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NATIONAL
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FLORIDA SCHOOL OF
PROFESSIONAL PSYCHOLOGY
HANDBOOK 2019-2020

FLORIDA SCHOOL OF PROFESSIONAL PSYCHOLOGY PSY.D. PROGRAM

2019-2020

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PURPOSE OF HANDBOOK

This program student handbook describes the components of the Florida School of Professional Psychology (FSPP) Clinical Psychology doctoral (Psy.D.) and master's programs (MACL) in clinical psychology at National Louis University (NLU)-Tampa Regional Campus. This handbook includes program aims and goals, competencies, coursework requirements, general information about practicum and internship policies and practices, student evaluation, advising, and a number of degree and program procedural requirements and timelines. Please be advised that information, procedures, and rules described in this handbook can be subject to change by NLU or FSPP. Whenever possible, advance notice is provided of any changes. However, students are referred to the NLU Graduate Catalog and the Student Guidebook online for updates as well as to FSPP's Clinical Training Manual and the Clinical Research Project (CRP) Manual for other updates.

ABOUT THE FLORIDA SCHOOL OF PROFESSIONAL PSYCHOLOGY

The Florida School of Professional Psychology at National Louis University- Tampa offers the doctoral degree in clinical psychology (Psy.D.) and master's degree in clinical psychology (MACL). Our programs follow the practitioner-scholar model of clinical training, which prepares aspiring psychologists to develop the essential knowledge, skills and attitudes required for successful clinical practice.

FSPP is part of National Louis University (NLU) and its College of Professional Studies and Advancement (CPSA). NLU is a nonprofit, private, diverse institution with a rich educational history dating for over 100 years. NLU is accredited by the Commission on Institutions of Higher Education of the North Central Association of Colleges and Schools, 30 N. LaSalle St., Suite 2400, Chicago, Illinois 60606 (312-263-0456). NLU was founded over 100 years ago in 1886, when Elizabeth Harrison founded the school to train "Kindergarteners," young women teachers who began the early childhood education movement. The school's requirements became a model for education colleges nationwide. The university's name was changed to the Chicago Kindergarten Training School (1887), Chicago Kindergarten College (1893), the National Kindergarten and Elementary College (1912) and then the National College of Education (1930). The university championed the concept of kindergarten and early education teaching in America and was one of the first teachers' colleges in the country to offer a four-year program culminating in the bachelor of education degree. In the 1920s, the university partnered with Nobel Peace Prize recipient Jane Addams to provide

educational opportunities to the poor, immigrant population served by Hull House. In 1990, NLU united the name of National College of Education with that of trustee and benefactor Michael W. Louis.

FSPP is currently under the name National Louis University, Tampa /Argosy Teach-Out is 'accredited, inactive' by the Commission on Accreditation of the APA. This accreditation status designates an accredited program that is no longer admitting students. This status was granted to accommodate teach-out students from Argosy University. Persons who were not enrolled in accredited Argosy programs are not to be admitted to the National Louis University, Tampa /Argosy Teach-out 'accredited, inactive' program. FSPP, however, is currently seeking active accreditation after relocating to NLU on April, 2019. FSPP had been fully accredited by the APA since 2002 until its relocation to NLU due to the closure of FSPP's previous campus, Argosy University, in March, 2019.

PSY.D. PROGRAM DESCRIPTION

The primary purpose of the Psy.D. in *Clinical Psychology* degree program is to educate and train students in the major aspects of clinical practice. To help ensure that students are prepared adequately, the curriculum integrates theory, training, research, and practice, preparing students to work with a wide range of populations in need of psychological services and in a broad range of roles. The Psy.D. in *Clinical Psychology* degree program combines relevant research, applied theory, and field experience and is designed to prepare the graduate to apply psychological knowledge in a variety of settings and roles. In addition to the prescribed coursework, the required curriculum for all students includes practicum field experiences and an internship. To complete the doctoral program successfully, students must demonstrate competency in a number of specific foundational, clinical, conceptual, and professional skills.

Graduates are trained in the science and practice of psychology, and are able to apply the clinical skills of observation, assessment, intervention, and evaluation to help different segments of our ever-changing society. The areas of competency are modeled, in part, after those specified by the National Council of Schools and Programs of Professional Psychology and the standards of the American Psychological Association (APA). Completing the clinical psychology program indicates that the recipient has mastered the fundamental academic and experiential elements of clinical psychology.

PROGRAM LEARNING OUTCOMES

Specific **Program Learning Outcomes** of the **Psy.D.** program include the following:

1. Students will demonstrate the ability to select and deliver effective diagnostic and therapeutic interventions to diverse populations.
2. Students will understand and apply the biological, psychological and social bases and theories of human functioning.
3. Students will be able to evaluate and use the existing and evolving body of knowledge and methods in the practice and science of psychology.
4. Students will be able to demonstrate effective group leadership skills in health care or any organizational setting.

FSPP Aims

The Florida School of Professional Psychology at National Louis University's clinical psychology doctoral program's aim is to educate and train students employing a practitioner-scholar model to enable them to function effectively as clinical psychologists. To ensure that students are adequately prepared, the curriculum is designed to provide for the meaningful integration of the science of psychology, clinical practice, and professional development in a fully on-ground format. The clinical psychology program at the FSPP is designed to emphasize the development of knowledge, skills, and attitudes essential in the development of health service psychologists whose theoretical, empirical, and practical foundations enable them to meet the challenges of diverse settings, populations, and communities. Considerable focus is also given to the ethical and professional parameters of practice.

FSPP Competencies

The Florida School of Professional Psychology at National Louis University' clinical psychology doctoral program subscribes to the APA Standards of Accreditation. As such, students are expected to establish an identity in and orientation to health service psychology by acquiring the necessary discipline-specific knowledge and profession-wide competencies as follows:

Competency One: Students will demonstrate competency in (i) **the application of research** and statistical methods in psychology to generate knowledge and to evaluate the effectiveness of research methods, and (ii) in the understanding of psychometric science principles and the utilization of such knowledge in psychometric testing.

- a. Students will demonstrate knowledge and application of research methods.
- b. Students will demonstrate knowledge and application of quantitative/ qualitative methods.
- c. Students will demonstrate knowledge and application of psychometrics.
- d. Students will demonstrate the ability to independently formulate, conduct, and disseminate scholarship.

Competency Two: Students will understand and apply **ethical principles** and professional standards that guide the practice of clinical psychology.

- a. Students will demonstrate knowledge and application of the current APA Code of Ethics and the general ethical principles and standards that serve as the foundation for this code.
- b. Students will demonstrate knowledge and application of a model of ethical decision-making to resolve ethical issues or dilemmas.
- c. Students will demonstrate knowledge and application of the general professional parameters that govern professional practice.

Competency Three: Students will demonstrate competency in **individual and cultural diversity** by demonstrating knowledge of the major theoretical models and empirical findings and will apply knowledge about human diversity to clinical practice.

- a. Students will demonstrate knowledge of the major theoretical models and empirical findings, including an awareness of social, political, economic, and cultural factors that impact individuals, institutions, systems, and communities.
- b. Students will demonstrate an awareness of their own personal values, biases, and cultural identities that inform perceptions of self, other, and engagement with others.
- c. Students will utilize cross-cultural skills and appropriate APA multicultural guidelines to provide services to persons with diverse cultural values and lifestyles.

Competency Four: Students will demonstrate knowledge of the requisite values, attitudes, and behaviors that exemplify their identities as **professional** psychologists.

- a. Students will demonstrate self-reflection, self-awareness, and openness to supervision and feedback.
- b. Students will demonstrate engagement in life-long learning by attending educational and professional meetings, life-long learning events, subscribing to professional journals, or presenting scholarly work.

Competency Five: Students will demonstrate effective **communication** competencies and interpersonal skills.

- a. Students will demonstrate clear, articulate, and integrative written communication skills.

- b. Students will demonstrate clear, articulate, and integrative oral communication skills.
- c. Students will demonstrate effective interpersonal skills in professional interactions.

Competency Six: Students will demonstrate competency in using **assessment** instruments and incorporating knowledge of psychopathology in the assessment process.

- a. Students will demonstrate competency in selecting, administering, scoring, interpreting, and reporting psychological tests and measures.
- b. Students will demonstrate competency in integrating interview data, psychological testing results, behavioral observations, and information from other sources to formulate an understanding of presenting concerns and to make recommendations.
- c. Students will demonstrate competency in identifying relevant DSM criteria and utilizing other clinical information to generate diagnostic formulations.
- d. Students will demonstrate competency in applying knowledge of psychopathology to case formulation and treatment planning.

Competency Seven: Students will demonstrate competency in **clinical interventions** that are grounded in conceptual models of treatment and evidence-based practices.

- a. Students will demonstrate knowledge of and skill in applying evidence-based clinical practices.
- b. Students will demonstrate an ability to establish and maintain an effective working relationship and/or treatment alliance with clients served.
- c. Students will demonstrate knowledge and competency in evaluating the effectiveness of interventions.

Competency Eight: Students will demonstrate knowledge of the models and processes of **supervision**.

- a. Students will evidence knowledge of supervision models and practices.

Competency Nine: Students will demonstrate knowledge of **consultation** models and practices and demonstrate interprofessional/interdisciplinary skills.

- a. Students will evidence knowledge of consultation models and the role of a consultant.
- b. Students will demonstrate competency in applying consultation practices—assessment and intervention—to specific referral questions from other professionals.

Competency Ten: Students will demonstrate **foundational knowledge** underlying the science of psychology in the following areas: biological, cognitive-affective, and social bases of human behavior; and lifespan development and history and systems of psychology.

Competency Eleven: Students will demonstrate **advanced skills in integrating knowledge** derived from the foundations of scientific psychology.

Standards of Professional Conduct

As noted above, students in the Psy.D. program are expected to learn appropriate standards of professional conduct for clinical psychologists – and to abide by these standards as they proceed through the program. The program competency statement denotes expectations for student professionalism as a trainee in the Psy.D. program (*see V. Communications and Interpersonal Skills and IV. Professional Values, Attitudes and Behaviors competencies above*). Also, the Council of Chairs of Training Councils (CCTC; 2004) developed a framework that has been adopted by FSPP as a basic standard by which professional conduct will be evaluated. These general expectations of student professional conduct are outlined below as a **nonacademic policy**:

- ***Interpersonal and professional competence, including:***
 - Respectful peer and faculty interactions
 - Respect for the ideas and integrity of others
 - Maturity in interactions with others
 - Ability to respectfully interact with people of diverse backgrounds
 - Ability to react with appropriate empathy and sensitivity
- ***Self-awareness, self-reflection, and self-evaluation, including:***
 - Ability to formulate and express observations/impressions
 - Interpersonal interactions which provide evidence that the student understands how his/her behavior affects relationships with others
- ***Openness to process of supervision, including:***
 - Uses professional language to communicate even when agitated, uses the appropriate chain of command, etc.
 - Subsequent clinical work samples and/or interpersonal interactions reveal evidence that student has understood and applied supervisory feedback
- ***Resolution of problems or issues that interfere with professional development or functioning in a satisfactory manner, including:***
 - Ability to respond constructively to feedback from supervisors or program faculty with minimal defensiveness
 - Is able to acknowledge own role in creating problems, such as contributions to or exacerbation of a situation

- Offers appropriate responses, given a situation
- Ability to act constructively to prevent and resolve issues and openness to solutions proposed by others
- Tolerance for the shortcomings and mistakes of others

The Florida School of Professional Psychology at National Louis University has a strong commitment to training practitioners who demonstrate high levels of professionalism and clinical skill. It is a fundamental requirement of the Florida School of Professional Psychology at National Louis University that all students meet the standards of the profession of psychology. One aspect of that expectation requires that all students adhere to the principles of the American Psychological Association 2010 Ethical principles of Psychologists and Code of Conduct. Not only will students be required to complete academic and clinical requirements, but they will be expected to conduct themselves in a manner consistent with the profession of psychology at all times. Professional conduct includes respectful interpersonal relationships with all individuals. Any activities that appear to violate the University's principles of professional standards in the course of the student's education or training will be referred to and reviewed carefully by the appropriate faculty committee.

PSY.D. ADMISSIONS CRITERIA

Foundation Course Requirements

The Florida School of Professional Psychology at National Louis University requires applicants to successfully complete, with a "B" or better, five undergraduate courses that serve as a basic foundation for course work in clinical psychology. Several of these courses serve as direct prerequisites to FSPP courses. The following three courses are required:

- *Introduction to psychology or general psychology
- Abnormal, psychopathology, or maladaptive behavior
- Statistics or research methods

Two additional courses in field of psychology must also be completed.

Students must complete foundation courses before they matriculate in the Psy.D. in Clinical Psychology degree program.

* This course may be waived if the applicant has completed a Bachelors or Master's degree in Psychology or related mental health field.

Psy.D. Admission Requirements

- Completed application available at www.nl.edu/applyonline
- A bachelor's degree from a regionally accredited institution
 - Graduate applicants with a baccalaureate degree or college coursework from an institution outside the U.S. are required to have their undergraduate transcripts evaluated by an one of NLU's approved foreign credential evaluation agencies verifying degree equivalence to a U.S. regionally accredited baccalaureate degree
- A minimum score on a pre-approved English language proficiency test is required for all applicants whose native language is not English or who have not graduated from an institution at which English is the language of instruction as specified in the Admission Policies, English Language Proficiency
- Official transcripts from all post-secondary schools attended
- A grade point average of at least 3.0 (on a scale of 4.0)*
- Current résumé (or career summary)
- Personal/professional goal statement with a self-appraisal of qualifications for the profession
- A minimum of three professional letters of recommendation, addressing topics/questions as established and periodically revised by the faculty. Letters of recommendation must be written by individuals who know the candidate from an academic or professional perspective and are able to comment on the candidate's capacity for undertaking graduate studies.
- Completion of an interview with members of the program Admissions Committee

*For Psy.D. Admissions, an undergraduate degree grade point average of at least 3.0 (on a scale of 4.0) or a conferred graduate degree grade point average of 3.25 (on a scale of 4.0). All applicants are automatically admitted to both degrees if admission criteria are met and acceptance by the Program Admission's Committee is granted. Undergraduate students who apply for the Psy.D. degree, can choose to be considered for acceptance into the M.A. program if not granted acceptance into the Psy.D. program. Those students who are offered admittance into the M.A. program in place of the Psy.D. program can re-apply for the Psy.D. program during year two of the M.A. program.

Admissions Committee Decisions

All applicants will receive written notification of the Admissions Committee's decision. Admissions Committee decisions are final and not subject to appeal. Accepted applicants are required to remit a non-refundable deposit of \$200.00 by the date stipulated on the written notification to reserve a place in the entering class. This deposit will be applied toward the tuition of the student's first semester. An applicant, if rejected, can reapply by following the reapplication policy.

Transfer of Courses/Credit to the Psy.D. program

Students may seek transfer credit for graduate coursework taken at other institutions only after enrolling at the Florida School of Professional Psychology at National Louis University and only during the first year of enrollment. Students must complete a Transfer Request Form and supply the syllabus, transcript, and any other relevant material for faculty review. Courses that overlap 80 percent with FSPP courses may be accepted for transfer credit. A maximum of **30** credit hours may be transferred and applied to the Psy.D. in Clinical Psychology degree program. Students are advised, however, that only under unusual circumstances would more than one or two courses be transferred. Transfer will be considered for graduate courses:

- Completed with a grade of "B" or higher
 - Completed prior to admission to the Florida School of Professional Psychology at National Louis University
 - Earned within the five years of matriculation in the clinical psychology programs
- The program does not accept for transfer any credit hours earned as military credit, credit hours by examination, credit hours by correspondence, credit hours for life experience, or graduate credit hours from non-accredited institution.

Transfer of credit hours will not be considered for courses completed elsewhere after admission to the Florida School of Professional Psychology at National Louis University. Petition for Course Transfer Forms are available from the Graduate Academic Advisor and should be submitted to the chair of the Program Curriculum Committee. A student must complete one form for each course for which transfer consideration is requested. When completing a Petition for Course Transfer Form, a student should attach documentation that will facilitate a determination as to whether the submitted course is consistent with a course required in the clinical program.

The following is a list of courses that are not considered eligible for transfer:

Non-Transferable Courses

- PSYD710 - Professional Issues: Ethics, Conduct, and Law (3)
- PSYD711 - Professionalization Group I (1)
- PSYD712 - Professionalization Group II (1)
- PSYD736 - Clinical Interviewing (3)
- PSYD737 - Cognitive Assessment (3)
- PSYD771 - Objective Personality Assessment (3)
- PSYD772 - Projective Personality Assessment (3)
- PSYD773 - Integrative Assessment (3)
- PSYD838 - Interventions I (3)
- PSYD839 - Interventions II (3)
- PSYD801 - Integrative Approaches to Therapy (3)
- PSYD820 - Diagnostic Practicum and Seminar I (3)
- PSYD821 - Diagnostic Practicum and Seminar II (3)
- PSYD823 - Intervention Practicum and Seminar I (3)
- PSYD824 - Intervention Practicum and Seminar II (3)

Note:

Students who transfer from another National Louis University campus may have non-practicum courses transferred at the discretion of the Program Curriculum and Training Committee.

PSY.D. PROGRAM REQUIREMENTS

Psy.D. Curriculum

Below is the current curriculum for the Psy.D. in Clinical Psychology program effective immediately for current and prospective students in the program. Required/core courses, elective courses, and credit hour breakdown are provided.

To be eligible for graduation, students must meet the following requirements:

- Successful completion of **98** credit hours, including practicum and concentration hours (if student chooses to complete a concentration)
- Successful completion of the Comprehensive Examination
- Successful completion of all sections of the Comprehensive Clinical Evaluation (CCE)

- Diagnostic and Intervention
- Successful completion of a one-year, 2000 hour, full-time pre-doctoral internship
- Successful completion and defense of the Clinical Research Project
- GPA of at least “B” (3.0 on a scale of 4.0) with no grades below “B” in core coursework
- Completion of these requirements within seven years of matriculation into the program
- A completed Degree Finalization form submitted to Registrar

Core Course Requirements

Students enrolled in the Psy.D. in Clinical Psychology degree program at the Florida School of Professional Psychology at National Louis University are required to satisfactorily complete 98 credit hours distributed as follows: assessment requirements, 18 credit hours; clinical interventions/psychotherapy requirements, 15 credit hours; diversity requirement, 3 credit hours; elective requirements, 9 credit hours; ethics and professional conduct requirements, 5 credit hours; human development requirement, 3 credit hours; psychological foundations requirements, 12 credit hours; psychopathology requirements, 6 credit hours; scientific inquiry requirements, 6 credit hours; supervision/ consultation requirements, 3 credit hours; practicum and practicum seminar requirements, 14 credit hours; and clinical research project requirements, 4 credit hours. Matriculated students must complete all course requirements in an in-residence format. In addition, all core coursework must be completed with a final grade of “B” or better.

<u><i>Course Listing and Semester Credit Hours</i></u>
PSYD 736 Clinical Interviewing- 3 SH
PSYD 737 Cognitive Assessment- 3 SH
PSYD 771 Objective Personality Assessment- 3 SH
PSYD 772 Projective Personality Assessment- 3 SH
PSYD 773 Integrative Assessment- 3 SH

PSYD 871 Geriatric Assessment/Introduction to Neuropsychological Screening – 3 SH or PSYD 875 Child Assessment – 3 SH or PSYD 810 Family and Couples Assessment – 3 SH
PSYD 760 Clinical Psychopharmacology- 3 SH
PSYD 838 Interventions I- 3 SH
PSYD 839 Interventions II- 3 SH
PSYD 801 Integrative Approaches to Therapy- 3 SH
PSYD 860 Group Psychotherapy- 3 SH
PSYD 740 Issues in Assessment of Diverse Populations I- 1.5 SH PSYD 744 Issues in Assessment of Diverse Populations II- 1.5 SH
PSYD 710 Professional Issues: Ethics, Conduct, Law- 3 SH
PSYD 711 Professionalization Group I- 1 SH PSYD 712 Professionalization Group II- 1 SH
PSYD 701- Lifespan Development- 3 SH
PSYD 700- History and Systems- 3 SH
PSYD 704 Cognition and Affective Processes- 3 SH
PSYD 751 Physiological Psychology- 3 SH
PSYD 706 Social Psychology- 3 SH
PSYD 730 Psychopathology I- 3 SH
PSYD 731 Psychopathology II- 3 SH
PSYD 720 Statistics and Research- 3 SH
PSYD 726 Stats, Research and Psychometrics- 3 SH

PSYD 750 Consultation and Supervision- 3 SH
TOTAL 71 Semester Hours

Practicum and Seminar Requirements

Course Listing
PSYD 820 Diagnostic Practicum and Seminar I- 3 SH
PSYD 821 Diagnostic Practicum and Seminar II- 3 SH
PSYD 822 Diagnostic Practicum and Seminar II Extended- 1 SH
PSYD 823 Intervention Practicum and Seminar I- 3 SH
PSYD 824 Intervention Practicum and Seminar II- 3 SH
PSYD 825 Intervention Practicum and Seminar II Extended- 1 SH
TOTAL 14 Semester Hours

Clinical Research Project Requirements

Course Listing
PSYD 850 Clinical Research Project Seminar- 1 SH
PSYD 851 Clinical Research Project- 1 SH taken 3 times
TOTAL 4 Semester Hours

Elective Requirements

Students are required to complete a total of 9 credit hours of elective coursework, 3 of which may be used for additional practicum experience. Students may take any non-core course, including any concentration course (specified below), as an elective.

Award of the Master of Arts Degree

Students enrolled in the Doctor of Psychology (Psy.D.) in Clinical Psychology degree program who wish to earn the Master of Arts (M.A.) in Clinical Psychology degree while working toward the doctoral degree must petition for the degree, and complete program requirements consistent with the requirements of the M.A. in Clinical Psychology degree program. In addition, students must submit a degree finalization form to graduate form to the University Registrar. The master's degree earned as a student enrolled in the Psy.D. in Clinical Psychology degree program is not a license-eligible degree within the State of Florida.

Residency Requirement

Psy.D. in Clinical Psychology degree program students are required to complete a minimum of four full-time academic years of graduate study (or the equivalent thereof) and completion of an internship prior to awarding the degree. At least two of the three academic training years (or the equivalent thereof) must be completed at the campus from which the degree is granted, and at least one year of which must be in full-time residence (or the equivalent thereof) at that same campus. For transfer students from former Argosy University campuses, at least one year must be in full-time residence at the campus from which the degree is granted.

Academic Progress Requirements

- Students must maintain a grade point average (GPA) of 3.0 or higher (on a scale of 4.0)
- Students who earn a grade below a “B” in a core course are required to retake the course. It is recommended that the course be retaken as soon as possible, due to the continued negative impact on the student's GPA until a new grade has been received for the course.
- Students who earn two grades below a “B” during the course of one semester will be dismissed from the program.
- Students who earn three grades below a “B” during the entirety of the program will be dismissed.

Students who have temporarily withdrawn from National Louis University will have the maximum time frame for completion of the program extended for the length of the withdrawn period, up to a period of one year. The withdrawn period will not be counted in the determination of the student's year in the program. Students are required to complete **98** credit hours within the incremental maximum time frame.

Retaking Courses

Students who receive a grade below “B” in a core course must retake this course no later than

the end of the next calendar year. Core courses in the Psy.D. in Clinical Psychology degree program include all courses except electives, which need not be re-taken unless a grade of “F” is received. Students who receive an “F” in an elective course may either re-take the same course or substitute another elective in order to satisfy the credit hour requirement for the program. However, it is in the student’s best interest to re-take the same course, since the original grade of “F” is not used to calculate the cumulative grade point average.

Performance Evaluations

All students receive ongoing feedback evaluation throughout the program. Students are encouraged to utilize the process of continuous feedback to enhance both their academic learning and professional development. The process of evaluation for Psy.D. clinical psychology students involves continuous feedback, end of course evaluations, end of year evaluations, and practicum supervisor evaluations (See section on *Student Performance Evaluations*).

The purpose of this feedback is to review general progress as well as to highlight areas for commendation or those in need of attention. Students may additionally be referred to the Student Professional Development Committee when necessary based on the magnitude or nature of the concerns raised (See section on *Student Performance Evaluations*)

Writing Program

There is a strong emphasis placed on the ability to write professionally throughout the curriculum. Students who recognize a need to strengthen their writing ability are encouraged to enroll in a writing skills course during their first year of enrollment. In addition, students who receive written referrals for more than one semester or by more than one faculty member as needing assistance with writing will be required to take a course. Typically, these referrals will occur through notification on the student’s mid- or end-of-course evaluation. The student must satisfy this requirement by the end of the semester after receiving notification or they will be prohibited from registering for additional coursework.

Program Concentrations

The Florida School of Professional Psychology does not require the selection of a particular concentration within Psy.D. in Clinical Psychology degree program. The basic curriculum contains a thorough grounding in the knowledge and skills required by a fully-functioning clinical psychologist. However, students may choose to fulfill their elective credit hour requirements by completing one optional area of concentrated study in one of the following areas:

1. Child & Adolescent Psychology

2. Marriage/Couples & Family Therapy
3. Geropsychology
4. Neuropsychology

For students who choose a concentration, they are encouraged to supplement this education by completing one of their practicum in their area of interest as well as focusing their Clinical Research Project on a related topic. Students are not required to choose an area of concentration, and may choose to complete a generalized plan of study. Course requirements for each concentration are described below:

Concentration Course Requirements - Students are required to complete all of the following:

- Child & Adolescent Psychology
 - PSYD 733 Child & Adolescent Psychopathology – 3SH
 - PSYD 875 Child Assessment – 3SH
 - PSYD 876 Child Therapy – 3SH
 - PSYD (820-822) or (823-825) Child Diagnostic or Therapy Practica – 3SH
- Marriage/Couples & Family Therapy
 - PSYD 805 Family & Couples Therapy – 3SH
 - PSYD 810 Family & Couples Assessment– 3SH
 - PSYD 812 Couple & Marital Therapy– 3SH
 - PSYD (820-822) or (823-825) Marriage & Family Specialty Practicum– 3SH
- Geropsychology
 - PSYD 810 Family & Couples Assessment – 3SH - or- PSYD 813 Human Sexuality– 3SH
 - PSYD 871 Geriatric Assessment/Introduction to Neuropsychological Screening– 3SH
 - PSYD 874 Geropsychology– 3SH
 - PSYD (820-822) or (823-825) Geriatric Diagnostic or Therapy Practica– 3SH
- Neuropsychology
 - PSYD 871 Geriatric Assessment/Introduction to Neuropsychological Screening– 3SH
 - PSYD 872 Neuropsychological Assessment I– 3SH
 - PSYD 873 Neuropsychological Assessment II– 3SH
 - PSYD (820-822) or (823-825) Neuropsych Diagnostic or Therapy Practica– 3SH

Professionalization Group Requirement

The Professionalization Group courses (PSYD711 – Professionalization Group I and PSYD712 - Professionalization Group II), which meet on a weekly basis during each of the two regular semesters,

provide first-year students with important direction and assistance as they begin their education and training. These groups are designed to provide students with an orientation to the field of professional psychology as well as an introduction to key issues in the training and professional development of a clinical psychologist. Additionally, Professionalization Group II offers preparation in the area of scholarly and scientific writing. All students are recommended to complete both Professionalization Group I and Professionalization Group II during their first year of training.

Practicum and Practicum Seminars

Clinical Training Manual

Specific policies and procedures for all components of clinical training can be found in the *Clinical Training Manual*. This manual is provided to students during their first semester. Students are responsible for maintaining this manual and integrating revisions and updates as they occur. Please see the Director of Clinical Training for more information.

General Information

Students enrolled in the Psy.D. program have the opportunity to gain practical experience through clinical training. Clinical training is the supervised out-of-class contact of students with a clinical population. Through the contact, students can apply their theoretical knowledge, implement clinical techniques based on this knowledge, and develop the professional and personal attitudes important to the identity of a professional psychologist. By the end of clinical training, FSPP students will have been provided the opportunity to obtain the competencies necessary to become competent clinicians, possessing effective assessment and intervention skills, and practicing in an ethical manner. During their clinical training, students advance through progressively more challenging levels of clinical training. At each level, a student's progress is assessed in multiple ways by multiple faculty members and field supervisors. In order to advance to the next level of clinical training, the student must pass certain courses, complete practicum and internship, and demonstrate competency in specific clinical tasks.

All students enrolled in the Psy.D. program must complete a Diagnostic Practicum (PSYD820, PSYD821, PSYD822) and a Therapy Practicum (PSYD823, PSYD824, PSYD825) (minimum 800 hours per practicum, across the different courses—usually 20 hours per week for 40 weeks). Pre-practicum (PSYD814 is offered as an elective) and Advanced Practicum (PSYD826) experiences are also available. All practicum students are also enrolled in a weekly practicum seminar led by a faculty member, which meets throughout the training experience. FSPP places students in a wide variety of clinical field sites, according to the interests and needs of the students and availability of practicum

sites. Training sites are selected, which teach students clinical skills, expose students to relevant treatment populations, and provide supervision by experienced clinicians. The emphasis in training is on the development of the student as a well-rounded and balanced professional.

Each practicum takes place in a single agency. A practicum may not be done in a student's place of employment, nor with a past supervisor. Practicum requirements are not waived for any student. All Psy.D. students are encouraged to seek an Intervention Practicum site that provides a different type of experience than their Diagnostic Practicum site in order to enhance the diversity of their training. Students are evaluated, in writing, once each semester by both the practicum supervisor and the faculty seminar leader. Progress is assessed in four basic areas of clinical functioning:

- Theoretical knowledge base
- Clinical skills
- Ethical and professional attitudes
- Personal and interpersonal skills.

Supervisors are encouraged to review their written evaluations with the student and provide feedback regarding the student's clinical strengths and areas needing strengthening.

Diagnostic Practicum

The Diagnostic Practicum teaches students clinical assessment techniques and diagnostic formulation, so that appropriate clinical services can be recommended. The use of psychological testing instruments continues to distinguish psychologists from other mental health professionals. Competence in the use of these tests remains central to the identity of the clinical psychologist.

Prior to practicum placement, students complete courses dealing with the principles of testing and can learn to administer, score, and interpret measures of personality and major intelligence tests. During practicum, students have the opportunity to put to use what they have learned in the classroom. Students can learn to integrate data gleaned from several testing instruments, generate hypotheses based on patterns of psychological processes observed throughout the assessment process, develop case formulations, and prepare well written and integrated psychological reports. By the end of the practicum, students are expected to be able to demonstrate the necessary psychological knowledge base, the basic clinical assessment skills, and the appropriate professional attitudes necessary to perform effective diagnostic interviewing and psychological assessment. Required prerequisites for Diagnostic Practicum placement and additional policies and procedures related to practicum training are described in the *Clinical Training Manual*.

Intervention Practicum

The therapy practicum teaches intervention skills. FSPP does not favor a particular theoretical orientation. The faculty and curriculum represent many major clinical orientations. Students are encouraged to keep an open mind about their theoretical orientation in order to get the full benefit of this exposure. With time and experience, students will settle into a theoretical orientation and have the opportunity to develop the personal style that best suits them as individuals. The therapy practicum presents an opportunity for this kind of learning. Students are cautioned that it is unrealistic to expect that they can participate in the entire spectrum of clinical experiences and therapy modalities in their therapy practicum. The therapy practicum is designed to provide an opportunity for the student to work in an established program in a way that is mutually beneficial to the training site and to the student's professional growth. The learning that takes place in such an environment will transfer to other clinical situations and become an integral part of the foundation for sound clinical practice. Required prerequisites for therapy practicum placement and additional policies and procedures related to practicum training are described in the *Clinical Training Manual*.

Elective Practicum

Doctoral students accumulate a minimum of 1,600 hours of supervised clinical experience before starting the internship. However, to be competitive for internship sites, students are strongly encouraged to accumulate as many hours as possible. Students are encouraged to pursue additional training through pre-practicum or specialty/advanced practicum experiences in order to meet the student's specific interests in specialized settings. However, only 3 credit hours of additional practicum can be counted towards graduation requirements.

Pre-Practicum Experience

The pre-practicum experience is designed to offer direct clinical training experiences to students with limited mental health exposure prior to applying for regular practicum training. Additionally, direct observational experience is possible. The out-of-class training is with a clinical population in an approved mental health setting. The goal of the training experience is to allow students who have completed a portion of their assessment classes an opportunity to interview clients, administer formal assessment instruments, score and interpret data, and complete written reports. After completion of appropriate coursework, therapy pre-practicum experience may also be arranged. The work will be supervised by a licensed clinical psychologist. More experienced students may serve as coaches to the pre-practicum student during the training.

The pre-practicum experience will usually be completed during a single semester. Pre-practicum experiences are requested by the student or may be recommended or required by the Clinical

Training Committee. The student will be evaluated by the supervisor using the same form that is included in the *Clinical Training Manual* for practicum students and will attend a concurrent seminar during the training. Required prerequisites for pre-practicum placement and additional policies and procedures related to pre-practicum training are described in the *Clinical Training Manual*.

Advanced and Supplemental Practicum

Students may choose to do a practicum beyond the required diagnostic practicum and therapy practicum in order to gain additional experience with specialized populations. The practicum site is obtained through the Clinical Training Department and students must attend a concurrent seminar during the training. Required prerequisites and additional policies and procedures related to specialty/advanced or supplemental practicum training are described in the *Clinical Training Manual*.

Clinical Evaluation Competency Requirements – Clinical Evaluation Sequence (CES)

The Clinical Evaluation Sequence (CES) is a series of competency-based examinations designed to evaluate the student's mastery of major clinical assessment and therapeutic skills. The examinations take place at designated times prior to the student becoming eligible for progression in the program and internship. The CES monitors the growth and development of the student's acquisition of appropriate skill levels for clinical practice. Demonstrating competency on each section of the CES is a prerequisite for advancing to the next level of training. Students prepare to demonstrate competency by integrating classroom theoretical work with clinical experience acquired during the practicum. The four sections of the CES and procedures for their passage are as follows:

- **Diagnostic Scoring Competency:** Students meet the requirement by passing three FSPP assessment courses with a grade of “B” or better and demonstrating adequate competency on specific skills in each class Cognitive Assessment (PSYD737), Objective Personality Assessment (PSYD771), and Projective Personality Assessment (PSYD772).
- **Diagnostic Interpretation Competency:** Students meet the requirement by passing Integrative Assessment (PSYD773) with a grade of “B” or better and demonstrating adequate competency on specific skills in the class.
- **Comprehensive Clinical Evaluation-Diagnostic (CCE-D):** The Diagnostic Practicum and Seminar (PSYD820, PSYD821, PSYD822) are designed to help the student develop the necessary competency in diagnostic interviewing and psychological report writing. The student demonstrates the competency by successfully completing both a written and an oral presentation of a client case. Specific requirements for the CCE-D can be found in the

Clinical Training Manual.

- **Comprehensive Clinical Evaluation-Intervention (CCE-I):** The Intervention Practicum and Seminar (PSYD823, PSYD824, PSYD825) are designed to help the student develop the necessary skills in psychotherapy and case analysis. The student demonstrates the competency by successfully completing both a written and an oral presentation of a client case. Specific requirements for the CCE-I can be found in the *Clinical Training Manual*.

Comprehensive Examination Requirements

All Psy.D. program students are required to successfully complete the Comprehensive Examination. The examination will be offered twice during the Summer semester of the third year in the program. The Comprehensive Examination is a multiple-choice exam modeled in format and content after the EPPP national licensing exam for psychologists and will be graded on a “Pass/Fail” basis. The Comprehensive Examination may include the following content areas: Professional Ethics, Theories of Personality, Abnormal Psychology/Psychopathology, History and Systems, Physiological Psychology, Developmental, Social Psychology, Cognition and Affect, Statistics and Research Methods, Assessment, and Diversity. The following courses must be completed prior to sitting for the exam:

- PSYD700 - History and Systems
- PSYD701 - Lifespan Development
- PSYD704 - Cognition and Affective Processes
- PSYD706 - Social Psychology
- PSYD710 - Professional Issues: Ethics, Conduct, and Law
- PSYD720 - Statistics and Research I
- PSYD730 - Psychopathology I
- PSYD731 - Psychopathology II
- PSYD740 - Issues in the Assessment and Treatment of Diverse Populations
- PSYD744 - Issues in the Assessment and Treatment of Diverse Populations II
- PSYD736 - Clinical Interviewing
- PSYD737 - Cognitive Assessment
- PSYD751 - Physiological Psychology
- PSYD771 - Objective Personality Assessment
- PSYD772 - Projective Personality Assessment

Students are responsible for all content areas of the Comprehensive Examination. Students must submit a Comprehensive Examination Request Form to the program director during the spring

semester at a date designated by the Program Director. Students must take their comprehensive examination at their earliest eligibility and must successfully complete the exam before applying for internship.

Students will be given two opportunities to pass the examination. Students who fail the Comprehensive Examination will be permitted to sit for a second administration. Students who fail to achieve a “Pass” after the second attempt must submit a petition to the program director for additional attempts. A score of **70%** is required to pass the Comprehensive Examination. The successful passage of this examination marks the official acceptance of the matriculated student as a doctoral degree candidate. The examination must be passed prior to applying for internship.

Clinical Research Project Requirements

General Information

All students in the Psy.D. program are required to develop a Clinical Research Project (CRP) as a requirement for graduation. The Clinical Research Project (PSYD850 and PSYD851) is a scholarly work that is designed to provide students with an opportunity to deepen their knowledge and thought about a particular clinical area, to demonstrate the ability to critically analyze methodological issues, and to produce an original and potentially publishable piece of research and/or scholarly work in the field of clinical psychology. Students are expected to apply theoretical and scientific knowledge to the examination of meaningful research questions related to the clinical practice of psychology. Specific policies and procedures for all components of the Clinical Research Project process can be found in the *Clinical Research Project Manual*. This manual is provided to students electronically each year. Students are responsible for accessing the most recent CRP manual and integrating revisions and updates as they occur.

Registration

Students begin the CRP process by taking the Clinical Research Project Seminar (PSYD850). Students are then required to complete a minimum of 3 credit hours of CRP over a minimum of three semesters at 1 credit hour each. Students may not take more than 1 credit hour of CRP per semester.

Internship Requirements

Successful completion of a pre-doctoral internship, approved by the FSPP, is a requirement for graduation with the Psy.D. in Clinical Psychology. The internship is a year-long, organized training experience that is completed at a site within the United States or Canada. FSPP requires all of its students to obtain internships affiliated with the Association of Psychology Postdoctoral and Internship Centers (APPIC) and, where possible, American Psychological Association (APA) approved

internships.

Before applying for internship, the Clinical Training Department reviews the student's academic performance and training file. The review focuses on an intern applicant's strengths and training needs, as stated by practicum supervisors, practicum seminar leaders, and course instructors. The Clinical Training Department, in conjunction with the program faculty, assesses whether the student has acquired solid theoretical knowledge, effective clinical skills, and appropriate professional attitudes needed to proceed with the internship process.

The student initiates and follows through with all internship application procedures. The Clinical Training Department assists in the process in a number of ways, such as supplying internship information and resource materials, providing documentation of eligibility, and ensuring adherence to APPIC internship selection procedures. Once a student is placed in an internship site, FSPP monitors the student's progress through midyear and final evaluation forms completed by the internship supervisor. In addition, interns evaluate their internship across a number of criteria in order to assess the quality of the training experience they received. Specific policies and procedures for internship training are described in the *Clinical Training Manual*.

MASTER OF ARTS (M.A) PROGRAM DESCRIPTION

The Master of Arts (M.A.) in Clinical Psychology degree program is designed to introduce students to basic clinical skills that enable them to serve the mental health needs of diverse client populations. The M.A. in Clinical Psychology degree program is designed to serve as a preliminary step for students who wish to pursue a doctoral degree in clinical psychology. In addition, while the program curriculum is designed to prepare students for doctoral study, the theoretical and clinical knowledge learned in the program can be applied to independent practice under certain conditions.

Specific **Program Learning Outcomes** of the **MACL** program include the following:

1. Students will demonstrate the delivery of effective assessment services in a manner consistent with professional standards, by identifying the strengths and areas of improvement and accurately communicating findings in a professional manner.
2. Students will demonstrate competence in application of the relevant body of knowledge in the areas of psychology that form the foundation of psychological practice, by applying relevant concepts to their clinical practice.
3. Students will demonstrate competence in relationship skills when working with clients, colleagues, supervisors and others.
4. Students will demonstrate competence in the integration and appreciation of culturally relevant strategies into assessment and intervention when working with diverse populations.

The master's degree program is designed to provide students a strong clinical orientation with an emphasis in psychological assessment. The master's degree program offers several unique advantages to those individuals who hope to subsequently pursue a doctoral degree. The M.A. program can be completed in as little as two years, but must be completed within five years. Admission to the master's degree program or completion of the master's degree does not guarantee admission to the Doctor of Psychology (Psy.D.) in Clinical Psychology degree program.

The first year of our Master of Arts (M.A.) in Clinical Psychology program provides students with foundational coursework, followed by a full-year practicum experience and additional coursework.

This program emphasizes the development of attitudes, knowledge, and skills essential in the formation of master's-level professionals who are committed to the ethical provision of quality services.

Eligibility for Licensure

The M.A. in Clinical Psychology degree program curriculum's focus is preparation for the Psy.D. in Clinical Psychology degree program and not for independent practice. Depending on state requirements, the program may help to prepare students for licensure in psychology or counseling at the master's level. Additional coursework may be needed for licensure at the master's level. Master's-level licensure varies from state to state. It is the student's responsibility to determine the requirements for professional licensure in the state they wish to practice.

MACL ADMISSION CRITERIA

Master of Arts in Clinical Psychology (MACL) Foundation Course Requirements

The Florida School of Professional Psychology at National Louis University requires applicants to successfully complete, with a "B" or better, five undergraduate courses that serve as a basic foundation for course work in clinical psychology. Several of these courses serve as direct prerequisites to the Florida School of Professional Psychology courses. The following three courses are required:

- *Introduction to psychology or general psychology
- Abnormal, psychopathology, or maladaptive behavior
- Statistics or research methods

Two additional courses in field of psychology must also be completed.

Students must complete foundation courses before they matriculate in the Master of Arts in Clinical Psychology (MACL) degree program

* This course may be waived if the applicant has completed a Bachelors or Masters degree in Psychology or related mental health field.

Master of Arts in Clinical Psychology (MACL) Admission Requirements

- Completed application available at www.nl.edu/applyonline
- A bachelor's degree from a regionally accredited institution
 - Graduate applicants with a baccalaureate degree or college coursework from an institution outside the U.S. are required to have their undergraduate transcripts evaluated by an one of NLU's approved foreign credential evaluation agencies verifying degree equivalence to a U.S. regionally accredited baccalaureate degree
- A minimum score on a pre-approved English language proficiency test is required for all applicants whose native language is not English or who have not graduated from an institution at which English is the language of instruction as specified in the Admission Policies, [English Language Proficiency](#)
- Official transcripts from all post-secondary schools attended
- An undergraduate grade point average of at least 3.0 (on a scale of 4.0)
- Current résumé (or career summary)
- Personal/professional goal statement with a self-appraisal of qualifications for the profession
- A minimum of three professional letters of recommendation, addressing topics/questions as established and periodically revised by the faculty. Letters of recommendation must be written by individuals who know the candidate from an academic or professional perspective and are able to comment on the candidate's capacity for undertaking graduate studies.
- Completion of an interview with members of the program Admissions Committee

Admission Committee Decisions

All applicants will receive written notification of the Admissions Committee's decision. Admissions Committee decisions are final and not subject to appeal. Accepted applicants are required to remit a non-refundable deposit of \$200.00 by the date stipulated on the written notification to reserve a place in the entering class. This deposit will be applied toward the tuition of the student's first semester. An applicant, if rejected, can reapply by following the reapplication policy.

MASTERS IN ARTS OF CLINICAL PSYCHOLOGY REQUIREMENTS

Professional Conduct

All students are expected to adhere to professional standards outlined by the American Psychological Association (APA) Code of Ethics. Students who fail to demonstrate professional behavior may be subject to a variety of program remediation plans and/or University interventions such as the University Process of Appeal. Outcomes may include advisement, remediation, or dismissal from the program. Students will receive feedback regarding personal, academic and professional strengths, weaknesses, and performance as they progress through the program.

MA Academic Progress Requirements

- Students must maintain a grade point average (GPA) of 3.0 or higher (on a scale of 4.0)
- Students who earn a grade below a “B” in a core course are required to retake the course. It is recommended that the course be retaken as soon as possible, due to the continued negative impact on the student’s GPA until a new grade has been received for the course.
- Students who earn two grades below a “B” during the course of one semester will be dismissed from the program. Students who earn three grades below a “B” during the entirety of the program will be dismissed.

Students who have temporarily withdrawn from National Louis University will have the maximum time frame for completion of the program extended for the length of the withdrawn period, up to a period of one year. The withdrawn period will not be counted in the determination of the student’s year in the program. Students are required to complete 50 credit hours within the incremental maximum time frame.

Retaking Courses

Students who receive a grade below “B” in a core course must retake this course no later than the end of the next calendar year. Core courses in the MACL in Clinical Psychology degree program include all courses except electives, which need not be re-taken unless a grade of “F” is received. Students who receive an “F” in an elective course may either re-take the same course or substitute another elective in order to satisfy the credit hour requirement for the program. However, it is in the student’s best interest to re-take the same course, since the original grade of “F” is not used to calculate the cumulative grade point average.

Performance Evaluations

All students receive ongoing feedback evaluation throughout the program. Students are encouraged to utilize the process of continuous feedback to enhance both their academic learning

and professional development. The process of evaluation for M.A. clinical psychology students follow the same process utilized with doctoral students and involves continuous feedback, end of course evaluations, end of year evaluations, and practicum supervisor evaluations (See section on *Student Performance Evaluations*).

The purpose of this feedback is to review general progress as well as to highlight areas for commendation or those in need of attention. Students may additionally be referred to the Student Professional Development Committee when necessary based on the magnitude or nature of the concerns raised (See section on *Student Performance Evaluations*)

MACL Curriculum

Below is the current curriculum for the M.A. in Clinical Psychology program for current and prospective students in the program. Required/core courses, elective courses, and credit hour breakdown are provided.

Program Requirements

Graduation Requirements

- Successful completion of 50 credit hours
- A grade point average of at least 3.0 on a scale of 4.0 with no grades below “B” in core courses.
- Successful completion of the Comprehensive Clinical Evaluation Diagnostic (CCE-D)
- Completion of these requirements within seven years of matriculation into the program
- A completed Degree Finalization form submitted to Registrar

Core Course Requirements

Students enrolled in the M.A. in Clinical Psychology degree program at FSPP are required to satisfactorily complete 50 credit hours, distributed as follows: core course requirements, 36 credit hours; elective requirements, 6 credit hours; professionalization group requirements, 1 credit hour; and practicum and practicum seminar requirements, 7 credit hours. Matriculated students must complete all course requirements in an in-residence format.

<u>Course Listing and Credit Hours</u>
PSYD 736 Clinical Interviewing- 3 SH
PSYD 737 Cognitive Assessment- 3 SH
PSYD 771 Objective Personality Assessment- 3 SH
PSYD 772 Projective Personality Assessment- 3 SH

PSYD 773 Integrative Assessment- 3 SH
PSYD 838 Interventions I- 3 SH
PSYD 839 Interventions II- 3 SH
PSYD 740 Issues in Assessment of Diverse Populations I- 1.5 SH
PSYD 744 Issues in Assessment of Diverse Populations II- 1.5 SH
PSYD 710 Professional Issues: Ethics, Conduct, Law- 3 SH
PSYD 701 Lifespan Development- 3 SH
PSYD 730 Psychopathology I- 3 SH
PSYD 731 Psychopathology II- 3 SH
TOTAL 36 Semester Hours

Professionalization Group Requirement

Course Listing
PSYD 711 Professionalization Group I- 1 SH
TOTAL 1 Semester Hour

Practicum and Seminar Requirements

Course Listing
PSYD 820 Diagnostic Practicum and Seminar I- 3 SH
PSYD 821 Diagnostic Practicum and Seminar II- 3 SH
PSYD 822 Diagnostic Practicum and Seminar II Extended- 1 SH
TOTAL 7 Semester Hours

Elective Requirements

Students are required to complete 6 semester hours of elective coursework. While students enrolled in the M.A. in Clinical Psychology degree program at FSPP may take a variety of elective courses for the master's degree program requirement (course list specified above), The following advanced skill courses will be available only for students in the Psy.D. in Clinical Psychology degree program:

- PSYD 801 Integrative Approaches to Therapy
- PSYD 860 Group Psychotherapy
- Neuropsychological Assessments I & II (PSYD872 & PSYD873)
- PSYD 876 Child Therapy
- PSYD 805 Family and Couples Therapy
- PSYD 750 Consultation and Supervision
- PSYD 850 and PSYD 851 Clinical Research Project and Clinical Research Project Seminar

Professionalization Group Requirement

The Professionalization Groups, which meet on a weekly basis during each of the two regular semesters, are designed to provide first-year students with important direction and assistance as they begin their education and training. These groups are designed to provide students with an orientation to the field of professional psychology as well as an introduction to key issues in the training and professional development of a clinical psychologist. All students are required to complete PSYD711 – Professionalization Group I during their first year of training. It is recommended that students also take PSYD712 - Professionalization Group II as an elective during their first year of training.

Practicum and Practicum Seminars

Clinical Training Manual

Specific policies and procedures for all components of clinical training can be found in the *Clinical Training Manual*. This manual is provided to students during their first semester. Students are responsible for maintaining this manual and integrating revisions and updates as they occur. Please see the Director of Clinical Training for more information.

General Information

Students enrolled in the M.A. in Clinical Psychology degree program at FSPP have the opportunity to gain practical experience through clinical training. Clinical training is the supervised out-of-class contact of students with a clinical population. Through the contact, students can apply their theoretical knowledge, implement clinical techniques based on this knowledge, and develop the professional and personal attitudes important to the identity of a professional psychologist.

During their clinical training, students advance through progressively more challenging levels of training. At each level, a student's progress is assessed in multiple ways by multiple

faculty members and field supervisors. In order to advance to the next level of clinical training, the student must pass certain courses, complete practicum and demonstrate competency in specific clinical tasks. All students enrolled in the M.A. in Clinical Psychology degree program must complete a Diagnostic Practicum (PSYD820, PSYD821, PSYD822) (minimum 800 hours across courses in the Diagnostic Practicum usually 20 hours per week for 40 weeks). All practicum students are also enrolled in a weekly practicum seminar led by a faculty member which meets throughout the training experience.

FSPP places students in a wide variety of clinical field sites, according to the interests and needs of the students and availability of practicum sites. Training sites are selected which teach students clinical skills, expose students to relevant treatment populations, and provide supervision by experienced clinicians. The emphasis in training is on the development of the student as a well-rounded and balanced professional.

Each practicum takes place in a single agency. A practicum may not be done in a student's place of employment, nor with a past supervisor. Practicum requirements are not waived for any student. Students are evaluated in writing once each semester by both the practicum supervisor and the faculty seminar leader. Progress is assessed in four basic areas of clinical functioning:

- Theoretical knowledge base
- Clinical skills
- Ethical and professional attitudes
- Personal and interpersonal skills.

Supervisors are encouraged to review their written evaluations with the student and provide feedback regarding the student's clinical strengths and areas needing strengthening.

Diagnostic Practicum

The Diagnostic Practicum teaches students clinical assessment techniques and diagnostic formulation, so that appropriate clinical services can be recommended. The use of psychological testing instruments continues to distinguish psychologists from other mental health professionals. Competence in the use of these tests remains central to the identity of the clinical psychologist.

Prior to practicum placement, students complete courses dealing with the principles of testing and can learn to administer, score and interpret measures of personality, and major intelligence tests. During practicum, students have the opportunity to put to use what they have learned in the classroom. Students can learn to integrate data gleaned from several testing

instruments, generate hypotheses based on patterns of psychological processes observed throughout the assessment process, develop case formulations, and prepare well written and integrated psychological reports. By the end of the practicum, students are expected to be able to demonstrate the necessary psychological knowledge base, the basic clinical assessment skills, and the appropriate professional attitudes necessary to perform effective diagnostic interviewing and psychological assessment. Required prerequisites for Diagnostic Practicum placement and additional policies and procedures related to practicum training are described in the *Clinical Training Manual*.

Pre-Practicum Experience

Pre-practicum experiences may be available on a limited basis for students in the M.A. in Clinical Psychology program. Pre-practicum experiences may be requested by the student, or may be recommended or required by the Clinical Training Committee. Required prerequisites for pre-practicum placement and additional policies and procedures related to pre-practicum training are described in the *Clinical Training Manual*.

Clinical Evaluation Competency Requirements

The Clinical Evaluation Sequence (CES) is a series of competency based examinations designed to evaluate the student's mastery of major clinical assessment and therapeutic skills. The examinations take place at designated times prior to the student becoming eligible for progression in the program and internship. The CES monitors the growth and development of the student's acquisition of appropriate skill levels for clinical practice. Demonstrating competency on each section of the CES is a prerequisite for advancing to the next level of training. Students prepare to demonstrate competency by integrating classroom theoretical work with clinical experience acquired during the practicum. M.A. students complete the following the three sections of the CES procedures for their completion:

- **Diagnostic Scoring Competency:** Students meet the requirement by passing three Florida School of Professional Psychology at National Louis University assessment courses with a grade of "B" or better and demonstrating adequate competency on specific skills in each class Cognitive Assessment (PSYD737), Objective Personality Assessment (PSYD771), and Projective Personality Assessment (PSYD772).
- **Diagnostic Interpretation Competency:** Students meet the requirement by passing Integrative Assessment (PSYD773) with a grade of "B" or better and demonstrating adequate competency on specific skills in the class.

- **Comprehensive Clinical Evaluation-Diagnostic (CCE-D):** The Diagnostic Practicum and Seminar (PSYD820, PSYD821, PSYD822) are designed to help the student develop the necessary competency in diagnostic interviewing and psychological report writing. The student demonstrates the competency by successfully completing both a written and an oral presentation of a client case. Specific requirements for the CCE-D can be found in the *Clinical Training Manual*.

Transfer of Courses/Credit to the MACL degree program

The M.A. in Clinical Psychology degree program does not automatically accept graduate credit from other institutions. Students who have taken graduate courses elsewhere may petition to have these courses apply towards the clinical curriculum. Transfer of a course implies that both the requirements to take that particular course have been met and that the credit hours for the course will be applied to the master's degree. Transfers will be considered only for courses that are offered in the clinical psychology programs. The total number of hours of a course submitted for transfer must meet or exceed the total number of hours of FSPP at NLU course. Requests for course transfers must be submitted during the student's first year of study.

A maximum of 15 credit hours may be transferred and applied to the M.A. in Clinical Psychology degree program. Students are advised, however, that only under unusual circumstances would more than one or two courses be transferred. Transfer will be considered for graduate courses:

- Completed with a grade of "B" or higher
- Completed prior to admission to the Florida School of Professional Psychology at National Louis University
- Earned within the five years of matriculation in the clinical psychology programs

The program does not accept for transfer any credit hours earned as military credit, credit hours by examination, credit hours by correspondence, credit hours for life experience, or graduate credit hours from non-accredited institution. Transfer credit is granted if there is an 80% overlap in course content and objectives between the course submitted for transfer credit and the course offered at the Florida School of Professional Psychology at Argosy University.

Transfer of credit hours will not be considered for courses completed elsewhere after admission to the Florida School of Professional Psychology at National Louis University.

Transfer/application of credit to the PSY.D. in Clinical Psychology degree program from the MACL in Clinical Psychology degree program.

All required coursework completed with a “B” or better in the M.A. in Clinical Psychology degree program and successfully completed diagnostic practicum credits are eligible for transfer into the Psy.D. in Clinical Psychology degree program following acceptance.

All courses applicable to the Psy.D. in Clinical Psychology degree program transferred will be used in the calculation of the Psy.D. cumulative GPA and the determination of satisfactory academic progress. The date of the student’s enrollment into Psy.D. in Clinical Psychology degree program will be used in evaluating the student’s compliance with cumulative maximum time frame and incremental time frame requirements.

FSPP PROGRAM INFORMATION, POLICIES, AND PROCEDURES

Professional Conduct

All students at FSPP are expected to adhere to professional standards outlined by the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct (<https://www.apa.org/ethics/code/ethics-code-2017.pdf>) (see Appendix B). Students who fail to demonstrate professional behavior may be subject to a variety of program remediation plans and/or University interventions such as the University Process of Appeal. Outcomes may include advisement, remediation, or dismissal from the program. Students will receive feedback regarding personal, academic and professional strengths, weaknesses, and performance as they progress through the program.

Faculty Advising

The success of the students at FSPP is of utmost importance to the program faculty. Therefore, each student is assigned a faculty advisor when they enter the program. FSPP utilizes a mentoring model for advising. Faculty advisors are available for consultation regarding student professional development, academic and training progress and other school and professional development issues. Faculty advisors also assist students with academic and professional decision-making, provide regular and annual feedback from faculty, and serve as a liaison to the program, the university, and the professional community.

Students are required to meet with their faculty advisor at least once each semester, for purposes of registration. The process of becoming a psychologist requires more than just class

attendance and practicum experience. Therefore, students are strongly encouraged to meet more often with their advisor to review their progress through the program, discuss their performance in classes, seminars and training sites as well as for more general discussions regarding their professional direction and goals. Add/Drop requests for courses must be discussed with the faculty advisor, or if unavailable, with the Program Director, and then forwarded to the Program Director for signature. Students must also discuss add/drop requests with course instructors whenever possible.

As students advance in the program, they may find that other faculty members best match their academic and clinical interests, philosophy, and/or professional goals. If a student wishes to change advisors, he/she should discuss this with the current advisor and the prospective new advisor. If all parties agree to the change, the student must complete and return to the Graduate Academic Advisor a Change of Advisor Form. This form requires the signatures of the student, the current advisor, and the new advisor. This procedure facilitates a professional approach and precludes miscommunication between all involved parties. First year students are expected to remain with their assigned advisors during their first year in the program.

Some students may be asked to meet with his/her advisor regarding academic progress or difficulties, risk of failing a course, interpersonal and/or clinical difficulties or feedback, or other areas of professional development. In some cases, a student who was referred to the *Student Professional Development Committee* (SPDC) may be asked to work with his or her advisor to develop a remediation plan and then submit this plan to the SPDC.

Student Performance Evaluations

Faculty and administration at FSPP and NLU take the preparation of future psychologists very seriously. Faculty evaluate student academic performance in the classroom and monitor student interactions and behaviors with the faculty members, staff, practicum and internship supervisors and peers. Faculty members are strongly encouraged to immediately discuss any concerns about academic, professional, or interpersonal performance directly with students. Students are encouraged to utilize the process of continuous feedback to enhance both their academic learning and professional development. All students in the program receive ongoing formative and summative evaluations. They should expect to receive end of course evaluations, practicum supervisors' evaluations, seminar leaders' evaluations, and annual evaluations. Students should be familiar with the nonacademic policy and standards of conduct describe above.

End of Course Evaluations

At the completion of each course, students are given an end-of-course evaluation in addition to their course grade. Feedback regarding mastery of information, clinical application, and classroom

behavior is provided.

End of Year Evaluations

At the end of each academic year, faculty present students with an end-of-year evaluation. During the end-of-year evaluation, student progress is discussed by the core academic faculty with special attention to any area(s) of concern identified. Students presented for discussion receive written feedback during a meeting with their academic advisor in the fall semester.

The purpose of this feedback is to review general progress as well as to highlight areas for commendation or those in need of attention. Students for whom concerns have been raised about their academic performance, clinical skills, professional development, and/or manner of conducting themselves in the program are provided feedback about the nature of these concerns. Depending on the magnitude or nature of the concerns, the student may be asked to meet with her/his academic advisor or be referred to the Student Professional Development Committee.

Course Registration, Attendance, and Leave of Absence

Each semester, students are required to meet with their faculty advisor for purposes of registration. Students should complete the program registration form (see Appendix A) and obtain their advisor's signature for approval to register in courses selected. Incoming students will receive their first semester's schedule and will be registered in advance by the program. Students who wish to make any changes to their schedule or need to drop or add a course should complete an ADD/DROP course form (see Appendix A) and obtain the signature of their advisor. Changes to the schedule should be discussed with the student's faculty advisor. Students should also verify the impact on their financial aid status when making schedule changes by contacting the Tampa campus financial aid official or NLU's financial aid office. It is the students' responsibility to be aware of drop/add deadlines established in the NLU academic calendar.

Regular attendance to classes is required and expected. Students should communicate with their instructors directly regarding any missed classes or course work. Course syllabus provide students with additional information about attendance and participation requirements for each course.

Students who experience an unforeseen need to be absent from the program for an extended period of time should discuss this with their instructors and faculty advisor. Students seeking a temporary or permanent leave from the program should also meet with the program director as well as with financial aid. Any leave from the program must be approved. Students should familiarize with NLU's Leave of Absence Policy for graduate students (<https://nl.smartcatalogiq.com/en/Current/Undergraduate-and-Graduate->

[Catalog/Policies/Academic-Policies-and-Procedures/Leave-of-Absence-for-Graduate-and-Doctoral-Students](#)) and/or with polices regarding ADA accommodations (<https://www.nl.edu/learningsupport/adaaccommodations/>) as appropriate.

Student Liability Insurance

All students are required to have student liability insurance. Students are covered under the University's liability insurance policy while they are on site for practicum and internship when they begin practicum typically during the second year in the program. Sites may request a copy of the policy from the practicum director and/or training director. First year students are responsible for purchasing their own student liability insurance. Information about how to obtain the insurance is provided during first year students' orientation.

NLU Student Portal and Email Account

The NLU Portal and Student E-mail accounts are our official channels of communication with students, where students obtain important information such as grades and account balances. In addition, instructors, NLU student services, and academic program staff contact students through their NLU e-mail with upcoming events, deadlines, and vital information for their success. It is important that students make checking their NLU e-mail part of their routine as a student.

Students are responsible for all information that is sent via this account.

Persons Requiring Accommodations

National Louis University seeks to ensure that its programs are accessible to all persons with documented disabilities. Students in need of special assistance or accommodations should complete the following steps regarding any needs for accommodations:

1. Complete the online [Accommodation Request Form](#)
2. One-on-one meeting with ADA coordinator to discuss request
3. Approved accommodations documented in a formal letter

All documentation must be presented in writing to the Office of Learning Support. Once the student receives a letter for accommodations, he or she should meet privately with their instructors to discuss the accommodations.

Textbooks

The [NLU Virtual Bookstore](#) offers textbook rentals, new and used textbooks, eTextbooks, and [textbook buybacks](#). For more information, contact Customer Service at

877.284.6744/ bookstore@ecampus.com.

Change of Name and/or Address

Students should promptly notify the program and the NLU Office of Admissions and Records (OAR) (<https://www.nl.edu/admissions/oar/nameandaddresschange/>) of any changes in their name and/or current address.

Student Governance and Professional Organizations

The Student Psychological Association (SPA) is the program's student-led organization that helps promote the professional development of FSPP students, provides social events to promote networking opportunities and emotional wellbeing, provides mentoring as well as serves as the liaison between students and faculty. SPA's organizational structure includes a president, president-elect, and past-president positions as a way to maintain continuity in the leadership of the organization. It also includes a treasurer/secretary, mentor coordinator, and four cohort liaison positions. Several student interest groups (some from national organizations) have also been incorporated into the infrastructure of the SPA Executive Committee. The program has the following student interest groups that meet research and clinical interests of students: Couples and Family Interest Group, Child and Adolescent Interest Group, Neuropsychology Interest Group, and Forensic Interest Group. The program also has the following diversity themed groups: Latinx Student Interest Group, Black Student Interest Group, Women's Student Interest Group, and Pride Group: a gay, intersex, bisexual, lesbian, transgender, straight support group. We are also fortunate to have student ambassadors or representatives to many APA divisions (18, 19, 35, 40, 44 and 45). Each of the interest groups is chaired by a student. All clinical students in the program are automatically members of SPA; however, the leadership is elected by the student body. Elections for SPA and the student interest groups are held every year.

Another important aspect of trainees' professional development is involvement in professional organizations at the graduate student level. Attaining a student membership in these organizations can benefit clinical psychology trainees in a number of ways. Such involvement provides students with a means of learning more about professional aspects of becoming a psychologist, current issues and trends in the field, career opportunities, and contributions that psychologists make to the broader community. Student memberships often provide direct benefits, such as receiving the organization's publications, reduced costs for conferences, workshops, and purchasing professional books or other publications. Involvement in professional organizations can assist students in learning about areas of interest or specialty areas in the profession, and also be a

means for networking with other established psychologists in areas of interest. Students can join the American Psychological Association (APA) as a *Student Affiliate*. For graduate students, Student Affiliate status in APA also includes membership in the American Psychological Association of Graduate Students (APAGS). This organization provides networking opportunities and a number of publications that provide practical resources for graduate students in psychology. Students can review information regarding membership in APA and APAGS at www.apa.org.

Students should also consider joining the state's psychological association, the Florida Psychological Association (FPA) (<https://www.flapsych.com/>) as student members. This provides students with opportunities to participate in state and local workshops, trainings, and conferences at a reduced cost. It also allows students to network with other psychologists in the community.

POLICIES AND PROCEDURES

Clinical Practice Policy

The FSPP faculty recognize the responsibility in preparing clinical psychologists to ensure that this training protects the best interest of the public. It is entirely consistent with our training goals to require that students do not engage in professional activities that may infringe upon a primary commitment to training, have a negative impact on the quality of service provided, or are inconsistent with ethical and legal standards. Therefore, the participation of students in outside work activities should be secondary to training and should also uphold and be consistent with the legal and ethical standards of the profession.

While enrolled in the Psy.D. in Clinical Psychology degree program, students are specifically prohibited from being involved in private practice or the delivery of professional services unless the following standards are met:

- Appropriate state registration, certification, credentialing or licensure relevant to the practice and delivery of mental health services
- Written notification of practice to, and approval by, program director and the training director with the provision of evidence of appropriate credentialing
- Service delivery is within the scope of the highest degree or credential obtained and does not incorporate knowledge or skills learned through involvement with the doctoral program.

Students should report their external work to the training department and obtain approval for external mental health-related work. Students should complete the form for outside work activities (see Appendix A) and submit it for approval every academic year or when changes in the work position occur. Failure to comply with these policies will result in referral to the Student Professional

Development Committee and may be grounds for dismissal from the program.

Policy Regarding Use of Volunteer Subjects for Practice Assessment

All volunteers used for psychological assessment must sign the appropriate consent form (see Appendix A) that must be submitted along with the report on a given subject. Students may not assess members of their immediate family, friends, National Louis University Employees, or other persons who might be involved in dual roles with the student assessor. Classmates may be appropriate for role play assessments. Assessment of the family and friends of fellow students may be appropriate as long as two conditions are met:

- That such testing does not constitute a dual relationship as delineated in the APA Code of Ethics
- That no feedback regarding the assessment results are provided to any subjects or their parents.

Students should consult their instructor if there are any questions about the suitability of a given subject.

Guidelines for the Disposal of Confidential Materials

Students should shred rather than discard the following types of documents when they are not being retained for future use:

- Documents containing the names of any client or volunteer
- Documents containing client or volunteer information, even if there is no identifying information (e.g., protocols)
- Copies of used test forms
- Copies of interview, interpretation, raw data or notes related to client or volunteer assessments

Equipment and Assessment Measures Check-Out

Students are able to check-out a variety assessment measures, test manuals, test kits, scoring templates, and video recording equipment through the campus library. Students are responsible for maintaining confidentiality of materials and protecting the integrity of psychological assessments as well as for ensuring the proper care of equipment and/or materials checked out.

Student Professional Development Committee (SPDC)

The program faculty and the program's *Student Professional Development Committee* (SPDC) share the role of student academic performance and professional development evaluation. Faculty evaluate student academic performance in the classroom and monitor student interactions and behaviors with the faculty members, staff, practicum and internship supervisors and student

peers. Faculty members are strongly encouraged to discuss concerns about academic, professional, or interpersonal performance directly with students. Through these discussions faculty assess how a student accepts supervision and feedback. If concerns remain, the faculty member may first seek out the student's advisor for further discussion. The faculty member and/or advisor may then refer the student to the SPDC if the problems are not resolved or are serious enough to raise ongoing concerns about professional competence.

The primary function of the program's *Student Professional Development Committee* (SPDC) is to evaluate, guide, and support students in improving their academic performance and developing the professional competencies required by our profession.

Referral process

Any member of the academic community who wishes to bring a student concern before the SPDC must submit a formal letter of referral addressed to the chair of the committee. The letter should include specific descriptions of academic professional development insufficiencies and subsequent attempts at remediation by faculty, and/or descriptions of behaviors that raise concerns about clinical competence and/or professional conduct.

If a student serving an internship, practicum, or clinical placement is dismissed by the internship site or asked not to return, the student will typically be referred to the committee for an investigation of the circumstances by the clinical or internship training director or the program director. The focus of the investigation will be to determine what happened at the site and whether any remediation may be needed, both with the site and with the student.

The committee will evaluate any written referral and respond in one of the following ways:

- a. Request additional information
- b. Reject the referral
- c. Refer the student back to the student's advisor or faculty member with instructions
- d. Refer the complaint to the appropriate university committee or
- e. Accept the referral. Once a referral is accepted, a meeting date is determined and the student in question is notified in writing of the meeting date and the concerns brought before the committee. The committee may request additional information from any source available to it.

The *Student Professional Development Committee* can hold hearings on student issues specific to respective professional or academic requirements and can recommend remediation actions to students where warranted. If remediation actions are not satisfied by the student, the SPDC may impose probationary conditions with explicit requirements and a timeline for removal

from probation. The Committee will also determine any consequences that will result in the event of noncompliance with such probation requirements. If remedial actions are not sufficiently achieved by the student, or if it appears that further opportunity to remediate the presenting concerns is not appropriate, the SPDC may recommend that a student be dismissed from the program through referrals to other appropriate university committees.

A student can be referred to the *Student Professional Development Committee* in the following situations:

- a. Any student who is placed on academic probation
- b. Any student who is dismissed by a practicum or internship site
- c. Any student who receives a *No Credit* in a practicum seminar
- d. Any student who fails the *Clinical Competency Examination (CCE)*
- e. Any student who presents significant concerns in professional conduct or development; including, but not limited to:
 - Unethical conduct
 - Serious violations of program policy
 - Problems with fitness to practice or engage in training
 - Unprofessional demeanor or behavior
 - Serious difficulties with professional judgment

The Chair of the SPDC formally documents the Committee's proceedings, the review process, evaluation of the student's presenting concerns, and decisions regarding remediation or other subsequent actions with the student. This written summary of the Committee's work is forwarded to the Program Director and is maintained in the student's program record. Students are notified of the outcome of their meeting with the SPDC via a formal letter from the Committee Chair.

SPDC Committee Procedures

The following procedures govern the actions of the SPDC:

- The student should be notified in writing of the requirement to meet with the committee, the date and time of the meeting and the reasons for the referral. The meeting should be held within 30 days of the date of receipt of the complaint.
- In advance of the hearing date, the committee may request additional information or documentation pertinent to the referral. Where third party witnesses are available, the committee may consider meeting with the witnesses in advance of the hearing.

- The student may submit written information relevant to the situation to the Chair within 48 hours prior to the hearing. All written documentation to be considered by the committee should be made available for review by the student in advance of the hearing.
- If a student does not to attend a duly noticed meeting, the SPDC may continue its action and render a decision.
- The student is permitted to have a support person/advocate for example, another student, faculty, staff member, friend or family member present during the hearing. The support person must not act as an attorney. Students are expected to speak on their own behalf.
- If the support person/advocate is an attorney, they are not allowed to represent or act as legal counsel. A student's request for a support person/advocate must be made to the SPDC Chair at least 48-hours prior to the meeting and include the person's contact information.
- Verbatim transcription or electronic or video recording of the meeting is not normally permitted, and never without the consent of all parties in the room.
- The committee should assure itself that the student has had a fair opportunity to understand the charges against him or her and that the student has had an opportunity to respond.
- After the meeting the committee members shall render a decision on what course of action, if any, is required. The outcomes may include, but are not limited to the following:
 - No action required
 - Letter of concern for student file
 - Individual consultation with faculty member recommended by the committee
 - Tutorial or learning assistance
 - Referral to advisor, training director, or Training Committee for remediation
 - Recommendation for referral to outside resources
 - Academic or behavioral remediation plan; note that any remediation should include specified desired outcomes and consequences and a process for monitoring
 - Structured monitoring of progress with specific and structured remediation actions required

- Probation with explicit requirements and a timeline for removal from probation. The committee should include any consequences for noncompliance with probation requirements
- Referral to program faculty and/or other NLU appropriate committees with recommendations for program dismissal
- The committee should also consider whether any follow up action is required with an internship or practicum site (to the Internship or Practicum Coordinator) or with an instructor (to the program director or dean) or with another student (to the Office of Student Services)
- The committee shall respond to the student and appropriate faculty of the status of its decision and any remediation requirements in writing within 10 business days of the date of the meeting. In all cases, the faculty should describe the problems before it and the recommended solutions in specific detail.
- If the student wishes to appeal the committee's decision, they must follow the *University's Academic Policies and Procedures* for Academic Appeals which can be found in the University's catalog

SPDC Committee Membership

The SPDC consists of at least three (3) faculty voting members. In the event that a faculty member of the committee has made the referral under review or has other potential conflicts of interest, that member will be excused and another faculty member will be selected as replacement. In addition, a student appearing before the SPDC may request that another student from the program, selected by faculty, be added as a student representative of the program and as a fourth committee member. The committee will determine whether or not student members are voting members. If requesting a student member, the student before the committee should also sign a form giving the school permission to share educational and other records with the student committee member. The student committee member should sign acknowledging that the student will not further disclose educational and other student records beyond any disclosures required by the student's committee duties or otherwise necessary to investigate issues before the committee.

Student Dismissal

In instances where appropriate remediation procedures coupled with the annual program evaluation process do not result in the student making satisfactory progress, then the

student may be dismissed from the program. Dismissal or termination decisions are made jointly by the program faculty, after a careful examination of student progress and efforts to address concerns that have been noted by the faculty. In such instances, the student will be notified of the decision of the faculty through a formal letter that includes a description of how the student may access university and college due process procedures.

Academic Decision Appeal

Students may appeal decisions or actions pertaining to programs, evaluation of performance, and program retention and completion. No student shall be penalized or discriminated against for utilizing this procedure. A grievance must be filed during the term in which the circumstances occurred, or before the end of the next term in which the student is registered as a student at FSPP. The procedure is outlined in the National Louis University Student Guidebook <https://www.nl.edu/student-services/student-guidebook/>. The procedure is designed for use by an individual student, or a group of students who join together to submit a collective or class grievance.

Graduate Assistantships

Student Graduate assistantships are available to students beginning the second year of program attendance. Graduate assistants (GA) help faculty with grading, lab instruction, and other student assistance. Graduate assistants' hours and duties vary according to the course assigned.

Students are notified of possible assistantships each semester and they are required to submit an application form to the program as well as follow other NLU policies and procedures once selected for assistantships (<https://www.nl.edu/financialaid/financialaidresources/federalwork-studyprogram/welcome/graduateassistantship/>).

NLU SUPPORTS FOR LEARNING

FSPP students at NLU have a variety of resources to support their success. Students are encouraged to become familiar with NLU's standards of conduct, policies, procedures, resources, and services described in the [NLU Academic Catalog](#) and the NLU Student Guidebook at <https://www.nl.edu/student-services/student-guidebook/>. Additional student service information can be accessed at (<https://www.nl.edu/student-services/>) and student experience information at (<https://www.nl.edu/student-services/student-experience/>).

Academic Honesty and Plagiarism

Students are expected to be honest and ethical in pursuit of their academic goals in accordance with National Louis University's [Academic Honesty policy](#). Students found to have engaged in academic dishonesty are subject to disciplinary action and may be dismissed from the University. Faculty has the right to analyze and evaluate students' course work. For resources on how to cite properly and avoid plagiarism, please visit the please visit NLU Library & Learning Support's guide at <http://libguides.nl.edu/plagiarism>.

Financial Aid

NLU is committed to providing a career-building, life-changing education that is accessible to all students. The Office of Student Finance (<https://www.nl.edu/financialaid/>) works with students to build a customized financial aid package. At FSPP, students can also contact the campus financial aid officer for assistance with questions.

Help Desk & Technical User Support

Help Desk staff are available 24 hours a day, 7 days a week through a toll-free number. To reach the Help Desk, call 866.813.1177, dial x4357 on campus or e-mail at helpdesk@nl.edu.

D2L as a Learning Management System

All FSPP students have access to *Desire 2 Learn (D2L)* software, a learning management system that facilitates access to course materials. An online tutorial is available at <https://www.nl.edu/lms/studentresources/>. Students have access to view the course syllabus and content, upload completed assignments, e-mail faculty and other students, and receive other feedback.

Learning Support

The learning support faculty provide both in-person and online video conference tutoring. Students may receive tutoring in the areas of writing, research, and math. In addition, library and learning support faculty will review an essay and provide individualized feedback to students.

Tutor.com is an online tutoring service which provides live chat with a tutor in the areas of writing, research, APA formatting, math, and science. Students may elect to use either of the tutoring options to ensure course success. An online tutoring tutorial is available at http://libguides.nl.edu/online_tutoring.

Equal Opportunity and Persons with Disabilities

National Louis University affords equal opportunity to all qualified persons regardless of race, color, age, creed, religion, gender, sexual orientation, ancestry, national origin, disability, political beliefs, marital status, military status, and unfavorable military discharge other than dishonorable. Any student with questions, complaints or concerns about discrimination or harassment based on gender is encouraged to contact the Title IX Coordinator at dlaban@nl.edu. Any student with questions, complaints or concerns about discrimination or harassment on the basis of any classification other than gender is encouraged to contact the Ombudsman at ombudsman@nl.edu.

In accordance with the Americans with Disabilities Act, Section 504 and University policy, we work hard to ensure that all facilities and programs are accessible to all students. For information about accessibility or to request services, contact the **Student Access Accommodations Coordinator** at 312-261-3329 or ADA@nl.edu.

FSPP PROGRAM CORE FACULTY

One of the keys to our students' growth and success lies in the expert support and guidance of FSPP's accomplished faculty. Through these relationships, students apply their theoretical knowledge, implement clinical techniques, and integrate research findings to enhance their abilities as clinicians. These close mentoring relationships extend beyond the classroom to professional collaborations on presentations and publications. Additionally, many of our students have opportunities to work with faculty as teaching assistants. These roles can enhance professional collaborations. As a result, FSPP students gain experiences that will better prepare them to acquire professional licensure, maintain ethical relationships with patients and colleagues, and develop a professional network.

Our faculty specialize in a diverse range of clinical areas, including forensic psychology, trauma, multicultural issues and assessment of children, adolescents, couples and families. Many serve as peer editors of professional journals, maintain private practices, and serve as officers in state, regional and national psychological associations.

CORE FACULTY

Dr. Crystal Collier, Program Director and Professor

Dr. Crystal S. Collier received her PsyD in Clinical Psychology at Wright State University School of Professional Psychology in Dayton, Ohio. She has over 13 years of experience in higher

education and currently serves as the Program Director at the Florida School of Professional Psychology (FSPP) at NLU. She has expertise and teaches in the areas of diversity, family and child therapy as well as mental health and spirituality. Her theoretical orientation is primarily influenced by assimilative psychodynamics and family systems. Prior to teaching at NLU, she taught at Argosy University, Tampa and Wright State University. She is interested in working with diverse populations of children, adolescents, families, parents and women. She is professionally affiliated with the National Council of Schools and Programs in Professional Psychology (NSCPP) and the American Psychological Association (APA). She co-authored a book chapter entitled “Transgressions on Students and Faculty of Color in Higher Education: A Consideration of Potential Strategies” in 2018. Recently, she authored a book chapter entitled “Black Males and the Courts” within the edited book, *Black Males and the Criminal Justice System* (in press).

Dr. Kathie Bates, Director of Clinical Training, Associate Professor

Dr. Kathie Bates received her Ph.D. in Clinical-Community Psychology at the University of South Carolina. She is Director of Clinical Training and Associate Professor at the Florida School of Professional Psychology (FSPP), National Louis University, Tampa. Her interests are in the areas of personality assessment and disorders, trauma, depression, adjustment, coping, and resiliency. She teaches courses in psychological assessment as well as mindfulness. She focuses her efforts as DOCT on assisting students during the application and placement process for the national pre-doctoral psychology internship match. She has expertise working in the areas of general psychopathology, psychological assessment, trauma, substance abuse, gerontology, and women’s issues. Dr. Bates provides consultation and supervision in the Rorschach Comprehensive System, psychotherapy, geriatrics, and a range of clinical cases. She has a particular interest in consultations for complex conceptual and diagnostic cases for underserved adolescents, adults, and older adults.

Dr. Christina Brown, Associate Director of Clinical Training, Associate Professor

Dr. Christina Brown is a licensed psychologist specializing in women’s issues, mental illness, and interpersonal trauma. She obtained M.S. and Psy.D. degrees in Clinical Psychology from Nova Southeastern University and completed both internship and postdoctoral fellowships at Yale University School of Medicine. She earned a bachelor’s degree from New College of Florida. Dr. Brown is Associate Director of Training and Associate Professor at the Florida School of Professional Psychology at National Louis University. She has worked extensively in community mental health administration and psychological practice with over 10 years of experience. She is involved in leadership for the Pinellas Chapter of FPA for which she was awarded for Outstanding

Early Career Contributions to Psychology. Dr. Brown has a part-time private practice working with women ranging from adolescence to older adulthood. She is a member of the Association for Women in Psychology and Society for the Psychology of Women and chair of the Women's Division for Florida Psychological Association. Her approach to treatment is integrative, merging an interpersonal and feminist model tailored to the unique needs of each individual.

Dr. Gary Howell, Director of Practicum Training, Associate Professor

Dr. Howell is an Associate Professor and the Director of Practicum Training at Florida School of Professional Psychology. He has dedicated himself to advocacy and support of the LGBT community for over 20 years now. For the past several years, he has worked to create a safe space in Tampa for LGBT individuals in need of mental health services. Over the past year, he has made a tremendous mark in his work with the transgender community by providing free group therapy to transgender and gender diverse youth as well as their parents. As an openly gay psychologist, educator, and LGBT expert, Dr. Howell strives to shed light on bullying, suicide, and homophobia where possible. He has expanded his practice, the Center for Psychological Growth, in Tampa to make an even larger presence in the LGBT community and set up a non-profit, Institute for LGBT Health and Wellbeing, with an emphasis on training, education, and LGBT research regarding health, wellness, and healthcare disparities. His passion for social justice was the inspiration for his Community Psychology course at FSPP and as a mentor, he has brought many students to the forefront of national leadership and advocacy efforts with APA and the Florida Psychological Association (FPA). He is the current secretary of FPA and the immediate past-chair of the FPA Diversity Committee. He is currently the APA Division 44 (LGBT) President-elect and will assume the presidency in August. He leads all efforts of FSPP's involvement in LGBT equality events and his practice participates in pride events as well and is the faculty advisor to the FSPP Student Psychological Association.

Dr. Patricia Dixon, Assistant Professor

Dr. Patricia S. Dixon earned her doctorate in clinical psychology from Adler School of Professional Psychology, received her Master's in Clinical Psychology from Roosevelt University, and her Bachelor's in Psychology from Michigan State University. She completed the Group Therapy Certificate program while attending Adler. She is experienced working in the academic, research, and clinical settings. She has experience conducting psychological evaluations as well as facilitating individual, group, couples and family counseling with children, adolescents and adults.

Her theoretical orientation is integrative, and she finds the utility of Constructivism and Adlerian principles useful. Her research interests focus primarily on social and psychological factors that contribute to positive mental health outcomes among minority populations.

Dr. Elizabeth Lane, Assistant Professor

Dr. Elizabeth Lane is an Assistant Professor of Clinical Psychology at the Florida School of Professional Psychology at National Louis University. She earned her Ph.D. in Biological Psychology from the University of Missouri – St. Louis with an emphasis in clinical research related to cognitive aging and neuropsychological assessment. Following the completion of her Ph.D., Dr. Lane completed a Postdoctoral Fellowship at Vanderbilt University Medical Center where she continued to develop her background in the application of clinical research methodology utilizing neuropsychological assessment and neuroimaging to investigate the biological mechanisms related to cognitive aging. Dr. Lane’s research has focused on how heart health factors, such as insulin resistance and diabetes, impact cognitive aging to help find points of intervention to relieve individuals at risk or suffering from dementia. Dr. Lane has contributed to several publications, presented her work at national and international conferences, and has been the recipient of several grants and awards. Dr. Lane utilizes her training and research experiences with cognitive aging and neuropsychological assessment to inform and greatly enrich her teaching and mentoring practices. Dr. Lane serves the Tampa Bay community as an Alzheimer’s Community Educator with the Alzheimer’s Association. Outside of work, Dr. Lane enjoys friends and family, cooking and eating, kayaking, and playing with her labradoodle, Moonshadow.

Dr. Lisa Costas, Associate Professor

Dr. Costas earned her doctoral degree in Counseling Psychology and her master’s degree in Clinical Psychology at the University of North Texas (UNT) in Denton, Texas. She has a specialty in couples and family therapy and a minor in school psychology. She has been a core faculty member with the Florida School of Professional Psychology (FSPP) for eleven years and serves as lead instructor for the Couples and Family therapy concentration. Dr. Costas is a Licensed Psychologist in the state of Florida. She has extensive clinical experience working in collegiate mental health and college counseling administration, working with diverse populations especially Spanish-speaking Latinx, and with EAPS and community mental health. Her theoretical orientation is integrative with emphasis on CBT, systems theory, person-centered, and psycho-dynamic approaches. Dr. Costas is actively involved in the Tampa Bay Latinx community. She has been a member of the Tampa Mayor’s Hispanic Advisory Council for the last 13 years. She is a past president and lifetime

member of the Tampa's Hispanic Women's Association (HPWA), an organization that mentors and supports Latina students and professionals. She is an active member of APA and various APA divisions as well as the National Latinx Psychological Association (NLPA).

Dr. Sierra Iwanicki, Assistant Professor

Dr. Sierra Iwanicki received her PhD in Clinical Psychology at Eastern Michigan University. Prior to coming to NLU, she held adjunct positions at Eastern Michigan University, Henry Ford Community College, Washtenaw Community College, and Concordia University. Dr. Iwanicki's primary clinical and research interests are in the broad areas of personality and psychological assessment, particularly forensics and trauma, as well as instrument development and psychometric evaluation. Her other substantive interests include the art and science of clinical supervision and training. She recently completed a project funded by Society of Personality Assessment (SPA) examining multiple perspectives of assessment supervision. Clinical interests also include detection of non-credible reporting of psychiatric disorders and treating individuals with severe and persistent mental illness.

Dr. Eric Rosen, Associate Professor

Dr. Eric Rosen is an Associate Professor at FSPP, having been an adjunct faculty member since 2005 prior to his appointment as core faculty in 2017. He has been the lead instructor for the Child therapy concentration at FSPP. He earned his Ph.D. in Counseling Psychology from the State University of NY at Buffalo (SUNY system) and completed his pre-doctoral internship at the Syracuse V.A. Hospital. He completed a post-doctoral position at the Monsignor Carr Institute, a Catholic Charities' mental hygiene clinic specializing in family therapy, children's group therapy, and work with hearing and deaf adults, children, couples, and adolescents. Dr. Rosen's clinical experience includes working as a psychologist for St. Mary's School for the deaf in Buffalo, NY and supervising master's level school psychologists in school psychology of deafness. He was also on the Advisory Council for the School Psychology and Deafness Program at R.I.T./NTID designed to crystalize best practices for psychological assessment for the deaf, and he worked in the outpatient mental department of Buffalo General Hospital with deaf patients. He served as clinical director and chief psychologist at the Manor's Psychiatric Hospital in Tarpon Springs, Florida, overseeing both in-patient and day hospital services for deaf psychiatric patients. He currently has his own group practice in Palm Harbor, Florida. He has completed forensic examiner training for adults and juveniles, completed psychological evaluations for the Department of Juvenile Justice, conducted competency to proceed and criminal responsibility evaluations for deaf adults in courts in Florida

and Georgia, as well as appearing in Federal Court. He has conducted numerous mental health evaluations for parents as to their parental adequacy and appeared in court to testify.

Appendix A: Program Forms

Florida School of Professional Psychology
At National Louis University -Tampa
ANNUAL STUDENT EVALUATION

Student: _____ Faculty Advisor: _____

Program of Study: _____ Status: _____

Last Date Attended: _____ GPA: _____

Comments:

Academic Performance: Includes such areas as conceptual ability, mastery of factual and theoretical material, critical thinking, use of current literature, oral and written skills including class presentations and written reports, creativity and clarity of thought, etc.:

Demonstrated Clinical Skills: Includes such areas as assessment, intervention, relationship proficiency; mastery of classroom exercises; maturity of judgment; ability to apply material to clinical situations; self-awareness, peer supervision skills; interpersonal skills (empathy, respect for others, personal relatedness), etc.:

Classroom Attitudes and Behavior: Includes evaluation of thoughtfulness, relevance, and amount of classroom comments; punctuality and attendance; appropriate classroom behavior; openness to feedback; level of preparation; evidence of positive interpersonal relationships, etc.:

Other Knowledge, Skills, Attitudes: Please comment on the behavior and attitudes of this student relevant to professional practice (observed in class, but not part of grading criteria). Cite specific examples. Areas may include sensitivity to diversity, intellectual curiosity and flexibility, personal integrity and honesty, ethical competence:

Completed CCE-D

Completed CCE-I

Completed COMPS

Completed CRP

SPDC or SCC Information:

Student has complete a full-time year in residence YES NO

Academic year meeting criteria (full-time Fall, Spring, Summer I)

Year planned to meet full-time criteria (cannot be internship year)

Additional comments:

This document was reviewed and discussed with the Student.

Faculty Advisor

Date

Student Comments:

Student

Date

Florida School of Professional Psychology
At National Louis University - Tampa

CHANGE OF ADVISOR FORM

Student Name _____

Currently my advisor is _____

As of _____, my new advisor will be

Signature of Student _____

Signature of Current Advisor _____

Signature of New Advisor _____

Registrar's Signature _____



**CONSENT FOR AUDIO AND/OR VIDEO TAPING AND RETENTION OF
AUDIO AND/OR VIDEO TAPES**

_____ I freely consent to the audio and/or videotaping of my interview, testing, or
Client initials psychotherapy conducted by _____ as part of his/her training
in psychology.

_____ I freely consent to allow retention of an (audiotape/ videotape – circle) of my
Client initials interview and/or testing conducted on _____ by
_____ as part of an assignment for his/her course in
psychological assessment. The audio/video tape may be retained for use in
training graduate students within the Florida School of Professional
Psychology at National Louis University. It cannot be used for any other
purpose or in any other location without my written consent.

All audio recordings that are used for educational purposes will be stored on
password protected and encrypted USB drives. Files will be deleted and the
USB drive will be reformatted after educational use has been completed.

I understand that I am free to withdraw my consent for retention of audio or
video tapes at any time.

Participant Date

Parent/Guardian Date
(required for all participants under age 18)

Student Date

Professor/Supervisor Date

OFFICIAL COURSE EVALUATION AND GRADE SHEET

FSPF at National Louis University -Tampa

<u>Student Name</u>		<u>Term</u>						
<u>Course Number and Section</u>		<u>Course Title</u>						
<u>Instructor</u> «Ins		<u>Advisor</u>						
<u>GRADE (please circle):</u>								
A	B	C	D	F	CR	N	PR	I

Please rate the degree to which each student has demonstrated the following as applicable in your class. Please comment on all ratings of 1 or 2 with a specific description of the area that needed improvement. In addition, please comment on particular areas of strength.

Ratings: 1 = extensive improvement needed; 2 = improvement needed; 3 = adequate; 4 = good; 5 = superior; NA = not applicable.

A. COURSE CONTENT							COMMENTS
1. Knowledge of Factual and Theoretical Content	1	2	3	4	5	NA	
2. Understanding/Integration of Concepts and Theories	1	2	3	4	5	NA	
3. Ability to critically evaluate and integrate relevant research literature	1	2	3	4	5	NA	
B. CLINICAL SKILLS AND APPLICATION OF KNOWLEDGE							
1. Rapport Building	1	2	3	4	5	NA	
2. Relationship Development and Maintenance Skills	1	2	3	4	5	NA	
3. Empathy and Sensitivity	1	2	3	4	5	NA	
4. Ability to conduct Interventions/Assessments	1	2	3	4	5	NA	
5. Clinical Decision Making and Judgment	1	2	3	4	5	NA	
6. Case Conceptualization Skills	1	2	3	4	5	NA	
7. Ethics – knowledge and application	1	2	3	4	5	NA	
8. Diversity – knowledge and application	1	2	3	4	5	NA	
9. Integration of research into clinical application/practice	1	2	3	4	5	NA	
10. Clinical hypothesis testing	1	2	3	4	5	NA	
11. Critical Thinking	1	2	3	4	5	NA	
12. Responsiveness to feedback/supervision	1	2	3	4	5	NA	
13. Specific Skills (Specify:	1	2	3	4	5	NA	
C. INTERPERSONAL/PROFESSIONAL PRESENTATION/PARTICIPATION							
1. Class Participation	1	2	3	4	5	NA	
2. Peer Interaction/Respect for ideas and integrity of others	1	2	3	4	5	NA	
3. Interaction with Faculty	1	2	3	4	5	NA	
4. Maturity/Self-Awareness	1	2	3	4	5	NA	
5. Pertinence and relevance of questions and comments	1	2	3	4	5	NA	
6. Commitment/Dedication/Enthusiasm/Curiosity	1	2	3	4	5	NA	
7. Facilitation of class learning and process	1	2	3	4	5	NA	
D. WRITTEN/ORAL PRESENTATION							
1. Written: Organization of ideas & conceptual coherence	1	2	3	4	5	NA	
2. Written: Clarity	1	2	3	4	5	NA	
3. Written: Adherence to APA style (grammar, etc.)	1	2	3	4	5	NA	
4. Oral: Presentation & conceptual organization of ideas	1	2	3	4	5	NA	
5. Oral: Clarity	1	2	3	4	5	NA	
6. Ability to formulate & express observations/impressions,	1	2	3	4	5	NA	
E. OTHER							
1. Specify:	1	2	3	4	5	NA	

- Referral for Student Professional Development Committee review.
- Referral for professional writing course (the official referral for writing course form must be completed and submitted to Student Services with this form).

Instructor Signature: _____

Date: _____



Registration Form

*Indicates required information

Select Term*: Fall Winter Spring Summer Year*: 20 ____

NLU ID: _____ Last 4 digits of Social Security Number*: _____

First Name*: _____ Middle Initial*: _____ Last Name*: _____

Birth Date*: _____

Street Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Home Phone*: _____ Cell Phone: _____ Email Address*: _____

	Course/Term/Faculty Preference #1	Course/Term/Faculty Preference #2	Course/Term/Faculty Preference #3	Course/Term/Faculty Preference #4
1				
2				
3				
4				
5				
6				
7				
8				

Student Signature: _____

Advisor Name: _____ Advisor Signature: _____

Return to: Keri Becker, Graduate Academic Advisor, Tampa Campus

**Florida School of Professional Psychology
At National Louis University-Tampa
Student Request for Employment Approval Form
(for Psychological, Mental Health Service, and Non-Mental Health positions)**

Student Name: _____

Credentials: _____ **License #/Certification** _____
(Submit copy if applicable)

Current Program: MA _____ Psy.D. _____

Please fill in the information below regarding the Agency you are seeking approval for employment.

Employer/Agency Name: _____

Address: _____

Supervisor Name: _____

Phone #: _____ **Email:** _____

Degree required for position: BA _____ MA _____

Job Title: _____

Description of job responsibilities/duties/weekly hours (15 hours or less) you will be performing during your employment:

Hours worked per week: _____

I understand that I cannot obtain employment while enrolled at FSPP without gaining prior approval from the FSPP Director of Clinical Training and the Program Director. I also understand should any changes be made to my job responsibilities or place of employment, the Director of Clinical Training and Program Director must be notified and a new Student Request for Employment Approval Form must be submitted for approval. Failure to comply with this procedure constitutes a violation of policy. Please refer to the Academic Catalog.

SIGNATURE OF STUDENT

Date

Program Review:

Approved: _____

Approved Level: BA _____ MA _____ NEITHER _____

Comments:

The request has been reviewed by the FSPP Clinical Training Committee and Program Director.

DIRECTOR OF CLINICAL TRAINING _____ Date _____

PROGRAM DIRECTOR _____ Date _____

=====

Declined: _____

Comments:

The request has been reviewed by the FSPP Clinical Training Committee and Program Director.

DIRECTOR OF CLINICAL TRAINING _____ Date _____

PROGRAM DIRECTOR _____ Date _____

CC: Program Director, Dir. Clinical Training, Advisor

Appendix B:
Ethical Principles of Psychologists
and Code of Conduct

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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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**AMENDMENTS TO THE 2002
"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.

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.

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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