluation in Clinical Psychology</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**Other Program Requirements**

1. Master’s Prepracticum (onsite; completed in conjunction with master’s courses)

2. Doctoral Prepracticum (onsite; approximately 5 hours per week for the first year) students answer phones, do phone intakes, and do some clerical work; doctoral prepracticum is part of 20 hours/week doctoral assistantship

3. Internal Practicum over the course of the program – 225 hours direct contact. Starting spring of first year, doctoral students begin to see 1-2 clients and build to 5-6 client contact hours per week; in years three and four, doctoral students will continue to see 1-2 clients at the onsite clinic. The expectation is that students will have a minimum of 100 direct contact hours during year two; 75 during year three; and 50 during year four at the Psychology Clinic. However, students are encouraged to exceed these minimum requirements.

4. External Practicum - 300-400 direct contact (offsite; Ph.D. students typically work 20 hours per week for two full years)

5. Master’s thesis – required for all doctoral students. Incoming students who completed a thesis project at another institution can apply for a waiver of this requirement. If the
waiver is granted, a first year research project/contract with the research mentor is required.

6. Qualifying paper (completed after all prerequisite requirements have been met)

7. M.S. clinical supervision and undergraduate teaching (during last year of fellowship). Students in last summer of fellowship prepare an educational workshop for first year students that will be presented during Summer semester group meetings.

8. Doctoral dissertation – typically dissertation proposal follows successfully completing the qualifying paper; however, under special circumstances (e.g., extended time needed for data collection) a student may petition the Doctoral Training Committee to complete the dissertation proposal prior to the qualifying paper. Under this situation, the qualifying paper must be successfully completed prior to the dissertation oral defense and completed on a different topic.

9. Clinical Predoctoral Internship (2000 hours) – attending an APA accredited internship is highly recommended, but at a minimum the internship must be an APPIC member program. Passing the qualifying paper, successfully proposing the dissertation, and receiving approval from the Doctoral Training Committee faculty are requirements to apply for internship.

Scope and Sequence
To help students understand the doctoral psychology program better, we have prepared the following suggested course sequence (beginning on the next page). Students may want to refer to this as they register for classes each semester. Note that course offerings can vary throughout the year. Students should plan their schedules with their mentors to make sure they fulfill all the course requirements in a timely manner.

A successfully defended thesis project is required prior to taking the teaching seminar before the third year in the program (or second year if only three years of funding). The supervision seminar prerequisites include completion of the 500-hour (direct and indirect) in-house practicum at the clinic and completion of at least one 500-hour (direct and indirect) external practicum. Both the teaching and supervision seminars require permission of the instructor or the Director of Clinical Training to enroll.
<table>
<thead>
<tr>
<th></th>
<th>Adult</th>
<th>Applied Behavior Analysis</th>
<th>Assessment</th>
<th>Developmental</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>600, Statistics I</td>
<td>600, Statistics I</td>
<td>600, Statistics I</td>
<td>600, Statistics I</td>
<td>600, Statistics I</td>
<td></td>
</tr>
<tr>
<td>743, Psychopathology</td>
<td>743, Psychopathology</td>
<td>743, Psychopathology</td>
<td>743, Psychopathology</td>
<td>743, Psychopathology</td>
<td></td>
</tr>
<tr>
<td>751/731, Interpersonal Tx</td>
<td>751/731, Interpersonal Tx</td>
<td>751/731, Interpersonal Tx</td>
<td>751/731, Interpersonal Tx</td>
<td>751/731, Interpersonal Tx</td>
<td></td>
</tr>
<tr>
<td><strong>Winter Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>605, Research Design</td>
<td>605, Research Design</td>
<td>605, Research Design</td>
<td>605, Research Design</td>
<td>605, Research Design</td>
<td></td>
</tr>
<tr>
<td>627/671, Beh/Other Tx</td>
<td>625/661, Clinical ABA Tx</td>
<td>762, Cognitive Assessment</td>
<td>720/791, Child/Family Tx</td>
<td>627/671, Beh/Other Tx</td>
<td></td>
</tr>
<tr>
<td><strong>Summer Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>670, Ethics</td>
<td>670, Ethics</td>
<td>670, Ethics</td>
<td>670, Ethics</td>
<td>670, Ethics</td>
<td></td>
</tr>
<tr>
<td>762, Cognitive Assessment</td>
<td>762, Cognitive Assessment</td>
<td>888, Diversity or elective</td>
<td>762, Cognitive Assessment</td>
<td>762, Cognitive Assessment</td>
<td></td>
</tr>
<tr>
<td><strong>Fall Year 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>640, Developmental</td>
<td>640, Developmental</td>
<td>640, Developmental</td>
<td>640, Developmental</td>
<td>640, Developmental</td>
<td></td>
</tr>
<tr>
<td>629, Physiological</td>
<td>629, Physiological</td>
<td>629, Physiological</td>
<td>629, Physiological</td>
<td>629, Physiological</td>
<td></td>
</tr>
<tr>
<td>646, Personality</td>
<td>646, Personality</td>
<td>646, Personality</td>
<td>646, Personality</td>
<td>646, Personality</td>
<td></td>
</tr>
<tr>
<td>721, Anxiety Disorder Tx</td>
<td>721, Anxiety Disorder Tx</td>
<td>721, Anxiety Disorder Tx</td>
<td>721, Anxiety Disorder Tx</td>
<td>721, Anxiety Disorder Tx</td>
<td></td>
</tr>
<tr>
<td>Another elective course or course from above</td>
<td>623/651, Experimental Analysis of Behavior</td>
<td>Another elective course or course from above</td>
<td>623/651, Experimental Analysis of Behavior</td>
<td>623/651, Experimental Analysis of Behavior</td>
<td></td>
</tr>
<tr>
<td>Another elective course or course from above</td>
<td>610, Clinical Neuropsych</td>
<td>Another elective course or course from above</td>
<td>610, Clinical Neuropsych</td>
<td>610, Clinical Neuropsych</td>
<td></td>
</tr>
<tr>
<td>Another elective course or course from above</td>
<td>629, Physiological</td>
<td>Another elective course or course from above</td>
<td>629, Physiological</td>
<td>629, Physiological</td>
<td></td>
</tr>
<tr>
<td>646, Personality</td>
<td>646, Personality</td>
<td>Another elective course or course from above</td>
<td>646, Personality</td>
<td>646, Personality</td>
<td></td>
</tr>
<tr>
<td>721, Anxiety Disorder Tx</td>
<td>721, Anxiety Disorder Tx</td>
<td>Another elective course or course from above</td>
<td>721, Anxiety Disorder Tx</td>
<td>721, Anxiety Disorder Tx</td>
<td></td>
</tr>
</tbody>
</table>

**Adult** | **Applied Behavior Analysis** | **Assessment** | **Developmental** | **Health**
<table>
<thead>
<tr>
<th>Winter Year 2</th>
<th>Winter Year 2</th>
<th>Winter Year 2</th>
<th>Winter Year 2</th>
<th>Winter Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>602, SEM</td>
<td>602, SEM</td>
<td>602, SEM</td>
<td>602, SEM</td>
<td>602, SEM</td>
</tr>
<tr>
<td>620, Learning</td>
<td>620, Learning</td>
<td>620, Learning</td>
<td>620, Learning</td>
<td>620, Learning</td>
</tr>
<tr>
<td>710, Neuropsych Assess</td>
<td>710, Neuropsych Assess</td>
<td>710, Neuropsych Assess</td>
<td>710, Neuropsych Assess</td>
<td>710, Neuropsych Assess</td>
</tr>
<tr>
<td>752, Intrapersonal Tx</td>
<td>752, Intrapersonal Tx</td>
<td>752, Intrapersonal Tx</td>
<td>752, Intrapersonal Tx</td>
<td>752, Intrapersonal Tx</td>
</tr>
<tr>
<td>Additional treatment courses</td>
<td>Additional treatment courses</td>
<td>Additional treatment courses</td>
<td>Additional treatment courses</td>
<td>Additional treatment courses</td>
</tr>
<tr>
<td>Another elective course</td>
<td>Another elective course</td>
<td>Another elective course</td>
<td>Another elective course</td>
<td>Another elective course</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summer Year 2</th>
<th>Summer Year 2</th>
<th>Summer Year 2</th>
<th>Summer Year 2</th>
<th>Summer Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>888, Diversity</td>
<td>888, Diversity</td>
<td>888, Diversity</td>
<td>888, Diversity</td>
<td>888, Diversity</td>
</tr>
<tr>
<td>723, Psychopharmacology</td>
<td>723, Psychopharmacology</td>
<td>723, Psychopharmacology</td>
<td>723, Psychopharmacology</td>
<td>723, Psychopharmacology</td>
</tr>
<tr>
<td>801, Program Evaluation</td>
<td>801, Program Evaluation</td>
<td>801, Program Evaluation</td>
<td>801, Program Evaluation</td>
<td>801, Program Evaluation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fall Year 3</th>
<th>Fall Year 3</th>
<th>Fall Year 3</th>
<th>Fall Year 3</th>
<th>Fall Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>635, Cognitive-Affective</td>
<td>635, Cognitive-Affective</td>
<td>635, Cognitive-Affective</td>
<td>635, Cognitive-Affective</td>
<td>635, Cognitive-Affective</td>
</tr>
<tr>
<td>683, Practicum I</td>
<td>683, Practicum I</td>
<td>683, Practicum I</td>
<td>683, Practicum I</td>
<td>683, Practicum I</td>
</tr>
<tr>
<td>630, Behavioral Medicine</td>
<td>630, Behavioral Medicine</td>
<td>630, Behavioral Medicine</td>
<td>630, Behavioral Medicine</td>
<td>630, Behavioral Medicine</td>
</tr>
<tr>
<td>633, Cog Neuroscience</td>
<td>633, Cog Neuroscience</td>
<td>633, Cog Neuroscience</td>
<td>633, Cog Neuroscience</td>
<td>633, Cog Neuroscience</td>
</tr>
<tr>
<td>672, Modern Beh Therapies</td>
<td>672, Modern Beh Therapies</td>
<td>672, Modern Beh Therapies</td>
<td>672, Modern Beh Therapies</td>
<td>672, Modern Beh Therapies</td>
</tr>
<tr>
<td>Another elective course</td>
<td>Another elective course</td>
<td>Another elective course</td>
<td>Another elective course</td>
<td>Another elective course</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Winter Year 3</th>
<th>Winter Year 3</th>
<th>Winter Year 3</th>
<th>Winter Year 3</th>
<th>Winter Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>684, Practicum II</td>
<td>684, Practicum II</td>
<td>684, Practicum II</td>
<td>684, Practicum II</td>
<td>684, Practicum II</td>
</tr>
<tr>
<td>807, Teaching Seminar</td>
<td>807, Teaching Seminar</td>
<td>807, Teaching Seminar</td>
<td>807, Teaching Seminar</td>
<td>807, Teaching Seminar</td>
</tr>
<tr>
<td>722, Personality Dx Tx</td>
<td>722, Personality Dx Tx</td>
<td>722, Personality Dx Tx</td>
<td>722, Personality Dx Tx</td>
<td>722, Personality Dx Tx</td>
</tr>
<tr>
<td>752 Intrapersonal Tx</td>
<td>752 Intrapersonal Tx</td>
<td>752 Intrapersonal Tx</td>
<td>752 Intrapersonal Tx</td>
<td>752 Intrapersonal Tx</td>
</tr>
<tr>
<td>763, Child Assessment</td>
<td>763, Child Assessment</td>
<td>763, Child Assessment</td>
<td>763, Child Assessment</td>
<td>763, Child Assessment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summer Year 3</th>
<th>Summer Year 3</th>
<th>Summer Year 3</th>
<th>Summer Year 3</th>
<th>Summer Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 4</td>
<td>703, Clinical Org</td>
<td>703, Clinical Org</td>
<td>703, Clinical Org</td>
<td>703, Clinical Org</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Fall</td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
</tr>
<tr>
<td></td>
<td>Advanced Practicum</td>
<td>Advanced Practicum</td>
<td>Advanced Practicum</td>
<td>Advanced Practicum</td>
</tr>
<tr>
<td>Winter</td>
<td>885, Supervision Seminar</td>
<td>Supervision Seminar</td>
<td>Supervision Seminar</td>
<td>Supervision Seminar</td>
</tr>
<tr>
<td></td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
</tr>
<tr>
<td>Summer</td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
</tr>
</tbody>
</table>
### Suggested Course Sequence – Enter ODD Year

<table>
<thead>
<tr>
<th>Adult</th>
<th>ABA</th>
<th>Assessment</th>
<th>Developmental</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>600, Statistics I</td>
<td>600, Statistics I</td>
<td>600, Statistics I</td>
<td>600, Statistics I</td>
<td></td>
</tr>
<tr>
<td>743, Psychopathology</td>
<td>743, Psychopathology</td>
<td>743, Psychopathology</td>
<td>743, Psychopathology</td>
<td></td>
</tr>
<tr>
<td>751/731, Interpersonal Tx</td>
<td>751/731, Interpersonal Tx</td>
<td>751/731, Interpersonal Tx</td>
<td>751/731, Interpersonal Tx</td>
<td></td>
</tr>
<tr>
<td><strong>Winter Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>601, Statistics II</td>
<td>601, Statistics II</td>
<td>601, Statistics II</td>
<td>601, Statistics II</td>
<td></td>
</tr>
<tr>
<td>605, Research Design</td>
<td>605, Research Design</td>
<td>605, Research Design</td>
<td>605, Research Design</td>
<td></td>
</tr>
<tr>
<td>627/671, Beh/Other Tx</td>
<td>625/661, Clinical ABA Tx</td>
<td>762, Cognitive Assessment</td>
<td>720/791, Child/Family Tx</td>
<td></td>
</tr>
<tr>
<td><strong>Summer Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>670, Ethics</td>
<td>670, Ethics</td>
<td>670, Ethics</td>
<td>670, Ethics</td>
<td></td>
</tr>
<tr>
<td>762, Cognitive Assessment</td>
<td>762, Cognitive Assessment</td>
<td>723, Psychopharmacology</td>
<td>762, Cognitive Assessment</td>
<td></td>
</tr>
<tr>
<td><strong>Fall Year 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>635, Cognitive-Affective</td>
<td>619/641, Behavioral Assess</td>
<td>635, Cognitive-Affective</td>
<td>635, Cognitive-Affective</td>
<td></td>
</tr>
<tr>
<td>619/641, Behavioral Assess</td>
<td>635, Cognitive-Affective</td>
<td>633, Cog Neuroscience</td>
<td>744, Child Psychopath</td>
<td></td>
</tr>
<tr>
<td>623/651, Exper Anal of Behav</td>
<td>630, Behavioral Medicine</td>
<td>633, Cog Neuroscience</td>
<td>646, Personality</td>
<td></td>
</tr>
<tr>
<td>630, Behavioral Medicine</td>
<td>633, Cog Neuroscience</td>
<td>646, Personality</td>
<td>744, Child Psychopath</td>
<td></td>
</tr>
<tr>
<td>Another course from above</td>
<td>Another course from above</td>
<td>Another course from above</td>
<td>Another course from above</td>
<td></td>
</tr>
<tr>
<td><strong>Another course from above</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>623/651, Exper Anal of Behavior</td>
<td>630, Behavioral Medicine</td>
<td>633, Cog Neuroscience</td>
<td>646, Personality</td>
<td></td>
</tr>
<tr>
<td>630, Behavioral Medicine</td>
<td>633, Cog Neuroscience</td>
<td>646, Personality</td>
<td>744, Child Psychopath</td>
<td></td>
</tr>
<tr>
<td>Another course from above</td>
<td>Another course from above</td>
<td>Another course from above</td>
<td>Another course from above or 619, Behavioral Assessment</td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>ABA</td>
<td>Assessment</td>
<td>Developmental</td>
<td>Health</td>
</tr>
<tr>
<td>------------</td>
<td>---------------</td>
<td>---------------------</td>
<td>------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Winter Year 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>620, Learning</td>
<td>625/661, Clinical ABA Tx</td>
<td>720/791, Child/Family Tx</td>
<td>722, Assess/Tx Person Dx</td>
<td>752, Intrapersonal Tx</td>
</tr>
<tr>
<td>763, Child Assessment</td>
<td>722, Assess/Tx Person Dx</td>
<td>752, Intrapersonal Tx</td>
<td>770, Self-report Assess</td>
<td>62, Learning</td>
</tr>
<tr>
<td>770, Self-report Assess</td>
<td>627/671, Beh/Other Tx</td>
<td>720/791, Child/Family Tx</td>
<td>752, Intrapersonal Tx</td>
<td>770, Self-report Assess</td>
</tr>
<tr>
<td>Another course from above</td>
<td>627/671, Beh/Other Tx</td>
<td>720/791, Child/Family Tx</td>
<td>752, Intrapersonal Tx</td>
<td>770, Self-report Assess</td>
</tr>
<tr>
<td>Another course from above</td>
<td>763, Child Assessment</td>
<td>770, Self-report Assess</td>
<td>763, Child Assessment</td>
<td>Another course from above</td>
</tr>
<tr>
<td>Summer Year 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>703, Clinical Org</td>
<td>703, Clinical Org</td>
<td>703, Clinical Org</td>
<td>703, Clinical Org</td>
<td>703, Clinical Org</td>
</tr>
<tr>
<td>888, Diversity</td>
<td>888, Diversity</td>
<td>888, Diversity</td>
<td>888, Diversity</td>
<td>888, Diversity</td>
</tr>
<tr>
<td>Fall Year 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>683, Practicum I</td>
<td>683, Practicum I</td>
<td>683, Practicum I</td>
<td>683, Practicum I</td>
<td>683, Practicum I</td>
</tr>
<tr>
<td>640, Developmental</td>
<td>640, Developmental</td>
<td>640, Developmental</td>
<td>640, Developmental</td>
<td>640, Developmental</td>
</tr>
<tr>
<td>610, Clinical Neuropsych</td>
<td>610, Clinical Neuropsych</td>
<td>610, Clinical Neuropsych</td>
<td>610, Clinical Neuropsych</td>
<td>610, Clinical Neuropsych</td>
</tr>
<tr>
<td>629, Physiological</td>
<td>629, Physiological</td>
<td>610, Clinical Neuropsych</td>
<td>610, Clinical Neuropsych</td>
<td>610, Clinical Neuropsych</td>
</tr>
<tr>
<td>721, Anxiety Disorder Tx</td>
<td>721, Anxiety Disorder Tx</td>
<td>610, Clinical Neuropsych</td>
<td>610, Clinical Neuropsych</td>
<td>610, Clinical Neuropsych</td>
</tr>
<tr>
<td>Another elective course</td>
<td>Another elective course</td>
<td>Another elective course</td>
<td>Another elective course</td>
<td>629, Physiological</td>
</tr>
<tr>
<td>Another elective course</td>
<td>Another elective course</td>
<td>Another elective course</td>
<td>Another elective course</td>
<td>721, Anxiety Disorder Tx</td>
</tr>
<tr>
<td>Adult</td>
<td>ABA</td>
<td>Assessment</td>
<td>Developmental</td>
<td>Health</td>
</tr>
<tr>
<td>-------</td>
<td>-----</td>
<td>------------</td>
<td>---------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Winter Year 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>684, Practicum II</td>
<td>684, Practicum II</td>
<td>684, Practicum II</td>
<td>684, Practicum II</td>
<td></td>
</tr>
<tr>
<td>637, Social Psychology</td>
<td>637, Social Psychology</td>
<td>637, Social Psychology</td>
<td>637, Social Psychology</td>
<td></td>
</tr>
<tr>
<td>807, Teaching Seminar</td>
<td>807, Teaching Seminar</td>
<td>710, Neuropsych Assess</td>
<td>807, Teaching Seminar</td>
<td>807, Teaching Seminar</td>
</tr>
<tr>
<td>602, SEM</td>
<td>602, SEM</td>
<td>807, Teaching Seminar</td>
<td>602, SEM</td>
<td>710, Neuropsych Assess</td>
</tr>
<tr>
<td>672, Modern Behavior Tx</td>
<td>672, Modern Behavior Tx</td>
<td>807, Teaching Seminar</td>
<td>672, Modern Behavior Tx</td>
<td>710, Neuropsych Assess</td>
</tr>
<tr>
<td>710, Neuropsych Assess</td>
<td>710, Neuropsych Assess</td>
<td>711, Performance Assess</td>
<td>710, Neuropsych Assess</td>
<td>Another elective course</td>
</tr>
<tr>
<td>771, Performance Assess</td>
<td>771, Performance Assess</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Summer Year 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>723, Psychopharmacology</td>
<td>723, Psychopharmacology</td>
<td>801, Program Evaluation</td>
<td>723, Psychopharmacology</td>
<td>723, Psychopharmacology</td>
</tr>
<tr>
<td>801, Program Evaluation</td>
<td>801, Program Evaluation</td>
<td>Another elective course</td>
<td>801, Program Evaluation</td>
<td></td>
</tr>
<tr>
<td><strong>Fall Year 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>885, Supervision Seminar</td>
<td>885, Supervision Seminar</td>
<td>885, Supervision Seminar</td>
<td>885, Supervision Seminar</td>
<td>885, Supervision Seminar</td>
</tr>
<tr>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
<td></td>
</tr>
<tr>
<td>896, Dissertation</td>
<td>896, Dissertation</td>
<td>896, Dissertation</td>
<td>896, Dissertation</td>
<td></td>
</tr>
<tr>
<td><strong>Winter and Summer Year 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
<td>788, Advanced Practicum</td>
<td></td>
</tr>
<tr>
<td>896 &amp; 897, Dissertation</td>
<td>896 &amp; 897, Dissertation</td>
<td>896 &amp; 897, Dissertation</td>
<td>896 &amp; 897, Dissertation</td>
<td></td>
</tr>
</tbody>
</table>
Registration

Students must complete a registration form each semester - http://www.emich.edu/psychology/forms/grad-student-registration_enabled-pdf.pdf. This form will also facilitate the process to obtain a course registration number for practicum, independent study, thesis, or dissertation credits. This form may be signed by a mentor unless a student is registering for practicum, independent study, thesis, or dissertation credits for which the DCT must also sign.

Being registered allows students to see clients in the clinic throughout their training with liability coverage. Repeating courses can impact financial aid and students may not be eligible for additional aid. However, this does not apply to credits for thesis, dissertation, external practicum, or continuous enrollment. Students are encouraged to check with the Financial Aid Office to determine any possible consequences of repeating courses.

Students may only repeat graduate courses once. Failure to pass a course (with a grade of B or better) in two attempts will result in dismissal from the program. Students must be continuously enrolled in four credits for each semester when on fellowship unless students are finished taking classes, when students can register for fewer credits and complete the Low Enrollment form (https://www.emich.edu/registrar/documents/graduate-low-enrollment-form.pdf?v=2018-05-25T20:13:20Z). Low Enrollment forms must be signed by the DCT and submitted to the Graduate School to be registered. If students are not registered (at least four credits per semester or portion of a semester), they will pay FICA.

If students have not enrolled in classes for two years, they must re-enroll with Graduate Admissions prior to registering for any credits.

Fellowships

To help ensure the success of our students in the program, every student receives a doctoral fellowship for full time study. The fellowship stipend is approximately $16,500 per year and typically this is for four years; however, students who have completed two years in one of our clinical master’s programs will only receive three years of fellowship pay. The fellowship covers tuition (up to 90 credits). Students receiving three years of funding will have up to 60 credits of tuition. Students are responsible for mandatory registration fees each semester (approximately $50). The total number of approved transfer credits will be subtracted from the 90 credits allocated for those with prior graduate education. The doctoral tuition remission cannot be used for undergraduate courses.

Students will be matched with a faculty member. Fellowships require 20 hours per week of professional obligations to the Department during the fellowship award period. Continued support and renewal requires maintenance of a 3.60 or higher GPA, satisfactory progress toward degree completion, and adequate performance evaluations. The fellowship is a 12-month position. Students are permitted up to four weeks of vacation each year. Students should submit requests for vacations to their mentors at least one month in advance of the vacation to ensure it fits with the mentor’s schedule. Students should not make travel plans without first consulting with their mentor.

The doctoral fellowship does not cover health insurance. Students may purchase health insurance through the university if desired. Additionally, the doctoral fellowship does not cover the new
student fee (approximately $200.00) or any late registration or late payment fees. Students are responsible for any other non-registration related fees, such as any fees assessed for dropping or switching classes (e.g., program adjustment fee).

The main intent of the fellowship is to provide the time and support essential for the professional development of the Fellow into a well-trained doctoral level psychologist. Since such training involves classroom instruction, research endeavors, and clinical experiences, duties of the fellowship are designed to provide relevant training and experiences in all these areas. Fellows may be asked to help with class preparations, as well as assist in data collection, preparation, and analysis. These tasks constitute 75% of the fellowship time for 15 hours per week the first year. Fellows will also be responsible for providing clinical services at the EMU Psychology Clinic for 25% of the fellowship time or five hours per week during the first year. For years two and three, students continue to complete an average of 20 hours per week of fellowship responsibilities in consultation with their mentor. While teaching a three or four credit course (twice during the last year of fellowship), mentors recognize the teaching responsibilities and will adjust fellowship hours as appropriate (e.g., 8-10 of the required 20 fellowship hours will be for teaching responsibilities). Students are expected to continue to progress on their dissertation projects and participate in their research labs even after completing fellowship hours.

NOTE: Students MUST be registered EVERY SEMESTER for which they have fellowship. Additionally, students must register for four credits each semester (Fall/Winter/Summer). If students are done taking classes and do not have any credits to take, they can enroll in PSY 767 Continuous Enrollment (1 credit hour). However, these credits do not count towards the 90 required credits for graduation, so students might consider taking thesis/independent study/dissertation credits instead. Once students are done taking classes, they can complete the Low Enrollment form if below four credits each semester - https://www.emich.edu/registrar/documents/graduate-low-enrollment-form.pdf?v=2018-05-25T20:13:20Z. The Director of Clinical Training should be listed as Department Advisor and submit the completed form to the Director of Clinical Training. When students are no longer on fellowship, they may choose to complete the Low Enrollment form for less than four credits for financial aid and loan deferment purposes as long as all classes are completed.

Failure to register for a semester will result in the termination of fellowship pay. The Graduate School will NOT pay for registration late fees, and students will be responsible for this portion of their bill.

Dropping Classes and Terminating Fellowship
If students choose to drop classes or withdraw from the program, please note the following policies adopted by the Graduate school:

- **Drop/withdraw from courses after the 100% refund time period:** Course schedule adjustments must be made before the end of the 100% refund period, early-on in the semester – check schedule-book calendar for exact date. The University does not recoup any funds – similar to a student losing his/her money when a late drop or withdrawal occurs; so too does the Graduate School. If students drop any classes after the 100% refund period, they pay for the course. The amount is billed to their student account.

Another option instead of course withdrawal at the end of a semester would be to negotiate an incomplete, if appropriate and criteria are met, with the faculty member.
This will save the tuition and enable continued work at a later time without subsequent course re-enrollment.

- **Termination of position:** if students resign or are terminated from a doctoral fellowship position, their stipend/income will stop as of the date of termination noted on the Personnel Action form or date of their letter of resignation. Students may resign/be terminated yet finish the course work for the semester with prorated tuition/fee expenses (based on the number of weeks remaining in the semester/term) charged to their student account since the position no longer covers the tuition award. This way students pay for course(s) that appear completed on their transcript.

- If resignation/termination occurs and the student also withdrew from all courses, then not only is the stipend discontinued but also the student must repay a tuition/fee prorated amount with W-grades appearing on the transcript for all enrolled courses.

**Mentor Relationship**

The fellowship mentor provides training and guides the student in developing their own research plans for master’s thesis and dissertation work (see Appendix A – Guidelines for Advisors and Appendix B – Guidelines for Students for mentoring expectations). Students can expect that their mentor will have weekly contact with them particularly during their first two years in the program. Students assigned to non-clinical faculty should seek out additional mentoring from clinical faculty or clinical supervisors related to their clinical training. Students are matched with a faculty mentor based on research interests upon admission and ideally the student will stay with their mentor throughout their academic career. However, students may request a change in mentor as they matriculate through the program. We encourage students to stay with a mentor for a minimum of two years to provide continuity in the training program. Every effort will be made to accommodate student requests within reason. If students wish to request a change in mentor, they should meet with their current mentor and the Director of Clinical Training. The Director of Clinical Training will work with the Doctoral Training Committee to find a new mentor for the student based on the student’s preferences. If the new mentor is acceptable to the student, the Change of Mentor form - [http://www.emich.edu/psychology/forms/change-of-mentor_6-13-13.pdf](http://www.emich.edu/psychology/forms/change-of-mentor_6-13-13.pdf) is completed. Changes in mentors will occur in the fall of the academic year unless special arrangements have been made with the mentors and rarely will mentor assignments be changed in the middle of a major project (i.e. thesis or dissertation).

**Fellowship Teaching**

In the last year of fellowship, doctoral students will be required to teach two undergraduate classes at EMU as part of their fellowship (unless waived by the Doctoral Training Committee). Prior to teaching, students will take a course (PSY 807) addressing teaching at the university level. Additionally, students will be assigned to a teaching mentor who has had successful experiences teaching the course the student has been assigned to teach. The student will meet with the teaching mentor to review the course syllabus, lecture material, teaching strategies, tests, and other relevant information. The fellowship mentor will observe and evaluate the teaching performance of the student at least once the first semester of teaching. The student will obtain a written evaluation of their teaching performance that will be placed in their student file - [http://www.emich.edu/psychology/forms/faculty_feedback_on_student_instructor_lecture_10-11-13.pdf](http://www.emich.edu/psychology/forms/faculty_feedback_on_student_instructor_lecture_10-11-13.pdf). Students are discouraged from doing extra teaching while still on fellowship; however, if approved by the Doctoral Training Committee this can be allowed.
Fellowship Policies
Admission to the EMU Ph.D. program in Clinical Psychology and the award of full-time, year-long fellowship is considered a full-time endeavor requiring 100% of a Fellow’s time and effort. Outside employment is not advisable while a student is in our program and may lead to withdrawal of the fellowship. Clinical training programs are challenging and time-consuming. Successful completion of the program in a timely fashion will demand the student’s full attention. Students may be paid for external practicum if available. This is acceptable as long as it is clear that the student is supervised by a PhD.-licensed psychologist and that the purpose of the experience is to accumulate practicum hours.

Transfer Credits and Waivers of Requirements
Students without conferred master’s degrees may transfer up to 12 graduate credit hours, including thesis credit if accepted. Students with a conferred clinical master’s degree prior to admission may exceed this limit. All transfer credits must be approved by the Doctoral Training Committee. The doctoral committee will only approve a limited number of transfer credits. It will be the student’s responsibility to demonstrate that the waiver is warranted, including providing course syllabi and completing the Request for Transfer of Credit form (see https://www.emich.edu/graduate/policies/trans_credit.php to obtain a copy of the form). Credits will only be considered for transfer if taken in the three years prior to starting the program. If a course is taken at another institution as credit/no credit, it can only be transferred if the transcript key for the university indicates that credit equals a B or better grade. The Director of Clinical Training in conjunction with the EMU faculty member teaching the relevant course will determine if the course and the quality of the student’s work was equivalent to doctoral level and accreditation standards. Graduate courses from EMU are automatically transferred and do not require any additional paperwork.

We accept a limited number of master’s level students to our program. We accept some of the master’s level work if it was completed within the last three years and the degree was obtained from a regionally accredited institution. Please be advised that students may be asked to repeat courses completed previously because the content of the course has been updated or because the depth and/or breadth of the course does not meet doctoral-level or accreditation standards. If a master’s level student is accepted and a previous thesis project completed, the requirement for the thesis may be waived. Two faculty members will review the thesis project to determine if the product meets our standards for thesis projects. If the thesis is acceptable, the master’s level student must complete a project/contract with their fellowship mentor by the end of their first year. Examples of tasks include: a paper reviewing a body of literature, a pilot study for the dissertation work, a small research project, a presentation at a national conference, or a journal publication of a current or previous study. A copy of the contract will be placed in the student’s file.

Course transfers will not be accepted once a student begins the program except when approved by the Doctoral Training Committee. Specifically, clinical, treatment, assessment, dissertation, thesis, and internship credits will not be transferred once the student begins the program.

Practica and Prepractica Experiences
Students will be given ample opportunities to practice clinical assessment and treatment skills in our Psychology Clinic. Fully licensed psychologists who are either part of the faculty or who are adjunct supervisors will supervise all practica experiences. Occasionally, third and fourth year
Students may supervise first and second year students as part of their training. However, fully licensed psychologists will supervise these advanced students on their supervision. This practice is in keeping with state licensing laws and APA accreditation policies.

Students are responsible for recording their practicum hours accurately and in accordance with the Association of Psychology Postdoctoral and Internship Centers (APPIC) application standards. Students are encouraged to utilize time2track to record hours. Students should become familiar with the recording requirements prior to starting the internal practicum. Students will submit their accumulated clinical hours each May for the annual evaluation.

As part of the master’s level requirements, several prepractica experiences are required concurrent with specific classes. Depending on the specific course associated with the prepractica, students may be required to do traditional and behavioral assessments, treat individual clients with specific problems, develop and conduct a psychoeducational workshop, and run a parent workshop. First year students must document that they have completed the first year clinical competencies requirements prior to starting internal practicum. The First Year Clinical Competencies form [http://www.emich.edu/psychology/forms/first-year-clinical-competencies_6-13-13.pdf](http://www.emich.edu/psychology/forms/first-year-clinical-competencies_6-13-13.pdf) with all requisite signatures is submitted to the Clinic Director.

In addition, as part of the fellowship, doctoral students will be required to assist at the EMU Psychology Clinic. In the first year of the program, students will assist with client phone intakes and answer phones at the clinic. In the second year of the program, students will select 5-6 clients for internal practicum (at least 100 hours direct contact). Students will be responsible for maintaining all paperwork on clients, scheduling appointments, identifying treatment goals, securing payment, and obtaining supervision (see EMU Psychology Clinic Policy & Procedures Manual for details of student responsibilities at the clinic). During the last year of fellowship, students will continue to maintain a caseload of approximately 1-2 clients and will be assigned to supervise beginning internal practicum students. Students in their last year of fellowship will be supervised on their supervision by licensed clinical faculty. Both individual and group supervision will be provided on a regular basis. Student supervisors (if applicable) and supervising faculty will conduct evaluations of students’ clinical work each semester based at least in part on direct observation of the student. Students should complete a minimum of 225 direct contact practica hours at the Clinic over the four years they are in residence. Students may remain in the clinic and receive supervision for their first four years in the program unless they secure an internship during year four. The work in the clinic is not tied to years of fellowship funding. Students may only continue to see clients past April of their last year in the clinic under special circumstances and with approval by the Clinic Director and their clinical supervisor. If allowed to continue seeing clients, students must provide documentation of their own liability insurance and the Temporary Limited License (TLLP) in Michigan prior to working with clients when no longer on fellowship. Students could opt to take their current Psychology Clinic clients with them to another clinical site and secure their own appropriate supervision if they wish to continue working with the client(s).

Finally, students in the third and fourth years of the program will be required to secure at least 300-400 hour (direct contact) practica experiences at an agency, hospital, or treatment facility outside of the department. Students may not obtain an external practicum until they have completed at least 100 direct contact practicum hours at our clinic. Students obtain their own external placements; however, typically a Practicum Fair is offered to assist with finding placement. The practicum instructors have lists of placements that previous students have used.
Students will need to write a cover letter and send their vita to the practicum site contact person to apply for a position. The program requires external practicum experiences for up to 12 months for 2-3 years in consultation with the mentor while a student in the program.

Before beginning a placement, students will need to obtain a Practicum Information form from their respective practicum instructor. Also, practicum site supervisors will need to fill out an evaluation form on the student (one at 250 and one at 500 total hours). These evaluation forms are provided to the supervisors each semester. These evaluations must be based in part on direct observation of the student. There is no hard and fast rule about how many hours of practicum experiences doctoral students need to appear competitive either for internship sites or for clinical jobs. Generally, doctoral students have approximately 600 direct contact hours. Given this, we recommend that students obtain a minimum of 300-400 direct contact hours of practica experiences outside the EMU Psychology Clinic. Students document their hours and the amount of time devoted to assessment, treatment, supervision, and other clinical tasks. Many states require this information for licensing.

While completing external practicum for program-sanctioned experiences (hours to be counted for internship applications), students must be registered in either 788 (Advanced Practicum) or 767 (Continuous Enrollment). Students must take 788 while they are enrolled in other courses or credits and a minimum of four credits per semester is required. Students may only take 767 once all formal coursework is completed (with only dissertation or internship credits remaining incomplete on the program of study). Students must be enrolled to be covered by the University’s liability policy.

Once the internal practicum and master’s degree is completed, the student may obtain a TLLP from the State of Michigan if they so desire via: http://www.michigan.gov/mdch/0,1607,7-132-27417_27529_27552----.00.html. The application for licensing has a Certification of Psychology Education form. The Director of Clinical Training can complete this form. Some external practicum sites require the TLLP. Students will need to successfully complete their master’s thesis and apply for their master’s degree before applying for the TLLP.

**Program Policy Statement Regarding Conflicts Working with Diverse Individuals**

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

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

**Academic Advising**

Students are matched with a faculty mentor who assists with advising on course selection and progress through the program. The mentor and the Director of Clinical Training need to sign off on the student registration form each semester. This is an ideal time to update the mentor on progress and if the program is meeting the student’s needs. Mentors are also responsible for keeping track of student research progress. Students may choose to do research with someone other than their fellowship mentor if the mentor approves and is kept informed of progress.

**Annual Evaluation of Students**

After completing each year of the program, students meet with their mentor to review their progress in the program. Formal evaluations are conducted at a Doctoral Training Committee meeting where faculty has access to the student’s complete file including recent transcripts and evaluations (based on clinical work and teaching duties). Clinical students are evaluated on personal, professional, and academic skills. To assist with the evaluation process, students complete the Annual Evaluation form (including program checklist and accumulated practicum hours) and submit an updated copy of their vita to the Director of Clinical Training by the deadline (typically early to mid-May). Evaluations will be conducted at least annually with competency ratings completed by the research mentor. The student will receive feedback from their mentor and the Director of Clinical Training that incorporates the strengths and suggested areas of improvement identified during the Doctoral Training Committee evaluation meeting. Students must meet competencies in all discipline-specific knowledge (i.e., history and systems; affective, biological, cognitive, developmental, and social aspects of behavior; advanced integrative knowledge; and research methods, statistical analysis, and psychometrics) and profession-wide competency (i.e., research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills) areas in order to graduate from the program. A remediation plan will be instituted if a student fails to obtain competency particularly after more than an initial attempt.

The progress of students completing their internal practicum will be reviewed during the Fall semester of their second year and will include ratings on interpersonal competencies (http://www.emich.edu/psychology/forms/interpersonal-competency-benchmarks.pdf) by the mentor in consultation with the clinical supervisor. Serious concerns regarding clinical competence will result in a remediation plan. Such concerns among the clinical faculty could lead to immediate removal of clinical cases, a possible leave of absence to address the concerns, and/or immediate termination. Note that the program has adopted The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs (see Appendix C) model policy in relation to evaluating performance.

The following two ethical principles from the American Psychological Association Ethical Principles of Psychologists (2002: http://www.apa.org/ethics/code2002.html) guide deliberations. Principle A: Beneficence and Nonmaleficence, requires psychologists to balance the welfare and rights of patients, clients, supervisees, and students. This includes concern for harm that may derive from impaired or incompetent students. Principle B: Fidelity and Responsibility, expresses concern for the community and society in which psychologists work.
This includes the responsibility to insure adequate interpersonal and professional skills in all students. Additionally, consistent with the ethical guidelines [2.03, 2.06(b), and 10.10(a)], and in the interest of client safety, students are required to take steps to maintain their own physical and mental health. Impairment refers to diminished functioning whereas incompetence refers to insufficient skills to provide adequate professional care. Impairment and incompetence can stem from interpersonal and intrapersonal problems as well as inadequate theoretical understanding and insufficient clinical proficiency regarding assessment and treatment. If, at any time, a student comes to believe that he or she is not able to serve effectively in a clinical setting, he or she must immediately suspend his or her clinical, research, or teaching activities (with the help of their clinical supervisor, research mentor, or the Department Head) and provide immediate disclosure of such belief to the Director of Clinical Training. If the Doctoral Training Committee discovers or suspects a student has personal problems of any kind (including but not limited to social, situational, physical or psychological) that may be impairing clinical competence or professionalism, the Doctoral Training Committee reserves all rights to initiate a dialogue with such student and make reasonable inquiries to ascertain the student’s competence or ability to practice. During such a dialogue, students are expected to be forthright about any condition interfering with the successful execution of their clinical work. The Doctoral Training Committee does not discriminate against any disability and will provide reasonable accommodations when appropriate.

Interpersonal skills and intrapersonal characteristics are considered essential to functioning as a clinical psychologist; therefore, deficiencies in these areas will result in disciplinary action. When a student’s behavior or performance raises concerns about the student’s ability to perform satisfactorily as a clinical psychologist, that behavior or performance will be considered as grounds for academic discipline and/or removal from clinical, research, or teaching responsibilities. Students must adhere to the laws and regulations relating to the practice of psychology in whichever jurisdiction they are working. Given that students work in clinical settings, they will be held to the same ethical and professional standards of conduct within professional psychology environments.

Faculty and students collectively share a responsibility to take action if it is believed that a person’s personal problems may be harmful to patients, clients, or colleagues. The appropriate action would be to bring concerns to the attention of the person whom is believed to be impaired. If that does not result in a corrective response and a perceived risk is still present, it would be appropriate to consult with a faculty member or the Director of Clinical Training.

If there is sufficient evidence supporting a student’s impairment due to an emotional, neuropsychological, or substance abuse condition, the faculty may (a) recommend that the student take a leave of absence until the student is no longer impaired, (b) recommend that the student discontinue the program, or (c) formally dismiss the student from the program.

Remediation of deficiencies includes but is not limited to: repeating coursework, repeating the qualifying paper, repeating practica experiences, increasing supervision by the same or different supervisor, being tutored, or taking a leave of absence. Failure to benefit from remediation may be followed by counseling toward voluntary withdrawal from the program or formal termination. Any student who, in the judgment of the clinical faculty lacks the competencies necessary for effective service delivery and/or progress through the program will be advised orally and in writing as to the necessary remediation required if the Doctoral Training Committee expects that remediation would be beneficial. Fortunately, these unpleasant events are rather rare. The
national average appears to be one student every two or three years that is terminated (Forrest, Elman, & Gizara, 1997).

Student evaluations are based on competencies assessed by relevant faculty and supervisors. Faculty mentors and supervisors rate students as Exceeding, Meeting, or Below Expectations in each domain. If a student receives a “Below Expectations” rating on any item, this will be noted in their annual evaluation letter and a remediation plan may be developed by the mentor and Director of Clinical Training to address the problem area(s). In a meeting with the mentor and the Director of Clinical Training, the student is told what specific behaviors need to be addressed and how the student needs to address these issues. The student’s progress will be closely monitored and reevaluated based on the timelines identified in the remediation plan. If the student complies with the plan and is able to effectively address the problem area(s), he/she will be removed from the remediation plan. Immediate action may be taken for ethical violations up to and including termination.

**Reasons for Termination from the Program**

The University and the Psychology Department expect conduct of all students that is consistent with the law, all relevant University policies and rules, including the University Student Conduct Code = [https://www.emich.edu/policies/index.php?p=8.1](https://www.emich.edu/policies/index.php?p=8.1), and the American Psychological Association Ethical Principles of Psychologists and Code of Conduct - [http://www.apa.org/ethics/code/index.aspx](http://www.apa.org/ethics/code/index.aspx). Single episode violations or patterns of recurring behavior could result in termination as determined by the Doctoral Training Committee and/or by the Associate Provost for Research and Graduate Studies. The conditions under which a student may be terminated from the program include, but are not limited to:

1) Having a cumulative GPA of less than 3.00. (Fellowships require a cumulative GPA of 3.60. Students have one semester to raise their GPA, if the GPA remains below 3.60, the fellowship, stipend and tuition remission, will be terminated. The fellowship may be reinstated if the GPA is raised above 3.60 within the fellowship period – the first 3-4 years in the program).

2) Obtaining less than a B grade in any course (including associated prepracticum) after taking the course for the second time.

3) Failing the Qualifying Paper twice.

4) Engaging in unethical, unprofessional, threatening, or criminal behavior (plagiarism, cheating, violation of APA ethical guidelines, or University policies or governmental law, including harassment) or consistent inability or unwillingness to carry out academic or practicum responsibilities (refusing to work with a particular group of clients; missing classes, departmental activities, or client appointments; failing to complete clinical paperwork or class assignments when due, etc.).

5) Experiencing problems that affect the student's functioning in the program, including performance or behaviors that demonstrate poor interpersonal skills and an inability to effectively communicate with others or form an appropriate therapeutic relationship with clients; lack of insight into negative consequences of own behavior; frequent blame of others or external factors for failures or difficulties; and inability to tolerate different points of view, constructive feedback or supervision.
6) Failing to make timely and satisfactory progress on program requirements (including clinical work, clinical competencies, thesis and dissertation research, qualifying paper, professional development, internship, etc.), responsibilities, and activities.

7) Demonstrating conduct that is a violation of the University Student Conduct Code (such a violation will also result in a referral to the office for Student Conduct and Community Standards for campus disciplinary action, including possible dismissal from the University as well as possible action by the Doctoral Training Committee). Conduct violations by a student off-campus in university related activities (e.g., external practicum, internship, etc.) will be handled the same as if the violation occurred on-campus.

8) Failing to respond to a remediation plan or failure to make adequate progress while under remediation.

Although it is expected that initial attempts to resolve issues will occur between the faculty mentor and student, a formal remediation plan will specifically outline requirements for successful completion. Inability to resolve and complete the remediation plan satisfactorily will be followed by either voluntary withdrawal from the program or formal termination. Students who are dismissed from or leave the program are not eligible to reapply or return.

Remediation plans are separate from academic or university probation. Students receiving academic or university probation will have this indicated on their applications for internship. Successfully completed remediation plans are not listed as probation for these purposes. Students suspended from the program for any reason will have this noted on their internship applications.

**Grievance Policies and Procedures**

The EMU Board of Regents outlines grievance procedures for grades. The grade grievance procedure - [https://www.emich.edu/extended/online/grade_grievance.pdf](https://www.emich.edu/extended/online/grade_grievance.pdf) must be followed when the grievance pertains to grades.

The following policy and procedures are provided by the EMU Clinical Psychology program for investigating and resolving cases of alleged violation or grievances by doctoral students that do not involve grades. While the Program fosters open communication and resolution between parties, we recognize that in some instances this is not possible and formal procedures need to be followed.

In most instances, a grievance may be resolved to everyone’s satisfaction informally between the individuals involved. The informal process involves only those people directly impacted; there is no written grievance filed, and the resolution of the problem is acceptable to all parties. Students and faculty are encouraged to keep the lines of communication open and to protect the rights and needs of each individual. Specifically, students are encouraged to raise concerns regarding climate issues or complaints to the Director of Clinical Training or their mentor. The Director of Clinical Training or mentor should then bring the concern to the Doctoral Training Committee faculty-only discussion to determine if any program changes are necessary to respond to the concern raised.

Any student experiencing concerns related to sexual harassment or sexual assault are encouraged to contact the Title IX Compliance office at - [https://www.emich.edu/title-nine/index.php](https://www.emich.edu/title-nine/index.php).
Students may choose to talk with faculty members within the Department including the Director of Clinical Training; however, faculty are obligated to report any incidents related to sexual harassment or sexual assault to the Title IX office. Students do not need to notify the faculty prior to making a complaint directly with the Title IX office. Only official complaints to the Title IX office may result in disciplinary action for the alleged perpetrator.

**Step I.** To initiate formal procedures, the student submits a written grievance (within 20 working days following the decision in question) with a full and concise statement of the facts (as perceived by him or her) to all parties involved, the Department Head, and the Director of Clinical Training. The notice must state: (1) that a grievance is being initiated and (2) the nature of the grievance. The written grievance and any subsequent documents, including meeting notes, will be kept in a locked file in the Department Head’s office. The Director of Clinical Training and the Department Head (if the grievance does not involve the Director of Clinical Training or the Department Head) attempt to resolve the issue by meeting with each party.

If the grievance is related to a committee decision (e.g., thesis, qualifying paper, or dissertation committee; the Doctoral Training Committee; or the Clinic Supervisors), the student will provide their written grievance to the Director of Clinical Training to be distributed to the Doctoral Training Committee in advance of the regularly scheduled meeting. The student will be allowed to address the entire committee and Doctoral Training Committee members may ask questions of the student to gather additional information. The student is then dismissed from the meeting and a formal vote is taken to determine the outcome of the grievance.

**Step II.** If there is a failure to resolve the issue, the student can submit a written appeal of the previous decision to the Department Head within ten working days of receiving the Step I response. In this document the student identifies an EMU faculty member to represent him or her on the Grievance Committee, at which time the Director of Clinical Training asks the faculty member involved in the grievance to select an EMU faculty member to sit on a Grievance Committee. If the grievance is related to a committee decision, the Director of Clinical Training selects one EMU faculty member to represent the committee. The Director of Clinical Training directs the two committee members (one chosen by the faculty involved; one chosen by the student) to arrange a meeting. At that meeting, the two members select a third member to complete the Grievance Committee (no more than two Grievance Committee members can be from the Psychology Department). The Grievance Committee members must be free from bias and able to render a just and fair decision. A member not able to do so should disqualify him or herself from the grievance review. The three representatives meet with those involved separately or collectively to resolve the grievance and render a decision in writing within ten working days after all the information has been collected and the necessary parties interviewed. At a minimum, the committee must interview the student and may choose to interview others as needed (either side may suggest witnesses). Note that the student may be accompanied by an advocate who is a member in good standing of the University community (i.e., an EMU student, faculty or staff) during the Grievance Committee meetings. Attorneys are not allowed to be present during the Grievance Committee meetings.

A detailed record shall be kept of the hearing, preferably a taped sound recording. If a written record is kept, that record shall be signed by the Grievance Committee attesting to the fact that the written record is a true record of the hearing proceedings. The written grievance and any subsequent documents, including meeting notes and audiotapes, will be kept in a locked file in the Department Head’s office.
The grievance committee will determine the grounds for the grievance. Typically, this will include determining if the previous decision involved a lack of due process, was arbitrary and capricious, or contributed to unfair treatment of the student. Note that the grievance committee is not charged with resolving the problem that led to the grievance, but will determine if there are grounds to support it. The grievance committee shall make recommendations if they find there are grounds to support the grievance.

**Step III.** The student may appeal the Grievance Committee decision in writing to both the Associate Provost for Research and Graduate Studies and the Dean of the College of Arts and Sciences within ten regular working days after receipt of the Step II decision if the student claims that established procedures for Step II were violated.

The notice to appeal must include the (1) grounds for the appeal, (2) original grievance, and (3) Grievance Committee’s report from Step II. The Associate Provost for Research and Graduate Studies or the Dean of the College of Arts and Sciences may call witnesses or request other documentation to make a determination if the established procedures for Step II were violated. A decision will be rendered within ten regular working days after all the information has been gathered and any necessary interviews conducted. This decision shall be final; no further appeal is possible.

Note - *It is a violation of University policy to take action against a student for filing a grievance.*

**Time Limit for Program Completion**

The University time limit for completion of the doctoral program in clinical psychology is **seven years**. Students who have not completed their courses, dissertation, internship, and all other requirements for the degree within seven years will be terminated from the program unless they initiate a formal appeal process. If a student is actively involved in completing his or her dissertation or internship in the seventh year, his or her faculty mentor may appeal to the Associate Provost for Research and Graduate Studies for an extension of one calendar year. Note that the Graduate School requires courses to be repeated after ten years (including any transfer courses more than ten years since originally taken) and an extension will not be granted beyond ten years from the start of the program. Students unable to fulfill all requirements within this timeframe or if denied an extension will be dismissed from the program.

**Counseling and Psychological Services (CAPS)**

The Student Wellness Committee provided the following information for obtaining psychological services at EMU. The information is also intended to address any misconceptions that students may have pertaining to receiving services as a psychology graduate student.

All enrolled students are eligible to receive up to 12 therapy sessions at Counseling and Psychological Services (CAPS), located on the 3rd floor of the Snow Health Center. CAPS is unaffiliated with the psychology department, and faculty will not be made aware that you are seeking services unless you notify them yourself. CAPS will not assign a psychology graduate student seeking services to another graduate student therapist’s caseload. Psychology graduate students are able to request to work with temporary staff, or post-doctoral staff who are not involved with the psychology department. The scheduling program used at CAPS (Titanium)
allows staff to set different security levels for client charts, so that only your therapist can access the contents of your client file.

There are several options that students may pursue if they have privacy concerns about scheduling a visit at CAPS. The first option is to call CAPS (734-487-1118) and ask to speak to Tami, the full-time staff secretary, who is not a graduate student, and is not involved in the decision-making process about future practicum or fifth-year doc positions offered to psychology graduate students. The second option is to email CAPS directly (counseling.services@emich.edu). This email goes directly to Dr. Lisa Lauterbach, the director of CAPS. The contents of the email fall under standard confidentiality protections. You can specify in your call to Tami, or in your email, that you are a graduate student seeking services, and that you have concerns about being assigned to work with other student therapists.

If you have any additional questions or concerns, you can contact a member of the Student Wellness Committee, or Pam Landau (departmental resource person available to discuss issues or concerns with doctoral students). Additionally, questions can be posed directly to CAPS. The Wellness Committee hopes that this information is helpful in your decision making process related to seeking psychological services. Remember, as current or future mental health providers, we have to work together to reduce stigma, and support our peers who are seeking psychological services while in graduate school.

**Leave of Absence**

A student-initiated leave of absence can range from one semester to one year. Only one personal leave is allowed while in the program and an extension beyond one year will not be permitted. Students with a documented disability/illness or a University imposed leave may receive additional time. Students forfeit their fellowship and tuition remission during a voluntary leave of absence. If students are on a disability or University imposed leave of absence, fellowship and tuition remission replacement is at the discretion of the Associate Provost for Research and Graduate Studies. Students should submit a written request for a leave of absence to the Director of Clinical Training and the Graduate School at least one month before it will take effect. The Doctoral Training Committee approves return to the program following a leave of absence.

**Master’s Thesis Requirements**

All doctoral students are required to complete a master’s thesis unless specifically granted a waiver of this requirement (see Waivers of requirements, above). A master’s thesis is an original piece of research that tends to be less extensive than that conducted for the dissertation. Listed below are the procedures for successful completion of the thesis. Detailed information is also available on the Graduate School website in the thesis manual - https://www.emich.edu/graduate/thesis_dissertation/thesis18.pdf. Note that both the Departmental and Graduate School requirements must be met in the completion of the thesis.

**Generating thesis ideas/forming a committee**

During the spring of the first year of the program, students should have an idea of the research area they wish to pursue and be completing their thesis proposal. Students should meet regularly with their mentor to discuss research ideas throughout the first year.

Once settled on a thesis topic, students should ask their thesis mentor for suggestions as to who might serve on the thesis committee. The thesis committee consists of the mentor and two other
faculty members in the department. At least two members of the committee must be Clinical faculty. Outside faculty, adjunct faculty, and other psychologists outside the university may also be on the committee in addition to the three departmental faculty. The thesis Chair must be a faculty member in the program. Once committee members agree to serve on the project, the Thesis Committee Approval form [http://www.emich.edu/psychology/forms/thesis-committee-approval_10-30-13.pdf](http://www.emich.edu/psychology/forms/thesis-committee-approval_10-30-13.pdf) is completed and submitted to the Director of Clinical Training for review and approval prior to the thesis proposal meeting. When necessary, committee members can be replaced; however, this requires the approval of the Doctoral Training Committee.

**Writing the proposal**

Students must write and orally defend a thesis proposal. This is due before the summer of the student’s second year (or first year if student has three years of funding). The first step is to write a draft of the proposal, which includes an introduction, method section (participants, procedures, research design, and measures), references, and appendices (including all measures used in the study). Students submit a draft of the proposal to the thesis mentor for comments and revision. Students typically have several revisions based on ongoing input from the thesis mentor before a draft is considered acceptable. It is the sole judgment of the thesis mentor to determine whether a proposal is adequate, ethical, and feasible. Faculty have up to two weeks to review each draft. However, these guidelines do not apply during the summer when faculty may not be officially working for the department. Faculty are expected to communicate with the student if they are not able to meet the review time guidelines during the Fall and Winter and expected review time needed in Summer. Students should negotiate their proposed timeline with their faculty mentor in order to clarify expectations regarding document reviews particularly during Summer sessions. Additionally, due to dissertation proposal deadlines for internship and the impact on faculty availability, students should anticipate that scheduling a thesis proposal meeting between 8/15 and 10/1 will be difficult and may requiring planning in advance.

Once the mentor agrees that the proposal is in good form and ready to be submitted to the thesis committee, the student distributes the proposal to the two other committee members and any outside members. The thesis proposal cannot be distributed to the committee until the mentor approves it. Committee members have two weeks to review the proposal before stating if it is ready to be formally proposed. Given possible difficulty with scheduling, a tentative meeting can be scheduled in advance (3-4 weeks from when document was sent to committee). However, faculty will still have at least two weeks to review the proposal and the thesis Chair will confirm that the proposal is adequate to proceed with the proposal meeting.

**The proposal meeting**

Once the committee members approve the proposal document, the student schedules a proposal meeting. It is the student’s responsibility to coordinate faculty schedules to allow for a two-hour meeting. Students can expect that faculty will raise significant issues related to the document prior to the proposal meeting; however, minor issues can be raised during the meeting. The proposal meeting consists of an introduction by the student’s mentor, a 30-45 minute presentation by the student of the proposal (with overheads/PowerPoint), and 45 minutes for questions, discussion, and suggestions for improvement of the proposal. If all goes well, the committee will approve the proposal. The Thesis Chair and all committee members will sign the Thesis Proposal Approval form - [http://www.emich.edu/psychology/forms/thesis-proposal-approval_6-13-13.pdf](http://www.emich.edu/psychology/forms/thesis-proposal-approval_6-13-13.pdf). Students should give this completed form to the Director of Clinical Training for signature and placement in their student file.
Students must successfully propose their thesis project by the end of winter semester of their second year (or first year if entering after completing two years in one of our clinical master’s programs) of the program. Failure to do so will be discussed during the annual evaluation and may result in a remediation plan.

Human subjects review

All master’s research involving human subjects must have approval from the College of Arts and Sciences Human Subjects Review Committee - https://www.emich.edu/research/compliance/human-subjects/index.php. This is a committee comprised of faculty within our college. Students submit proposals to this committee only when the research using human subjects is exempt. Minimal risk is defined as “the risks of harm anticipated by the proposed research are not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.” This definition acknowledges that most people’s daily lives include challenges and stresses. The University’s Human Subjects Review Committee (UHSRC) must approve any research that involves more than minimal risk or any study involving an intervention. For details on these policies and procedures, visit the Office of Research Development and Administration website (http://www.emich.edu/research/).

STUDENTS MAY NOT BEGIN TO COLLECT DATA UNTIL THEY HAVE OBTAINED APPROPRIATE IRB APPROVAL.

Students are also required to complete the CITI training prior to conducting human subject research. A copy of the CITI training documentation should be submitted for the student file.

Institutional Animal Care and Use Committee

Students utilizing vertebrate animals for research must have their study approved by the Animal Care Committee - https://www.emich.edu/research/compliance/animal-care/index.php.

Academic credit for the thesis

Students may register for PSY 690/691/692 (1/2/3 thesis credits). Students must register for a minimum of one master’s thesis credit. A maximum of six thesis credits are allowed. Ideally, this could occur in the summer semester when the student may not be taking four credit hours. Students will receive a grade change for the thesis once they have successfully orally defended it (the grade will remain IP, incomplete in progress, until the successful defense).

The oral defense

The student and the chair work closely developing the final thesis document. Students typically have several revisions based on ongoing input from the thesis mentor before a draft is deemed acceptable. It is the sole judgment of the mentor to determine whether a thesis is adequate, ethical, and feasible. The thesis must follow the APA Style Manual, while the format of the manuscript must conform to the requirements of the Graduate School. Once the mentor agrees that the thesis is in good form, the student distributes the thesis to the other committee members. The committee must have two weeks to review and comment on the manuscript prior to the date of the defense. Given difficulty with scheduling, a tentative meeting can be scheduled in advance (3-4 weeks after distributing the document) as long as committee members have at least two weeks to review the document and the thesis Chair confirms that the committee agrees the document is ready for defense prior to the meeting. Students can expect that faculty will raise
significant issues related to the document prior to the oral defense meeting; however, minor issues can be raised during the meeting.

The student is responsible for coordinating committee member’s availability for the thesis defense and at least two hours must be allowed for this meeting. Additionally, the student notifies the Department Secretary of the date, time, and location of the defense as well as of the thesis title at least two weeks in advance of the meeting. The Department Secretary will notify the University community of the oral defense. The final defense of the thesis will be a meeting open to the public and must be held in a location accessible to the public (e.g. Mark Jefferson, Halle Library, etc.) and not the Psychology Clinic conference room. Only the thesis committee determines the adequacy of the defense. Students should anticipate possible delays in scheduling the thesis defense during Summer and early Fall when not all faculty are working for the department and priority is given to internship applicants completing dissertation proposals.

An oral defense is a formal presentation, complete with visual aids, lasting about 30-45 minutes, which should consist of:
Review of key research found in the literature
Purpose of the study
Overview of method
Results
Discussion of results including strengths and weaknesses

After the student has presented, there will be a 30-45 minute question/answer session. This is part of the defense is open to the public. The student, and any public attendees, will then be excused, and the thesis committee will decide if the thesis is approved in executive session.

Students must have the Thesis Oral Defense Approval form - http://www.emich.edu/psychology/forms/thesis-oraldefense-approval_6-13-13.pdf and the Thesis Document Approval form - http://www.emich.edu/psychology/forms/thesis-document-approval_6-13-13.pdf available at the defense. The committee members must unanimously approve the thesis document and oral defense as indicated by signatures on both forms. Committee members may approve (sign) the oral defense and the document separately, requesting that the student conduct another oral defense and/or provide revisions to the document before final committee approval and signatures. Once approved and signed, the forms are submitted to the Director of Clinical Training for review and approval prior to being forwarded to the Graduate School.

The student will take a copy of the final approved thesis document to the Graduate School office, along with a completed copy of the Thesis Information Sheet (see Thesis Manual from the Graduate School website - https://www.emich.edu/graduate/thesis_dissertation/thesis18.pdf). Students provide the Director of Clinical Training with an electronic copy of their approved thesis proposal and final document (approved by the Graduate School) for their student file.

Students are expected to successfully defend the master’s thesis project before the end of their third year (or second year if completed two years in one of our clinical master’s programs before starting the doctoral program). If this does not occur, discussion at the annual evaluation meeting will determine any necessary actions including potentially a remediation plan. Students cannot register for dissertation credits until they have successfully completed their thesis project.
Qualifying Paper

Minimum requirements before writing the qualifying paper:
Master’s thesis completed (Thesis Oral Defense Approval and Thesis Document Approval forms both signed by all committee members) or first year project (for those that successfully waived the thesis requirement)
30 graduate credits completed at EMU
Approval from mentor

Note: If writing a Systems section for the Qualifying paper, the student should take PSY 703 prior to writing the qualifying paper.

Students are required to complete a Qualifying paper that demonstrates their knowledge of basic psychological concepts relevant to clinical intervention and research methodology, as well as their ability to integrate that knowledge. The qualifying paper is designed to facilitate thinking about the dissertation project. Students must demonstrate adequate knowledge in the substantive area they have chosen, as well as broad knowledge of concepts relevant to clinical psychology. Passing all elements of this paper is a requirement of the program.

To prepare for this paper, the student will choose a broad area in psychology in consultation with his/her mentor. Then, the student will prepare a 3-4 page outline that details how the following areas will be addressed: Research Design and three out of following four areas: Assessment, Psychotherapy, Psychopathology/Learning, and Healthcare Systems/Management. Students must address the theory and application of these four areas of clinical psychology to their stated area of interest. Include a prose paragraph that gives some information about the topic and then an outline for each of the four chosen areas. The outline should include a brief explanation of how the topic is relevant, as well as some key citations. For example:

Topic: Development of Child Anxiety
   I. Research Design
      A. Threats to validity
         1. Retrospective vs. prospective studies (Rutter, 1986)
         2. Reporter bias
            a. Parents as reporters (Davidson, 1975)
            b. Children as reporters (Bell-Dolan, 1996)

Please note: This is only an example; students need to consult with their mentor and committee for level of detail needed for their topic. The prospectus serves as the table of contents for the Qualifying paper.

When the student and the student’s mentor think they are ready to propose the Qualifying paper, the student finds two faculty who are willing to serve on the committee. All committee members must be faculty in the department and at least two committee members must be Clinical faculty. At least one committee member must have expertise in the chosen area. Students submit the prospectus to their committee members. The committee has two weeks to provide feedback. During this time, faculty may give suggestions, guidance, etc. If there is disagreement among the three faculty about the depth or breadth of coverage in any clinical area or the broad area selected, then the three faculty will meet to come to some agreement. The mentor will consult with the other two committee members and have them sign the Qualifying Paper Approval form - http://www.emich.edu/psychology/forms/qualifying-paper-approval_6-13-13.pdf. The mentor
also indicates the deadline for the Qualifying paper on this form (six weeks from the date of approval).

Many portions of the Qualifying paper may be incorporated into the introductory section of the dissertation. However, some areas will be broader than needed for the dissertation proposal. This is to ensure **breadth of coverage in the clinical areas**. The following outline should serve as a guide (students do not need to cover every bullet point in these examples) in deciding how to cover the topic. Additionally, be aware of the audience in that students do not need to define reliability and validity for example, but instead demonstrate their knowledge of these concepts by applying/comparing/contrasting them within the topic area.

**Research Design** – a critical analysis of the literature is required including coverage of threats most relevant for the topic.
- Designs used to answer research question(s)
- Why these designs
- Assumptions of these designs
- How is power evaluated
- Threats to validity of these designs
- What experimenter/participant biases might be present
- Problems in generalizability of findings based on these designs (including for diverse individuals)

**Assessment**
- Psychometrics
- clinical judgment vs. statistical prediction
- diversity issues in assessment
- ethical issues in assessment
- diagnosing and labeling

**Psychotherapy**
- Multicultural issues
- Diversity
- Research
- Evidence-based treatments
- Efficacy/effectiveness studies/meta-analysis
- Philosophy: What is psychotherapy in context of this disorder
- Process/Therapist variables
- Ethical problems
- Units of intervention: Individuals, couples, families, etc.
- Case conceptualization, treatment planning
- Goals: Approaches, short term, long term etc.
- Conceptualization of change

**Psychopathology/Learning**
- historical context of pathology
- diagnostic problems
- Multicultural issues
- comorbid diagnoses (why)
- environmental vs. biological explanations for etiology of disorder
- symptom features
- physiological, cognitive, behavioral, and social-interaction theories of psychopathology
- learning history of disorder
- antecedents/consequences of behavior
- factors that interfere with new learning
- alternative behaviors to be learned

**Systems/Management**
- implementation of a treatment or preventative program
- program evaluation
- problems of professionals in this area
- disciplines of people who are responsible for this area
- financial considerations
- supervision issues

The Qualifying Paper is due electronically to the committee members by 5:00 p.m. of the date indicated on the Qualifying Paper Approval form. However, students may turn in the paper to faculty early. All papers must be typed, double-spaced, with 12 point (APA acceptable) font and one-inch margins. Kerning is not permitted. Papers must be in APA format. The four areas should be covered in about 8-12 pages each. The entire paper should be no longer than 50 pages, including tables, graphs, and figures, but excluding references. Faculty will return papers that fail to meet this page limit. Students may ask faculty for help/suggestions while preparing their prospectus. However, faculty will not provide help once the prospectus is approved. It is assumed that the bulk of the writing will be done after the prospectus is approved.

Faculty use the following evaluation form - [http://www.emich.edu/psychology/forms/qualifying-paper-score-sheet_6-13-13.pdf](http://www.emich.edu/psychology/forms/qualifying-paper-score-sheet_6-13-13.pdf) found on the Department website. Please read it carefully before writing the paper to understand the evaluation criteria. The student will receive feedback on their final paper within one month after submission (faculty members have two weeks to provide ratings and an additional two weeks to schedule a committee meeting). University holidays are not included in the time faculty are permitted to review and provide ratings, however, they are included in the time students have to write their Qualifying Paper. The Qualifying Paper Committee Chair will be responsible to make sure timely feedback is received by the committee members. The Chair will coordinate the paperwork and provide feedback to the student.

**In order to pass the qualifying paper:**
- Students must pass all content sections.
- Students can fail one content section (e.g., Assessment) and take the section over again, resubmitting the section one month after meeting with the committee. Faculty will have two weeks to read the section, meet, and come to a final decision. If the student passes the section on the second try, they pass the qualifying paper. If the student fails the one section rewrite, must retake the entire qualifying exam following the procedure for failing two or more sections below.

If a student fails two or more content sections, they fail the qualifying paper and must redo the entire paper over again, including submitting a new prospectus. There is an eight-week minimum time lag between feedback of failure on the first paper and resubmitting the new prospectus.
one-section rewrite is not allowed on the qualifying exam rewrite, so the second submission must involve a full pass or else the qualifying exam is failed.

The Qualifying Paper Approval form - [http://www.emich.edu/psychology/forms/qualifying-paper-approval_6-13-13.pdf](http://www.emich.edu/psychology/forms/qualifying-paper-approval_6-13-13.pdf) is signed when the prospectus is approved and again when the final qualifying paper is accepted by the committee. Unanimous approval is required for the prospectus and final document based on the evaluation scoring criteria. This form is given to the Director of Clinical Training for placement in the student’s file. Additionally, students provide the Director of Clinical Training with an electronic copy of their approved prospectus and final qualifying paper document (including all rewrites) for their student file.

NOTE: *Students who plan to go on internship, must successfully complete their qualifying paper and dissertation proposal by the deadlines outlined below in the internship section.*

**Dissertation Requirements**

Ideally, the dissertation represents the student’s original contribution to research and scholarship prior to completing the Ph.D. In the tradition of psychology, this has usually implied an empirical approach (broadly defined) and a contribution of new knowledge or understanding.

Either the thesis or dissertation project must involve original data collection. If this is not obviously the case, the student must petition the Doctoral Training Committee prior to creating the dissertation proposal.

Ideally, during the summer of the third year of the program, the student will develop a proposal for their dissertation. During the fourth year, the student will register for six dissertation research credits.


**Committee Composition**

There are two principles that inform the program’s thinking about this matter. First, the student needs a primary mentor who has the expertise to aid the student in carrying out the dissertation research and writing. Second, the dissertation should pass the scrutiny of and be comprehensible to a broader community of scholars. The following composition of a dissertation committee is true to those principles and represents a practical arrangement. The dissertation committee must have at least four voting members (and not more than six) and be composed of:

- A chairperson, who is a member of the psychology department faculty.  
  (Note: A faculty member from a department at EMU other than Psychology or a person outside the EMU community may co-chair the dissertation, along with a Psychology department faculty, if the individual is judged by the dissertation committee to be the most appropriate mentor for the student. This decision must be approved by the Director of Clinical Training, the Department Head, and the Associate Provost for Research and Graduate Studies).

2. Two other departmental faculty members;
NOTE: The dissertation committee must have at least two clinical faculty (faculty whose training was in a clinical program; they need not be a licensed clinician) and one nonclinical faculty. Utilization of three clinical faculty may be permitted with prior approval by petitioning the Doctoral Training Committee.

3. At least one faculty member from outside the Psychology Department; this person is the Graduate School representative. She/he should have an “arm’s length” relationship to the student and the clinical program and serves to improve the quality of the research experience through his/her academic expertise. This person can be a member of the EMU community or someone from outside the university. Such an individual must hold a Ph.D., have expertise relevant to the particular dissertation, and be approved by the Dissertation Committee Chair, the Director of Clinical Training, the Department Head, and the Associate Provost for Research and Graduate Studies. For non-EMU external members, the person’s vita must accompany the Dissertation Committee Approval form.

The role of the chairperson of the dissertation committee is to provide the primary guidance of the student's work throughout the project. The role of the other members is to supplement this guidance with feedback and suggestions; the members also participate by scrutinizing the research design, evaluating the quality of the research, and approving the proposal.

Dissertation Proposal
A doctoral student will formally choose a faculty member to serve as Chair of the dissertation committee. In consultation with the chair of the committee, the student will choose other members of the committee. Once the dissertation committee is formed, the Dissertation Committee Approval form - http://www.emich.edu/graduate/documents_forms/gsdisscommiteememberappr.pdf must be submitted and approved by the Director of Clinical Training and the Associate Provost for Research and Graduate Studies prior to the proposal meeting. Replacing committee members requires approval of the Doctoral Training Committee and submission of a new Dissertation Committee Approval form.

The student will work on drafts of the proposal with the dissertation Chair and once approved to send to committee by the Chair, the document will be distributed to all committee members similar to the procedure for the thesis. Note that the dissertation Chair will have two weeks to review each draft of the proposal. However, these guidelines do not apply during the summer when faculty may not be officially working for the department. Faculty are expected to communicate with the student if they are not able to meet the review time guidelines during the Fall and Winter and expected review time needed in the Summer. Students should negotiate their proposed timeline with their faculty mentor in order to clarify expectation regarding document reviews particularly during Summer sessions. Dissertation committee members have at least two weeks to review the document before stating if it is ready to be formally proposed. Given the difficult with scheduling, a tentative meeting can be scheduled in advance (3-4 weeks after distributing the document) as long as faculty still have at least two weeks to review the document and the dissertation Chair confirms with the committee that the document is ready for the proposal meeting. Students can expect delays for committee member review and scheduling during the summer when all committee members may not be working for the department. Students can expect that faculty will raise significant issues, give feedback, or provide suggestions related to the document prior to the proposal meeting; however, minor issues can be raised during the meeting. After an oral presentation and defense of the proposal and when all
members of the committee are satisfied with the purpose, significance, and methodology of the project, the committee members will sign the Dissertation Proposal Approval form - http://www.emich.edu/graduate/documents_forms/gsdisserpropappr.pdf. The completed form is given to the Director of Clinical Training for review and approval prior to being forwarded to the Graduate School. Finally, an electronic copy of the proposal is given to the Director of Clinical Training for the student’s file.

**All doctoral research involving human subjects must have approval from the University’s Human Subjects Review Committee.** This is a committee comprised of faculty across the university community. Students submit proposals and the Human Subjects Review forms to this committee - https://www.emich.edu/research/compliance/human-subjects/index.php.

**STUDENTS MAY NOT BEGIN TO COLLECT DATA UNTIL THEY HAVE OBTAINED UHSRC APPROVAL.**

Students are encouraged to complete the CITI training prior to conducting human subjects research. Documentation of completed CITI training should be provided to the Director of Clinical Training for the student file.

**Institutional Animal Care and Use Committee**
Students utilizing vertebrate animals for research must have their study approved by the Animal Care Committee - https://www.emich.edu/research/compliance/animal-care/index.php.

**Academic credit for the dissertation**
Students may register for PSY 896/897/898/899 (1/2/4/8 dissertation credits) after they have successfully completed their master’s thesis. Six dissertation credits are required and these are typically taken during the last year of fellowship funding. Students will receive a grade change for these dissertation credits once they have orally defended the dissertation successfully (the grade will remain IP, incomplete in progress, until the successful defense).

**Dissertation Defense**
The student and the dissertation Chair work closely developing the final dissertation document. Students typically have several revisions based on ongoing input from the dissertation mentor before a draft is deemed acceptable. It is the sole judgment of the mentor to determine whether a dissertation is adequate, ethical, and feasible. The dissertation must follow APA Style, while the format of the manuscript must conform to the requirements of the Graduate School. Once the mentor agrees that the dissertation is in good form, the student distributes the dissertation to the other committee members. The committee must have at least two weeks to review the document. Given difficulty with scheduling, a tentative meeting can be scheduled in advance (3-4 weeks after distributing the document). The dissertation chair confirms that the committee agrees the document is ready for the defense meeting. Students can expect that faculty will raise significant issues related to the document prior to the oral defense meeting; however, minor issues can be raised during the meeting. Students should anticipate delays during Summer and early Fall when not all faculty are working for the department and preference is given to internship applicants completing their dissertation proposal.

The student has the responsibility of coordinating committee member’s schedules for the two-hour formal defense of the completed dissertation. Additionally, the student notifies the Department Secretary of the date, time, and location of the defense as well as of the dissertation
title at least two weeks in advance of the meeting. The Department Secretary will notify the University community of the oral defense. The final defense of the dissertation will be a meeting open to the public and must be held in a location accessible to the public (e.g. Mark Jefferson, Halle Library, etc.) and not the Psychology Clinic conference room.

After a 30-45 minute overview of the study, there will be a 30-45 minute question/answer session. This part of the defense is open to the public. The student, and any public attendees, will then be excused, and the dissertation committee will decide if the dissertation is approved in executive session. Only the committee members will vote on the dissertation. All committee members must unanimously approve the oral defense and document. If the dissertation is not approved, a discussion of needed changes and a timetable for completing them will be held before adjourning the meeting. If approved, the committee will sign the Dissertation Oral Defense Approval form - http://www.emich.edu/graduate/documents_forms/gsdisseroraldefense.pdf. The student must bring one copy of the signed oral defense form to the Director of Clinical Training for a signature. Once the committee members have approved the dissertation document, the Dissertation Document Approval form - http://www.emich.edu/psychology/forms/dissertation-document-approval_6-13-13.pdf is signed. The student must bring one copy of the signed document approval form to the Director of Clinical Training for a signature. Once reviewed and approved by the Director of Clinical Training, this form will be forwarded to the Graduate School. The student submits one copy of the dissertation to the Graduate School along with a completed copy of the Dissertation Information Sheet (see Dissertation Manual from the Graduate School).

Students should modify the Dissertation Oral Defense Approval form and the Dissertation Document Approval form with their relevant information prior to the defense. Type the committee members’ names under the signature lines. Approval of the dissertation is indicated by each committee member’s signatures on these forms.

Students provide the Director of Clinical Training with an electronic copy of their approved dissertation proposal and final document (accepted by the Graduate School) for their student file.

**Applying for Internship**

After approval of the dissertation proposal, successfully completing the qualifying paper, and with approval of the Doctoral Training Committee faculty, a year of internship in an APA accredited or APPIC member program is required of all students. The deadlines for completion of the qualifying paper and dissertation proposal are as follows for the year students apply to internship:

- **February 20** Committee approves Qualifying paper prospectus
- **April 15** Qualifying paper is submitted to the committee
- **September 1** Dissertation proposal is submitted to the committee
- **October 1** Successful dissertation proposal is completed (signed Dissertation Proposal Approval form by all members of the committee)

For students who petition and receive approval from the Doctoral Training Committee to complete their dissertation proposal prior to the qualifying exam, the qualifying paper must have the prospectus approved and start the writing process by June 1 of the summer before the student is asking to apply to internship. Additionally, the qualifying paper must be passed prior to the dissertation defense.
Internship normally takes place in the fifth or sixth year and is an academic requirement of the program. An internship is a 2,000-hour (one-year full-time) placement at a multidisciplinary treatment facility. Students will receive in-depth clinical experiences in assessment and treatment, working with specific treatment populations. There are some APA accredited internships available in the greater Detroit area, but, given the competitive nature of these internships, it is highly recommended that students plan to apply to internships all over the country. A list of internship sites can be obtained from the APPIC website (www.appic.org). Also, many psychological and research associations (APA, ABCT, ABAI, SRCD, APS, and SBM) sponsor program events at their meetings to bring together internship sites and potential applicants. Students should consider attending one of these meetings in their second or third year of the program.

The Association of Psychology Postdoctoral and Internship Centers (APPIC) is the organization that provides access to accredited and APPIC member internship and postdoctoral training programs in professional psychology (i.e., Clinical, Counseling, and School Psychology). APPIC also offers a professional psychology internship placement through a match process. Students apply for internship through APPIC. Then, APPIC attempts to “match” students to placement sites across the country. This matching process occurs in February of each year. A second match process is offered in March for any students registered for the first match and not placed with an internship site. Finally, a Post-Match Vacancy Service is available for students who remain unmatched. The internship application form and the Match Policy are available on the APPIC Web site (www.appic.org).

Students must pass their qualifying paper and successfully complete their dissertation proposal meeting by October 1st of the year before they plan to go on internship. Many internship programs have application deadlines as early as October and most are due in early November. The Director of Clinical Training must fill out APPIC’s “Verification of Internship Eligibility and Readiness”, which certifies the student’s amount of clinical experience and verifies the readiness to apply to internship as determined by the Doctoral Training Committee faculty during the annual evaluation process. The internship application is fully online.

The process of applying for an internship is a very demanding one and it helps to get started during the summer of the year the student plans to apply. Students should review the APPIC online directory that describes programs and visit program websites for additional information the summer before applying. It helps to be very organized and to approach the application process much as students approached applying to graduate school. The Director of Clinical Training will have several meetings with prospective internship students before the application process begins. The meetings will help students revise their vitae, choose internship sites, write the required essays and cover letters, and understand the match process. Students and alumni who have completed internship recently are more than willing to talk with students about specific internship programs and the application process. Students will need to plan for travel expenses to interview at the sites; although, additional financial aid money is available the year students apply to internship (see the Director of Clinical Training for more information). Most sites will not make offers to students without first going through an interview process. Interviews typically take place during the end of December and all of January.

Here is a typical internship application timeline:
May of first year – review requirements for recording clinical hours and begin tracking hours
Second and third year – review APPIC online directory for potential internships and the requirements of the sites that are of interest.

July – August of the year applying – attend internship meetings to: finalize vitae, complete first draft of essays and cover letter, select sites, and obtain information about the application, letters of recommendation, and Director of Clinical Training verification.

September of year applying – begin to fill in the APPI online (if not already completed) and submit official transcripts.

September – October 1st of application year – finalize any remaining program requirements (dissertation proposal)

October - November – submit applications to selected sites

December 15th – get notified about interviews

Late December – January – conduct interviews

Early February – submit ranking list

Late February – be notified of Match results

Early March – submit materials for Match 2, if necessary

Late March – be notified of Match 2 results

April – September – review openings in the Post-Match Vacancy Services, if necessary

**Graduation and Degree Conferral**

An application for graduation is required at the beginning of the semester when the student intends to finish either the master’s or Ph.D. Degrees are conferred approximately three weeks after the graduation date and the degree is posted on the transcripts at this point. Participating in the graduation ceremony is not the same as finishing the program and having the degree officially conferred.

**Master’s Conferral and Impact on Financial Aid**

Students who complete their master’s degree and are no longer taking classes (or receiving final grades for credits taken), their eligibility for financial aid can be impacted. Specifically, receiving IP’s for dissertation credits will not qualify for successful progress towards the degree since these are not final grades. Check with the Financial Aid Office to determine how to best proceed if this occurs. Thesis and dissertation IP’s will not be changed until the student successfully defends.

**Malpractice Insurance During Internship and Practicum**

During the first four years of the program, students are covered under the liability insurance of EMU (see EMU Psychology Clinic Policy and Procedures Manual). Coverage is also provided for the time students are in a practicum placement offsite. However, this coverage is rather limited and does not cover all allegations that could be made against a student. Additionally, when students matriculate beyond five years, both university and clinic malpractice coverage cease. Consequently, all students must purchase liability insurance through APA. Proof of liability insurance coverage will be required in order to see clients in the Psychology Clinic when beyond the fourth year.

**Licensing**

Students may be required to obtain a license from the State of Michigan before beginning an external practicum or internship. Michigan has several levels of licensure. Individuals, who complete a master’s degree in clinical psychology from an institution that meets the standards
outlined by the licensing board, as well as a 500-hour (direct and indirect) practicum, can apply for a Temporary Limited License Psychologist (TLLP). Application materials are available from the state. The website is: [http://www.michigan.gov/lara/0,4601,7-154-35299_63294_27529_27552---00.html](http://www.michigan.gov/lara/0,4601,7-154-35299_63294_27529_27552---00.html). In order to see clients in the Psychology Clinic beyond the fourth year in the program, documentation of the TLLP is required. Additionally, some external practicum sites require students to obtain a TLLP. Given that the master’s thesis needs to be completed prior to applying for the TLLP, it is important to complete the thesis as soon as possible to allow students to obtain external practicum sites where this is required (i.e., third year in the program).

After completing 2000 hours (one year, working full time, but not less than 16 hours per week) of supervised clinical work in an “organized health care setting,” and passing the national psychologist’s licensing exam (EPPP) students may apply for licensure as a Limited Licensed Psychologist (LLP). The passing score for the EPPP at the LLP level is 450. Master’s level clinicians with this license may practice in a public or private setting as long as a fully licensed psychologist supervises them.

After completing all program requirements, including the internship, students apply for a Doctoral Limited License Psychologist (DLLP). To obtain full licensure, students must complete 2000 hours (one year working full time, but not less than 16 hours per week) of supervised clinical work in an “organized health care setting” and pass the national psychologist’s licensing exam (EPPP). Criteria for passing the licensing exam are determined by individual states and for Michigan this includes a score of at least 500 at the doctoral level.

The Board of Examiners of Psychologists of each state, through licensing law and regulations, establishes requirements for taking the EPPP. Some state boards require that specific courses appear on the transcript. If such courses do not appear on a transcript by title, the applicant for licensure is required to document that a course or courses with suitable content were completed as part of training. If that is not possible, the Board may deny an applicant the privilege of taking the licensing examination.

The documentation is typically in the form of the syllabus from the course(s). Sometimes a letter from the faculty member who taught the course can be substituted, but Boards may require documentation. **SO, BE SURE TO KEEP THE SYLLABI FOR ALL COURSES IN THE PSYCHOLOGY DEPARTMENT (NOT JUST CLINICAL PROGRAM COURSES) FOREVER. SOME STATES DO NOT HAVE RECIPROCITY FOR LICENSURE. STUDENTS MAY NEED THIS INFORMATION MANY YEARS FROM NOW.** Alternatively, students may choose to “bank” their credentials with ASPPB (see [http://www.asppb.net/](http://www.asppb.net/) so that proper documentation is available in case they want to switch licensure jurisdictions during their career.

**Professional Development**

Students are encouraged to join the American Psychological Association (APA), the American Psychological Society (APS), and other organizations relevant to research and clinical interests upon entry to graduate training. Membership to these organizations provides access to graduate student advocacy and opportunities for research and clinical training. The American Psychological Association Graduate Student organization (APAGS) provides useful and important information for students. Students may also consider receiving memberships in specialty organizations (e.g., Association for Behavioral and Cognitive Therapies, Society for Research in Child Development, Society of Behavioral Medicine, and Gerontological Society of
America) and specialty areas of APA (e.g., Society for Pediatric Psychology, Division of Adult Development and Aging, etc.). Membership information may be found at the following websites:

APA - www.apa.org
APS - www.psychologicalscience.org

Students are also encouraged to attend professional conferences. Students are expected to submit poster and/or paper presentations at relevant conferences and participate in the Graduate Student Research Symposium here at EMU. EMU sponsors the annual conference of the Behavior Analysis Association of Michigan (BAAM). Students are also encouraged to participate in this conference. Travel money for graduate student presenters may be available through the Graduate School, the College of Arts and Sciences Dean’s Office, and the Psychology Department (students should seek funding from all three offices simultaneously). The department also provides professional development opportunities in the form of guest lecturers, webinars, brown bag lunch topics, and support for local clinical training workshops as funds are available.

APAGS Committee on the Advancement of Racial and Ethnic Diversity (CARED) and the Committee on Sexual Orientation and Gender Diversity (CSOGD) conducted a study related to the impact of diversity on the program and training experiences of APAGS members. They highlighted, “Mentorship opportunities for students from diverse backgrounds are not only important to graduate student success and training satisfaction, but also key to increasing diversity in the academic and professional psychology pipeline,” (APAGS Diversity Infographic). The following suggestions for accessing mentorship, particularly in programs with limited opportunities for mentorship from diverse faculty members, are a result of that study.

Society for the Psychological Study of Culture, Ethnicity, and Race (Div. 45) – Virtual mentor program - http://division45.org/students/division-45-mentoring-program/#link_tab-1423607429-1-35. Also, the Links and Shoulders Graduate Student Mentoring Hour is an annual event held at the APA Convention by Div. 45 members.

Society for Indian Psychologists – https://www.aiansip.org/mentoring.html

The Association of Black Psychologists Jegenaship Program – http://www.abpsi.org/jegenaship.html provides virtual mentorship


Society of Counseling Psychology (Div. 17) – Leadership Academy – http://www.div17.org/groups/scp-leadership-academy/
-International Mentoring (for International Students) - http://www.div17.org/sections/international/community/imoc/

**Yearly Information Needed From Students**

It is imperative that students inform the Director of Clinical Training and Clinic Director of their address and telephone number. We must be able to find students in case of a problem or emergency. Students will also need to inform the Clinic Director how to contact them if they are going on an extended vacation.
Each year in May the Program reports student accomplishments to the Commission on Accreditation. The questions routinely asked annually are:

1. Membership of a professional or research society.
2. Number of books, book chapters, or articles in peer-reviewed professional/scientific journals.
3. Number of workshops, oral presentations, and/or poster presentations at professional meetings.
4. Involved in leadership roles/activities for professional organizations
5. Presented a psychological topic to lay or community audience.

Students will be sent this questionnaire (along with other questions relevant for the report and annual student evaluation information) in April-May. Students should begin thinking about involvement in the various scholarly activities and organizations early in the program.

**Policy Regarding Web Pages, Facebook, and Blogs**

It has become increasingly more popular for people to have personal web pages and/or to communicate over the web via blogs. The purpose of this policy is to provide some guidelines about any public representation of students or the program over the web. Although this policy applies to individual’s web pages and/or blogs, nothing here is intended to limit it to only these public presentations.

Obviously if a student’s webpage/blog/Facebook does not include any mention or indication of the fact that they are a clinical psychology doctoral student, what they put on it and how they represent themselves personally is none of the program’s business. However, increasingly, universities, internship sites, and even clients are seeking out information about people on the web before they make faculty offers, final match decisions, or even decide to see someone clinically. There are now numerous anecdotes of well-qualified Ph.D. graduates not getting post-doc or faculty offers because someone viewed something that was considered to be inappropriate or objectionable on the candidate’s webpage; similar stories about internship sites deciding not to match someone also exist. It is in the student’s own best interest to seriously consider how material made public may be viewed by future employers, internship sites, or clients.

If the student’s web page/blog/Facebook does identify them as a clinical psychology graduate student, then the program does indeed have some responsibility for how they are portrayed. The student’s webpage/blog/Facebook must meet all legal and ethical guidelines from the Board of Psychology and the American Psychological Association (e.g., students cannot represent themselves as a “psychologist” in the State of Michigan); their website/blog/Facebook must be professional in its content and must not contain objectionable material particularly information that is publically available. We will not actively search out students’ web pages. However if we become aware of a page or blog that identifies them as a clinical psychology student and that page or blog is considered by the Doctoral Training Committee to be unethical, illegal, or in violation of any relevant EMU, APA, or Michigan licensing policy, we will ask the student to modify or remove the problematic material. Should they choose not to modify or remove the material; the Doctoral Training Committee will follow the existing procedures for dealing with student misconduct and/or unethical behavior including possible termination from the program.

**General Policies and Procedures not Covered Elsewhere**

**Student Input**
Students should have ready access to program decisions and a way to have input into the policy developments of the program. Toward that end, two elected student representatives will attend monthly meetings of the Doctoral Training Committee. The student representatives will not be present for the discussion of issues pertaining to specific students or other sensitive matters. Students in the program will elect two student representatives (one person representing the first two years of the program and the other representing the advanced students).

Inappropriate Professional Relationships
The American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct (provided during orientation) guide our policies and practices in the EMU doctoral clinical psychology program. Students should familiarize themselves with this code of ethics and use it as a guide in their professional and educational practices. The following are areas that often raise ethical dilemmas for students.

Relationships with Undergraduate Students
When students serve as a teaching assistant or student instructor, they are in a position of authority with the undergraduate students. Doctoral Fellows are governed by the same standards of conduct in the performance of their academic responsibilities as are members of the faculty. For purposes of emphasis, the university considers it inappropriate conduct for a teaching assistant, assistant lecturer, or student instructor to have a dating, intimate, sexual, or financial relationship with one of his/her students. All Doctoral Fellows shall respect the rights and opinions of students and uphold all academic standards of the university in the classroom, clinic, or laboratory setting. Doctoral Fellows must follow all university policies on sexual harassment (http://www.emich.edu/policies/policy.php?id=238), successfully complete training on sexual harassment, and provide documentation of successful completion for their student file.

Relationships between Doctoral Students and Faculty
We aim for collegial, mutually respectful relationships between faculty and students in the clinical psychology program. This applies among faculty and students. Maintaining this ambiance requires a high level of professionalism and integrity on the part of everyone. If a student experiences sexual or non-sexual harassment from a faculty member, they are expected to report their concerns to either the Department Head or the Office for Diversity and Affirmative Action (https://www.emich.edu/title-nine/documents/faculty-staff-procedures.pdf?v=2018-06-14T14:54:49Z).

In collaborative research: (a) faculty and students should discuss ownership of data and authorship on presentations/publications early enough in the process so that each is aware of his/her role; and (b) faculty and students should publicly acknowledge one another’s contributions at conferences, in written work, etc. Guidelines about authorship and authorship order are addressed further in the APA Ethical Standards.

A dual relationship between a faculty member and student exists when the individuals fill roles beyond what is typical in faculty-student relationships and/or the relationship is exclusionary from other faculty-student relationships (see Ethical Standard 3.05 Multiple Relationships). Examples of dual relationships include, but are not limited to, romantic/sexual involvement, financial partnerships, long-time personal friendships, family relations, etc. The effects of the dual relationship are not limited to the two individuals involved but potentially affect many persons in the program. Ideally, dual relationships should be avoided. In the event that a dual relationship arises, however, it is important that these relationships become known to others in
the program rather than be kept a secret. Psychotherapeutic relations between faculty and students must be avoided altogether.

The Ethical Principles of Psychologists explicitly state that, “Psychologists do not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority, because such relationships are so likely to impair judgment or be exploitative” (Ethical Standard 3.08 Exploitative Relationships). Should an intimate or multiple role relationship with a faculty member exist, the guidelines are as follows: a faculty member involved in a dual relationship should not be: (a) instructing or supervising that student, (b) participating in the research or clinical guidance of the student, or (c) participating in the evaluation process of the student. Depending upon the nature of the dual relationship, these guidelines may also be applied even if the dual relationship is terminated. The current ethical guidelines indicate that even if a faculty member does not have evaluative authority over a student, personal or intimate relationships are inappropriate and unethical.

**Definition of Inappropriate Relationships**
For relationships between Doctoral Fellows or Adjunct Faculty and undergraduate students or faculty and graduate students, unethical relationships include those that are non-professional, particularly those of an intimate, financial, or sexual nature. Such relationships create an unequal playing field or unavailable opportunities for other students or may create an environment where it is difficult for the individual to say no to the person in a position of power. Engaging in such a relationship could result in disciplinary action up to and including dismissal from the program for current doctoral students and employee disciplinary actions for faculty.

**Selective Service Registration**
All male doctoral students should confirm that they have registered with the selective service (https://www.sss.gov/RegVer/wfVerification.aspx) prior to the age of 26. Failure to do so will prevent males from obtaining positions in the government or VA systems including internship, postdoctoral fellowships, and employment.

**Student File Retention Policy**
The program will maintain student electronic files indefinitely to facilitate verification of education at any point in the student’s career. The program will not send any evaluation materials or forms outside of the University but may utilize evaluations in the completion of letters of recommendation or internship readiness evaluations for internship applications.

**Adjunct Teaching after Completing Fellowship**
Typically, the Department can offer Adjunct Teaching opportunities to students once they complete fellowship. A full teaching load for doctoral students includes two courses that the student taught before or one course that is new for the student adjunct instructor. Exceeding this limit requires approval by the Doctoral Training Committee for each semester. Additionally, no assignments regardless of fellowship status (e.g., clinic assistant, CAPS therapist, adjunct instructor, doctoral fellow, etc.) can total more than 29 hours per week.

**Adjunct Teaching While on Internship**
Students may teach while on internship if their dissertation is successfully defended, they are not teaching the course for the first time, and their mentor is notified.

**Credits and Financial Aid**
Students are not allowed to take extra credits just to increase their financial aid eligibility when those credits are paid for by the Graduate School. Credits are monitored by the Director of Clinical Training and engaging in this behavior will result in the Doctoral Training Committee considering disciplinary action.

**Doctoral Training Committee Meeting Quorum, Voting Rights, and Passing Votes**
The Doctoral Training Committee requires at least 2/3rds of its members be present when votes occur. All members of the Doctoral Training Committee have voting rights and all votes will be passed based on a simple majority.
APPENDIX A

Guidelines for Advisors
GUIDELINES FOR ADVISORS – University of Illinois, Chicago
April, 2007

The academic advisor has the primary responsibility for guiding the student through the graduate program and ushering the student into a career in psychology. As such, the advisor provides opportunities for the student to conduct research, prepares the student for a successful career in the field, structures the student’s progress through the graduate program, and provides ongoing feedback about the student’s quality of work. Collaboration, mutual respect, adherence to ethical principles, and sensitivity to diverse viewpoints and cultural backgrounds mark the advisor/advisee relationship.

Expectations for Advising Students
- When the student applicant is interviewed, the potential advisors are explicit about their research interests, future research plans, and preferences about work style.
- Advisors meet regularly with their advisees and take into consideration the developmental phase of the student in establishing expectations for collaboration.
- Advisors are explicit about expectations for required projects and timelines for progress toward timely completion of the thesis.
- Advisors assist students in selecting courses and defining a minor area of specialization.
- Advisors discuss with students their policies on joint authorships.

Ongoing Feedback
- Advisors provide informal feedback frequently, not just at the end of each year.
- Corrective feedback is specific and is accompanied by helpful recommendations for improvement.
- Advisors meet face-to-face with students at the end of each academic year to discuss the year-end evaluation letter.
- Specific progress, both satisfactory and unsatisfactory, in multiple areas is reviewed.
- Mutually agreed-upon goals and expectations for the upcoming semester and year are discussed.
- Barring unexpected circumstances, which should be discussed with the student, Advisors should return drafts or portions thereof in a negotiated timely manner. Note: For many faculty members, the academic year is from September to April.
- Emails are answered in a timely manner.

Professional development
- Advisors encourage and provide guidance in submitting manuscripts for publication, conference presentations, grant and award applications, and means for financial support.
- Advisors help the student transition to a career in psychology by fostering contact with colleagues outside of the Department and University, encouraging broad exposure to the work of other faculty, providing feedback on the job talk, discussing the application process, and apprising the student of career options outside of academia.

Other
- When planning a sabbatical, advisors arrange for supervision during their absence.
- When terminating employment at the University, advisors assist the student in transitioning to a new advisor.
APPENDIX B

Guidelines for Students
GUIDELINES FOR STUDENTS REGARDING MENTORSHIP –  
University of Illinois, Chicago, April 2007

The student’s primary academic advisor is an important figure in progressing through the graduate program. As such, the advisor provides opportunities for the student to conduct research, prepares the student for a successful career in the field, structures the student’s progress through the graduate program, and provides ongoing feedback about the student’s quality of work. Mentoring is a collaborative process; there are guidelines for good advising (see Guidelines for Advisors), and guidelines for students regarding the best way to respond to and work with your advisor. The Department is committed to providing you resources and encourages broad exposure to Department and campus researchers.

At the beginning of graduate school
- Ask your advisor to be explicit about her/his research interests, future research plans, and preferences about work style.
- Discuss mutual expectations with your advisor regarding timelines, milestones and goals.
- Make specific rather than general requests of your advisor (e.g., if you are someone who works better with frequent meetings and concrete deadlines, ask for them!)

Be proactive
- Initiate contact with your advisor; don’t wait for him/her to come to you.
- Inform your advisor of when he/she will receive a work product for review and comment.
- Be mindful of summer breaks and 8-month appointments of professors; plan ahead to complete milestones within the academic school year.
- Rely on the Doctoral Handbook for answers to questions, policies, and procedures, and ask your advisor for clarification when necessary.

Conduct yourself professionally and ethically
- Office and hallway conversations reflect on you and can be heard by others.
- Learn and follow ethical codes for research and teaching.
- Discuss with your advisor how you would like to receive feedback and respond to feedback in a professional manner.

Take your career seriously
- Start thinking of yourself as a future colleague, by attending departmental presentations, joining professional associations, and by attending conferences to network and present your own research.
- This is your career and you bear ultimate responsibility for it.

Be responsible
- Show up for scheduled meetings on time with an agenda of what you want to accomplish.
- Inform your advisor (ahead of time) if you cannot make a meeting.
- Respond to emails promptly.
- Be upfront about difficulties that could influence your work.
- Discuss with your advisor all time commitments, including work responsibilities (fellowship/outside work), academic work, other research, practica, vacations, conferences, as well as life decisions that will influence your progress in the program.
- Return books and loaned materials in a timely fashion.
APPENDIX C

The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Program: Model Policy
The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs

I. Overview and Rationale

Professional psychologists are expected to demonstrate competence within and across a number of different but interrelated dimensions. Programs that educate and train professional psychologists also strive to protect the public and profession. Therefore, faculty, training staff, supervisors, and administrators in such programs have a duty and responsibility to evaluate the competence of students and trainees across multiple aspects of performance, development, and functioning.

It is important for students and trainees to understand and appreciate that academic competence in professional psychology programs (e.g., doctoral, internship, postdoctoral) is defined and evaluated comprehensively. Specifically, in addition to performance in coursework, seminars, scholarship, comprehensive examinations, and related program requirements, other aspects of professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) will also be evaluated. Such comprehensive evaluation is necessary in order for faculty, training staff, and supervisors to appraise the entire range of academic performance, development, and functioning of their student-trainees. This model policy attempts to disclose and make these expectations explicit for student-trainees prior to program entry and at the outset of education and training.

In response to these issues, the Council of Chairs of Training Councils (CCTC) has developed the following model policy that doctoral, internship, and postdoctoral training programs in psychology may use in their respective program handbooks and other written materials (see http://www.apa.org/ed/graduate/cctc.html). This policy was developed in consultation with CCTC member organizations, and is consistent with a range of oversight.

This document was developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC) and approved by the CCTC on March 25, 2004. Impetus for this document arose from the need, identified by a number of CCTC members, that programs in professional psychology needed to clarify for themselves and their student-trainees that the comprehensive academic evaluation of student-trainee competence includes the evaluation of intrapersonal, interpersonal, and professional development and functioning. Because this crucial aspect of academic competency had not heretofore been well addressed by the profession of psychology, CCTC approved the establishment of a "Student Competence Task Force" to examine these issues and develop proposed language. This document was developed during 2003 and 2004 by a 17-member task force comprised of representatives from the various CCTC training councils. Individuals with particular knowledge of scholarship related to the evaluation of competency as well as relevant ethical and legal expertise were represented on this task force. The initial draft of this document was developed by the task force and distributed to all of the training councils represented on CCTC. Feedback was subsequently received from multiple perspectives and constituencies (e.g., student, doctoral, internship), and incorporated into this document, which was edited a final time by the task force and distributed to the CCTC for discussion. This document was approved by consensus at the 3/25/04 meeting of the CCTC with the following clarifications: (a) training councils or programs that adopt this "model policy" do so on a voluntary basis (i.e., it is not a "mandated" policy from CCTC); (b) should a training council or program choose to adopt this "model policy" in whole or in part, an opportunity
should be provided to student-trainees to consent to this policy prior to entering a training program; (c) student-trainees should know that information relevant to the evaluation of competence as specified in this document may not be privileged information between the student-trainee and the program and/or appropriate representatives of the program, professional, ethical, and licensure guidelines and procedures that are relevant to processes of training, practice, and the assessment of competence within professional psychology (e.g., the Association of State and Provincial Psychology Boards, 2004; Competencies 2002: Future Directions in Education and Credentialing in Professional Psychology; Ethical Principles of Psychologists and Code of Conduct, 2003; Guidelines and Principles for Accreditation of Programs in Professional Psychology, 2003; Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists, 2002).

II. Model Policy

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).
APPENDIX D

The EMU Psychology Department
Caregiver Trainee Policy
The EMU Psychology Department
CAREGIVER TRAINEE POLICY

Table of Contents

Policy: pages 1-7
Resources and Suggestions: pages 8-9
Individualized Plan Form: pages 10-11
Caregiver Agreement, Consent & Waiver: page 12
Alternate Care Provider Agreement: page 13
Sick Child Exclusion Guidelines: page 14
The EMU Psychology Department
CAREGIVER TRAINEE POLICY

Policy

It is the policy of the EMU Psychology Department to provide a positive training environment that recognizes caregivers’ responsibilities to their training activities and to their care recipients. This policy uses child and children; however, this refers to all types of care recipients for the student caregiver. Additionally, it acknowledges that, when an infant is able to stay with a caregiver, this benefits the family, the training program, and society. The EMU Psychology Department Caregiver Trainee Policy encourages new caregivers to return to training activities sooner by allowing the new caregivers to bring their infant to the work environment with them until the child begins to crawl. The policy also recognizes that there are circumstances that may lead to a caregiver’s desire or need to bring children beyond infancy to the training program environment.

Child Categories

**Infancy:** this category applies to children up to when the child begins to crawl/locomote (typically 7 to 12 months of age). Although unable to locomote, proximal and intensive supervision is assumed to be needed for children in this category due to their very frequent needs for co-regulation.

**Proximal and intensive supervision needed (typically Early Childhood):** this category applies to children who require proximal supervision and cannot independently keep themselves busy in a manner that is not disruptive to EMU Psychology Department training activities for at least 90 minutes. Included in this category are typically developing children between the ages of about 1 to 5 years.

**Moderate supervision needed (typically Middle Childhood):** this category applies to children who require monitoring, but do not require proximal supervision. These children can independently keep themselves busy in a manner that is not disruptive to EMU Psychology Department training activities for at least 90 minutes. Included in this category are typically developing children between the ages of about 6-12 years.

**Minimal supervision needed (typically Adolescence):** this category applies to children who do not require monitoring or proximal supervision. These children can go to public settings (e.g., mall, library, community event) independently and without adverse incident. Included in this category are typically developing adolescents between the ages of about 13-18 years.

**Note:** the above definitions define children in terms of their capabilities and how these capabilities interact with EMU Psychology Department training activities. Thus, these categories are behavior dependent and not dependent on typical age conventions.
Eligibility

EMU Psychology Department graduate trainees are eligible to participate in an Individualized Plan under this policy, subject to the specific responsibilities of the caregiver and subject to ensuring the physical safety of the child. Trainees with a dependent child may request temporary accommodations as needed. The EMU Psychology Department will attempt to accommodate such requests based on available training and duty situations at the time of the request but is not required to meet said requests. Trainees should also review their program’s leave of absence policy as this option may be the best fit for some trainees despite being eligible for crafting an Individualized Plan with the EMU Psychology Department Head.

A list of EMU resources to assist caregivers is available in Attachment 1. Graduate trainees are encouraged to review this attachment for helpful suggestions.

Alternate Care Providers – The caregiver must identify other on site individuals willing to provide back-up care for children who require more than “minimal supervision”. The number of alternate care providers identified should fit the training situation (e.g., class as a student, class as a TA, clinic, etc.).

Forms to Complete

The following forms are required for participation:

1. Individualized Plan, which outlines the specifics of the child’s care plan (Attachment 2)
2. Caregiver Agreement, Consent & Waiver forms (Attachment 3)
3. Alternate Care Provider Agreement (Attachment 4)

The caregiver will submit all completed and signed forms to the EMU Psychology Department Head, who will then schedule the Plan Development Meeting.

Plan Development Meeting

Before a child is brought into the training environment during the course of regular training related activities or duties, a meeting must take place between the caregiver and the head of the EMU Psychology Department. Both parties must review, discuss, and approve the proposed Individualized Plan. It is also strongly recommended that the caregiver’s faculty mentor/advisor participate in the plan development meeting or, at minimum, be made aware of the final Individualized Plan.

Requirements for Care Providers

A caregiver utilizing an Individualized Plan may not leave the campus (not even for a short time) without taking the child with them unless the child is categorized as minimal
supervision needed or unless an alternate care provider has consented to such an arrangement in advance.

The caregiver accepts complete responsibility for the safety of the child. If the caregiver’s duties require that they leave their primary training location, the caregiver will take the child with them. The Individualized Plan must address any off campus training activities and reflect the judgement of the supervisor for the off campus training activity as well as that of the EMU Psychology Department Head.

The caregiver must provide all supplies and equipment needed to care for the child at the training site and ensure that the area is kept in a clean and sanitary condition. Diapers must be changed on changing pads or in a designated restroom. Used cloth diapers must be stored in a closed container and taken home daily. Used disposable diapers must be wrapped appropriately and discarded appropriately such that no smell from excrement creates a distraction. All supplies utilized by the caregiver must be maintained in a manner that is not disruptive to the activities of others at the training site.

There may be training or training related duties that require a caregiver’s full attention such that it may be necessary for caregivers to make other arrangements for child care on site at the training environment. Caregivers are expected to work closely with their supervisors/professors and others they interact with on campus to ensure that all parties involved are aware of what duties can and cannot be reassigned and when caregivers are expected to make alternate child care arrangements.

In order for a Caregiver Trainee Policy to be effective, all parties need to be sensitive to the needs of others. The caregiver must maintain acceptable performance in their obligations and ensure that the child or caregiver-child dyad does not create any unreasonable disturbances. If problems arise that cannot be resolved, the caregiver understands that an alternative off site care arrangement may be required.

If a child is fussy for a prolonged period of time, causing a distraction in the training environment, or preventing the caregiver from accomplishing required duties, the caregiver shall remove the child from the training environment immediately. The caregiver is still responsible for meeting their training and related obligations as this policy does not allow for a reduced training or related activity workload.

The Michigan Breastfeeding Anti-Discrimination ACT of 2014 gives mothers the right to nurse their children in public settings. For mothers desiring more privacy, the EMU Human Resources office maintains a list of private nursing locations on their Lactation Support web page (http://www.emich.edu/hr/benefits-wellness/family/lactation.php). In the Department of Psychology, a sign is available to hang on door handles to allow for such privacy in designated rooms in the department; this sign can be obtained in the main office.
Child’s Location During Training Activities and Duties

Primary Training Environments – Each caregiver shall make her/his primary training environments suitable and safe for the child and the child shall be located primarily at those locations specified in the Individualized Plan when on campus (see additional caveats regarding group work stations). This obligation extends to any setting where the caregiver places the child under the care of anyone else. Only infants are permitted at training locations that are closed to the general public (e.g., the clinic). Young children requiring proximal and intensive supervision are not suited for these particular training environments and alternative day care arrangements need to be made for these children while caregivers are working in such locations.

Quiet Room – In the event that a caregiver-child dyad becomes noticeably fussy, noisy, or otherwise causes a distraction in the training setting or prevents the caregiver or others from accomplishing training related duties, the caregiver must immediately take the child to a designated “Quiet Room” location (outside the classroom or common use area) specified in the Individualized Plan until the dyad can return to the location with reasonable decorum for that setting.

Alternate Care Providers - The caregiver shall identify Alternate Care Providers who will care for the child if the caregiver needs to attend a meeting, go to the restroom, or another situation in which the caregiver is unable to effectively care for the child for a short time. Each Alternative Care Provider will have previously signed an Alternate Care Provider Agreement form (Attachment 3).

Other Trainees (Non-Alternate Care Providers) – The child may be in another trainee’s duty/training space for brief intervals if requested by the caregiver and approved by the other trainee. Consideration must be taken by the caregiver to ensure that the environment is safe for the child at all times and that other trainees are not disturbed. If a disturbance occurs, the non-alternate care provider follows the same “Quiet Room” procedure described above.

Non-University Affiliated Care Providers – The child may be in public spaces at the university with a non-university affiliated care provider (e.g., responsible family member, hired caregiver) so long as the presence of the child does not disturb other trainees or members of the university community. If a disturbance occurs, the non-university affiliated care provider follows the same “Quiet Room” procedure described above. Care providers not affiliated with EMU Psychology Department’s graduate programs are not permitted to be in locations closed to the public except for those designated in the approved Individualized Plan.

The Individualized Plan takes into consideration the specific and multiple locations training activities/duties may occur. The following sections outline considerations that should be reviewed when creating the Individualized Plan. As training activities may change from semester to semester, the plan should be updated to reflect the current training environment each semester (up to three times a year).
It is the caregiver’s responsibility to inform these individuals (i.e. alternative care providers, other trainees, and non-university affiliated care providers) of the details of the Individualized Plan, including Quiet Room procedures.

**Mark Jefferson Science Complex**
- Shared office space, lab space:
  - Use Quiet Room procedures as appropriate
  - Mild disruptions (e.g., low intensity/frequency) of 45 minutes or less are expected in shared social space. It is appropriate for others to request the caregiver and child utilize the Quiet Room if disruptions occur for more than 45 minutes. Consider letting other users of the space know your timeline for being in the shared space so they understand how long mild disruptions (e.g., cooing, verbal interactions, diaper changes) may be present.
- Classrooms (and student teaching office hours)
  - Teaching a class: need an Alternative Care Provider (described below)
  - As a student in class:
    - Regular child attendance: *infants* only with permission of the instructor; use Quiet Room procedures as appropriate. Discuss with the instructor whether regular versus occasional *infant* attendance is appropriate for the course. The trainee will make adjustments as needed based on the course instructor’s determination of the needs of the training environment.
    - Emergent need: contact instructor if alternate care cannot be arranged to discuss options; use Quiet Room procedures as appropriate if child is permitted to attend class. Consider talking with instructors in advance of the semester regarding how to handle unexpected absences, as absence policies may vary from course to course.
- Single-user rooms:
  - Use Quiet Room procedures as appropriate if the single use room is proximal to another room where the child or caregiver-child dyad creates a disturbance.

**Psychology Clinic**
Be sure to review the current version of the Psychology Clinic manual for any considerations that will need to be honored in the Individualized Plan.
- Operating hours
  - No socializing in open areas [per clinic policy] despite the urge to do this when children are involved. As caregiver, please redirect parties excited to meet the child to an available location in a non-open area.
  - Use Quiet Room procedures as appropriate. Be sure to consider the availability of Quiet Room space when constructing the Individualized Plan.
- Administrative time/paperwork: call the clinic in advance and talk with the clinic director (Dr. Saules) or doctoral program administrator (Ariana Herrera-Wilder) to identify whether an appropriate room is available if a child will be present; in general there should be a minimum of 2 rooms available at the time of inquiry so that one room remains available for clinic operations. Additionally, there should not be a high level of client activity when children are present.

- Co-directors—plan in advance for alternative care, in general, coverage of front desk takes priority (specifically address this with the clinic director).

- Infants:
  - Make alternate care arrangements for seeing clients; discuss with supervisor regarding bringing infants to supervision, alternate care arrangement is ideal.
  - For students with phone duty assignments, handle phone duty arrangements within the Individualized Plan (e.g., make plans for front or back loading phone duty time if there will be missed phone duty).

- Non-infants:
  - Alternate care should not be provided in the clinic during operating hours; consider MJ if alternative care can be arranged there.
  - Non-infants at emergency supervision should be discussed with supervisors and be a rare occurrence.
  - Non-infants should not be in the shared office space in the clinic where videos may be watched or at the front desk.
  - No friends and family are permitted beyond the lobby during operating hours outside of an alternative care arrangement approved in advance within the Individualized Plan.

- After hours
  - Infants: use Quiet Room procedures if others are present in the clinic.
  - Non-infants: if there is a need to bring a non-infant to the clinic after hours, have this specifically addressed in the approved Individualized Plan.

    - If the play room is used, anything consumed or broken needs to be replaced by caregiver; constant supervision must also be provided while the child is in this room.

**Department events**

- Business events (e.g., special speakers, meetings, presentations, defenses)
  - Use Quiet Room procedures as appropriate with infants.
  - Arrange for alternative care for children needing proximal and intensive supervision.

- Social events (holiday party, socials off campus, receptions, celebrations, etc.)
  - Children are welcome to attend departmental social events.
  - Use Quiet Room procedures as appropriate.
Network/Computing

- Follow EMU IT policies regarding computer access. Children must use their own devices and guest access to university WiFi. EMU and the Psychology Department cannot guarantee the availability of internet access. If the supervision needs of a child are dependent upon access to internet, the Individualized Plan should specify what actions will be taken if this resource is not available, reliable, or if there are problems with the relevant device(s).

Illness

A sick child should not be brought to campus. If the child becomes sick during the day, the child must be taken home by the caregiver. The guidelines set forth in Attachment 5 of this policy are hereby adopted by the EMU Psychology Department as a means for determining whether a child is sick.

Complaints

All complaints related to this policy should first be made directly to the caregiver in a respectful way, recognizing that this is a sensitive subject for all parties involved. If the complaint is not resolved (e.g., Quiet Room procedures are not utilized), then the complaint can be brought to the head of the EMU Psychology Department. The Psychology Department Head shall have final discretion to decide what should be done to resolve the complaint. (See Termination of Eligibility below).

Termination of Eligibility

Participating caregivers have the right to terminate their Individualized Plan at any time. The EMU Psychology Department Head has the right to terminate an Individualized Plan at any time if a caregiver’s performance declines or if there are disruptions to the training environment that cannot be resolved to the department head’s satisfaction. This agreement may also be terminated if the caregiver does not comply with the terms and conditions of their Individual Plan. Eligibility may also be terminated at the sole discretion of the EMU Psychology Department Head with written notice to the caregiver. The EMU Psychology Department will accommodate reasonable time needed for the caregiver to arrange external childcare.

Other

The EMU Psychology Department Caregiver Trainee Policy procedures are a voluntary option for caregiver trainees, subject to approval as outlined in this document, where it is compatible with training requirements.

The EMU Psychology Department expressly reserves the right to change or revise this policy. Any changes will be conveyed to affected caregivers as soon as possible after any change or revision. All caregivers will be required to abide by the changed or revised policy.
ATTACHMENT 1

RESOURCES AND SUGGESTIONS FOR GRADUATE STUDENT TRAINEE CAREGIVERS

Class:
- Ask departmental administrative assistants to videotape/record classes that you may need to miss due to sick child, etc. (They usually can just email you the lecture file).

Department/general (all of which would be discussed with your mentor and the DCT):
- Request a leave of absence.
- Option of taking a lower course load.
- Request adjustment to fellowship duties (including phone duty).

Child care:
- The Collaborative - Ypsilanti YMCA Child Development Center, will accept children ages 18 months to 5 years. Priority registration will be given to children of EMU students, and residents of the YHC who live within the YCS district: https://www.emich.edu/engage/communitylink/thecollaborative.php
- EMU Children's Institute (has discounts for EMU students, AND if you are low income you can apply for financial assistance to cover the costs): https://www.emich.edu/childrensinstitute/index.php
- Highscope is an evidence-based preschool curriculum sold all over the world, and their "demonstration preschool" is right in Ypsilanti (a few blocks from campus). Because it is a demonstration preschool, small class sizes/low cost (some of our students have been able to pay zero tuition), and high-quality care. The downside is it is only in the mornings: https://highscope.org/about/demo-preschool
- Link to Child Care Network (has scholarships available for childcare costs): http://www.childcarenetwork.org/family-support-scholarships/
- The EMU resource page includes other links to local childcare places (including My Nanny Rocks, Great Start for Kids, etc., some of which are for low-income families): http://www.emich.edu/wcen/resources.php

Campus/Community general:
- Swoops Pantry (on campus food pantry) is great for low income or those that need assistance with food for their family
- The EMU resources page includes links that would be helpful if you are trying to find on-campus or local assistance for pregnancy (including birth support and doula references), breast feeding, pumping (including equipment), childbirth education, and postpartum support groups: http://www.emich.edu/wcen/resources.php
- Washtenaw Success By 6 has information on resources for affording childcare, dental care, medical care, housing, etc. (as well as just family friendly local activities): http://www.washtenawsuccessby6.org/index.php?
- There are several scholarships available to mothers/women/women over the age of 25 on campus that are listed here: [http://www.emich.edu/wcen/scholarships.php](http://www.emich.edu/wcen/scholarships.php)
- The Women's Resource Center on campus has a page dedicated to parent resources (including support groups, informational groups, caregiver links, relevant university policies, and general resources): [http://www.emich.edu/wcen/studentswhoareparents.php](http://www.emich.edu/wcen/studentswhoareparents.php)
- Pregnant on Campus: this is a national site, but with an EMU specific page. It includes links for information on finding housing, clothing/food assistance, child care, insurance, pregnancy and post pregnancy health information, financial aid for paying for school, counseling, etc.: [http://pregnantoncampus.studentsforlife.org/campus/emu/](http://pregnantoncampus.studentsforlife.org/campus/emu/)
- EMU "Keys to Degrees" program is AMAZING, one of the best in the country for single parents.
- Multiple locations around campus (including in the department office and at the clinic) are designated as breastfeeding/pumping locations), information available on the Human Resources website.
ATTACHMENT 2
The EMU Psychology Department
CAREGIVER TRAINEE POLICY
INDIVIDUALIZED PLAN

GENERAL INFORMATION

Name of Caregiver/Student: ____________________  Home Phone: ____________________
Mobile Phone: ____________________
Name of Child: ____________________  Child’s Date of Birth: ____________________
Individual Plan Start Date: ____________________
Days and Times Child Will be Present in the Training Environment: ____________________

ALTERNATE CARE PROVIDERS

The following individuals have agreed to be Alternate Care Providers, who will provide
care for my child on site when I am unavailable.

_________________________________________ (Name & Phone Number) [add more as needed]

SPECIFIC INFORMATION

Include other specific plan information or requirements in the space below:

_________________________________________

_________________________________________

_________________________________________

_________________________________________

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: ____________________
Relationship: ____________________
Home Phone: ____________________
Work Phone: ____________________
Cell Phone: ____________________
Name: ___________________________
Relationship: ___________________
Home Phone: ____________________
Work Phone: ____________________
Cell Phone: _____________________

Child’s Pediatrician:

I UNDERSTAND THAT THIS PLAN HAS NOT BEEN APPROVED UNTIL I HAVE MET WITH THE DEPARTMENT HEAD. I UNDERSTAND THAT, IF ANYTHING ABOUT MY PLAN CHANGES, I WILL NEED TO MEET ONCE AGAIN WITH THE DEPARTMENT HEAD TO DISCUSS THE CHANGES AND TO GET MY NEW PLAN APPROVED.

Submitted by:

_____________________________  ________________
Signature of Caregiver/Trainee Date

Approved by:

_____________________________  ________________
Psychology Department Head Date

PLEASE ATTACH YOUR SIGNED ALTERNATE CARE PROVIDER AGREEMENTS TO THIS INDIVIDUAL PLAN.
ATTACHMENT 3

The EMU Psychology Department
CAREGIVER TRAINEE POLICY
CAREGIVER AGREEMENT, CONSENT, AND WAIVER

AGREEMENT

By signing this Agreement, I certify that I have read the Caregiver Trainee Policy document. I understand and agree to comply with the terms and conditions set forth in the policy and Individual Plan. I further understand and agree that, in the event I fail to comply with such terms and conditions or otherwise fail to meet any expectations currently in the policy or that may be added to the policy and conveyed to me in writing, my eligibility may be terminated, requiring me to remove my child from the training environment within a reasonable period of time.

I acknowledge that the EMU Psychology Department reserves the right to cancel or retire the Caregiver Trainee Policy in part or in its entirety at any time, thus requiring me to remove my child from the training environment within a reasonable period of time. In this event, I understand that the EMU Psychology Department will accommodate a reasonable period of time for me to make arrangements for a different childcare setting.

_________________________________________ Date

Signature of Caregiver/Trainee

CONSENT AND WAIVER

In consideration of the EMU Psychology Department’s permitting me to bring my child to the university with me in compliance with the Caregiver Trainee Policy, I hereby release, on my own behalf and on behalf of my child, ___________: (i) the EMU Psychology Department; (ii) any entity affiliated with the EMU Psychology Department or EMU more broadly; and (iii) any Alternate Care Providers, if any, from any and all claims, liabilities, causes of action and demands of any kind or character, including negligence, whether vicarious, derivative or direct, that I, ____________, or any of my child’s family members, heirs, or assigns now have or may hereafter have or assert against the EMU Psychology Department growing out of, resulting from, or connected with this policy and/or with me bringing my child to the university or his/her presence at the university with me. This waiver does not preclude legal remedies for injury due to malice or egregious negligence.

_________________________________________ Date

Signature of Caregiver
ATTACHMENT 4

The EMU Psychology Department
CAREGIVER TRAINEE POLICY
ALTERNATE CARE PROVIDER AGREEMENT

As a care provider, I understand and agree to the following:

I understand that being a care provider does not relieve me of my responsibilities as a trainee of the EMU Psychology Department. By signing this Agreement, I certify that I have read the Caregiver Trainee Policy document. I understand and agree to comply with the terms and conditions set forth in the policy.

When necessary, I will provide care for ___________________________ (child’s name) when ___________________________ (caregiver) is unavailable.

As a care provider, I know the care I provide does not relieve me from any of my training or related assigned training duties.

I understand that I must obtain my immediate supervisor’s, as well as the Psychology Department Head’s, approval to serve as an Alternate Care Provider.

If the child becomes disruptive to others in the training environment, I will take the child to a designated Quiet Room area.

I understand that the caregiver may not leave the child in my care if he/she is going to leave campus unless I have been notified of and have consented to this arrangement in advance.

I understand that there is another [are other] designated care provider(s), ____________ ____________ [LIST NAMES], whom I may contact for assistance.

I understand that no other persons besides the caregiver, myself, and any other designated Alternate Care Providers are responsible for the child once the child has been placed in my care. If another individual asks to take care of or hold the child, I will first get the caregiver’s approval. Eastern Michigan University assumes no responsibility for the care or wellbeing of the child.

If I should decide that I no longer wish to be an Alternative Care Provider, I will give the
caregiver at least two weeks’ notice.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF THIS ALTERNATE CARE PROVIDER AGREEMENT.

_________________________________________    __________________________
Signature of Alternate Care Provider                      Date

_________________________________________    __________________________
Signature of Department Head                             Date
 If the child has any of the following conditions and thus poses a risk of spread of harmful diseases to others, they shall not be brought to the university. If they develop these conditions during the day, the caregiver shall remove the child from the premises as soon as reasonably possible:

1. An acute change in behavior including lethargy/lack of responsiveness, irritability, persistent crying, difficulty breathing, uncontrolled coughing, noticeable (spreading) rash, or other signs or symptoms of illness until medical evaluation indicates non-contagious disease.

2. Fever (temperature above 101 degrees Fahrenheit orally, above 102 degrees Fahrenheit rectally, or 100 degrees or higher taken auxiliary (armpit) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea).

3. Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper until diarrhea stops; blood or mucus in the stools not explained by dietary change, medication, or hard stools.

4. Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration.

5. Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness.

6. Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious.

7. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease.

8. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after treatment has been initiated.

9. Untreated scabies, head lice, or other infestation.

10. Known contagious diseases while still in the communicable stage (e.g., chicken pox, streptococcal pharyngitis, rubella, pertussis, mumps, measles, hepatitis A).