

# EASTERN MICHIGAN UNIVERSITY

## STUDENT HANDBOOK & ADMISSIONS POLICIES

### General Clinical MS Program



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**EASTERN MICHIGAN UNIVERSITY**  
**DEPARTMENT OF PSYCHOLOGY**  
**MASTER OF SCIENCE IN GENERAL CLINICAL PSYCHOLOGY**

### **Introduction**

This handbook is designed to provide prospective students with information on admissions standards, admissions policies, financial support, and an overview of the curriculum offered in the General Clinical MS program. For those who have been accepted to the program, this manual was 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 published material that appears in the *Graduate School Catalogue* and the *American Psychological Association's Ethical Principles of Psychologists and Code of Conduct*. In this manual, we periodically reference relevant portions of these sources and relevant websites but you should become familiar with them to facilitate your progress through the Program.

For those of you who have been accepted, we would like to welcome you to our program. You are one of a highly select group who are beginning a journey toward the development of specialized competencies as a clinician conducting therapy and/or assessments. Graduate training in clinical psychology is intellectually and emotionally challenging. The classes you will be taking are more demanding than those you may have had as undergraduates and your classmates are highly qualified. You will find the faculty and the more advanced students ready to provide compassionate and wise assistance as you progress through the program.

The policies and recommendations contained in the documents referenced throughout this manual are considered to be in effect the moment you start the Program. We urge you to become familiar with all current degree requirements and 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.

### **Physical Facility**

Eastern Michigan University was founded in 1849. The University is located in Ypsilanti, which is a 45-minute drive from Detroit and Toledo and 10 minutes from Ann Arbor.

The University is comprised of 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, which underwent a major renovation that was completed in 2012. There are approximately 25 full-time faculty in our department, 16 of whom are clinical faculty. Most faculty have private offices located on the third floor of the Science Complex.

### **Purpose and Goals of the Program**

The primary purpose of the General Clinical Master's Program is to prepare individuals to apply for a "limited license" and to practice as a Michigan Limited License Psychologist. Applications are made through the Board of Examiners, Psychology Licensing Board, in Lansing, Michigan. Since the licensing requirements change periodically, you should contact the Board of Examiners to find out the specific requirements you must meet at the time you expect to graduate. It will also be important that you familiarize yourselves with the Administrative Rules of the Board of Psychology. Of particular note is that, starting in 2010, all individuals seeking a limited license to practice psychology in the state of Michigan are required to pass the Examination for Practice of Professional Psychology (EPPP). This exam is the same one used to provide full licensure for doctoral-level psychologists. Information about licensure can be found at the following websites:

[http://www.michigan.gov/lara/0,4601,7-154-72600\\_72603\\_27529\\_27552-42786--00.html](http://www.michigan.gov/lara/0,4601,7-154-72600_72603_27529_27552-42786--00.html)

[http://www.michigan.gov/lara/0,4601,7-154-35299\\_28150\\_27529\\_27552---00.html](http://www.michigan.gov/lara/0,4601,7-154-35299_28150_27529_27552---00.html)

For those with interests in continuing their graduate education, the program can prepare students for entry into a PhD or PsyD program in clinical psychology. However, the additional coursework as well as potentially completing a thesis may require an additional semester or two of work beyond the 2 years.

This program requires 45 semester hours of study, including four credit hours (500 clock hours) of supervised practicum experience in an approved mental health or rehabilitation facility. In this program, you will study statistics, psychopathology, personality and cognitive assessment, personality processes, and clinical approaches to intervention, among other topics relevant to clinical psychology. Furthermore, you will hone your research skills through classroom assignments, and if you wish, by completing either a master's thesis or research project in a faculty member's research lab. The thesis involves conducting, and successfully defending, an original piece of research. It is done with the close supervision of a faculty mentor under the direction of a three-member thesis committee. The thesis committee consists of the advisor 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 members.

Upon completion of this program, you will be prepared for positions such as a Michigan Limited License Psychologist, a psychological assistant, a psychometrician, or mental health worker (depending on current certification and licensing laws in the state where you practice) in a variety of public and private agencies. Your ability to apply for such positions in other states will depend upon the current certification and licensing laws in the state where you plan to practice. If you know you will be leaving Michigan upon the completion of your degree, you should find out the licensing requirements (if any) of your target state or country of residence and discuss such information with your advisor as soon as possible so that you can maximize your academic experiences to be consistent with such requirements.

You may enroll in the General Clinical MS program as a full- or part-time student, though in recent years most students have been enrolled full-time. As a full-time student, you will be able to complete the program in 2 years. As a part-time student, the time to completion is highly variable, depending upon many factors, including course load, practicum completion, and course sequencing. Completion of the practicum experience usually occurs during the daytime hours, although not necessarily on a full-time basis.

The following is a listing of the skills taught in the General Clinical MS program. They are incorporated into the program to provide you with the requisite skills and competencies of the profession. These will serve as professional building blocks.

### **Practical clinical skills**

1. Learn assessment techniques using multimodal and multi-method approaches.
2. Learn diagnostic techniques and procedures.
3. Understand the importance of the therapeutic relationship and develop skills to enhance the therapeutic alliance.
4. Write professional evaluations, treatment plans, progress notes, and other reports.
5. Develop and implement treatment programs.
6. Develop and deliver case presentations.
7. Implement psychotherapeutic practice that is consistent with theoretical and empirical literature in conjunction with the direction and experience of a licensed clinical psychologist.
8. Develop skills in choosing and implementing treatments.

9. Demonstrate sensitivity to issues of cultural and individual diversity.
10. Demonstrate knowledge of and correct use of the APA Ethics Code for clinical practice.

### **General scholarly skills**

1. Develop critical analysis of assessment and treatment research literature.
2. Demonstrate the ability to write about scholarly topics in clear, concise ways.

### **Research skills**

1. Demonstrate knowledge of research in clinical assessment and treatment.
2. Demonstrate knowledge of treatment outcome research.
3. Demonstrate the ability to participate in a research project and become part of a presentation (e.g., EMU Graduate Research Conference) or publication.

### **Student opportunities**

1. Practice assessment and treatment skills in highly supervised pre-practicum and practicum experiences. The majority of clinical supervision is provided by psychologists in community-based settings.
2. Work with and be supervised by faculty who have expertise in a variety of assessment and treatment modalities. This supervision will most often occur during pre-practicum experiences.
3. Participate in a collegial atmosphere that is accepting of diverse opinions and prepares you to analyze the current literature critically.

### **Admissions Criteria**

Students applying to the General Clinical MS program must meet the admissions criteria for both the Graduate School and the Psychology Department. ***Acceptance by the Graduate School does not guarantee admission into the General Clinical MS program as the criteria for the latter are much more rigorous.*** To qualify for consideration for admission you must:

- Meet the academic requirements for admission to the Graduate School (<http://www.emich.edu/graduate/admissions/>)
- Present evidence of having completed a minimum of 20 semester hours in psychology ***including a course in statistics and one in research methods/experimental psychology.*** While not a prerequisite, a course in history and systems of psychology is highly desirable.
- Present an undergraduate record with a grade point average of at least a “B” (3.0 on a 4.0 scale).
- Present three letters of recommendation from professors, employers, or others who can testify to your suitability for graduate study in psychology.
- Present a transcript of scores on the Graduate Record Examination. Scores above the 50<sup>th</sup> percentile on the Verbal and Quantitative tests are preferable.

Please note that these are minimum requirements and the majority of students accepted into the program far exceed these minimums.

### **Other Considerations**

- Although you are not required to have access to reliable transportation, not having regular access to a vehicle can make completing this program difficult. Specifically, most of the required practicum locations are off-campus and are only accessible to students by car (i.e., public transportation does not provide ready access to many of these locations).
- Because funding is very limited for MS students, we encourage students to regularly check the EMU Human Resources webpage for potential graduate assistantships (<https://www.emich.edu/jobs>). We cannot guarantee that you will find funding through this website, but some students have found paid positions using this resource (see below for more details).

## Self-Improvement Students

EMU has a student status known as “self-improvement student,” which is usually for individuals who have completed their undergraduate degree requirements and wish to return to the classroom. The Psychology Department is committed to providing excellent academic experiences to self-improvement students. Many self-improvement students enroll in graduate courses with the hope of demonstrating competence and enhancing their prospect of gaining admission to one of the graduate programs. From the outset, a number of features of the admission process should be made clear.

Admission to the General Clinical MS program is based on a combination of factors including outstanding undergraduate academic performance, scores on the Graduate Record Examination, practical experience in research or clinical settings, ability to make a unique contribution to the graduate milieu, interpersonal and social skills, and overall fit to the program. Excellence in all areas is a prerequisite to admission. The goal of the admissions standard is to set the stage for a dynamic, interactive educational experience that optimizes the learning experiences of the graduate students. This is often referred to as a cohort model. The cohort model is significantly compromised when self-improvement students attempt to complete substantial numbers of courses before seeking admission. *Successful completion of the General Clinical MS program is more than simply accruing the requisite number of credit hours.*

To ensure the integrity of the cohort model and guarantee that self-improvement students have sufficient information to make informed decisions, the department has developed a specific in-house policy regarding the transfer of graduate credit hours earned while a self-improvement student. While self-improvement students are eligible to seek admission into any non-clinical classes, they will only be permitted to transfer up to 9 credit hours.

Self-improvement students are not eligible to enroll in classes that focus on clinical or assessment issues, which include all courses involving psychological assessment, psychotherapy, or behavior therapy, and their corresponding pre-practicums. *Self-improvement students should also be advised that while successful completion of graduate classes might enhance the prospect of admission into a graduate program, it is not a guarantee of admission.*

## Conditional Admission and Alternative Admission

If you do not meet the requirements for Degree-Admission, you may request consideration for Conditional or Alternative Admission status. This permits you to enroll, on a provisional or probationary basis, with specified course and grade attainment requirements. When admission and the specified graduate courses have been taken, Conditional or Alternative status will be applied to your 45 semester hour requirement. It should be noted that in recent years, no students have been admitted under any of these conditions due to the highly competitive nature of the GC program.

There are four types of conditional admission that are outlined in the graduate catalogue. Briefly, they are as follows:

Condition 1 – curriculum deficiencies – applies to applicants who meet the Graduate School’s admission requirements, but have curricular deficiencies or do not meet other department requirements

Condition 2 – senior status – applies to applicants completing an undergraduate degree at the time of application. It is valid for one semester only and is removed upon submission of an official degree posted transcript to the Office of Admission.

Condition 3 – English as a second language (ESL) applies to applicants who are non-native speakers of English and whose score on the required language-proficiency tests was below the required minimum. Students admitted with ESL condition must successfully complete ESL courses assigned.

Condition 4 – academic deficiencies – applies to certificate program applicants who do not meet the minimum undergraduate GPA requirement of the Graduate School or the Psychology Department, whichever is higher. Students must complete a minimum of 6 graduate hours as specified by the Psychology Department while maintaining a good academic standing (3.0 GPA or above).

## Overview of the Curriculum

The General Clinical MS program provides a theoretical perspective that emphasizes intra- and interpersonal processes of human functioning within a developmental context. Coursework and clinical training on psychological disorders, assessment, diagnosis, and treatment occurs from this perspective, though opportunities for training from other perspectives are available for interested students. The program requires the completion of 45 hours of work distributed among required core courses, assessment courses, professional practice/treatment courses, practicum courses, elective courses, and cognate courses. Below is a listing of courses in each category. *Psychology Department graduate courses are offered on a rotating basis. Not every course is offered each semester, so you must take this into consideration when planning your program. However, every required course will be offered at least once a year, and most electives will appear at least once in a two-year period. You will need to discuss your program of study with your mentor prior to registering each semester.*

<b>Required Core Courses</b>	<b>9 hours</b>
PSY 600 Psychological Statistics	3
PSY 646 Personality: Theory and Research	3
PSY 743 Psychopathology	3
<b>Required Assessment Courses</b>	<b>8 hours</b>
PSY 762 Cognitive Assessment	4
<u>One course from the following:</u>	
PSY 770 Self-Report Assessment of Personality	4
PSY 771 Performance-Based Assessment of Personality	4
<b>Required Professional Practice/Treatment</b>	<b>10-11 hours</b>
PSY 751/PSY 731 Interpersonal Processes in Psychotherapy/Prepracticum (3/1)	4
PSY 752 Intrapersonal Processes (3) <b>OR</b>	3-4
PSY 720/PSY 791 Evidence Based Therapies for Children and Adolescents / Prepracticum (3/1)	
PSY 670 Scientific and Professional Ethics	3
<b>Practicum</b>	<b>4 hours</b>
PSY 683 Practicum in Clinical Psychology I	2
PSY 684 Practicum in Clinical Psychology II	2
<b>Elective Courses</b>	<b>14-15 hours</b>
14-15 hours selected from psychology courses within the department in consultation with your graduate advisor. Please note that you may take up to 6 hours of coursework outside the Psychology Department, but these courses must be approved by your advisor.	

**This must total 45 hours or more**

## ***IMPORTANT NOTES ABOUT GRADES AND REMEDIATION:***

*You must obtain a B or better grade in all of the required core, assessment, and professional practice/treatment courses:* Failure to obtain a “B” or better in any of the required core, assessment, and professional practice/treatment courses will result in the student being required to retake a course and being placed immediately on academic probation. You will not be approved for practicum placement if you fail to obtain a “B” in one or more of the following core classes taken in the first year of training. Core courses include PSY 646, 670, 762, 743, 751/731, and 752 or 720/791. Obtaining a “C” or lower in any other course will also require that the student retake the course and be placed on probation. Obtaining two “C” grades will result in immediate dismissal from the program. Furthermore, because a “B” or better is required to pass required core, assessment, and professional practice/treatment courses, obtaining below a “B” two times in one (or more) of these courses will result in immediate dismissal from the program.

Unless it is an extraordinary circumstance, students will not be allowed to remediate a course in any other university except at EMU. Students must make a compelling case for an exception to this rule, and any deviation from this policy must be approved by a majority vote of the General Clinical Faculty.

Students must also seek and obtain permission from the Program Coordinator to apply for an external practicum. Failure to do so could lead to immediate dismissal from the program.

### **Elective Courses**

With the approval of your advisor, any Psychology graduate course may be selected, if you meet the course prerequisites. The following is a list of recommended courses.

#### **Basic Processes**

- 620 Learning
- 626 Motivation and Emotion
- 629 Physiological Psychology
- 632 Sensation and Perception
- 633 Cognitive Neuroscience
- 635 Cognitive and Affective Processes of Behavior
- 637 Social Psychology
- 640 Developmental Psychology

#### **Assessment Courses**

- 763 Individual Assessment II (assessment of children)
- 770 Self-Report Assessment of Personality
- 771 Performance Based Assessment of Personality

#### **Treatment Courses**

- 720/791 Evidence-Based Therapies for Children and Adolescents
- 627/671 Behavioral and Other Evidence-based Psychotherapies
- 630/621 Behavioral Medicine
- 672 Modern Behavior Therapies: Theory, Research, and Practice
- 721 Treatment of Anxiety Disorders
- 722 Assessment and Treatment of Personality Disorders

**Special Area Courses**

- 610 Clinical Neuropsychology
- 681 Special Topics
- 723 Psychopharmacology
- 744 Child & Adolescent Psychopathology
- 888 Assessment and Treatment of Diverse Clinical Populations

**NOTES:**

PSY681 (Special Topics) can be used as elective courses.

Certain 500-level courses are essentially “introductory” courses that are offered as cognate courses to students in other departments. These courses may *not* be applied as graduate credit to the General Clinical MS degree. Generally, these courses can be identified by their minimal prerequisite requirement. Typically, these courses only require one course in psychology. Currently, these include: PSY 520, PSY 532\*, PSY 540, PSY 542\*, PSY 543, PSY 550, PSY 551\*. However, the starred courses may be acceptable, if your program and special needs can justify it. The General Clinical faculty must approve such courses.

**Training Track**

Typically, each student selects one of two sequences upon which to build his/her curriculum. These sequences are labeled the “scientist practitioner” sequence and the “practitioner scientist” sequence. The former is for students who plan to focus on research-oriented careers upon the completion of their master’s degree, while the latter is designed for individuals planning on obtaining masters’ level licensure and clinical employment at the completion of their degree. Please note the major curricular difference between the two is that students in the scientist-practitioner sequence take Research Design (PSY 605) and Statistics II (PSY 601). Furthermore, students in this sequence are encouraged to become more engaged in research under the direction of a faculty member, while students in the latter sequence are encouraged to design their curriculum around their clinical interests. If you are unsure about which sequence to pursue, please talk with your advisor or the program coordinator.

**SUGGESTED CURRICULUM**

	<b>General Clinical</b> 45 hours	
	<i><b>Practitioner-scientist</b></i>	<i><b>Scientist-practitioner</b></i> <i>(may require an additional semester if student chooses to not take a heavier course load than other track)</i>
Fall 1 <sup>st</sup> year	751 – Interpersonal Processes 731 – Interpersonal Processes Prepracticum 646 – Personality Theories 743 – Psychopathology	751 – Interpersonal Processes 731 – Interpersonal Processes Prepracticum 600 – Statistics I 646– Personality Theories 743– Psychopathology

Winter 1 <sup>st</sup> year	762 – Cognitive Assessment (or elective) 670 – Ethics Elective	670 – Ethics 762 – Cognitive Assessment (or Fall II) 605 – Research Design 601 – Statistics II
Summer 1 <sup>st</sup> year	Elective or 762– Cognitive Assessment or 670 Ethics, depending on offerings	Elective or 762– Cognitive Assessment or 670—Ethics, depending on offerings
Fall 2 <sup>nd</sup> year	752 – Intrapersonal Processes** 683 – Practicum* 600 – Statistics I Electives	762 – Cognitive Assessment (or elective) 752 – Intrapersonal Processes** 683 – Practicum*
Winter 2 <sup>nd</sup> year	770/771 – Personality Assessment 684 – Practicum 720/791 – Evidence-Based Therapies for Children & Adolescents/Prepracticum** Electives	770/771 – Personality Assessment 684 – Practicum 720/791 – Evidence-Based Therapies for Children & Adolescents/Prepracticum** Electives
Summer 2 <sup>nd</sup> year		Electives

\* *Note:* You should discuss a possible practicum site with Dr. Peterson or Dr. Loverich at the end of your first semester. Field practica are not offered during the Spring/Summer semesters.

**\*\*GC students may take PSY 752 OR PSY 720/791 to satisfy requirements for a second therapy course\*\***

### **Assistantships**

Graduate assistantships provide financial support (tuition scholarships and stipend) and experiential learning experiences. Consequently, these assistantships are highly competitive. They are normally available for up to two years (four enrollment periods), subject to the recommendation of an academic department and approval of the Graduate School. Historically, the Psychology Department has offered two GA positions per admitted GC MS class. As part of the 20 hour per week commitment, Graduate Assistants are required to teach three sections of the Introductory Psychology Lab each semester. The Labs are managed by a full time faculty member, and the curriculum and materials for the course have been developed previously; students will not need to develop their own materials. GAs will also be assigned to a faculty mentor to complete the 20 hour per week requirement for the GA-ship. Some GC students who do not receive a GA may be offered a Teaching Assistant position, in which they teach 1-3 lab sections. TAs get paid only for the sections they teach; there is no tuition scholarship. In addition to the assistantships offered within the Psychology Department, admitted students can apply for positions in other departments (<https://www.emich.edu/jobs>). Eligibility criteria are outlined in the Graduate catalogue. In summary, you must:

- A. Be fully or conditionally admitted to a degree program.
- B. Have a cumulative GPA equal to the average of students already admitted to the college’s degree programs (usually 3.0 or above).
- C. (US citizens only) For need-based and work/study GAs, you must complete the required Financial Aid Forms. The FAFSA must be submitted by February 15th for full consideration for the Fall semester.

Full-time GAs are provided the following benefits:

- A. Up to 18 credit hours of tuition per fiscal year (Tuition benefits are prorated for part-time assistantships and for GAs beginning their appointments after the start of the semester).
- B. Stipend (average university wide is \$9,000 per year).
- C. Valuable experience.

For Departmental GA-ships, students will be assigned to 1-2 faculty members, preferably in their area of research interest. Assistantships require 20 hours per week of professional obligations to the Department during the award period. A portion of that time will be devoted to serving as a teaching assistant for 3 sections of Introduction to Psychology Lab. The Psychology Department Secretary and the faculty lab supervisor will contact students directly to discuss assignments. Students must register for no less than 6 hours each Fall and Winter semesters; the Department does not have any summer GA positions, but we do often hire GAs to teach the sections during the summer sessions, with a flat rate pay for each section taught. Continued support and renewal requires maintenance of a 3.0 or higher GPA, satisfactory progress toward degree completion, and adequate performance evaluations.

The main intent of the assistantships is to provide the time and support essential for the professional development of students. Since such training involves classroom instruction, research endeavors, and the development of management skills, duties of the assistantship are designed to provide relevant training and experiences in all these areas. For example, assistants may be asked to help with class preparations and assist in data collection, data analysis, and manuscript preparation.

### **Transfer Credits and Waivers of Requirements**

It is possible to transfer up to 9 graduate credit hours. All transfer credits must be approved by the General Clinical Faculty. Only a limited number of transfer credits will be approved. It is the student's responsibility to demonstrate that the waiver is warranted, including getting confirmation from an EMU professor that the curriculum of the course and the quality of the student's work was equivalent to that offered in the General Clinical MS program.

### **Practica and Prepractica Experiences**

Students will be given ample opportunities to practice clinical assessment and treatment skills through in-house pre-practicum experiences and the formal practicum. Fully licensed psychologists who are either part of the faculty or who are supervisors at the treatment facility will supervise all pre-practica and practica experiences. In a few instances, students may be supervised by students in the 3<sup>rd</sup> and 4<sup>th</sup> years of the Ph.D. program. However, fully licensed psychologists will supervise these students on their supervision. This practice is in keeping with state licensing laws and APA accreditation policies.

As part of the master's level requirements, several pre-practica experiences are required with specific classes. Depending on the specific course associated with the pre-practica, students may be required to do psychological assessments, treat "mock" clients with specific problems, develop and conduct a psycho-educational workshop, or run a parent workshop.

Finally, students will be required to secure one, 500-hour (minimum) practicum experience at an agency,

hospital, or treatment facility. Before seeking an external practicum, each student must obtain approval from the Program Coordinator. Students may not begin an external practicum until they have successfully completed and passed *all* core courses (PSY 646, 670, 762, 743, 751/731, and 752 or 720/791) in which they have been enrolled prior to practicum (note that students will not typically take *all* of these core courses in their first year, thus, students need to successfully pass *whichever core courses they have taken during their first year*). Practicum placements have become more competitive, and students are required to attend the Practicum Fair hosted in the Fall semester of their first year. They should work with faculty to develop their applications and statements for practica. It should be noted that some practica have required letters of recommendation.

The external practicum can be at a facility associated with the University (i.e., Counseling and Psychological Services at Snow Health Center) or an agency outside of the university. This “externship” is part of the licensing requirement for Michigan. Students typically begin their practicum in the fall of the second year. Students obtain their own placements with the help/guidance of faculty. The practicum instructors (currently Dr. Loverich and Dr. Peterson) have lists of placements where previous students have been placed.

When applying for a practicum, students will need to write a cover letter and send their vitae to the practicum site contact person. Before beginning a placement, students will need to obtain a Practicum Contract Form from the Practicum Instructor and have it completed and signed in consultation with the site. Also, Practicum site supervisors will need to fill out an evaluation form on the student after the Fall and Winter semesters. These can be obtained from the Practicum Instructor as well. Students should be able to document their hours and the amount of time devoted to assessment, treatment, supervision, and other clinical tasks. Many states require this information for licensing. Once the practicum is completed and the Master’s degree has been conferred, graduates may obtain a Temporary Limited License from the State of Michigan, if desired. The application for licensing has a Certification of Psychology Education form. The Program Coordinator can fill out part of this form.

## **Academic Advising**

At the beginning of the program, you will be assigned a faculty member as your academic advisor and mentor. This individual needs to sign off on your program of study each semester. Students may request a specific faculty person as their supervisor/mentor when they enter the program, and this may be particularly advisable if the student intends to follow the Scientist-Practitioner track. Every effort will be made to accommodate student requests within reason.

As students proceed through the program, they may find that another faculty member is a better match to their clinical, research, and professional interests. If this is the case, students may switch advisors/mentors provided that they: 1) speak with their current mentor about the change; 2) speak with the new mentor about the change; 3) have both agree to this switch, and 4) have the change approved by the Program Coordinator. In some cases, the General Clinical faculty may be asked to approve this change. Meetings with one’s mentor are ideal times to let him/her know how you are doing and to discuss needs, concerns, and ideas about one’s training and professional development. If a student chooses to complete a Master’s Thesis, s/he will choose a faculty member who will serve as a research mentor and chair of the thesis committee. This process will be described in greater detail later in this document. Generally the faculty member with whom one is conducting research or who has clinical skills in an area of interest to you will become the mentor. *This being the case, however, it is ultimately each student’s responsibility to be aware of program requirements, the state of their matriculation throughout the program, and to make timely progress toward the completion of his/her degree. Faculty are here to help in many ways, but academic success and progress ultimately are the responsibility of the student.*

## Annual Evaluation of Students

At the end of each year of the program (May), students will meet with their mentor to review their progress in the program. Evaluations are conducted at a General Clinical Faculty meeting where faculty have access to the student's complete file including recent transcripts and pre-practica and practica evaluations. Clinical students are evaluated on personal, professional, and academic skills. Generally, students in the MS program are found to be at or above all necessary levels of expected competencies. However, in the occasional instance that deficits are identified, quick and decisive action will be taken by the General Clinical Faculty to address this situation. While annual evaluations may seem like an anxiety-provoking reality, faculty have the role of being "gatekeepers" to the profession, making sure that qualified individuals are matriculated and graduated through programs and are ready to enter into the responsibility of practicing professional psychology. Feedback, verbal and written warnings, formal remediation plans (including recommendations for personal psychotherapy), and program dismissal are all options that have been utilized by faculty to manage students who are unsatisfactorily struggling with some aspect of their professional competency. Although dismissal from the program may not initially seem like a helpful outcome, the General Clinical Faculty views such events as potentially positive because they protect mental health consumers from a practitioner whom the Faculty view as ill-suited to provide ethical and effective psychological services, as well as allowing dismissed students the opportunity to find a more appropriate career. Thus, you need to be aware that part of your evaluation in this program is based upon the faculty's evaluation of your "professional competency" (see Kaslow et al., 2007), which includes an evaluation of requisite professional and interpersonal skills that are necessary to function effectively as a master's level clinician. In fact, courts have consistently ruled that interpersonal skills and intrapersonal characteristics are considered part of academic credentials for psychology. Forrest, Elman, and Gizara (1997) report that "Court rulings have given 'great deference' to the judgment of faculty in evaluating and terminating students if it can be shown that the student has been evaluated fairly, given feedback, and the opportunity to remediate the deficiencies" (p. 34).

The following two ethical principles from the American Psychological Association's Ethics Code (2002: <http://www.apa.org/ethics/code2002.html>) guide deliberations. Principle A: Beneficence and Non-maleficence, 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 graduates. 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 testing and treatment. 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 grounds for academic discipline or dismissal from the program. Thus, it is important to be aware that academic performance alone does not guarantee a favorable review or good standing in the program.

Student evaluations are reported on a 5-point scale (see table note) according to the format listed below. A letter containing student ratings is mailed to the address they have given to the Psychology Department. Please, therefore, keep the Department informed of any address, phone, and/or email changes. Yearly evaluations are kept in the student's permanent file in the department's graduate office.

## Rating Scale Definitions

- 1 = Performance significantly deficient
- 2 = Noticeable minor problems in performance
- 3 = Adequate function
- 4 = Good function
- 5 = Superior function
- N/A = Not applicable

Course Work	Comments	Rating
Attendance		
Task Completion Timeliness		
Writing Skills		
Content Mastery (Exams & Class)		
Conceptual Skills		
Class Participation		
<b>Research Progress</b>		
Masters' thesis (if applicable)		
<b>Professional Development</b>		
Verbalizes questions and opinions effectively		
Effective interaction with peers and faculty		
Tolerates divergent perspectives		
Shows initiative		

Ethics	Satisfactory	Questionable	Unsatisfactory
Academic ethics			
Research ethics			
Clinical ethics			

Students who receive a rating of “1” or “2” in any area, or “Questionable” or “Unsatisfactory” in any domain of Ethics, are subject to remediation, probation, and/or dismissal from the program. Remediation of deficiencies includes, but is not limited to: repeating coursework, repeating practica experiences, increasing supervision by the same or different supervisor, being tutored, or taking a leave of absence. A remediation plan is developed by the mentor and Program Coordinator to address the problem area(s). In a meeting with the mentor and the Coordinator, the student is told what specific behaviors and problems need to be addressed and how the student needs to address these issues. The student’s progress will be closely monitored and re-evaluated 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), s/he will be removed from the remediation plan. If problems continue, the student may be placed on a second remediation plan and program probation. If the problems persist after the second plan, the student will be terminated from the program. Students may be terminated from the program immediately following serious ethical violations. 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 is having psychological problems that interfere with effective service delivery and/or progress through the program will be advised orally and in writing as to the necessary remediation required. Fortunately, these unpleasant events are rather rare.

Student practicum evaluations are based on competencies assessed by relevant faculty and practicum supervisors (completed in Qualtrics by supervisor – [SAMPLE PDF](#)). Students are also expected to evaluate their practicum experience including the practicum site and supervisors; the latter is only reviewed by the GC faculty and the departmental practicum coordinators ([complete in Qualtrics](#) – [SAMPLE PDF](#)). Faculty rate students on this scale: B = Below Expectations; M = Meets Expectations; E = Exceeds Expectations. If a student receives a rating of “Below Expectations” in one or more of these domains, s/he may be subject to remediation, probation, and/or dismissal from the program as described above.

### **Additional 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/policy.php?id=124>), and the American Psychological Association Ethical Principles of Psychologists (2002) (<http://www.apa.org/ethics/code2002.html>). Single episode violations or patterns of recurring behavior could result in termination as determined by the General Clinical Faculty and/or by the Dean of the Graduate School. 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 3.0.
- 2) Failure to obtain a “B” or better in any of the required core, assessment, and professional practice/treatment courses, after taking the course for the secondtime.
- 3) A student will not be allowed to repeat more than two courses; the student will be immediately dismissed from the program if a 3<sup>rd</sup> course is not passed (i.e., lower than a B for a required course; a C or lower in any other course).
- 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 (e.g., 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 psychological 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 academic work, clinical work, clinical competencies, and professional development), 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 Student Judicial Services for campus disciplinary action, including possible dismissal from the University as well as possible action by the General Clinical faculty). Conduct violations by a student off-campus in university related activities (e.g., external practicum) 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 advisor 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 counseling toward voluntary withdrawal from the program or formal termination.

## **Grievance Policies and Procedures**

The EMU Board of Regents outlines grievance procedures for grades and student employment. The grade grievance procedure can be found in the Graduate Catalog and at: <http://catalog.emich.edu/index.php>. The student employment grievance policy can be found at [https://www.emich.edu/registrar/formslibrary/forms/Grade\\_Grievance.pdf](https://www.emich.edu/registrar/formslibrary/forms/Grade_Grievance.pdf). When the complaint pertains to grades or student employment, these policies must be followed.

The following policy and procedures are provided by the EMU General Clinical program for investigating and resolving cases of alleged violation or complaints by graduate students that do not involve grades or employment issues. 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 complaint 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 complaint 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.

**Step I.** To initiate formal procedures, the complainant submits a written complaint (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 Program Coordinator (PC). The notice must state: (1) that a grievance is being initiated, and (2) the nature of the complaint. The written complaint and any subsequent documents, including meeting notes, will be kept in a locked file in the Department Head's office. The PC (if the complaint does not involve the PC) and the Department Head attempt to resolve the issue by meeting with each party. If the complaint is related to a committee decision (e.g., thesis committee), the student will provide his/her written complaint to the PC to be distributed to the General Clinical faculty in advance of the next scheduled faculty meeting. The student will be allowed to address the entire committee, and General Clinical faculty 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 in a manner acceptable to both parties, the complainant can submit a written complaint of the previous decision within 10 working days of receiving the Step I response to the Psychology Department Head and PC. In this document, the student identifies an EMU faculty member to represent him/her on the Grievance Committee. At that time, the PC asks the faculty member involved in the grievance to select a faculty member to sit on a Grievance Committee. If the grievance is related to a committee decision, the PC selects one faculty member to represent the committee. The PC 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 have no prior involvement in the case, must be removed enough from the situation to act in an impartial manner, and able to render a just and fair decision. A member not able to do so should disqualify him/herself from the grievance review. The three representatives meet with those involved separately to resolve the grievance and render a decision in writing within 10 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 call 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 asserting that the written record is a true record of the hearing proceedings. The written complaint and any subsequent documents, including meeting notes and audiotapes, will be kept in a locked file in the Department Head office. At any step, the parties may mutually agree to extend the time limits.

The Grievance Committee will determine the grounds for the complaint. 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 lead to the complaint, but will hear the grievance and determine the grounds. The Grievance Committee can then make one of three determinations:

1. The complaint is not supported, and the previous decision by the faculty member or committee stands.
2. The complaint is supported, and the previous decision by the faculty member or committee is overturned.
3. Portions of the complaint were supported while others were not. The Grievance Committee makes recommendations to all parties involved in relation to the complaint.

**Step III.** If the grievance is not settled, the student may appeal in writing to the Dean of the Graduate School within 10 regular working days after receipt of the Step II decision. A Step III grievance will only be heard if one of the following conditions is met:

1. The Graduate School Dean determines that there is evidence that established procedures for Step II were violated; or
2. There was at least one dissenting vote at the Step II level; or
3. New evidence or new witnesses not previously considered or heard at Step II become available.

The notice to appeal must include: (1) the action grieved; (2) the desired outcome; (3) a summary of proceedings thus far; and (4) copies of the written response from Step II. A meeting with the grievant, individuals involved, PC, Department Head, and others if requested, will be held and a decision rendered within 10 regular working days after all the information has been gathered and interviews conducted. This decision shall be final; no further appeal is possible.

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

## **Research Involvement**

The primary purpose of the GC MS program is to train practitioners for work in mental health settings. However, some students in the GC MS program express an interest in conducting psychological research. What is the best mechanism for gaining valuable research experience? There are two options. The first is to complete a master's thesis, and the procedures for completing a thesis are in the section that follows. The second option is to work as a volunteer research assistant helping either a faculty member or a more advanced graduate student

complete one or more research projects.

So, what are the relative advantages and disadvantages associated with each option? The primary advantage to completing a thesis is that a student will demonstrate the ability to conduct an independent research project. Students will see the project from inception to completion, and it is truly “your project.” Graduate programs to which students apply will recognize it as an independent project and weigh it accordingly. In addition, doctoral programs may accept this project as a thesis. However, there are a number of challenges inherent in completing a thesis. First, it can be difficult to identify a faculty member with similar interests who also has sufficient time to supervise a project. Second, due to the competing demands placed on students in graduate school, it is likely that completion of a thesis project will delay one’s graduation date by at least one semester. Finally, a number of students have started a thesis only to abandon the project before it is completed, knowing that it is not a requirement for graduation. Consequently, they may have worked very hard and ultimately have no tangible product to show for their time and effort. For this reason, by comparison, working as a volunteer research assistant holds a number of advantages.

One major advantage to working as a volunteer research assistant is that students have the prospect of having multiple tangible products including presentations and publications. This is important because employers and PhD graduate programs will look more favorably on an applicant with one publication and three presentations, for example, than someone with a thesis and no other tangible products. Additionally, faculty members are more inclined to accept volunteer research assistants over thesis students for a couple of reasons. First, such research activity is more easily incorporated into the faculty member’s existing research stream (i.e., the student works to advance projects that the faculty member is already doing rather than a student working to advance his/her own research agenda by completing a thesis under the mentor’s guidance). Second, because the administrative demands are significantly less with such efforts (i.e., there is no Thesis Committee to satisfy, and the IRB process is streamlined), the student and the faculty member can focus their efforts more efficiently on producing a quality research project from which both parties are more likely to reap material benefit. Please also note that students may take up to 6 credits of Independent Study/Research credits (PSY 697, 698, and 699) with faculty mentors to conduct their research, which count toward the 45 credit hours required for the program.

So, what are the challenges associated with this option? It is possible to join a project in its middle stages, and consequently, it may take additional time and effort to familiarize oneself with the background material. There is also the possibility that a student will feel less invested in a project that s/he was not responsible for creating. In many ways, students’ contributions to the project are directly related to their level of initiative and drive, which can become a challenge when there are multiple academic demands with pressing deadlines. However, for those who are seriously considering applying to research-oriented jobs or doctoral programs, *the faculty would strongly encourage you to consider actively pursuing this option.*

## **Master’s Thesis**

A master’s thesis is an original piece of research that tends to be less extensive than those conducted for a dissertation. *Completion of a master’s thesis is not a requirement of the program.* While a thesis is not a requirement of the program, it is one option for those who plan to apply to doctoral programs, as noted above. It is suggested that students make the decision about a thesis as quickly as possible (i.e., in the first semester of your first year). Listed below are the guidelines for successful completion of the thesis.

### **Generating thesis ideas**

1. Familiarize yourself with the various faculty who specialize in areas in which you might like to

work. It is your responsibility to approach the faculty member and see if they are willing to work with you.

2. Methods for generating thesis questions include keeping a journal of potential thesis ideas while reading journal articles, discussing and critiquing various studies, making observations of behavior problems, and brainstorming about methods that might be applied.
3. Students are advised to comb the research literature to see what else has been done in a particular area of interest. Also, you should discuss research ideas with faculty.
4. Once settled on a thesis topic, you should ask your thesis advisor for suggestions as to who might serve on the Thesis Committee. The thesis committee consists of the advisor 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 members.

### **Writing the proposal**

1. Ideally, your proposal should be completed before the summer of your first year. The first step is to write a draft of the proposal, which includes an introduction, method section (subjects, procedures, research design, measures), references, and appendices (including all measures used in the study, draft of informed consent, and Human Subjects Review Application). Proposals vary in length depending upon a number of factors, but they tend to average about 15-30 pages in length, excluding references and appendices.
2. Students submit a draft of the proposal to the thesis advisor for comments and revision. Students typically have *several* revisions based on ongoing input from their thesis advisor before a draft is considered acceptable. It is the sole judgment of the thesis advisor to determine whether your proposal is adequate, ethical, and feasible.
3. Once your advisor agrees that the proposal is in good form, you distribute the proposal to the two other committee members and any outside people. You should give faculty at least two weeks to read the thesis proposal prior to the proposal meeting. You should contact committee members to confirm that the proposal is sufficiently detailed to schedule a proposal meeting.

### **The proposal meeting**

Once the proposal is ready for distribution, you will schedule a proposal meeting with committee members. It is your responsibility to coordinate faculty schedules. The proposal meeting consists of an introduction by the student's advisor, a 15-20 minute presentation by the student of the proposal (with power point slides), and about 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 Section A of the Thesis Contract Form.

### **Human subjects review**

You will prepare and submit the thesis proposal and application to the Human Subjects Review Committee (HSRC)/Institutional Review Board (IRB). Please note that student researchers and their faculty mentors must complete and provide proof of human subjects training through the CITI website (see this website for IRB training workshops and for information on CITI certification: <http://www.emich.edu/research/compliance/human-subjects/training.php>) as part of their submission process. The central IRB office will determine if the study can be considered "minimal risk"; if so, it will be sent through as an "expedited" review. If not, the

University IRB will give it a full review. Students and faculty mentors should plan ahead and leave plenty of time for review and revision of materials before a study is planned to begin. Expect at least 1 month for IRB review & revisions to be completed.

*Note:* “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. For details on these policies, submission instructions, and all required forms, visit the Office of Research Development and IRB website at:

<http://www.emich.edu/research/compliance/human-subjects/index.php>

Once the thesis project is approved by the IRB, Section B of the Thesis Contract Form should be signed by the thesis advisor. This form should then be given to the graduate secretary for placement in the student’s file.

***Students may not begin to collect data until they have obtained IRB approval and the thesis contract form is on file in the graduate office.*** All required thesis forms can be found at:

[https://www.emich.edu/psychology/programs/grad\\_form.php](https://www.emich.edu/psychology/programs/grad_form.php)

### **Academic credit for the thesis**

Students may register for Thesis credits (PSY 690/691/692) after they have obtained approval of their thesis proposal. Students must register for a minimum of 1 master’s thesis credit. Students should obtain a Thesis Manual from the Graduate School. The thesis must comply with these guidelines.

### **The oral defense**

Students will receive ‘Credit’ for their thesis credits once they have developed the thesis and have had a successful oral defense. Oral examinations of theses are open to all faculty and students. However, only the thesis committee determines the adequacy of the defense. *Notice of the upcoming defense must be posted in the department two weeks in advance and copies of the completed thesis should be made available through the department office to interested parties prior to the defense.* An oral defense is a formal presentation, complete with visual aides, lasting about 20 minutes, which should consist of:

- A. Review of key research found in the literature
- B. Purpose of the study
- C. Overview of methods
- D. Key results
- E. Discussion of results including strengths and weaknesses of the study

After the student has presented, there will be a 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 thesis committee will decide if the thesis is approved in an executive session.

All thesis forms, including the Committee Approval form, the Proposal Approval form, the Oral Defense form, and the Thesis Document Approval form are available at the department website ([https://www.emich.edu/psychology/programs/grad\\_form.php](https://www.emich.edu/psychology/programs/grad_form.php)). A final copy of the thesis is to be submitted to the Graduate School for electronic publication. Please be aware that the Graduate School needs to receive the final copy of the thesis well before the day of graduation; be aware of the deadlines related to your particular graduation date.

## Malpractice Insurance during Practicum

During the two years of the program, you are covered under the liability insurance of Eastern Michigan University. Coverage is also provided for the time you are in a departmentally-sanctioned practicum placement offsite. You are indemnified by the university liability policy for any malpractice lawsuits that arise out of work you do as part of program expectations (including practicum). However, you are advised to obtain your own malpractice insurance as an additional safety. The APA offers discounted graduate student rates, as do other professional malpractice insurance agencies (see: <https://www.trustinsurance.com/>).

## Licensing

Students may wish to obtain a license as a psychologist from the State of Michigan. 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, including the 500-hour practicum, can apply for licensure as a Temporary Limited License Psychologist (T.L.L.P.). Application materials are available from the State. The State licensing board website is: [http://www.michigan.gov/mdch/0,1607,7-132-27417\\_27529\\_27552---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-27417_27529_27552---,00.html), and the licensure application packet can be obtained at [http://www.michigan.gov/lara/0,4601,7-154-72600\\_72603\\_27529\\_27552-42786--,00.html](http://www.michigan.gov/lara/0,4601,7-154-72600_72603_27529_27552-42786--,00.html). After completing 2,000 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 successfully (i.e., attaining a score of 450 or better) completing the Examination for Professional Practice of Psychology (EPPP), you may apply for licensure as a Michigan Limited Licensed Psychologist (L.L.P.). Master's level clinicians with this license may practice in a public or private setting as long as they are supervised by a fully licensed, Ph.D. psychologist.

When you are ready to take the EPPP (see <http://www.asppb.net/?page=EPPPSignup>), you are expected to notify the Michigan Board of Psychology by e-mail at [bphhelp@michigan.gov](mailto:bphhelp@michigan.gov). Approximately 2-3 weeks later, you will receive an e-mail from the testing company with information about how to register for the EPPP examination. More information about the EPPP examination can be found at [www.asppb.net](http://www.asppb.net). The Board of Examiners of Psychologists of each state, through licensing law and regulations, establishes requirements for sitting for the professional examination in psychology. 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 documentary evidence. ***Therefore, be sure to keep the syllabi for all of your courses in the Psychology Department (not just clinical program courses) forever. Some states do not have reciprocity for licensure. You may need this information many years from now.***

## Professional Development

Students are encouraged to join relevant professional organizations upon entry to graduate training. Examples of these organizations include: the American Psychological Association (APA), the Association for Psychological Science (APS), the American Psychoanalytic Association, Society for Research in Child Development (SRCD), and the Association for Behavioral and Cognitive Therapies (ABCT). Membership to these organizations provides access to graduate student advocacy and opportunities for research and clinical training.

Students must be members of APA to receive student liability insurance. 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., International Society for Traumatic Stress Studies, Society for Research in Child Development, Society for Personality Assessment, International Society for the Study of Personality Disorders) and specialty areas of APA (e.g., Society for Clinical Psychology, Society for Pediatric Psychology, Division of Child and Adolescent Clinical Psychology, Division of Adult Development and Aging, and Psychoanalytic Psychology). Membership information may be found at the following websites:

[www.apa.org](http://www.apa.org)

American Psychological Association

[www.psychologicalscience.org](http://www.psychologicalscience.org)

Association for Psychological Science

Attendance at professional conferences is also highly recommended. You are expected (though not required) to submit poster and/or paper presentations at relevant conferences and participate in the Graduate Research Conference here at EMU. Travel money for graduate student presenters may be available through the Graduate School, the College of Arts and Sciences, and the Psychology Department. For more information on funding sources, see: <http://www.emich.edu/psychology/forms/tips-guidelines-for-travel-funding.pdf>.

### **General Policies and Procedures Not Covered Elsewhere**

It is imperative that you inform the program secretary of any changes in your address and telephone number. We must be able to find you in case of a problem or emergency. You will also need to inform the GC MS Coordinator how we can contact you if you are going on an extended vacation.

The American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* (See Appendix B or <http://www.apa.org/ethics/code/index.aspx>) guide our policies and practices in the EMU GC MS 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.

#### **Emotional problems of students**

Just as are our clients, we are human beings with our own unique histories, strengths, and limitations. We are subject to similar stressors and reactions, and sometimes our difficulties weigh heavily on our minds. The important issue is how to manage such problems. Recently, the issue of how to manage problems with professional competency has been discussed in the professional literature, and policies and procedures have been evolving (see Kaslow et al., 2007, *Professional Psychology: Research and Practice* as a good reference for this issue). As such, students need to be aware that this issue is a significant part of one's professional development and should be taken seriously. As stated in Standard 1.13 of the APA Ethics Code, it is the individual's responsibility to be alert for and to recognize if personal problems are interfering with his/her effectiveness. This means that it is your responsibility to refrain from activities if your performance is impaired and patients/colleagues/students may be harmed. As a trainee, a first step would be to discuss the possible impact of your personal problems with your clinical supervisor and/or your program advisor. There are a variety of avenues to explore to obtain assistance with your personal problems, including suspending/postponing your training in direct service, taking a leave of absence from the program, and/or seeking personal mental health treatment.

We (faculty and students) collectively share a responsibility to take action if we believe that a person's personal problems may be harmful to patients, clients, or colleagues. As a first step in managing such concerns, the

appropriate action would be to bring your concern to the attention of the person whom you believe to be impaired. This is dictated in the APA Ethics Code. If this action does not result in a corrective response, and you still perceive that an individual could not be professionally effective, it would be appropriate to consult with a member of the faculty to determine how to proceed further.

If there is sufficient evidence supporting a student's impaired competency 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 no longer is impaired, or (b) recommend that the student discontinue work in the program.

### **Graduate student relationships with undergraduates**

When students serve as a teaching or research assistant, they are in a position of authority with the undergraduate students. Graduate Assistants 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 or assistant lecturer to have a dating relationship with one of his/her students. All graduate assistants shall respect the rights and opinions of students and uphold all academic standards of the university in the classroom, clinic, or laboratory setting. University policies on sexual harassment are available at <http://www.emich.edu/policies/policy.php?id=181&term=sexual>.

### **Graduate student relationships with faculty**

We aim for collegial, mutually respectful relationships between faculty and students in the clinical psychology program. This applies among faculty and among students as well. Maintaining this ambiance requires a high level of professionalism and integrity on the part of everyone.

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 (<http://www.apa.org/ethics/code/index.aspx>).

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 student 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.

## **Appendices**

## **Appendix A: Program of Study form**

Program of Study  
Eastern Michigan University  
Graduate Program in **General Clinical Psychology**

Student Name: \_\_\_\_\_

EID: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Mentor: \_\_\_\_\_

**Degree:** M.S. In Clinical Psychology | 45 Semester Hours

Area of Concentration (31-32 hrs)	Credit Hours	Semester Completed	Grade Received	Transfer Credit
PSY 600   Psych Statistics I	3			
PSY 646   Personality	3			
PSY 743   Psychopathology	3			
PSY 670   Scientific and Professional Ethics	3			
PSY 751/731   Interpersonal Processes	3/1			
PSY 752   Intrapersonal Processes <b>OR</b>	3			
PSY 720/791 Child and Family Therapy	3/1			
PSY 762   Cognitive Assessment	4			
PSY 683   Clinical Practicum I	2			
PSY 684   Clinical Practicum II	2			
PERSONALITY TESTING COURSE: PSY 770   Self-report Personality Assessment	4			
<b>OR</b>				
PSY 771   Performance-Based Assessment of Personality	4			

**Electives (Subject to mentor approval)**

List course number and name of 600 or 700 level (or approved 500 level) courses:

Electives (14-15 hrs)	Credit Hours	Semester Completed	Grade Received	Transfer Credit
Elective I				

**Comments:** \_\_\_\_\_

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

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

## **Appendix B: Ethics Code**

### **Ethical Principles of Psychologists and Code of Conduct 2017**



# ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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Adopted August 21, 2002

Effective June 1, 2003

(With the 2010 Amendments  
to Introduction and Applicability  
and Standards 1.02 and 1.03,  
Effective June 1, 2010)

With the 2016 Amendment  
to Standard 3.04

Adopted August 3, 2016

Effective January 1, 2017



# ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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"ETHICAL PRINCIPLES OF  
PSYCHOLOGISTS AND CODE OF  
CONDUCT" IN 2010 AND 2016**

## INTRODUCTION AND APPLICABILITY

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

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

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

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services.

In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

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

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The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (see p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereto, as follows:

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
  - American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.
  - American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.
  - American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.
  - American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.
  - American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.
  - American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.
  - American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.
  - American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
  - American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
  - American Psychological Association. (2010). 2010 amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct." *American Psychologist*, 65, 493.
  - American Psychological Association. (2016). Revision of ethical standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as amended 2010). *American Psychologist*, 71, 900.
- Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

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

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

## **PREAMBLE**

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

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

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a

personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

## **GENERAL PRINCIPLES**

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

### **Principle A: Beneficence and Nonmaleficence**

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

### **Principle B: Fidelity and Responsibility**

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

### **Principle C: Integrity**

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of

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

### **Principle D: Justice**

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

### **Principle E: Respect for People's Rights and Dignity**

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

## **ETHICAL STANDARDS**

### **1. Resolving Ethical Issues**

#### **1.01 Misuse of Psychologists' Work**

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

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

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable

steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

#### **1.03 Conflicts Between Ethics and Organizational Demands**

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

#### **1.04 Informal Resolution of Ethical Violations**

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

#### **1.05 Reporting Ethical Violations**

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

#### **1.06 Cooperating with Ethics Committees**

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

## **1.07 Improper Complaints**

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

## **1.08 Unfair Discrimination Against Complainants and Respondents**

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

## **2. Competence**

### **2.01 Boundaries of Competence**

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

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

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

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

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

(f) When assuming forensic roles, psychologists are

or become reasonably familiar with the judicial or administrative rules governing their roles.

### **2.02 Providing Services in Emergencies**

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

### **2.03 Maintaining Competence**

Psychologists undertake ongoing efforts to develop and maintain their competence.

### **2.04 Bases for Scientific and Professional Judgments**

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

### **2.05 Delegation of Work to Others**

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

### **2.06 Personal Problems and Conflicts**

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

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

### **3. Human Relations**

#### **3.01 Unfair Discrimination**

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

#### **3.02 Sexual Harassment**

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

#### **3.03 Other Harassment**

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

#### **3.04 Avoiding Harm**

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

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

#### **3.05 Multiple Relationships**

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

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

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

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

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

#### **3.06 Conflict of Interest**

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

#### **3.07 Third-Party Requests for Services**

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

#### **3.08 Exploitative Relationships**

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intima-

cies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

### **3.09 Cooperation with Other Professionals**

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

### **3.10 Informed Consent**

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

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

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

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

### **3.11 Psychological Services Delivered to or Through Organizations**

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services

provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

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

### **3.12 Interruption of Psychological Services**

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

## **4. Privacy and Confidentiality**

### **4.01 Maintaining Confidentiality**

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

### **4.02 Discussing the Limits of Confidentiality**

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

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

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

### **4.03 Recording**

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

#### **4.04 Minimizing Intrusions on Privacy**

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

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

#### **4.05 Disclosures**

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

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

#### **4.06 Consultations**

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

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

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

### **5. Advertising and Other Public Statements**

#### **5.01 Avoidance of False or Deceptive Statements**

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

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

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

#### **5.02 Statements by Others**

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

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

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

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

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

#### **5.04 Media Presentations**

When psychologists provide public advice or comment via print, Internet, or other electronic transmission,

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

### **5.05 Testimonials**

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

### **5.06 In-Person Solicitation**

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

## **6. Record Keeping and Fees**

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

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

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

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

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

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

### **6.03 Withholding Records for Nonpayment**

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

### **6.04 Fees and Financial Arrangements**

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

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

(c) Psychologists do not misrepresent their fees.

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

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

### **6.05 Barter with Clients/Patients**

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

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

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

## **6.07 Referrals and Fees**

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

## **7. Education and Training**

### **7.01 Design of Education and Training Programs**

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

### **7.02 Descriptions of Education and Training Programs**

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

### **7.03 Accuracy in Teaching**

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

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

### **7.04 Student Disclosure of Personal Information**

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding

sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

### **7.05 Mandatory Individual or Group Therapy**

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

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

### **7.06 Assessing Student and Supervisee Performance**

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

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

### **7.07 Sexual Relationships with Students and Supervisees**

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

## **8. Research and Publication**

### **8.01 Institutional Approval**

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

### **8.02 Informed Consent to Research**

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expect-

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

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

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

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

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

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

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

### **8.05 Dispensing with Informed Consent for Research**

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

### **8.06 Offering Inducements for Research Participation**

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

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

### **8.07 Deception in Research**

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

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

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

### **8.08 Debriefing**

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

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

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

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

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

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

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

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

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

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

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

### **8.10 Reporting Research Results**

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

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

### **8.11 Plagiarism**

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

### **8.12 Publication Credit**

(a) Psychologists take responsibility and credit, in-

cluding authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

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

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

### **8.13 Duplicate Publication of Data**

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

### **8.14 Sharing Research Data for Verification**

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

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

### **8.15 Reviewers**

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

## **9. Assessment**

### **9.01 Bases for Assessments**

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on informa-

tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

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

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

### 9.02 Use of Assessments

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

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

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

### 9.03 Informed Consent in Assessments

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

(b) Psychologists inform persons with questionable

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

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

### 9.04 Release of Test Data

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

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

### 9.05 Test Construction

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

### 9.06 Interpreting Assessment Results

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

### **9.07 Assessment by Unqualified Persons**

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

### **9.08 Obsolete Tests and Outdated Test Results**

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

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

### **9.09 Test Scoring and Interpretation Services**

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

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

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

### **9.10 Explaining Assessment Results**

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

### **9.11 Maintaining Test Security**

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

## **10. Therapy**

### **10.01 Informed Consent to Therapy**

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

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

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

### **10.02 Therapy Involving Couples or Families**

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

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

### **10.03 Group Therapy**

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

#### **10.04 Providing Therapy to Those Served by Others**

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

#### **10.05 Sexual Intimacies with Current Therapy Clients/Patients**

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

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

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

#### **10.07 Therapy with Former Sexual Partners**

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

#### **10.08 Sexual Intimacies with Former Therapy Clients/Patients**

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

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

#### **10.09 Interruption of Therapy**

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

#### **10.10 Terminating Therapy**

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

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

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

# AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

## 2010 Amendments

### Introduction and Applicability

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.~~

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

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

### 1.03 Conflicts Between Ethics and Organizational Demands

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

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## 2016 Amendment

### 3.04 Avoiding Harm

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

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



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