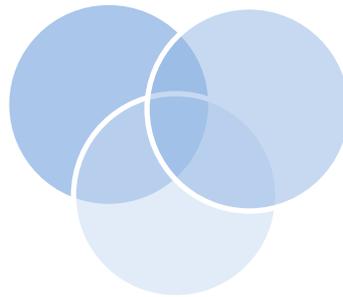**National Council of Schools and Programs**

of Professional Psychology

(NCSPP)

Manual for

Directors of Clinical Training

Revised 2015
NCSPP Clinical Training Committee
June 23, 2015

Contributions and Acknowledgements

In order of most recent revisions:

2015: The manual has undergone a major revision during and after the Winter 2015 NCSPP meeting in San Diego, March 4, 2015 by Randall Wyatt, California School of Professional Psychology, San Francisco at Alliant International University, David Sacks, American School of Professional Psychology at Argosy University, Washington DC, Jennifer Cornish, University of Denver, and Megan O'Banion, American School of Professional Psychology at Argosy University, San Francisco The manual has added graphics to show different processes, added extensive hyper-links and expanded resources, re-organized sections and joined similar topics together, consolidated key functions and chapters, and deleted material that is less relevant in the changing training context. Adopted in revised form on June 23, 2015 by Randall Wyatt, Chair of Clinical Training Committee.

2012: The manual has many additions and a major project began in 2012 by Karen E. Farrell, Midwestern University, Downers Grove, Illinois and Rick Holigrocki, University of Indianapolis, which consisted of a work group conducted at the Directors of Clinical Training Workshop at the New Orleans Winter Meeting 2012. The members of the work group included all attendees at the DCT workshop and were lead and followed up on by Melodie Schaefer, Alliant International University, CSPP LA, remediation; Heather Sheets, Chicago School of Professional Psychology, site development and attrition; Rick Holigrocki, University of Indianapolis, data collection, management, aggregation, analysis, and dissemination; Karen Farrell, Midwestern University, job duties and descriptions, work load, and self-care; Russell Newman, legal section; Bob Marshall, Argosy University, Chicago, accreditation; and Randall Wyatt, Alliant International University, CSPP SF post-graduate study. Sheryn T. Scott, Azusa Pacific University, as Chair of the NCSPP Clinical Training Committee oversaw the process. These changes have been incorporated more fully into the current 2015 revision.

2008-2010: Parts of this manual were originally created for CUDCP by Daniel W. McNeil, et al., West Virginia University, and revised by Sheila Woody, University of British Columbia, January 2008. Adapted and revised for NCSPP, August 2008, 2010 by Sheryn T. Scott, Azusa Pacific University, Chair of the NCSPP Clinical Training Committee.

Thanks for all the contributions to each other by all DCTs and training supporters.

Suggestions: Please contact Randall Wyatt, PhD, rwyatt@alliant.edu (Chair of NCSPP Clinical Training Committee) with any suggestions, corrections or ideas regarding this manual.

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Section 1 – Scope, Nature, and Structure of the DCT Position

Wisocki, Grebstein, and Hunt (1994) were the first to study the Director of Clinical Training's position in any depth, and describe it as "critical" and "pivotal" for Clinical Psychology training programs. In brief, they found that most DCTs find the job to be positive and rewarding, and want to continue in the position. Nevertheless, numerous difficulties were found to be common, including less satisfying relationships with fellow faculty, more paperwork, and less time for personal research and other regular faculty work, among other issues. Their survey indicated that DCTs hold their administrative position for an average of four years. The Wisocki et al. article, referenced in this manual in the resources section, provides a comprehensive view of the DCT position, and is highly recommended reading along with newer articles and resources.

Each DCT decides for themselves, in part, what the DCT position will be. There are also a variety of other influences that determine the scope and influence of the DCT role. For example, it may be different depending on whether the DCT was hired from outside the Department for that specific administrative post, or whether he or she was appointed from within faculty. As another example, the DCT's position also will differ depending on the expectations of the program and leadership of the program.

Students in doctoral training are challenged to meet academic and training tasks and competencies. The DCT is a key bridge between the academic program and field training:
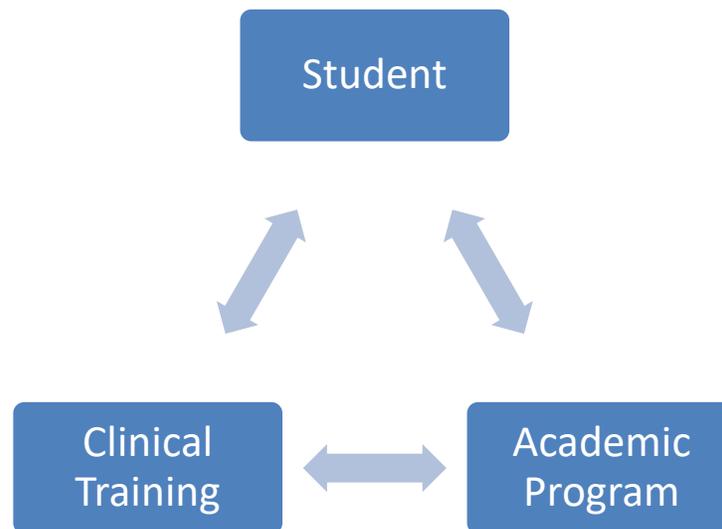

Figure 1: Student-Academic-Training Links

DCTs engage and interact with many different groups and processes: student, faculty, administrative, and external groups to attend to as they direct the training of doctoral students; of course, many of these circles interact with each other and do not exist in isolation. Below are some of the key connections and interactions for DCTs:
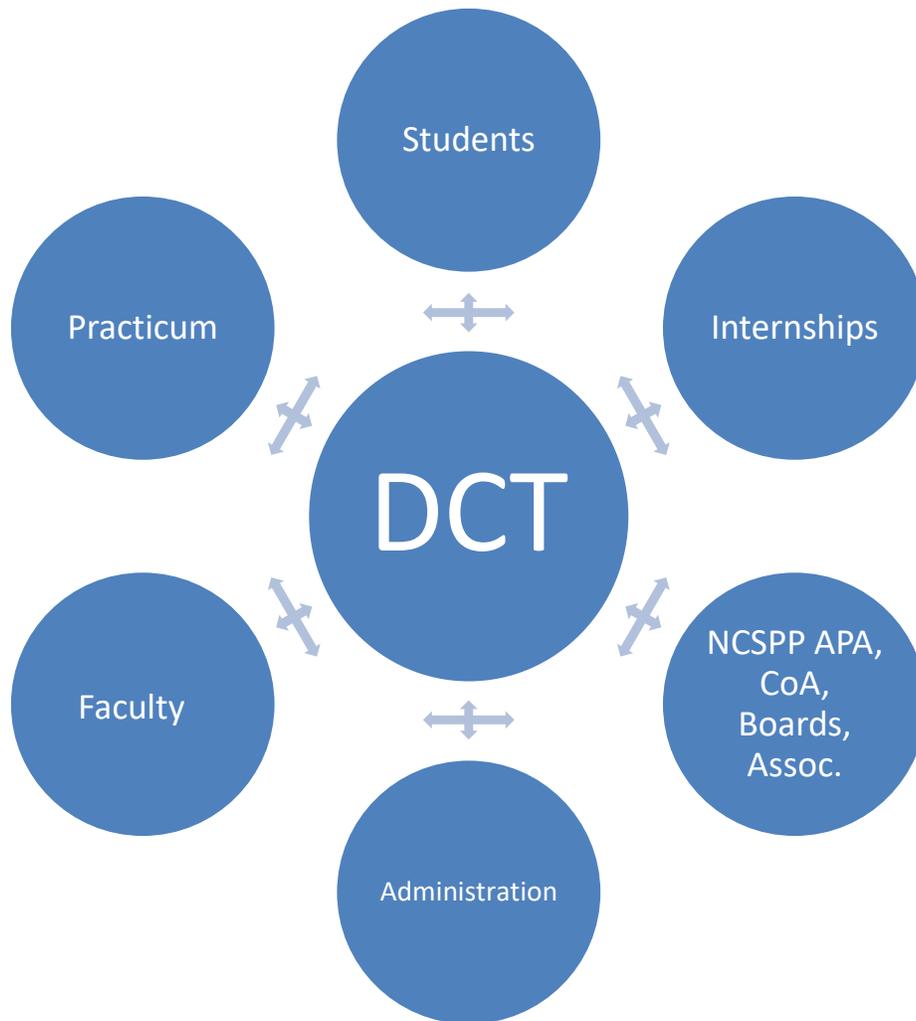

Figure 2: DCT Connections

What is a DCT?

DCT refers to Director of Clinical Training. The DCT generally refers to directing practicum, internship and related training functions. Various titles are used in different programs but represent similar roles. And functions. Other titles may be used in different programs, including professional training, field placements, and so forth. As well, some programs refer to the Clinical Director, which is often similar to a department chair or program director. For the purpose of this document, the DCT is neither the head of the program nor the department head, though these functions may overlap to some degree with the DCT role and in the same person at some programs. As well, we are using the DCT title to refer to functions regarding overseeing the practicum and internship processes, realizing that there is wide variation among this role in NCSPP programs. We are seeking to add some clarity to these terms but will save the rest of the document to outline what Directors of Clinical Training do in their work.

What does "clinical training faculty" mean?

The titles "clinical training faculty," "training faculty," "clinical faculty," "liaison faculty" or "supervisory faculty" and likely more titles that refer to faculty who work with the DCT in practicum and/or internship work with students and training sites. (Some professors that/who teach clinical courses may also be called clinical faculty but we are not referring to these faculty for the purposes of this document, unless specifically noted. We are also not referring to site supervisors unless specifically addressed, since these supervisors are working in particular supervisory roles with students. Of course, these roles may at times overlap in faculty training roles.) Some programs may have many such clinical training faculty that conduct site visits, follow up with students, review evaluations, lead intern application groups, and so forth. Or programs may have several associate directors who work with practicum or internship students and sites. The ways that programs break up the training levels and work is endless but the goals and outcomes often overlap greatly. So, with that in mind, and realizing that the titles and roles differ widely, let's look at some common administrative structures of the clinical training.

Administrative Structure of Clinical Training and DCT Role

Administrative structures for professional psychology or clinical or counseling psychology training programs vary widely. Usually, the DCT reports directly to the Department Chair or Program Director but some DCTs report directly to the Dean. The DCT may also interact with a Director of Graduate Studies on issues such as curriculum, teaching assistantships, admissions, and graduate requirements. It is advisable that these relationships be specified in terms of lines of authority and responsibility. Who does the DCT work with for overseeing practicum and internship? Who evaluates the DCT performance? Are faculty and DCT roles and performance evaluated together or separately? There may be assistant or associate DCT(s), clinical faculty training or liaisons or coordinators of various subcomponents of specialty tracks within the program (e.g. Child Clinical or Behavioral Medicine, Assessment, etc.); what is the DCT role with these faculty and who do they report to?

It is essential for the DCT to have adequate administrative, secretarial, and clerical assistance (e.g., at least a half-time administrative secretary but often more for mid and large programs). Other resources helpful to the DCT include a graduate student research assistant or teaching assistant, up-to-date computer technology, and generous telephone, photocopying, and travel budgets. Results from the Annual Survey required by APA can help inform DCTs (and administrators) of the kinds of benefits/perks often associated with the DCT position.

Relationships with Other Administrators and Entities

In the DCT role, a positive working relationship with the Department Chair or Program Director is helpful. Regularly scheduled meetings are probably important with these individuals to promote communication and future planning, and to prevent problems. The DCT also will want to maintain contact with Directors/Coordinators of other departmental graduate and undergraduate programs. Additionally, it may be politically astute for the DCT to be known to College and University administrators (e.g., the Dean), as there will be occasions that necessitate direct interactions with them (e.g., accreditation site visits).

As already noted earlier in this manual *NCSPP and Related Organizations*, the DCT will want to have a positive working relationship with other mental health training programs in the University and community. There is a potential for sharing resources (e.g., classes), as well as potential for cooperation and competition with Counseling Psychology, Social Work, and Psychiatry programs in garnering University (e.g., funding, space) and community (e.g., practicum slots) resources.

Clinical Training Policies and Procedures

It is important for clinical training policies and procedures to be in written form so that students and faculty can refer to them. The policy manual may be called *Clinical Training Manual* or *Professional Training Manual* or *Clinical Training Policies and Procedures*; oftentimes there are specific guidelines for

practicum and intern processes. There are also important legal reasons, as later articulated in this manual in the *Legal Issues Section* for this information to be in written form. In many programs, the clinical training policies and procedures are part of a larger graduate program handbook. Typically, this handbook is revised annually. The various policies and procedures document (e.g., admissions brochure, graduate handbook, web page) obviously need to be consistent with each other. It may be useful to have students sign that they have read and agree to abide by the manual policies, though they are responsible to know them, regardless.

Finances

Establishing and maintaining Clinical Psychology doctoral training programs requires a substantial commitment of financial and other resources by the University, College, and Department. Funds need to be allocated on an annual basis for expenses such as annual accreditation fee, APPIC subscription fee, NCSPP program membership, and regional memberships. Other expenses include but are not limited to travel costs for the DCT or other faculty to visit off-campus practicum sites and for the DCT to attend the annual NCSPP meetings, summer salary for the DCT and other clinical faculty, and additional administrative expenses. In addition, if your program maintains a training clinic, additional resources are needed to support space/equipment needs, and secretarial and clerical resources are needed to support maintenance and operation expense monies.

Program Training Clinic Director

It is generally advisable to separate the DCT and director of the training clinic roles since each role is substantial in itself, but at times, some programs determine that the roles work well together or particular faculty are great at doing/performing each role. Adding the responsibilities for a training clinic can be a burden for the already-busy DCT and vice versa. If there is a separate director or coordinator of the training clinic, it is recommended that the lines of responsibility and authority be clearly outlined. For example, does the clinic director report to the DCT, the Department Head, or Program Director? An in-house clinic can be advantageous for a program in many ways, as it prompts the integration of academics and practice, as well as research and practice. Such clinics can provide the initial training of inexperienced students and specialty training for more advanced students. Some programs also incorporate advanced students into the clinic's operation, giving them valuable experience as advanced supervisors or post doc supervisors for new students.

Section 2 – NCSPP and Related Organizations

Before going into greater detail for the DCT roles, it will be helpful to be introduced to, and become familiar with, the different organizations that a DCT may cross paths with in training work or through NCSPP. First, a brief overview of NCSPP and the NCSPP DCT committee:

NCSPP: According to our website, *The National Council of Schools and Programs of Professional Psychology* (www.ncspp.info or www.thencspp.com) "developed as an organization through which leaders in the field of professional psychology education could exchange information and develop ideas on how to enhance the quality and development of their programs. NCSPP, through its representatives, works to develop standards for professional psychology education. The group provides consultation to new and existing programs of professional psychology, and maintains liaisons with other individuals and organizations involved in psychology education."

NCSPP Clinical Training Committee: The Clinical Training Committee (often referred to as the DCT meeting) holds trainings for DCTs and others interested in training at the Winter and Summer NCSPP meetings focused on supporting DCTs in their work. A business meeting is also held in both Winter and Summer meetings. The DCT Listserv provides a way for DCTs and others interested in training to ask questions, share information, and alert each other to important news and relevant ways to improve the training and support each other. As described by NCSPP, "The Clinical Training Committee focuses on issues of relationship and human services training, including assessment, intervention, supervision,

consultation, education, and management. The committee assists the Executive Committee in examining emerging issues in clinical training and completes projects as assigned by the Executive Committee." See the NCSPP website under *Resources* and *Clinical Training* for more information and resources on training. See Clinical Training (http://www.thencspp.com/resources/clinical-training/) on the NCSPP website.

Related Organizations

NCSPP has formal and informal relationships with numerous other organizations that deal with the training of psychologists including the following:

Licensing and Associations

ASPPB: The national organization representing state and provincial licensing boards refer to the Association of State and Provincial Psychology Boards (www.asppb.org). This site is the resource hub for state licensing boards, licensing, reciprocity, mobility, EPPP, and much more.

State Psychological Associations and State Licensing Boards:
Maintaining lines of communication between the program and the state's psychological association is necessary for a variety of reasons, including the state association's link, in many states, with the licensing board. As state associations make recommendations about licensing board membership and changes in the states' licensing law, it is important for the Clinical Program to be connected with the state psychological association. While DCTs will want to be a member of the state's psychological association, it is not necessary for them to be the one primarily responsible for maintaining the liaison. Delegation of tasks such as this one can make the DCT's job more manageable. See below for two links to licensing boards.

ASPPB state and provinces licensing boards (http://www.asppb.net/?page=BdContactNewPG)

APA List of state licensing organizations (http://www.apa.org/about/apa/organizations/associations.aspx)

Accreditation

CoA: The Commission on Accreditation (www.apa.org/ed/accreditation) is part of the Office of Program Consultation and Accreditation in the Education Directorate of the American Psychological Association (APA). The CoA is "recognized as a specialized accreditor by the U.S. Secretary of Education and the Commission on Recognition of Postsecondary Accreditation (CORPA); and is a member of the Association of Specialized and Professional Accreditors (ASPA)" (American Psychological Association, 1996c). The CoA is responsible for the APA accreditation process, including site visits. The current structure of the CoA includes 32 members and was established in January 2008 taking the place of the former Committee on Accreditation. There are annual fees associated with accreditation including annual accreditation fee, application fees, and site visit fees. Fees may go up from year to year. The CoA will provide guidelines for the DCT in completing the accreditation self-study in addition to criteria to meet regarding internship matching, attrition, etc.

Internships

APPIC: The Association of Psychology Postdoctoral and Internship Centers (www.appic.org) is a membership organization for internships and postdoctoral fellowships in health service psychology (e.g., Clinical, Counseling, and School Psychology). Academic doctoral programs should become "Doctoral Program Associates (DPA)" in APPIC so that their students can participate in the national internship match. As of 2017, only students from APA-accredited programs will be allowed to participate in the match (APPIC has created a DPA Committee to consider exceptions, such as programs that are in the process of becoming accredited). In addition to overseeing the national internship match, APPIC provides the AAPI Online (APPIC Application for Psychology Internships), has a Directory Online that lists all APPIC member programs, hosts numerous listservs, provides an Informal Problem Consultation service as

well as a formal APPIC Standards and Review Committee, and has considerable resources for DCTs and students on the website. APPIC also has an electronic newsletter and, along with APA, contributes to a peer-reviewed journal, *Training and Education in Professional Psychology*.

CAPIC: The California Psychology Internship Council (www.capic.net) provides information about internship membership, application, and match process and has similar requirements to APPIC membership sites.

Other Related Councils

APTC: The Association of Directors of Psychology Training Clinics (http://www.aptc.org) is the national organization for directors of psychology training clinics. According to their website, APTC members include "directors of clinics that are typically associated with pre-doctoral graduate training programs in professional psychology—clinical, community, counseling, clinical child, and school psychology—at regionally accredited universities." Professional membership is $60.00 per year. APTC has an annual meeting at the APA convention each year, publishes a newsletter, and sponsors and an e-mail network that can be helpful in identifying current issues for training clinics as well as help in establishing and maintaining a clinic.

CUDCP: According to the Council of University Directors of Clinical Psychology (www.cudcp.org) website, CUDCP's purpose is to "promote the advancement of graduate education within the field of clinical psychology. Consistent with this purpose, CUDCP member programs shall strive to train future clinical psychologists who promote human welfare, the growth of psychological science, and the professional practice of psychology." This organization is the PhD program's equivalent to NCSPP.

CCPTP: According to the CCPCP website, the Council of Counseling Psychology Training Programs (http://www.ccptp.org/) "represents the interests of counseling psychology in virtually any forum that might affect training... and supports its members by disseminating training-relevant information and by providing a vehicle to communicate with one another." This organization is the Counseling Psychology's equivalent to NCSPP.

CDSPP: Council of Directors of School Psychology Programs (https://sites.google.com/site/cdspphome/) is the School Psychology's equivalent to NCSPP.

Section 3 – DCT Duties and Responsibilities

The DCT's position is almost universally one of great responsibility. The amount of authority associated with the role varies widely among programs and individual DCTs. In established programs, there is usually an existing hierarchy for authority in the Department and program. The DCT position, however, has been likened to "herding cats," (Wisocki et al., 1994) in that one attempts to organize, shape, and otherwise cajole highly independent creatures (i.e., faculty!). Before getting to some of the basics of the role, let's look at the overarching concept of responsibility and authority in the DCT role.

Responsibility and Authority

The DCT's overarching responsibility is to perform as a liaison training functions and the academic program administration, faculty, student body, practicum and internship training sites. A more specific essential responsibility worth specifying is to oversee students' practicum and internship training. In most departments, the DCT role has a great deal of responsibility associated with it, but such responsibility does not always have equal authority. DCTs may or may not control any portion of budgets for the program or the training program. There may be some authority over clinical faculty but that may be like "herding cats," as previously mentioned. Much of the decision-making in the clinical program is conducted by the program

chair, dean, faculty as a whole or committees (e.g., admission of students, hiring of faculty, promotion and tenure type decisions).

Much of the "power and influence" the DCT has is based on the quintessential nature of clinical training in psychology doctoral training, as well as collaborative and persuasive abilities with fellow faculty and the department leadership. That said, most faculty and administration are happy that the DCT is handling what needs to be done for practicum and internships and thus often the DCT is afforded much decision-making in these areas. Some chairs and program directors work closely with the DCT while others are hands-off, so it is important to find what works for yourself and your program.

The DCT role is, nonetheless, one that students and fellow faculty may perceive as having great power with a big budget and freedom to make changes at will. This perception may be threatening to the chair/program director or other administrators and faculty in the department, so it is important that the DCT fosters good working relations and open communication with others. DCTs that have the support of faculty and administration can do much more and enjoy a much better working environment.

Office Hours: It is recommended that the DCT maintain weekly office hours for students to visit and discuss various matters, including training issues, career planning, relationship with faculty members, personal concerns and the like. Being available in person, but also by email and phone are also important to students, staff, and administration, since good communication is key to success as a DCT.

Databases and Tracking Progress: Most programs have a computer database which tracks their students. This information is important for inclusion in reports on programs that must be submitted annually to APA and for self-study reports that are required in association with the APA site visit process that takes place at least every seven years depending on the length of accreditation. Most of this information is required for APA reports at some time. Typically, the training office develops and keeps track of practicum and intern contracts, applications, evaluations, practicum description databases, and other training needs.

Meetings: While the DCT does not want to be bogged down in too many meetings, it is important to have planned routine meetings with those who the DCT needs to discuss important issues, solve problems, and to be part of a team approach. This may include routine meetings with the program director/chair, clinical faculty, associate clinical directors, faculty, internal clinic director, and so forth. Avoiding meetings in lieu of having to meet daily crisis demands can result in being out of step with key colleagues whereas having routine planned meetings allows one to address ongoing concerns and develop solutions before problems become too big to handle. Many programs include student representatives in meetings of the clinical faculty, and some include them as voting members. It is important for the DCT to work with these student representatives as they can serve a liaison function, facilitating communication between the clinical faculty and students, and offer their experiences of the practicum and internship processes.

It is recommended that minutes be kept for all meetings of the clinical training faculty. The DCT may be able to arrange for administrative assistant or coordinator to take these minutes, may rotate the responsibility among the faculty, or may personally keep minutes if no other options are available. Confidential portions regarding individual students or supervisors should be removed if the minutes are shared with students and other entities. Archiving these minutes is important for future retrieval related to policy questions and matters of precedence. Future DCTs in your department will appreciate having a complete set of minutes, and other documents, to which they can refer.

Orientations: The DCT organizes and leads or oversees orientations for students on professional development, practicum and internship application processes, and other important aspects of training. These group meetings are very effective in communicating key information to students and answering questions that would otherwise be asked by dozens of students in individual meetings. Particular questions pertaining to specific students can be handled in individual meetings.

Timelines: It is important to develop timelines, by month or date, indicating when specific duties are to be carried out. For example, if practicum evaluations need to be sent out at the end of each semester in time

for them to be returned prior to the assignment of grades, then it may be helpful to indicate winter and Spring or Summer timelines as dates for them to be sent to clinical supervisors. Timelines for different processes can also be developed for practicum and internships and are useful for students, faculty, and the DCT (e.g., practicum, internship, and so forth). These timelines should be shared with students, faculty, and practicum so they can plan and be ready to support what is needed for training.

Recommendation Letters and Certification of Status: There is a large amount of paperwork and electronic work that is inherent in the DCT's functioning. Not the least of these duties is responding to requests for letters of recommendation, which are often required of the program's training director. In applying for internships, there is a large volume of letters and internship readiness forms (e.g., "Verification of Internship Eligibility and Readiness" for the APPIC Application for Psychology Internship - AAPI; "CAPIC Eligibility and Readiness Form" for the CAPIC's Universal Application) that must be completed and then signed by the DCT. In all but small programs, it is important for the DCT to collect input from faculty and practicum evaluations to write these letters.

It is recommended that the DCT establish a policy and procedures for students to provide information (e.g., electronically), including names and addresses to which letters are sent, to promote efficiency in this time-consuming process. Letters of recommendations to organizations that can provide funding for graduate students are frequently required, as are references for postdoctoral internship fellowship applications. Additionally, as former students are licensed, there are requests to complete forms from state licensing boards, detailing students' academic and clinical curricula. Some of these forms must be notarized, so it is important to establish access to a notary public. Some academic programs have Family Educational Rights and Privacy Act (FERPA) regulations that must be followed prior to providing letters for students.

Intra-University: It is important that DCTs maintain a relationship with other behavioral and mental health-related programs at the university (e.g., School Psychology, Clinical Psychology, MFT, LPC, MSW, psychiatric, and related nursing and medical programs). Such contacts are desirable so that professional issues of mutual concern (e.g., state licensure laws) can be discussed, the possibility of students taking relevant courses across programs, and for integrated care partnerships. These relationships can also be important in terms of coordinating efforts across programs in securing practicum sites, and avoiding competition that is disruptive to training.

Inter-School and Regional Relationships: In some localities, regions, and states, the training directors of behavioral and mental health-related training programs (e.g., psychology graduate programs and internships) meet periodically to discuss matters of mutual concern. This can be very helpful as often different programs share the same practicum sites and have similar issues due to their locale being rural or urban, highly impacted with numerous students, or difficulty in dealing with a particular aspect of training.

Several major metropolitan areas have joined together to offer guidelines and support for practicum training including Chicago (ACCEPT), Southern California (SCAPT) and the San Francisco Bay Area (BAPIC). Other such regional school and practicum relationships are in the process of development in formal or informal cooperative arrangements.

Courses: It is important to review clinical courses on a regular basis, perhaps every two years. Retreats or all-day faculty meetings are excellent opportunities to review the clinical curriculum as a whole in order to insure the teaching of current best practices and that the curriculum supports the development of identified professional competencies, is in keeping with APA accreditation, and is relevant to community needs. The DCT will have particular input around clinical courses that interface with training and practicum, for example, the need to train students in client outcomes measures for practicum.

Section 4 – DCT Self-Care and Professional Roles

The DCT position can be tremendously rewarding, in that one can positively influence the lives of a great many future Psychologists, and perhaps the field as a whole. There are many interpersonal rewards for this work. Being a DCT can also bring professional recognition and advancement in a variety of ways. Most DCTs, however, find the position quite demanding and often discover that their research productivity declines. It is important to balance one's various roles, not only investing time as DCT, but as a faculty member, mentor for students, professional psychologist, researcher, and clinician. The time-intensiveness of the DCT position poses common pitfalls: Becoming a "workaholic" and an "efficiency freak" (trying to do everything in one's life in the most efficient way possible).

One's personal life balance can also be challenged, in that time can be taken away from it; the stresses of the position can lead to preoccupation outside of work. Being a DCT may make one particularly vulnerable to isolation and other problems associated with maintaining a professional role in our society. Sharing these concerns and issues with other DCTs can be helpful and assist in gaining better perspective. Attending the annual NCSPP meeting is one way to do this networking. Another way is to join the NCSPPDEL and NCSPPDCT listservs.

DCT Self-Care

With so many issues and pressures surrounding problems of student professional competence, how does a DCT exercise self-care? One rule, to paraphrase APA ethics officer Stephen Behnke, is to "**never worry alone**" – utilize colleagues and committee support to help with difficult situations and decisions. Programs should have clearly designated systems to support students' concerns, and concerns supervisors and faculty have about students. DCTs should normalize the difficulty of certain situations, not expect too much of themselves, practice managing their own anxieties, trust their judgment, and not over-personalize the difficulties they face. Just as we advise students to seek support, so too should the DCT seek support when facing challenges and difficult situations. Such support can come from a committee set up to review difficult student or training situations, program directors, and colleagues.

Balancing DCT and other Faculty and Professional Roles

The stresses (and joys) of being primarily responsible for a training program can be tremendous and unprecedented in one's professional life. All professionals are vulnerable to unique stresses, and can encounter personal problems that are primarily related to or exacerbated by their jobs. DCTs, who balance administrative, teaching, research and scholarship, and service roles, would seem to be particularly susceptible to overwork, isolation, and as already noted in this section, resentment and burnout. Continuing to work on your own professional goals (e.g., research, writing, scholarship, practice), therefore, is important, albeit, at a reduced level, as one can easily overcommit to the DCT role. Since most DCTs are not DCTs for their entire career, maintaining activity in areas you previously found rewarding is a good idea. Most DCTs did not enter academics and specifically plan other professional activities. Having the opportunity to interact with Psychologists outside of one's own faculty can be particularly reassuring. Finally, maintaining a personal life outside of psychology may be of special importance to DCTs, giving them "time off" from the many stresses of the job.

As an important afterthought, at the 2014 NCSPP conference, a group of DCTs identified a number of self-care practices including mindfulness, journaling, running and other exercise, yoga, starting a wellness group with students, time with children and significant others, leaving work on time, and not obsessively checking emails outside of working hours.

Promotion and Tenure/Core Faculty Track

It is usually best to take a DCT position with tenure or core faculty track, if available, since this affords the DCT status and a position of stability when dealing with other faculty, administration, and students.

However, the time demands of the DCT position can take away from other required faculty activities (Wisocki et al., 1994), particularly research and scholarship. If you do not have tenure or core faculty position (but need or want it), or wish to apply for a promotion (e.g., from Associate to Full Professor), it will be essential for you to make a commitment to, seek support, and follow through on maintaining time for research or scholarship (and other required activities). The administrative demands of the DCT position can easily be all-encompassing, and one can suffer personally and professionally while being overly altruistic in administrating the clinical training program. When it is time to attend to scholarship, the DCT must make time for it, delegate some of their DCT duties to others, and assert appropriate professional boundaries with others. This is good for you, your students, and the program. Some DCTs may prefer staying in an administrative role and not being part of core faculty and not take on research, committee, and scholarship expectations.

Connections and Advice for DCTs

NCSPP and Other Meetings: It is recommended that new and experienced DCTs attend the annual NCSPP meeting typically held the third week of January and in the late Summer. It provides a good opportunity to further your professional development, to earn Continuing Education credits, to receive peer support, to acquire new ideas, and to rejuvenate your interest in administrating a training program.

NCSPP LISTSERV: It is recommended that you sign on to the NCSPP LISTSERV. This e-mail network will provide you an awareness of current issues affecting clinical training, as well as access to fellow DCTs who may help you with training issues and unique problems. Contact Jeanne Beaff (jbeeaff@cox.net) to find out how to join the LISTSERV including both the NCSPPDEL and NCSPPDCT listservs.

Consultation: Consulting with other DCTs concerning unique issues can be very helpful in getting an objective view of a situation. As mentioned above, one can make these contacts at the annual NCSPP meeting, or through the LISTSERV. Another avenue for consultation is utilizing former DCTs who may still be on your Department's faculty.

Reading: Providing yourself with a base of information from the literature is likely to be helpful to you in gaining a perspective on the role of the DCT. The article by Wisocki et al. (1994), regarding the role of DCT, that has been referred to in this manual is an important source. The journal *Training and Education in Professional Psychology* has many articles of immediate relevance to DCTs. Other helpful materials are listed in the resources section at the end of this manual.

APA Site Visitor Training: It is a good idea to receive the training to become a site visitor because it provides a broad perspective from which to view clinical training and it provides a valuable service to the profession. To be a site visitor, it is necessary to attend a day-long training session, often held in conjunction with national meetings (e.g., APA, NCSPP). Being on the "other side" of a review can be eye-opening and gives you another perspective on your own program. Be aware that this may take travel time, time away from classes and other duties, but most importantly must be supported by your program.

Survey Requests: You will probably be inundated with survey requests from graduate students and other colleagues to describe various aspects of your program. It is probably impossible to complete all of those surveys. The most important surveys to complete are those from APA and NCSPP. Survey information that will be listed in organizations' (e.g., AABT) listing of graduate programs in Clinical Psychology are probably also essential to complete if you want your program included in material distributed nationally.

Mailing Lists and Changes in DCT: It is a good idea to ensure that you are on the mailing lists of various organizations that send information to you as a training director. Inform the current Secretary of NCSPP of your new role or changes in the DCT position. Also, APA's Office of Accreditation, APPIC, and any other organization that may regularly send your program training-related information.

Section 5 – Practica, Internship, and Postdoctoral Training

Preparation → Practicum → Internship → Licensure → Careers

Practica

Administration of Practica: The DCT along with training faculty develops and maintains quality practicum sites. Administering and developing a practicum program can be the most time-consuming part of the DCT's job. In some programs, the DCT or Associate Director of Clinical Training, or other training faculty to sites takes on this responsibility to coordinate placements with students' training needs in both internal and external practicum sites.

It is advisable for the DCT or other training faculty to be very involved in administering a practicum placement program. Leaving students to fend for themselves in locating sites is potentially disastrous, both for the individual student and the program. Ensuring appropriate supervision is an important consideration and one that students may not attend to as closely when there is a need to secure funding or a practicum slot. It is recommended that the DCT and other training faculty maintain open lines of communication with external practicum supervisors and agency administrators. Having a long-term working relationship with training sites can be advantageous to all involved (Kennedy & McNeil, 1996; McNeil & Carter, 1996). Some programs appoint external practicum supervisors as adjunct faculty and sponsor a once-per-year meeting including continuing education opportunity or other activities or benefits. A practicum fair during which students can meet with site directors is also valuable.

Coordinating the practicum program involves considerable contact with students to ascertain their training needs and personal wishes, and supporting students to match as closely as possible to the available or potential positions. Developing criteria for assignment of such positions is highly desirable so that the process is fair and transparent.

Supervision of Practicum

The DCT and training faculty often have much interaction with supervisors and training directors of practicum and internship sites. The training office, in close consultation with the program, needs to establish guidelines and requirements for supervision and training for practicum. For example, what are the minimum requirements or guidelines for individual supervision, group supervision, didactic training, case conferences, administrative time, and expected direct service hours? What are the policies for different levels of licensing for different levels of training? Will it be required to have a licensed psychologist as primary individual supervisor? What will the role be of other licensed mental health professionals? What are criteria for exceptions to these policies?

This is not the place to give a course in supervision, but we will briefly note some key issues to consider when working with supervisors that often come up:

- Boundaries need to be addressed due to dual roles or otherwise overlapping responsibilities for student evaluations.
- Encouraging supervisors to orient trainees to the context of their organization, the organizational structure and culture, and how these issues will affect client treatment is important as well.
- Supervisors need to be provided resources as well as awareness of current APA guidelines particularly around the need for training in Evidence Based Treatments and Empirically Validated

or Supported Treatments, the use of outcome measures, and the need for direct observation and/or video recording of trainees' work.
- The APA Ethics Code, state law, multicultural guidelines, and State Board of Psychology requirements need to be a part of supervisory training.
- Training for supervisors needs to include relationship issues concerning:
  o How an individual student learns best;
  o Developing a collaborative relationship;
  o Clarifying the training goals for the period of the practicum or internship;
  o How evaluations will be done and what rubrics, scales, or behavioral indicators will be used to assess student competencies;
  o Awareness of how power differentials and shame affect supervisory relationship; how professionalism will be evaluated as well as clinical skill level;
  o Use of personal information about the student;
  o And how diversity awareness is engaged and evaluated.

Feedback and Consultation to Sites and Supervisors

DCTs and the training faculty are in a unique position to receive feedback about training from students, supervisors, and agencies. The question is raised thought about how and when DCT should provide feedback back to agencies and supervisors about quality, training, and student issues. Feedback can be divided into three main areas:

1) Feedback to sites about general training issues.

2) Feedback to the site regarding specific areas of concern regarding supervision.

3) Engaging sites in addressing specific concerns about specific students either from the student, agency, program, or mutual concerns.

Feedback to the sites generally is best when it comes from the perception of multiple trainees over time. However, when a site takes 1-2 students at a time, it could be years before there is enough data to be representative. If a serious or obvious concern is raised it may have to be addressed directly early on, but care should be taken to be sensitive to student concerns about privacy and being in an evaluative position at the agency where the student may fear retaliation or a bad evaluation or poor letter of recommendation; while these fears are rarely justified, they must still be taken seriously since the student may have legitimate concerns. However, often what is called for is simply helping to facilitate a dialogue between the student and the supervisor or clarifying the supervisor's expectations and the student's needs. If an issue is egregious, for example, not providing supervision, then direct and immediate discussions and reinforcement of agreements is needed. When giving feedback to sites about the quality or amount of training, several factors can be kept in mind:

Sensitivity to students when feedback is given to sites: Giving feedback to sites with problems is a difficult issue that programs struggle with. There is a need to be protective of past and current students at a site, to offer feedback that reflects the concerns of multiple trainees over time, but also the need to give timely feedback to sites and supervisors. This becomes the art of being a DCT!

Relationship with sites: Emphasize how the program values the ongoing relationship with the site, and acknowledge the site's strengths.

Feedback about students: Ask site for feedback about students and discuss what sort of student is the best fit with the site.

Consultation with sites and students: Acknowledge the challenges and dilemmas inherent in being a supervisor, and offer ongoing consultation to a supervisor who is having difficulty working with a student.

This is a "two-way street" dialogue, not a lecture or top-down relationship; we are engaging other professionals in dialogues to find solutions based on common goals and to find resolutions to solve problems where goals and perceptions conflict.

Student concerns about supervision and sites: These situations where students have site and/or supervision concerns are a critical time to support students in learning and growing as professionals regarding communication, solving problems, and setting appropriate boundaries as well as taking appropriate responsibility for their part in the matters at hand. DCTs can encourage students to advocate for their training needs at sites at the earliest time when problems become apparent – especially at the midyear review, which should be a two-way conversation. Students should be talked to early on about APA guidelines on informal conflict resolution as well as the need to bring problems to the school when they are serious or persist despite attempts to solve them. Most often, merely discussing the issue with students can support them to go back to the training site with ways to solve the problem, but sometimes it calls for contacting the site directly to discuss the problems and sort out solutions. In worse-case and rare scenarios, a student may be pulled from a training site mid-year and the site may not be used again (i.e., failure to provide training or supervision, egregious behavior, lack of responsiveness to working with DCT).

Routine ways to collect feedback about training sites:

- Yearly student survey on sites and their supervision experiences regarding quality, support, and concerns. Collect these surveys over time and observe patterns that can be followed up on at site visits and routine contacts.
- Routine sites visits to practicum from DCT or training faculty and staff with phone and electronic contact.
- Feedback about a specific supervisor or student issue can be dealt with more directly and immediately through solution focused conflict resolution meetings, but the more amorphous or widespread site issues can be dealt with over time in the context of the ongoing relationship with the site.

APA Supervision Guidelines: The publication of APA's Guidelines for Clinical Supervision in Health Service Psychology (1/15 *American Psychologist*) Guidelines talk about many key responsibilities of supervisors including:

- Coordinating with other professionals (i.e., the doctoral program) responsible for the supervisee's education and training;
- Creating (through a supervisory contract) and maintaining a collaborative relationship with supervisees;
- Regularly reviewing both the progress of the supervisee and the effectiveness of the supervisory relationship and addressing issues that arise in a timely manner;
- Modeling professionalism;
- Using live observation or review of recorded sessions;
- Using remediation plans where needed.

Tracking student practicum experiences: It is recommended that DCTs advise their students to keep track of their clinical experiences from their first day of graduate school (and remind them to do so annually) since internship applications require detailed reports of practicum activities. There are a couple of computer-based systems for tracking practicum hours: 1) Time2Track is commercially available and is a full service tracking program for a small yearly fee; 2) APPIC provides MyPsychTrack (MPT) for this same purpose. The MyPsychTrack is planned to be re-launched in 2015 and will eventually track hours from beginning graduate training through internship selection, postdoctoral hours, and licensure. MPT is free for students and academic programs.

It is equally important to help students choose practicum sites that will help them be competitive for the internship sites they want (e.g., if they want to intern in a community mental health center, it is helpful for

them to have one or two practicum experiences in a community mental health center, or at least to have worked with patients presenting with severe and chronic mental illness). Of course, most students don't know what type of internship they would like to have, before, or even early on in the program. The heavy emphasis on internship leads some students to be very narrowly focused on the end goal internship, so much so that they forget that they actually have several years of practicum where they are building key skills for internship and the rest of their careers.

Internships

Advising: Advising students who are applying to internship is extremely important, particularly given that these students are at a very critical and vulnerable time in their career. Significant anxiety is typical, and the DCT will probably want to help address unproductive concerns by providing highly relevant amounts of information and support.

Meeting with students who will be applying is essential; typically, group meetings are held for efficiency with follow-up with particular students. In some programs, a class or support groups are offered that focus on professional issues including internship, postdoctoral, and career issues. It is recommended that the DCT first meet with students in the spring prior to internship applications in the fall. Preparation for the internship experience, however, should occur even earlier and be integrated into the fabric of the clinical program. With increasing numbers of applicants, despite an increasing number of internship sites, competition for internships is high, as is students' anxiety.

Resources: A key recommended resource for internship preparation and the application process is the latest version of: *Internships in psychology: The APAGS workbook for writing successful applications and finding the right fit* (Williams-Nickelson, Prinstein, & Keilin, 2012). There are many other online tip resources through APA, APPIC and private websites.

Good fit: In general, a successful internship match requires "good fit" between the candidate and the site. Most internships will require relevant hours as an important part of fit (i.e., practicum or program sanctioned hours accrued in a setting that is similar or highly relevant to the internship setting). Internships are mostly interested in direct service hours (face to face assessment and intervention hours) with each site having a different and unique emphasis on what is preferred or required. For example, in general, hospitals and medical sites will require considerable assessment hours and integrated psychological reports; on the other hand, university counseling centers may require considerable intervention hours, but not as many assessment hours or integrated reports.

Applying for Internship: It takes considerable time for students to thoroughly go through the APPIC Directory Online, search for sites using various criteria, then visit individual sites' webpages to get more detailed information. Once students identify at least approximately 15 "good fit" sites to apply to (recommended by APPIC) they will also need to write strong cover letters, CVs, and essays. Cover letters in particular are personalized for each site, and the DCT (and/or faculty members, and writing centers if available on campus) can be helpful to students with this.

AAPI (www.appic.org): The APPIC Application for Psychology Internships (or AAPI Online) has a student portal for applicants to enter and upload elements of the application. It is advisable that DCTs review the AAPI Online with students to ensure that there is consistency in how they complete the various sections. The AAPI also has a DCT portal within which the DCT must verify certain information about each applicant's status, indicate that the faculty have approved the student to apply to internship, and provide other information including statements of each student's strengths and areas for further development.

When utilizing APPIC, it is important that DCTs keep abreast of current APPIC policies and procedures. A copy of APPIC's current policies and procedures is located on the APPIC website (www.appic.org). It is recommended that the DCT encourage potential applicants to visit the APPIC Directory Online multiple times in order to find at least 15 potential internship sites that are a good fit for them.

The internship process is fraught with dilemmas of life and career choices and ethical dilemmas which students are, typically and naturally, not prepared for. Ethical breaches by students are rare, but transgressions in professional or other interpersonal interactions can affect not only the students involved, but also future generations of students applying to a particular internship site. If a student experiences ethical breaches by a site, either during the selection process or while during internship or postdoctoral fellowship, the DCT should encourage them to deal with the situation, seek consultation, and if needed, file an Informal Problem Consultation request with APPIC. The DCT and training faculty will need to serve support and problem-solving roles in these situations.

Non-accredited internships: It is also important for DCTs to let their students know the potential negative implications with regard to licensure and career choices if they match with a non-accredited internship. The field is increasingly moving in the direction of requiring accreditation for doctoral programs and internships; as a small example, it is already virtually impossible for a student graduating from an internship that is not accredited to ever get a postdoctoral fellowship or job in a VA, even though the VA is the largest employer of psychologists in the U.S. Currently, the CoA has a guideline that each program place at least 50% of their students at APA accredited internships; those that fall under this criteria are reviewed by the CoA as part of the accreditation process. Of course, currently, match rates nationwide for all doctoral students combined is not quite at 50% when all APPIC, APA, CAPIC, and other intern applicants are considered, making this a challenging and stressful task for programs, students, sites, and the training office.

Deadlines regarding internship: One of the challenges encountered by DCTs and clinical programs is having deadlines, which the student must meet in order to apply for internship. Some programs require that students successfully defend their dissertation proposal prior to making application for internship. Such deadlines seem to be a very good idea, and can help to alleviate the ABD ("all but dissertation") problem in post internship students. Nevertheless, there is a tendency for students to delay in defending their proposals, which can put a severe time crunch on the DCT and other clinical faculty in late fall (the application deadline for any internships). Students who are applying for internship also often look to the DCT for advice about preparing for interviews or ranking their preferred sites—activities that frequently occur in December and January.

CAPIC: These processes are similar for doctoral programs utilizing the California Psychology Internship Council (www.capic.net) internship application and match process. Similar to the AAPI, CAPIC employs an online CAPIC Universal Application (CUA) that requires a DCT verification called the CAPIC eligibility and Readiness Form (CERF). The DCT portal also contains information on sites to which each student in the program has applied, and allows downloading of the student's complete application. It is recommended that the DCT ask students where they are offered interviews. A similar recommendation is made regarding participation by CAPIC regarding deadlines, policies, and procedures. If students experience an ethical or policy breach by a site, either during the selection process or while at internship or postdoctoral fellowship, the DCT should encourage them to first seek informal resolution possibilities, but seriously consider contacting CAPIC with a grievance if the matter is not resolved.

Principles and Rules about ranking in multiple matching processes such as APPIC and CAPIC and other internships: Note that both APPIC and CAPIC and other internship processes have strict rules about ranking internships: Once a student ranks an internship, they are committing to attend that internship if indeed they are matched with that internship. Thus, the rule that makes this work is that a student must not rank in more than one process at a time, for example, a student may not rank APPIC sites at the same time they are ranking CAPIC sites. To play it out, if a student ranked in more than one internship process at a time, they would be committing to accept two different internships, which is a contradiction resulting in mayhem and unhappiness all the way around. If the student is participating in multiple internship application processes, they need to be acutely aware of how different match and ranking dates overlap and contradict each other so that they can maintain an ethical and professional approach to this challenging and often difficult process.

APA and Societal Internship Events: In terms of internship information, APA holds a yearly open forum at APA conferences where students can hear from APA internship sites and attend tip sessions with students at APA internships. Other psychological societies sponsor program events at their meetings to bring together internship sites and potential applicants. For example, the Association for Advancement of Behavior Therapy has an internship symposium each year. Various Child Psychology groups (e.g., Division of Clinical Child Psychology, Society of Pediatric Psychology) host an "Internships on Parade" each year at the APA convention for child clinical and pediatric psychology internship programs. Numerous articles and books relating to internship application and acceptance are referenced in the resources section of this manual.

Don't be surprised when a student comes to you saying, "I heard completely opposite ideas on what I should do with my essays, applications, and so on." Like most things, such strategies depend on what the student goals are, prior experience, and context factors like competition, ability to move, strengths, and weaknesses, so naturally, there are many different ways to approach each situation.

Prior students who have matched at internships: Students will appreciate the DCT providing them a list of internship sites that have accepted their program's students. Distributing such a list, perhaps covering the previous five years, can be helpful to your students in guiding them to internships that are a good match for them. It can also be useful to publicize to students the number of hours (including the range) of practicum training that previous successful students have reported on their AAPI form for internship. Students often overestimate the number of hours of experience required to be successful, and seeing this information can be reassuring. Internship sites are generally more interested in "relevant hours" (hours accrued at a practicum setting that is the same or similar as the internship setting) than just raw hours.

Postdoctoral Fellowships and Internships

It has become increasingly important to follow alumni from the program well after graduation, but particularly as students seek out postdoctoral fellowships and internships. Information about their careers will be required for APA accreditation self-study reports. APPIC now offers an online postdoctoral internship application and process. APA PsychCareers also has postdoc and job listings (http://www.apa.org/careers/index.aspx). CAPIC (www.capic.net) also has postdoctoral internship member sites and their profiles and application procedures are publicly found on the CAPIC website. Students may be able to opt to not pursue a formalized postdoctoral fellowship through APPIC or CAPIC membership organization but rather, they may pursue registering as a Psychological Assistant through a state Board of Psychology or seek other less formalized internship training experiences.

There are a handful of states, increasing each year, that do not require a postdoctoral experience and allow students to count relevant supervised practicum training toward the hours required to become licensed psychologists in those states. Make sure to be aware of what the rules are in your state and to assist students in finding out requirements of licensure in other states. While ASPPB (www.asppb.org) is a good resource and has links to each state psychology board, it is always recommended that students (and DCTs) go directly to the website of their particular state/province Board of Psychology for specific licensure requirements.

Section 6 – Students: Support, Development, and Remediation

As noted by Wisocki et al. (1994), DCTs often work very closely with students given the intensity of practicum and internship. Virtually all of the DCT's functioning directly or indirectly impacts students. The close working alliance with students is one of the most positive aspects of the position. Since the DCT is administrating a training program, the students are the most important aspect in terms of what they learn and can carry forth in their career.

DCTs are often in the position to be an advisor and mentor to all students in the program. We are responsible for helping each student, with the engagement of other clinical and core faculty, to construct a training trajectory that facilitates program success, professional competencies, and attainment of individualized career goals. When students have completed the academic program, students are often still in contact with the DCT for support through the licensure process and other professional achievements.

Evaluations: Students must be evaluated at least twice a year for practicum training, generally during the midpoint and at the end of training on key areas such as evaluation, assessment, interventions, diversity, professionalism, self-reflection, and other areas. Competencies and progress should be evaluated and tracked. It is essential that students be provided regular feedback about their progress in the program as well. Some of this feedback must be in written form (e.g., once a year per APA accreditation standards in 2014) for future reference to support the student and any disciplinary actions that must be taken. Program evaluation information should include both academic and clinical arenas. Many programs use standardized evaluation forms and also include personal characteristics as a part of regular evaluations. It is strongly recommended to use a standardized remediation form as well. Finally, some DCTs are responsible for writing and overseeing ongoing and/or capstone competencies examinations for clinical work.

Problems of Professional Competence: The DCT (or clinical faculty that work closely with the DCT) is often a point person for trainees with problems of professional competence, which most frequently surface during practicum or internship placements. Jacobs et al. (2011) surveyed DCTs regarding these issues, and highlighted both the difficulty of engaging in conversations with and about these trainees, and the ethical responsibility to do so. Recommendations included creating a training culture that is both supportive and action-oriented, preparing for difficult conversations, setting ground rules, using a psychologically-minded interpersonal approach, anchoring discussions in assessment of competencies, and incorporating conflict management strategies.

An ecological perspective on problems of professional competence (Forrest, Shen Miller, & Elman, 2008) emphasizes the importance of developing and maintaining program policies consistent with professional standards, attending to cultural influences operating at various levels as these influence both students and gatekeepers (field supervisors and program faculty), maintaining clear communication among supervisors, faculty, and administrators throughout the remediation and (if necessary) dismissal process, establishing preventing curriculum and training experiences to set a culture of professionalism among students, and designing ecologically grounded remediation, often including support plans and exploration of ways the student can obtain support in the program, professionally and personally.

Remediation: The remediation of both clinical and professional competence is an important component of clinical training. The DCT's role in the design and even implementation of remediation plans vary across university setting. It is common for DCTs (and/or faculty that work with the DCT) to be part of remediation plans for students in practicum or internship. In general, it is recommended that the DCT collaborate with training sites, supervisors, and faculty when identifying, developing, and monitoring clearly designed individualized remediation plans with the aim to correct the student's training issues towards success. Fellow DCTs are wonderful resources for guidance and mentorship around this issue, as well as the APPIC Training Resources (http://www.appic.org/Training-Resources) material on their Training Resource Sharepoint.

Be sure to review program and university policies on what can be recommended in a remediation plan (e.g., requiring personal psychotherapy is often not allowed but that does not preclude exploring ways the student is seeking support, which may include professional support and help).

Some programs have their own remediation committee that is separate from the office of clinical training and may even be separate from a disciplinary committee for issues related to program status, which may be academic or training related. In this case, the DCT should work with these committees to insure an orderly and useful process.

Diversity: Achieving and maintaining diversity in one's training program is an important goal, one that the DCT can provide leadership in promoting (see Office of Ethnic Minority Affairs, 1996). The DCT can help to ensure that recruitment efforts include potential applicant groups with a variety of personal characteristics and backgrounds. Retention of students is an important consideration too. The DCT should also work with clinical faculty and students to insure that the program atmosphere is supportive of student diversity. Many departments and programs have diversity issues committees in which the DCT may want to be involved. Moreover, there are frequent opportunities to coordinate recruitment and retention activities with college-and-university-wide efforts. Along with student diversity, faculty diversity is an important consideration as well. The APA Office of Ethnic Minority Affairs has published numerous documents (available online and/or in print) that can assist in ethnic minority faculty and student recruiting and retention efforts as well as providing guidelines for ethical provision of service and conducting research with diverse clients/participants.

For more information, refer to their website at: http://www.apa.org/pi/oema. In addition, look for the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*. Similar information is available through APA Public Interest Directorate for support in addressing issues relating to other aspects of diversity:

- Disabilities Issues in Psychology Office: http://www.apa.org/pi/disability/about/index.aspx
- Lesbian, Gay, and Bisexual Concerns Office; www.apa.org/pi/lgbt
- Women's Program Office at APA: http://www.apa.org/pi/women/about/index.aspx
- APA Graduate Student Group: APAGS) http://www.apa.org/apags/ provides information for students with diverse backgrounds.

Admissions: Administering the selection of new students is an essential part of program duties. Admissions is an extremely time-consuming process, one that some DCTs are intimately involved in. According to APA guidelines, applicants to doctoral programs are to be given offers of admission for the fall semester at any time, but accepted persons have until April 15th of each year to reply or change their minds (APA, 1996d). NCSPP members are encouraged to abide by a policy promulgated by the Council of Graduate Students, endorsed by the APA Office of Graduate Education, and presented in the APA publication, *Graduate Study in Psychology*, regarding deadlines for acceptance of offers (Council of Graduate Schools website: http://www.cgsnet.org/).

Funding for Students: Advocating for adequate funding for students is an important function of the DCT that can be quite time-consuming. Programs that rely on mental health facilities in the community to fund their students may confront serious problems as funding patterns change in mental health care delivery. DCTs acting as an advocate for students in discussions with the Department Chair, Dean of the Graduate School, or other administrators can directly influence the number and value of graduate assistantships. The DCT may also need to actively develop new funding possibilities or maintain existing contracts or arrangements with external clinical or research training sites. Students often regard funding as one of their most crucial concerns. Inadequate and unstable funding can be a serious distraction to students and can contribute to decisions to drop out of training programs. Together with other faculty and staff, the DCT should encourage students to apply for scholarships and fellowships whenever possible and appropriate to

support their training interests. An organized way to alert students to funding sources is much appreciated by students and critical to the stability of the program. Most programs seek to utilize funding from practicum and internship sites to support their students. With static or shrinking university and student budgets, such arrangements are becoming increasingly necessary.

ABD Status: Students completing an internship and then maintaining "all but dissertation" (ABD) status for long periods of time have been a problem for many programs. To alleviate this difficulty, a policy can be instituted in which students must have successfully proposed their dissertation prior to either applying for or accepting an internship offer.

Alumni: As students graduate, their database information can be transferred into an alumni database, which many DCTs find useful in tracking alumni, sending alumni newsletters, organizing alumni events, and soliciting donations. Gatherings of alumni are often possible at state, regional, and national conventions. At the annual meeting of the APA, there is an alumni night in which departments can have tables for alumni to visit. Alumni often report that they look forward to these reunions and generally come to appreciate their programs more as time passes after graduation. Many programs request information from their alumni through surveys, collecting information that is required for APA accreditation reports.

Section 7 – Faculty Connections

Among many other activities, it is recommended that the DCT maintain close working relationships with fellow faculty, particularly but not exclusively with the clinical faculty. One of the negative features of the DCT position that has been reported is strained or distant relationships with other faculty (Wisocki et al., 1994). Contact with other faculty outside of meetings is recommended to facilitate good communication. Many DCTs connect in other ways than training connections, for example, dissertation work, projects, teaching and/or committees.

Each doctoral program has a different setup regarding who is involved and to what extent they are involved in practicum and internship training. DCTs do much of the work themselves, but also oversee a team of faculty involved directly in training such as:

1) Clinical faculty, training faculty, or liaison faculty who work in ongoing contact to oversee quality of practicum and internships and assist students and agencies in problem solving;

2) Assistant directors or coordinators of clinical training who work exclusively or with both practicum and/or internship applications and agency contact and review;

3) Faculty who teach courses which are related to practicum where students present practicum cases and/or seek consultation about practicum issues (these faculty may interface with the DCT and training faculty;

4) Faculty who are not directly involved in training but are called upon to write letters of recommendations for students for practicum and internship;

5) Faculty academic advisors who may interact regarding mentoring or student problem areas.

Recruitment

The DCT is also typically involved in recruitment of new training faculty or practicum/internship coordinators, supervisory or clinical teaching roles, and may serve on faculty search committees. A critical issue in the selection of new faculty working in training areas is their eligibility for licensure in the state or province since often it is useful to be licensed when directly interfacing with sites regarding clinical supervision and training. In some areas, faculty who are hired immediately after internship, before having a postdoctoral training year, may be delayed or may never be licensed after beginning their work on faculty. The issue of providing clinical service opportunities, and clinical supervision, for new faculty so that they

can pursue licensure is another important consideration that should be clearly specified in hiring agreements.

Mentoring Faculty

The DCT should ensure that there is mentoring for younger clinical faculty who are involved in training-related activities provided by the DCT and perhaps other more senior faculty. Involving senior faculty in the life of the program can also be an important function for the DCT. The DCT may be involved in helping to resolve patterns of conflict between faculty with students particularly in how faculty interface with students around training issues. Finally, the DCT may want to utilize retreats for faculty, and perhaps students, every few years, to allow for perspective about the program, training and its goals.

Internal Clinics and Supervision by Faculty

Oftentimes there is the question of core faculty supervising practicum or internship students at the program's internal clinic. Clearly, faculty taking on such supervision roles should receive some type of workload credit or additional financial support for the work they do. Some non-clinical faculty may not understand and/or may disagree with a policy of giving teaching credit to clinical faculty for supervision in the department's training clinic or providing consultation to students in practica outside of the department. This issue can arise particularly in summer session, when many faculty are not paid, but still provide clinical or research supervision to students. If clinical faculty are paid to provide clinical consultation and supervision in the summer, there may be related antagonism from nonclinical faculty wherein the DCT can provide a solution oriented approach to resolving differences in an equitable way. A corollary is faculty doing dissertation work in the summer and arrangements made by the program for additional workload or financial re-numeration when faculty are "off-contract". All in all though, it is critical to engage faculty fully in the support of students in clinical training. Even if at first they may seem too overwhelmed or not ready to engage, over time, they too find it very rewarding to assist the students on their training journey.

Section 8 – Accreditation: Website, Program Handbook, and Competencies

Website

Every program has a descriptive website that serves as an information resource and brochure that is available to prospective applicants. This website describes the training program, its philosophy and model of training, and information about faculty and the community in which the program resides. The DCT should review the program's web training information at least yearly, and update it as necessary. A listing of websites from NCSPP member programs is provided at NCSPP (www.thencspp.com).

In many ways, the website of the program is now the way to show the world what the program is and how it rates on different CoA criteria related to accreditation. Indeed, APA requires a *Full Disclosure of Information in Program Materials (print and electronic)* statement on University and College webpages including material on length of program, number of students who graduate in various years, internship match rates, years to graduation, attrition, and other information that might be particularly useful to prospective students.

APA Accreditation Issues

Criteria for accreditation of professional psychology doctoral and internship training programs are regularly revised or clarified with Implementing Regulations. DCTs are referred to APA's accreditation documents, as a comprehensive discussion of accreditation issues is beyond the scope of this manual. Suffice it to say that accreditation is a time-consuming process. Yearly reports are required (the Annual Report Online or

ARO), and periodic self-studies are important. Preparing self-study reports prior to APA site visits, and the site visit itself, requires a substantial time commitment on the part of the DCT and clinical faculty.

It is important for the DCT to keep updated about the status of APA accreditation issues in that requirements may change. For example, new information may be requested, necessitating the addition of those data to the Clinical program's database. Having and reading a copy of the most recent accreditation manual is a must, and in particular, the CoA will inform you of which year format your self-study is subject to. The *Guidelines & Principles* (G&P) and *Implementing Regulations* (IR) documents are both particularly important and can be found on the APA Program Consultation and Accreditation website at: www.apa.org/ed/accreditation/.

As of midyear, 2015, APA has approved the replacement for the Guidelines and Principles by new Standards of Accreditation (SoA) with anticipated implementation in 2017. Implementing guidelines are in the works.

Additionally, it is suggested that the DCT have copies of the last two APA site visit reports on the program, for referencing in making program modifications and planning for the next visit. However, often, if self-studies are years apart, many of the questions have changed, making a new write-up necessary. Such documents can also be useful in securing necessary Department, College, and University resources.

Program Handbook

The graduate program handbook, used by current students, faculty, and administration contains the program description and a great deal of other policy and procedure information as well. One issue that must be considered is: Are students bound to the policies and procedures in the handbook that is current at the time of their entry into the graduate program? Or, can students use handbook policies and procedures that are revised thereafter? Also, if students can use handbook policies and procedures subsequent to their admission date, must they choose one handbook or another, or may they pick and choose policies and procedures among the various handbooks since their admission?

Most programs stick with the handbook requirements that were operative the year the student entered the program and handle exceptions as needed, making it clear when such exceptions are made and what is involved; otherwise, confusion ensues. Clarification of these issues (in writing) is recommended.

For all materials, it is important that there be internal consistency in policies and procedures, a factor that may be reviewed by APA site visit teams. It is also crucial that programs follow their stated policies and procedures, as listed in these materials. Typically, these materials are reviewed yearly and revised. Most programs now provide this information on their websites and link to departmental and university data.

Competencies

According the NCSPP Competency Developmental Achievement Levels (DALs) document, the assessment competency rests on the assessor's foundation of knowledge, skills, and professional attitudes in the areas of the Foundational Competencies, which are reflective of practice-self-assessment, scientific knowledge-methods, relationships, ethical-legal standards-policy, individual-cultural diversity, and interdisciplinary systems.

The Functional Competencies are assessment-diagnosis-case conceptualization, intervention, consultation, research/evaluation, supervision-teaching, and management-administration. Achievement of both foundational and functional competencies requires coursework, supervised practice, and continuing education. The competency of assessment is composed of four domains: interviewing and relationships, 2) case formulation, 3) psychological testing, and 4) ethics and professionalism.

Each domain is operationalized by specific tasks and outcomes across the dimensions of knowledge, skills, and attitudes. The interviewing and relationships domain addresses a student's ability to gather appropriate

information through clinical interview and to create and maintain an empathic and flexible interpersonal stance. The domain of case formulation relates to a student's ability to understand a client's presenting problem, diagnose and conceptualize psychopathology, and clearly communicate that conceptualization to a range of audiences. The domain of psychological testing relates to the choice, scoring, and interpretation of assessment tools. The fourth domain of ethics and professionalism addresses the integration of ethical and professional decision-making in all assessment activities.

Section 9 – Legal Issues Related to Training

The information contained herein should not be construed as legal advice and is provided for background purposes only. It is strongly recommended that DCTs establish a relationship with their university attorney's office for consultation, including but not limited to advice concerning specific issues and cases, as well as applicable state and local laws. It is strongly recommended that DCTs have knowledge about and materials readily available regarding their university's sexual harassment and social justice policies and procedures. It is also useful to know the legal advisers of your state's psychological association.

As in many professional endeavors, the potential for lawsuits to be brought against clinical faculty is a serious concern, which must be recognized and dealt with accordingly. The most common areas in which the potential for legal liability exists for DCTs and clinical faculty are subsequently listed. Although the risk for liability in these areas can never be completely eliminated, it can be sufficiently minimized so as to not create an obstacle to the smooth functioning of clinical programs.

In addition to the professional liability insurance that one typically procures to cover the provision of clinical services, it is recommended that DCTs ascertain whether their activities as administrators are covered through a university or personal policy. Moreover, it is recommended that similar considerations be addressed for all clinical faculty, to insure coverage both of their university-related clinical activities (including supervision) and other educational functions (e.g., in the classroom, as a thesis or dissertation chair).

Denial of Admission

DCTs and clinical faculty must contend the threat of a lawsuit by disgruntled unsuccessful applicants for admission to training programs. Notwithstanding those cases in which some type of "illegal" discrimination has occurred (e.g., rejection on the basis of ethnicity, gender, age, or disability), suits in this area are usually not successful. ***The key to minimizing the risk of liability is to have established criteria and procedures for deciding upon who gets admitted and who does not, and to stick by them.*** Although some parts of the decision-making process are undoubtedly less objective than others, making the process as objective as possible will provide good protection against subsequent lawsuits. Rating each applicant in clearly articulated areas will provide evidence that decisions will not made arbitrarily. Such areas may include grade point averages, GRE scores, interviewers' summaries and ratings, letters of recommendation, biographical data, previous life experiences, and extracurricular activities. Personal characteristics of an applicant inevitably figure into the decision-making process. This reality is unlikely to present a problem, ***provided that*** those characteristics have some content validity to clinical program performance. To the extent that personal characteristics are utilized in decision-making, personal interviews with applicants support the process.

Psychologists have a wealth of training and expertise in objectifying, evaluating, and assessing individual performance potential, and this background should not be forgotten when making admissions decisions.

Termination of Student Enrollment

Perhaps the greatest increase of a threat of a lawsuit in recent years has occurred in the area of termination of students from clinical programs. In general, the courts have permitted school authorities considerable latitude in determining whether a student has failed to meet academic/program requirements and virtually absolute discretion in determining what the academic/program requirements are. In essence, the potential for a successful lawsuit of this type is relatively small, so the high degrees of anxiety about it are unwarranted. There are some key points, however, which clinical faculty must bear in mind to minimize the risks that do exist.

First, the courts apply different standards depending upon whether an educational institution is publicly or privately supported. For publicly funded educational institutions, whether or not termination of a student has been appropriately carried out will depend upon whether the student has been afforded "due process". In other words, the court will look to see what procedures the state institution has followed since dismissal of a student may constitute a deprivation of liberty or property within the meaning of the Fourteenth Amendment to the United States Constitution.

The U.S. Supreme Court, in *Board of Curators of the University of Missouri v. Horowitz*, 435 U.S. 78 (1978), held that in dismissing a medical student for failure to meet academic standards, the school satisfied due process requirements informing the student of the faculty's dissatisfaction with her clinical progress and the danger that this posed to continued enrollment in the program. Further, because the ultimate decision to dismiss the student was "careful and deliberate," the student could not object. The same Court in *Goss v. Lopez*, 419 U.S. 565 (1975), held that no formal hearing was required, only an "informal give-and-take" between the administrative body dismissing the student that would at least give the student "the opportunity to characterize his conduct and put it in what he deems the proper context."

Practically speaking, due process requirements can be satisfied by: providing the student with notification that the student's academic work or clinical performance is placing the student's status in jeopardy, making expectations for improved performance clear to the student and within what time frame improvement is expected, providing the student with an opportunity to explain his or her situation, and ultimately deciding to terminate a student (if expectations for improvement are not met) in a non-capricious, careful, and deliberate manner.

Private institutions are not subject to constitutional due process requirements. Hence, a student in a private institution cannot sue for violations of due process. There are, however, analogous actions that may be brought by a disgruntled student who has been dismissed for academic or clinical performance reasons. While the actual legal grounds that may be alleged can vary (e.g., violation of "fundamental fairness," breach of contract pursuant to terms expressed in a program bulletin or a university catalogue), the factors looked at by a court are likely to be similar to those in due process cases. As a practical matter then, maintaining the same procedures as those recommended for publicly funded institutions are likely to minimize the risk or liability and maximize discretion for the program in establishing criteria for expected academic and clinical performance.

The second key point to be understood is that the law views differently dismissal for academic reasons and dismissal for disciplinary reasons. In contrast to the relatively limited amount of due process required for dismissal based on academic failure, the required procedures to accomplish dismissal for disciplinary reasons are more onerous. In particular, dismissal for disciplinary reasons, according to the Supreme Court, requires that the student be given oral or written notice of the charges against him or her and, if he/she denies them, an explanation of the evidence the authorities have and an opportunity to present his/her side of the "story," *Goss v. Lopez*, 419 U.S. 565 (1975). In addition, a public hearing may be required since disciplinary actions have a sufficient resemblance to traditional judicial and administrative fact finding.

ADA and Accommodations for Students

This area of law is an evolving one, and is based on the American Disabilities Act of 1990 and Rehabilitation Act of 1973 (sec. 504). The standard is that there must be "reasonable accommodation" for challenged students. If there is a question about admission of a challenged student, the most relevant question might be regarded whether it would be dangerous if he/she were to be in the profession. Possible accommodations for students include: (a) increase in length of time permitted for completion of requirements, (b) decreased class schedule each term, (c) leave of absence for intensive treatment, (d) course substitution, (e) increase in length of time allocated for completion of exams, (f) providing a reader, (g) providing a quiet room to complete an examination, and (h) providing auxiliary services through taped tests, interpreters, or tutors. [It is critical that DCTs become familiar with their university's ADA compliant process regarding the granting of accommodations.]

Negligent Supervision

This area of vicarious liability, in which there is indirect legal responsibility of a principal for the actions of an agent (e.g., a supervisor's responsibility for a supervisee), has a specific application to faculty connected with training clinics or practica. This tort, or "civil wrong," occurs when a client is injured as a result of services provided by a student and it is determined that the poor treatment was the result of less than adequate supervision provided by the clinical faculty member charged with the responsibility of supervising the student's clinical work. Sufficient supervisory time spent reviewing the student's work and careful documentation by both the student-clinician and the supervisor are absolute necessities for minimizing the risk of this type of liability. Also, a thorough knowledge and understanding by the supervisor of each client who is being seen by the supervisee is a must. While this guideline may simply appear to be common sense, there are some cases in which supervisors have found themselves facing negligent supervision suits from clients who they were unaware were being treated by their supervisees. This, of course, is a less likely occurrence in the context of a carefully thought out and structured clinical training program than in settings where no formal training is established. It is possible not only for the client to bring action against a supervisor, but for a supervisee to bring an action as well. A related issue is that it is also appropriate, and consistent with ethical standards, for clients to be aware that they are receiving services by a trainee under supervision.

Student Privacy Issues

Educational law requires that all information about students be kept private. This can constrict the sharing of concerns between supervisors and DCTs. The best way to handle this is to give the students informed consent that information relevant to their clinical skills may be shared between clinical faculty and site supervisors. A signed consent form each year is recommended.

Sexual Harassment

By the nature of their position, DCTs often are in the role of counseling students with complaints of various types, including sexual harassment from faculty, fellow students, or others in the academic environment. Often, the DCT acts to assist a student in directly addressing these concerns him or herself. The DCT may have a unique role, however, in having the responsibility for reporting and responding to suspected sexual harassment, even if the aggrieved party does not do so, or requests that the DCT not take action. As already recommended, DCTs should have information readily available about their universities' policies and procedures for reporting alleged sexual harassment.

Educational Malpractice and Negligent Training

Clinical services provided to clients in training clinics or practicum settings are another area of potential liability that is, practically speaking, no different than that which the clinician faces in other settings. Good clinical judgment, using adequate consent forms for clients, and careful record-keeping practices will go a long way to keep the risks low. There is precedence for a university to be named in a suit because of a

breach of educational standards. It is usually considered contrary to public policy, however, for courts to usurp the authority of the state psychology licensing board, and the state regents for higher education, which the state legislature has deemed having oversight in matters of psychological services and educational training. A concern about students moonlighting and giving the appearance of working under the supervision of the university may be addressed by regulating such practices by program policies and procedures, and specifically directing students to inform employers and clients that their work is unrelated to their university affiliation.

Summary

Despite the ability to minimize risks or liability, it is recommended that all faculty obtain professional liability insurance, especially those who supervise the clinical work of students. Although many universities "cover" faculty members in the performance of their university-based responsibilities, situations can arise where individual coverage is desirable if not necessary. For example, the interests of a university may diverge from or be in conflict with the interests of an individual psychologist faculty member. Having your own attorney and your own liability coverage may prevent an unwarranted result (e.g., an undesirable settlement), which is good for the university but not the faculty member. Liability insurance for students who are performing clinical functions is also well worth considering.

Appendix A – Resources: Articles and Books

DCTs and Training: See *Training and Education in Professional Psychology* for current work on Training.

Burgess, D., Keeley, J., & Blashfield, R. (2008). Full disclosure data on clinical psychology doctorate programs. *Training and Education in Professional Psychology, 2,* 117–124.

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Lovell, M. R. (1997). Creating new models for clinical training in psychology. In J. M. Schuster, M. R. Lovell, et al. (Eds.), *Training behavioral healthcare professionals: Higher learning in the era of managed care* (pp. 67–87). San Francisco, CA: Jossey-Bass.

Maher, B. A. (2000). Changing trends in doctoral training programs in psychology: A comparative analysis of research-oriented versus professional-applied programs. *Psychological Science, 10,* 475–481.

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Steinpreis, R., Quen, L., & Tennen, H. (1992). The education of clinical psychologists: A survey of training directors. *The Clinical Psychologist, 45,* 87–94.

Wisocki, P. A., Grebstein, L. C., & Hunt, J. B. (1994). Directors of Clinical Training: An insider's perspective. *Professional Psychology: Research and Practice, 25,* 482–488.

Supervision and Mentoring

Atkinson, D. R., Neville, H., & Casas, A. (1991). The mentorship of ethnic minorities in professional psychology. *Professional Psychology: Research and Practice, 22,* 336–338.

Clark, R. A., Harden, S. L. & Johnson, W. B. (2000). Mentoring relationships in clinical psychology doctoral training: Results of a national survey. *Teaching of Psychology, 27,* 262–268.

Gottlieb, M. C., Robinson, K., & Younggren, J. N. (2007). Multiple relations in supervision: Guidance in administrators, supervisors, and students. *Professional Psychology: Research and Practice, 38,* 241–247.

Kaslow, N. J., Forrest, L., Van Horne, B. A., Huprich, S. K., Pantesco, V. F., Grus, C. L., Miller, D. S. S., Rubin, N.J., Elsman, N. S., Jacobs, S. C., Benton, S. A., Dollinger, S. J., Behnke, S. H., Shealy, C. N., & Van Sickle, K. (2007). Recognizing, assessing, and intervening with problems of professional competence. *Professional Psychology: Research and Practice, 38,* 479–492.

Thomas, J. T. (2007). Informed consent through contracting for supervision: Minimizing risks, enhancing benefits. *Professional Psychology: Research and Practice, 38,* 221–231.

Practicum

Fagan, T. J., Ax, R. K., Liss, M., Resnick, R. J., & Moody, S. (2007). Professional education and training: How satisfied are we? An exploratory study. *Training and Education in Professional Psychology, 1,* 13–25.

Gross, S. M. (2005). Student perspectives on clinical and counseling psychology practica. *Professional Psychology: Research and Practice, 36,* 299–306.

Hatcher, R. L., & Lassiter, K. D. (2007). Initial training in professional psychology: The practicum competencies outline. *Training and Education in Professional Psychology, 1,* 49–63.

Hecker, J. E., Fink, C. M., Levasseur, J. B., & Parker, J.D. (1995). Perspectives on practicum: A survey of directors of accredited PhD programs and internships (Or, what is a practicum hour, and how many do I need?) *Professional Psychology: Research and Practice, 26,* 205–210.

Herschell, A. D. & McNeil, D. W. (1996). A model for the transfer of information in clinical practicum training. *West Virginia Journal of Psychological Research and Practice, 5,* 51–56.

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Rodolfa, E. R., Owen, J. J., & Clark, S. (2007). Practicum training hours: Fact and fantasy. *Training and Education in Professional Psychology, 1,* 64–73.

Internships

Association of Psychology Postdoctoral and Internship Centers. (2008-2009). *APPIC directory: Internship and postdoctoral programs in professional psychology.* Washington, DC: Author. (Latest Online version of the Directory is available at the APPIC website, www.appic.org.)

Baker, J., McCutcheon, S., & Keilin, W. G. (2007). The internship supply-demand imbalance: The APPIC perspective. *Training and Education in Professional Psychology, 1,* 287–294.

Bartle, D. D., & Rodolfa, E. R. (1999). Internship hours: Proposing a national standard. *Professional Psychology: Research and Practice, 30,* 420–422.

Connelly, M. (2003). The internship match hazing process: A survival guide. *The Clinical Psychologist, 56,* 24–30.

Goulden, L.C. (1995). All I ever really needed to know for internship interviewing I learned from rush. *The Behavior Therapist, 18,* 100–101.

Hutchings, P. S., Mangione, L., Dobbins, J. E., & Wechsler, F. S. (2007). A critical analysis of systemic problems with psychology pre-doctoral internship training: Contributing factors and collaborative solutions. *Training and Education in Professional Psychology, 1,* 276–286.

Jacob, M. C. (1987). Managing the internship application experience: Advice from an exhausted but content survivor. *The Counseling Psychologist, 15,* 146–155.

Keilin, W. G. (1998). Internship selection 30 years later: An overview of the APPIC matching program. *Professional Psychology: Research and Practice, 29,* 599–603.

Keilin, W. G., Baker, J., McCutcheon, & Peranson, E. (2007). A growing bottleneck: The internship supply-demand imbalance in 2007 and its impact on psychology training. *Training and Education in Professional Psychology, 1,* 229–237.

Ko, S., & Rodolfa, E. (2005). Psychology training directors' views of number of practicum hours necessary prior to internship application. *Professional Psychology: Research and Practice, 36,* 318–322.

Lopez, S. J., Oehlert, M. E. & Moberly, R. L. (1996). Selection criteria for American Psychological Association accredited internship programs: A survey of training directors. *Professional Psychology: Research and Practice, 27,* 518–520.

Madson, M. B., Aten, J. D., & Leach, M. M. (2007). Applying for the predoctoral internship: Training program strategies to help students prepare. *Training and Education in Professional Psychology, 1,* 116–124.

Madson, M. B., Hasan, N. T., Williams-Nickelson, C., Kettmann, J. J., & Van Sickle, K. S. (2007). The internship supply and demand issue: Graduate student's perspective. *Training and Education in Professional Psychology, 1,* 249–257.

Neimeyer, V. A., Mazzeo, S. E., & Sullivan, T. N. (2007). Does model matter? The relationship between science practice emphasis in clinical psychology programs and the internship match. *Training and Education in Professional Psychology, 1,* 153–162.

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Ronan, G. F. (1996). Internship advice. *The Behavior Therapist, 19,* 153–156.

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Shivy, V. A., Mazzeo, S. E., & Sullivan, T. N. (2007). Clinical and counseling psychology doctoral trainees: How students perceive internships. *Training and Education in Professional Psychology, 1,* 162–173.

Stedman, J. M. (2007). What we know about predoctoral internship training: A 10-year update. *Training and Education in Professional Psychology, 1,* 74–87.

Stedman, J. M., Hatch, J. P., & Schoenfeld, L. S. (2007). Toward practice-oriented theoretical models for internship training. *Training and Education in Professional Psychology, 1,* 89–94.

Suran, B. G., Crivolia, A. J., & Krupst, M. J. (1977). A rating scale for the selection of internship applicants. *Journal of Clinical Psychology, 33,* 591–596.

Thorn, B. E., & Dixon, K. E. (1999). Issues of internship supply and demand: A survey of academic counseling and clinical programs. *Professional Psychology: Research and Practice, 30,* 198–202.

Thorp, S. R., O'Donohue, W. T., & Gregg, J. (2005). The predoctoral internship: Is current training anachronistic? *Professional Psychology: Research and Practice, 36,* 16–24.

Turk, K. (1995). Wisdom concerning the internship application process. *Newsletter of the American Psychological Association of Graduate Students, 7,* 14.

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Hall, J. E., Wexelbaum, S. F., & Boucher, A. P. (2007). Doctoral student awareness of licensure, credentialing, and professional organizations in psychology: The National Register International Survey, *Training and Education in Professional Psychology, 1,* 38–48.

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Problematic Students

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Accreditation and Credentialing

American Psychological Association Committee on Accreditation (2002). *Guidelines and principles for accreditation of programs in professional psychology.* Washington, DC: American Psychological Association. (See APA site for updates)

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Appendix B – Key Links: Associations, Training Councils, Boards, Certifications

Training Councils

NCSPP http://www.ncspp.info
The Association of Directors of Psychology Training Clinics (APTC) http://www.aptc.org/
Council of University Directors of Clinical Psychology (CUDCP) www.cudcp.org
Council of Counseling Psychology Training Programs (CCPTP) www.lehigh.edu/ccptp
Council of Directors of School Psychology Programs (CDSPP) https://sites.google.com/site/cdspphome/
Council of Chairs of Training Councils (CCTC) http://www.cctcpsychology.org/
Association of Counseling Center Training Agencies (ACCTA) https://asaccta.memberclicks.net/

APA and Accreditation

APA's Commission on Accreditation http://www.apa.org/ed/accreditation/
American Psychological Association (APA) http://www.apa.org/
Ethical Code of the American Psychological Association http://www.apa.org/ethics/code/index.aspx
American Psychological Association of Graduate Students (APAGS) http://www.apa.org/apags/

Internships

Association of Psychology Postdoctoral & Internship Centers (APPIC) http://appic.org/
The California Psychology Internship Council (CAPIC) http://www.capic.net/

Licensing and Certification

American Board of Professional Psychology (ABPP) www.abpp.org/
National Register of Health Service Providers in Psychology http://www.nationalregister.org/
Association of State & Provincial Psychology Boards (ASPPB)(www.asppb.net/?page=BdContactNewPG)
APA List of State and Provincial Associations (www.apa.org/about/apa/organizations/associations.aspx)