

FORDHAM UNIVERSITY
CLINICAL PSYCHOLOGY DOCTORAL PROGRAM (CPDP)
STUDENT HANDBOOK

Psychology Department

Fall 2016

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MISSION AND RESPONSIBILITIES

In 2005, the CPDP adopted the following mission statement:

The Clinical Psychology Doctoral Program prepares students to contribute to the science and profession of psychology as researchers, practitioners and teachers in their chosen areas of clinical psychology. Employing the Boulder Scientist-Practitioner training model, our goal is to help students learn how to critically and dynamically integrate scientific research with real world practice in clinical work. We seek to educate generalists while providing students with opportunities to develop specializations in particular areas and approaches in clinical psychology. In order to prepare students to successfully enter a broad spectrum of professional careers, the faculty teaches sophisticated knowledge of the field's theoretical pluralism, adept research competencies, and a comprehensive array of skills in diagnostic assessment, psychotherapeutic intervention, and consultation. The faculty is dedicated to facilitating the formation of unique professional identities among students that combine their special interests and talents with high ethical standards and respect for the diversity of personalities, ethnicities, religions, and the social lives of those in need of mental health services.

Fordham University endeavors to provide high quality training in both the clinical and research aspects of psychology. Domain E of the revised Guidelines and Principles for Accreditation of Programs in Professional Psychology (APA, 1996) concerning Student-Faculty Relations requires that students receive a written statement covering: a) program and institution policies and procedures, b) degree requirements, c) policies and procedures regarding student evaluation and continuance in the program including procedures for termination of impaired or incompetent students. This publication provides relevant information on these topics or directs the student to where such information can be found. All students are expected to read and become familiar with the following publications:

1. The bulletin for the Graduate School of Arts and Sciences of Fordham University
2. The Academic Policies and Procedures Guidebook (APPG) from the Graduate School of Arts and Sciences
3. The Department of Psychology Graduate Student Handbook which covers important topics such as the definition of "Full-time Status", "Satisfactory Academic Performance and Progress", "Core Requirements", "Transfer Credit" Financial Assistance", structure of the MA and Ph.D. Comprehensive Examinations and use of "Departmental Facilities"
4. American Psychological Association. (2010). Ethical principles of psychologists and code of conduct, with the 2010 amendments. Retrieved from <http://www.apa.org/ethics/code/principles.pdf>

REQUIRED COURSE OF STUDY

The Clinical Psychology Program currently requires 85 semester hours for the Ph.D. degree. Students are expected to take four 3-credit courses per semester in Years 1-2, three 3-credit courses per semester in Year 3 (may take up to 12 credits, but need to take 9 credits for FT status in 3rd year), and a minimum of one 1 - credit course per semester in year 4. Additional credits are associated with completion of the MA thesis (3 credits), doctoral dissertation (6 credits) and an APA-accredited Internship (2 credits). Additional course work completed over the summer or transferred from a prior institution may reduce the number of courses per semester.

The following table constitutes your graduation checklist.

COURSE OVERVIEW

An overview grid of when courses are routinely offered is included at the end of this document.

Clinical Training
(49 credit hours)

Clinical Topics Seminar (No credit hours)

PSYC 8023	Clinical Topics Seminar (6 semesters)	Year 1,2,3	0 Credits
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Psychological Assessment (9 credit hours)

PSYC 6106	Cognitive Assessment with Lab	Year 1	3 Credits
PSYC 6119	Personality Assessment I with Lab	Year 1	3 Credits
See listings	Elective assessment course	Year 2 or 3	3 Credits

Diagnostic and Intervention Training (12 credit hours)

PSYC 6210	Psychotherapy Theories	Year 1	3 Credits
PSYC 7111	Psychopathology	Year 1	3 Credits
PSYC 7121	Clinical Diagnosis	Year 1	3 Credits
See listings	Elective Intervention course	Year 2 or 3	3 Credits

Diversity Training (3 credit hours)

PSYC 6170	Multicultural Seminar	Year 2 or 3	3 Credits
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Professional Ethics and Standards (3 credit hours)

PSYC 6005	Ethics in Psychology	Year 2	3 Credits
PSYC 8015	Identification of Child Abuse	Year 1	0 Credits

Teaching Skill Development (3 credit hours)

PSYC 7990	Teaching of Psychology	Year 3	3 Credits
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Clinical Electives (Including at least one Intervention and one Assessment elective) (9 credits)

PSYC 6020	Health Psychology	Year 2 or 3	3 Credits
PSYC 6030	Trauma and Family Violence	Year 2 or 3	3 Credits
PSYC 6050	Behavioral Medicine*	Year 2 or 3	3 Credits
PSYC 6137/3819	Personality Assessment II with Lab ^	Year 2 or 3	3 Credits
PSYC 6184	Behavioral Assessment^ with Lab	Year 2 or 3	3 Credits
PSYC 6190	Forensic Assessment ^	Year 2 or 3	3 Credits
PSYC 6205	Clinical Geropsychology *	Year 2 or 3	3 Credits
PSYC 6245	Cognitive Behavior Therapy *	Year 2 or 3	3 Credits
PSYC 6251	Neuropsychology with Lab ^	Year 2 or 3	3 Credits
PSYC 6257	Child Neuropsychology with Lab ^	Year 2 or 3	3 Credits
PSYC 6270	Family Systems: Theory and Practice	Year 2 or 3	3 Credits
PSYC 6280	Brief Psychotherapy *	Year 2 or 3	3 Credits
PSYC 6298	Psychoanalytic Theory *	Year 2 or 3	3 Credits
PSYC 6380	Anxiety Disorders *	Year 2 or 3	3 Credits
PSYC 6390	Global Mental Health*	Year 2 or 3	3 Credits
PSYC 6530	Developmental Psychopathology	Year 2 or 3	3 Credits
PSGE 6630	Group Counseling *	Year 2 or 3	3 Credits
PSYC 6670	Psychopharmacology	Year 2 or 3	3 Credits
PSYC 7010	Psychology and Criminal Law	Year 2 or 3	3 Credits
PSYC 7020	Psychology and Civil Law	Year 2 or 3	3 Credits
PSYC 7250	Treatment of Substance Abuse *	Year 2 or 3	3 Credits
PSYC 8271	Child Psychotherapy *	Year 2 or 3	3 Credits

^ **Assessment elective courses**

* **Intervention elective courses**

Externship Training (14 credit hours)

PSYC 8202	Clinical Externship I	Year 2	3 Credits
PSYC 8203	Clinical Externship II	Year 2	3 Credits
PSYC 8212/ PSYC 8290	Clinical Externship III (2 credits)/Clinical Supervision (1 credit)	Year 3	3 Credits
PSYC 8213/ PSYC 8290	Clinical Externship IV (2 credits)/Clinical Supervision (1 credit)	Year 3	3 Credits
PSYC 8221	Clinical Externship V	Year 4	1 Credit
PSYC 8223	Clinical Externship VI	Year 4	1 Credit

Important Note. Fourth-year students are required to complete Externship V and VI (Supervision & Consultation Seminar), which has three components summarized below. Second-year students are also required to participate in this process. Specifically, in both semesters of this course:

- 1) Fourth-year students will participate in a year-long, weekly 1-hour didactic component on supervision and consultation (provided by two faculty members, one in the fall semester and the other in the spring semester) for this course.
- 2) Fourth-year students will participate in a year-long, weekly 1-hour group supervision/consultation seminar (provided by a faculty member) for this course.
- 3) Fourth-year students will have a year-long, weekly 1-hour practicum component for this course, in which they will provide clinical supervision to a second-year student.
 - i. Both Fourth-year and Second-year students are required to participate in this 1:1 1-hour supervision component within the assigned time slot slated for this course (essentially, this is the laboratory component of the course). Please note though that given the numbers (for example, in a given year the number of fourth- and second-year students are not the same), it's not always possible to have 1:1 supervision. In such cases, the instructors have discussed how to handle it for this year and will notify students as the course commences.

*This course will be scheduled within a 3-hour time slot in order to facilitate completion of all three aspects of the course at one time."

APA Approved Internship Training (2 credit hours)

PSYC 8080	Clinical Internship – Fall Semester	Year 5 or 6	1 Credit
PSYC 8080	Clinical Internship – Spring Semester	Year 5 or 6	1 Credit

Optional Specializations

Courses in these areas count as elective credits

Child and Family Therapy Specialization (*Required courses; three total courses are required; 9 credits)

PSYC 6030	Trauma and Family Violence	Year 2 or 3	3 Credits
PSYC 6184	Behavioral Assessment with Lab	Year 2 or 3	3 Credits
PSYC 6270	Family Systems: Theory and Practice*	Year 2 or 3	3 Credits
PSYC 8271	Child Psychotherapy*	Year 2 or 3	3 Credits
PSYC 7030	Psychology and Juvenile Justice	Year 2 or 3	3 Credits
PSYC 6257	Child Neuropsychology with Lab	Year 2 or 3	3 Credits
PSYC 6530	Developmental Psychopathology	Year 2 or 3	3 Credits
	One externship specializing in child and family therapy	Year 2 or 3	
	Predoctoral or doctoral research in child clinical psychology or family therapy		

Primary Faculty: Drs. David Chabot, David Glenwick, Peggy Andover, Amy Roy, Rachel Annunziato, Keith Cruise, and Andrew Rasmussen

Forensic Psychology Specialization (Any three courses are required; 9 credits)

PSYC 6030	Trauma and Family Violence	Year 2 or 3	3 Credits
PSYC 6190	Forensic Assessment	Year 2 or 3	3 Credits
PSYC 7010	Psychology and Criminal Law	Year 2 or 3	3 Credits
PSYC 7020	Psychology and Civil Law	Year 2 or 3	3 Credits
PSYC 7030	Psychology and Juvenile Justice	Year 2 or 3	3 Credits
	One externship specializing in forensic psychology	Year 2 or 3	
	Predoctoral or doctoral research in forensic psychology		

Primary Faculty: Drs. Keith Cruise and Barry Rosenfeld; **Affiliated Faculty:** Celia Fisher and Andrew Rasmussen; **Adjunct/Other Faculty:** Brian Belfi, Ph.D.

Health Psychology Specialization (Any three courses are required; 9 credits)

PSYC 6020	Health Psychology	Year 2 or 3	3 Credits
PSYC 6050	Behavioral Medicine	Year 2 or 3	3 Credits
PSYC 6251	Neuropsychology with lab	Year 2 or 3	3 Credits
PSYC 6257	Child Neuropsychology with lab	Year 2 or 3	3 Credits
PSYC 6290	Health Disparities	Year 2 or 3	3 Credits
	One externship specializing in neuropsychology or health psychology	Year 2 or 3	
	Predoctoral or doctoral research in neuropsychology or health psychology		

Primary Faculty: Drs. Rachel Annunziato, Barry Rosenfeld, and Kathy Schiaffino; **Affiliated Faculty:** Monica Rivera Mindt

Neuropsychology Specialization (*Required courses; three total courses are required; 9 credits)

PSYC 6251	Neuropsychology with lab*	Year 2 or 3	3 Credits
PSYC 6257	Child Neuropsychology with lab*	Year 2 or 3	3 Credits
PSYC 6290	Health Disparities	Year 2 or 3	3 Credits
PSYC 6670	Psychopharmacology	Year 2 or 3	3 Credits
PSYC 7020	Psychology and Civil Law	Year 2 or 3	3 Credits
	One externship specializing in neuropsychology or health psychology	Year 2 or 3	
	Predoctoral or doctoral research in neuropsychology or health psychology		

Primary Faculty: Drs. Monica Rivera Mindt and Molly Zimmerman; **Affiliated Faculty:** Amy Roy and Karen Siedlecki

Research Training
(18 Credits)

Research/Statistics Courses (9 credits, required)

PSYC 6802	Introduction to Psychological Statistics with Lab	Year 1	3 Credits
PSYC 6830	Research Methodology	Year 1	3 Credits
PSYC 7804	Regression Analysis with Lab	Year 2	3 Credits

Research Training (9 credit hours, required)

PSYC 8025	Research Colloquium (6 semesters)	Years 1-3	0 Credits
PSYC 8050 ¹ (or 8040)	Research Practicum (MA Thesis)	Year 2	3 Credits
PSYC 0950	Dissertation Proposal Development (completed by Dissertation Proposal Acceptance)*	Year 3 or 4	1 Credit/semester
PSYC 9999	Dissertation Mentoring (completed by Dissertation Progress Report Acceptance)*	Year 4 or 5	1 Credit/semester

*PSYC 0950 is converted to PSYC 0960 (3 credits) upon acceptance of Proposal and PSYC 9999 is converted to PSYC 0970 (3 credits) upon acceptance of Progress Report

Optional Research/Statistics Courses (optional)

Students interested in developing advanced competence in research methodology and/or statistics may choose to take one or more graduate courses in methods and/or statistics within the Department of Psychology as elective credits. Some examples of possible courses are listed below, and you can check for additional options within current course listings on the Department of Psychology website.

PSYC 6390	Qualitative Methods	Year 2 or 3	3 Credits
PSYC 7290	Item-Response Theory	Year 2 or 3	3 Credits
PSYC 7812	Factor Analysis	Year 2 or 3	3 Credits
PSYC 7830	Structural Equation Modeling	Year 2 or 3	3 Credits
PSYC 7850	Hierarchical Linear Modeling	Year 2 or 3	3 Credits
PSYC 7825	Models of Decision and Choice	Year 2 or 3	3 Credits

¹ For students entering w/ an MA degree AND approved thesis, PSYC 8040 is substituted for this requirement

Other Required Coursework (APA Bases)
(18 Credit hours)

Biological Bases of Behavior: Met by the following **required** course (3 credit hours)

PSYC 6654	Introduction to Neuroscience with Lab	Year 1	3 Credits
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Social Bases: Met by the following **required** course (3 credit hours)

PSYC 5710	Issues in Social Psychology	Year 2 or 3	3 Credits
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History and Systems: Met by the following **required** course (3 credit hours)

PSYC 6066	History and Systems in Psychology	Year 2 or 3	3 Credits
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Cognitive/Affective Bases: Met by the following **required** course (3 credit hours)

PSYC 6370	Cognition and Affect	Year 2 or 3	3 Credits
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Individual Bases: Met by the following **required** course (3 credit hours)

PSYC 6225	Personality Theories and Research	Year 2 or 3	3 credits
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Developmental Bases: Met by one of the following courses (3 credit hours)

PSYC 6300	Foundations of Developmental Psychology	Year 2 or 3	3 Credits
PSYC 6330	Cognitive Development	Year 2 or 3	3 Credits

TYPICAL SEQUENCE OF STUDY

	Fall	Spring	Summer
Year 1	<ul style="list-style-type: none"> • Clinical Topics Seminar • Cognitive Assessment • Psychopathology • Research Methods • Intro to Psych. Statistics • Research Colloquium 	<ul style="list-style-type: none"> • Clinical Topics Seminar • Personality Assessment I • Clinical Diagnosis • Psychotherapy Theories • Regression Analysis • Research Colloquium • Identification of Child Abuse 	<ul style="list-style-type: none"> • History and Systems in Psychology • Work on MA thesis
Year 2	<ul style="list-style-type: none"> • Clinical Topics Seminar • Externship I • Ethics in Psychology • Elective • Research Colloquium • MA Thesis proposal due 	<ul style="list-style-type: none"> • Clinical Topics Seminar • Externship II • Elective • Elective • Elective • Research Colloquium 	<ul style="list-style-type: none"> • Elective (optional) • Elective (optional) • Complete MA thesis • Research Practicum*
Year 3	<ul style="list-style-type: none"> • Clinical Topics Seminar • Externship III • Multicultural Seminar • Elective • Elective (optional) • Research Colloquium 	<ul style="list-style-type: none"> • Clinical Topics Seminar • Externship IV • Cognition and Affect • Elective • Elective (optional) • Research Colloquium • Doctoral Comprehensive Examination (January) 	<ul style="list-style-type: none"> • Teaching of Psychology • Elective (optional) • Begin Dissertation
Year 4	<ul style="list-style-type: none"> • Externship V • Dissertation Proposal • Internship applications 	<ul style="list-style-type: none"> • Externship VI • Dissertation data collection • Internship interviews 	<ul style="list-style-type: none"> • Begin Internship
Year 5	<ul style="list-style-type: none"> • Internship • Dissertation Progress Report 	<ul style="list-style-type: none"> • Internship • Dissertation Oral Defense 	<ul style="list-style-type: none"> • Complete Internship • Graduate !!

Notes: As part of the Elective slots noted above, students must take the following 6 required courses: Issues in Social Psychology, Personality Theories and Research, and one of the Developmental courses that fulfills the Developmental Bases requirement (Foundations of Developmental Psychology or Cognitive Development). This overview provides guidance on expected timing of coursework. It is up to students whether or not to complete program requirements in 5 years. Most students delay internship until their 6th year, using the 5th year to make further progress towards completing the dissertation. Thus, most of our students complete the program within 6 – 7 years, and specific data can be found on our CPDP website and check out the following link: “Student Admissions, Outcomes, Other Data (APA Disclosure).”

*Research Practicum credits taken in Summer, unless your project dictates Spring as better for a given student. Please consult with DCT & Maria Barbieri first.

Summer classes are optional, but most students take 1-2 classes per summer. Summer coursework enables students to reduce their courseload during the semester and/or complete supplemental electives (e.g., advanced statistical courses, specialization coursework, etc). Financial aid packages provide funding for 2 classes per summer for the first 3 years so long as students are actively engaged in their respective assistantships. Summer funding for advanced students (4th year and above) depends on their specific packages. Please refer to your annual award letter for more information or contact Maria Barbieri if you have further questions.

CLINICAL TOPICS SEMINAR

All students attend Clinical Topics Seminar (CTS) for 6 semesters (the first three years). CTS is intended to serve multiple goals including facilitating the professional development of graduate students through, among other things, formal didactic presentations, opportunities to give formal research presentations (of the MA thesis, in the Fall semester of the 3rd year) and case conferences (in the Spring semester of the 3rd year), and guest lectures by faculty and invited speakers. Topics vary between “standard” informational presentations (e.g., “How to present a case conference” and “Grant Writing”) and specialized topics by invited outside speakers (e.g., experts on substance abuse, forensic psychology, HIV/AIDS, etc.). Attendance is the primary requirement for Clinical Topics Seminar, students with an excessive number of absences (more than 3 per semester) will result in program sanctions, including an INC and the semester will have to be made up in the 4th year.

Of note, 3rd year students receive written feedback on their research and case conference presentations that is based on a summary of faculty’s and 4th year student peer evaluator’s evaluation. Students are expected to receive an overall rating of ‘Satisfactory’ in order to demonstrate competency on presenting research findings (MA thesis) and case consultation (respectively). Moreover, students are expected to incorporate/comment on issues of individual differences/multicultural issues and ethical issues within both presentations. Copies of both presentation evaluation forms and additional presentation information are available for review on the CTS folder of the Clinical Students’ Google Drive Folder. Not meeting competency in these 3rd year presentations will result in receiving additional guidance/mentorship from the DCT and/or Associate DCT and student’s mentor, as well as presenting again in the following (4th) year in order to have an additional opportunity to demonstrate competency in this required area. Students are expected to work closely with their research mentors and/or externship supervisors in order to prepare for these presentations. Moreover, 4th year students are expected to serve as consultants in the Case Conference series held during the Spring semester of CTS in order to provide additional mentorship and support in the preparation of these presentations.

OPTIONAL SPECIALIZATIONS

The CPDP is a single program that prepares students for/make eligible to take the New York State Licensing Examination in Psychology. Students can specialize in one of four areas through elective courses, selecting an appropriate externship, and by conducting either their MA or doctoral research in that area (summarized above). The following four specializations are available: *Child and Family*, *Health*, *Neuropsychology*, and *Forensic*. In making decisions about specialization coursework, clinical experiences, and research, it is imperative that students proactively work with their mentor (or their mentor in their specialization) to make these decisions at the outset and throughout the training process in order to assure that their training goals are best met. Your DCT is also always a resource to you in this regard as well. Finally, students wishing to complete an optional specialization must complete the new *Specialization Form* (located in Google Docs’ Forms folder) with their specialization mentor and submit this form to the CPDP Program Administrator (Melissa Realbuto) upon completion of their specialization requirements in order for the Program to record and recognize a student’s successful completion of an optional specialization.

RESEARCH REQUIREMENTS

Because of the program's emphasis on developing psychologists with strong research training, it is expected that all students will, at some point in their graduate training, be ACTIVELY involved in the conduct of research. For most students, this is achieved through the process of the MA thesis and/or doctoral dissertation. However, some students opt to rely on archival data or publicly available datasets for their research. This is acceptable for ONE of the two projects, provided the student has actively participated in the research process for the other project (i.e., a student might use archival data or a pre-existing dataset for the MA thesis, but would then be expected to collect dissertation data, not rely on another archival dataset for the dissertation). For most students, this requirement is easily fulfilled, as many students are actively involved in large-scale research projects throughout their graduate training (i.e., working with a mentor on a program of research). Students are not expected to collect ALL of the data for the thesis or dissertation; working as part of a research team is perfectly acceptable. However, work completed as a "research assistant" prior to graduate school does not satisfy the requirement that students engage in research as *part of their graduate training*.

As part of students' demonstrating intermediate and advanced levels of competence in their research training, the quality of students' research is evaluated using the Thesis and Dissertation Evaluation Form. Faculty (i.e., MA mentors and readers; Dissertation Committee members) are required to rate students' final MA thesis, final dissertation and their dissertation orals presentation at the Oral Defense meeting (summary scores of 3 or better on the Thesis and Dissertation Evaluation Form are considered a passing grade; located at the end of this document). As part of this form, students are also evaluated in terms of their attention to individual differences/multicultural issues and ethical issues. Students will not be allowed to pass their respective MA thesis and dissertation requirements until the quality of their work is judged to meet this minimum level of competency.

Students who enter the graduate program with an MA in Clinical Psychology from another institution **MAY** have the MA thesis requirement waived. The decision as to whether the MA thesis from another institution is acceptable is made by the DCT, in consultation with faculty who have expertise in the thesis topic. If an MA thesis is deemed acceptable, the student would not be required to complete a second thesis but will still be expected to engage in a pre-doctoral research project (under the mentorship of a faculty member) following the same timeline and guidelines (with the exception of submission to the Graduate School upon completion) as is required for the MA thesis. Please see the MA Thesis and Dissertation manuals for more information regarding guidelines and procedures (on the CPDP Student Google Drive and Department website).

Note. MA & PhD Timelines - Please see CPDP Student Google Drive for an overview of research timelines.

TEACHER TRAINING PROGRAM

All students are expected to successfully complete the Teaching of Psychology course and attend the multiday Teacher Training Seminar during their matriculation. Students who serve as TA's or instructors are also expected to demonstrate excellence and ethical conduct in all aspects of their teaching. As part of the Teacher Training program, student instructors are paired with a faculty mentor for the duration of the semester to help with syllabus and course preparation and issues that arise during the semester. Faculty mentors also observe at least one class session and provide feedback to students regarding their performance. Students who teach also receive end-of-semester student evaluations (Students Evaluations of Educational Quality [SEEQ] Teacher Rating Forms), which are reviewed by the DCT, chair and deans. In order to demonstrate advanced competence in this area, student instructors' teaching evaluations (SEEQs) are expected to earn satisfactory ratings from both students for each course they teach (i.e., score of 5 "Average" or better on Overall Instructor Rating of the SEEQ form), and faculty ratings based on their in-

class observations of student teaching (i.e., scores of 2 “Satisfactory” or better on Student Teaching Observation Form).

DOCTORAL COMPREHENSIVE EXAMINATION

The Doctoral Comprehensive Examination (referred to as “the comps”) is a 2-day, closed-book written examination. The Comps are offered annually, on two successive Fridays (one full day, one half day) at the end of January/beginning of February. The comps cannot be taken until after students have completed almost all of their coursework, and have accumulated at least 50 credit hours (including transfer credits). Thus, it is typically taken in the Spring of the 3rd year, although students occasionally choose to delay the comps for one more year. Importantly, students are not permitted to hold their dissertation proposal meeting until after completing the comps.

Purpose:

The Comps are intended to demonstrate an advanced level of competence in a range of skill and knowledge areas, including:

- Psychological Measurement
- Psychopathology
- Theories and Methods of Assessment and Diagnosis
- Effective Intervention Techniques
- Evaluating the Efficacy of Interventions
- Professional Standards and Ethics
- Issues of Cultural and Individual Diversity

Format:

These knowledge areas are assessed through a series of 18 questions that fall within six broad categories:

- 1) Clinical Theory and Practice
- 2) Research Topics and Methods
- 3) Behavior Classification and Assessment
- 4) Treatment Approaches
- 5) Professional Standards and Ethics
- 6) Issues of Cultural and Individual Diversity

On the first morning of testing, students are presented with 3 questions from category A (Clinical Theory and Practice) and 3 questions from category B (Research Topics and Methods). Students are required to answer 3 of these 6 questions, with at least one from each category (i.e., students cannot answer all 3 questions from one topic area). On the afternoon of the first day, students answer 3 more questions, choosing from 3 category C questions (Behavior Classification and Assessment) and 3 category D questions (Treatment Approaches). Finally, on the second day of testing, students are presented with 6 more questions, drawn from all four categories, but with 3 of the questions designated as “Ethics” (E) questions and 3 as “Diversity” (F) questions. Again, students are required to answer 3 of these questions, with at least one from each of the two areas (Ethics and Diversity).

Grading:

Comps questions are graded on a 5 point scale, where a 1 represents a grossly inadequate or frankly incorrect response, 2 represents an unacceptably weak, but not frankly incorrect response, 3 represents an adequate response, 4 represents a very strong response and 5 represents an essentially perfect response.

Typically these determinations are based on the number of “points” made in the response and the quality of the argument.

Each question is “graded” by 3 separate faculty members, who are blind to the identity of the student. Mean ratings are generated for each question, and they are averaged across each of the topic areas (A through F).

A passing grade is 2.5 or better. Students are required to obtain a passing grade on EACH of the 6 topic areas, and an overall average grade of 2.5. Students who “fail” an individual section of the comps are required to re-take that section (i.e., are administered 3 questions, of which they must answer any 2, with an overall grade of 2.5 or better). This “re-take” will occur before the start of the next semester, on a date determined by the faculty. Students who fail 2 or more sections of the comps are required to re-take the entire exam. Any student who fails the comps twice may be terminated from the program.

EXTERNSHIPS

As part of graduate training, all students complete a minimum of two academic years of externship training. Externships are limited to 2 days (16 hours) per week, although exceptions to this restriction MAY be possible in the 4th year or for paid externship positions. During the first two years of externship training (i.e., 2nd & 3rd yr. students), students may not participate in more than one externship at a time and advanced students (4+ yr students) must first obtain approval from DCT & Associate DCT if they are interested in participating in 2 externships at the same time. Students are not allowed to participate in any externship prior to the Fall semester of their 2nd year. Students are expected to notify DCT & Associate DCT of their externship placement site and immediately notify DCT & Associate DCT if the student has any concerns or problems at the externship site. Students are also expected to follow the externship application guidelines and procedures set forth by the New York New Jersey Directors of Training (**NYNJDOT**; available electronically on Google docs and via request to program coordinator). Further, students may not elect to terminate an externship without first notifying the DCT & Associate DCT and providing ample time to try to remediate the situation if that is possible.

The primary purpose of externship is to help students develop a range of clinical skills that will prepare him or her for internship and, eventually, independent practice as a psychologist. To attain that goal, students should seek a balance of assessment and intervention experience, and work with a range of different settings and populations (e.g., adults and children, inpatient and outpatient, etc). The specific balance of treatment versus assessment and general versus specialized training experiences will vary depending on student interest and focus. Students whose primary externship placements do not provide the opportunity for adequate assessment experience often seek supplemental experiences (e.g., a summer or 4th year externship).

All externship placements must complete a supervisory evaluation at the completion of the placement (including summer and supplemental placements). Externship placements completed in years 2 and 3 must also include mid-year supervisory evaluations (typically in January). At the outset of all externship placements, the student is required to forward his or her supervisor’s contact information to the Associate DCT and the program secretary. Supervisory evaluations will be requested by the Associate DCT prior to completion of the externship, in order to provide ample opportunity for site supervisors to discuss supervisory ratings with the student.

Information for all of the currently-approved externship training sites is available in a database maintained by the Associate DCT and available through email link to document from the Associate DCT. Students should prepare a list of externship sites (roughly 5-6) they plan to apply to and submit them to the Associate Director of Clinical Training by **January 15th**. These requests will then be discussed with, and approved by the Associate DCT in order to develop an optimal training plan for each graduate student. **NO STUDENT IS**

PERMITTED TO APPLY FOR ANY EXTERNSHIP WITHOUT PRIOR AUTHORIZATION FROM THE DCT OR ASSOCIATE DCT. Following a recent agreement reached by the directors of all of the NYC-area graduate programs and many of the externship sites, **NO STUDENT IS PERMITTED TO APPLY FOR EXTERNSHIP BEFORE JANUARY 15** and no externship sites are permitted to have a deadline prior to February 1. Interviews will take place throughout February and early March, with offers and acceptance decisions expected in March. Any problems (e.g., externship sites pressuring students to make early decisions) should be reported to the DCT or Associate DCT.

Malpractice insurance is provided by the University for all matriculating graduate students. However, students are **STRONGLY ENCOURAGED** to purchase their own individual malpractice insurance (inexpensive insurance for graduate students is available through APA for approximately \$35/year).

One way to evaluate externship placements is the extent to which they contribute positively to your APPIC internship application form. Students should review these forms early in their graduate training in order to understand the expectations of internship sites and obtain relevant and sufficient clinical experience. Students are also expected to carefully monitor the nature of, and time spent on all aspects of their clinical training, as this information is required for the APPIC application. In addition, all students are required to complete the **Externship Training Review Form** following completion of any externship experiences. This form is used to help provide feedback to program faculty regarding the quality of the training experience, and can help guide future students with regard to their choice of externships. These evaluations of externship sites are made available (anonymously) to assist students in selecting externship placements.

To receive a grade of Pass (P) for each semester students are registered for externship they must:

- 1) Receive a satisfactory evaluation from their clinical supervisor, using the **Fordham University Clinical Evaluation Form** (found in this handbook and available electronically on Google Drive) in order to insure adequate skill development, professional demeanor and ethical behavior.
- 2) Submit the **Externship Training Review Form** (found at the end of this manual and available electronically) in order to facilitate monitoring of the caliber of training received and allow for accurate monitoring of externship sites. Note: this form is only required at the end of the year.
- 3) Provide written documentation of all supervised training to the Associate DCT at the completion of EACH externship training experience. These records will be used by the DCT to certify the student's clinical training to internship settings. This is best done by completing the relevant testing and therapy sections from the APPI form; the official internship application form, that can be downloaded from www.appic.org. To be clear, at the end of each externship, students must submit a summary of their clinical hours in a format consistent with the APPI form. We recommend that students utilize the Time 2 Track program at the start of their first clinical experience and ongoingly update their data in order to avoid problems. If students do not complete this process on an annual basis, their externship will not be counted towards fulfillment of their degree requirements or their clinical hours for their internship application. Also remember to include your clinical supervision hours, accrued through Externship I-VI, as part of your clinical hours calculation. It is imperative that students document their hours each year and confirm their hours with their DCT and Associate DCT.

Students are expected to get satisfactory ratings from their supervisors during their two years of required externship in order to successfully fulfill the externship requirement. On occasion, students may receive an unsatisfactory evaluation from an externship supervisor. Mid-year evaluations that result in an unsatisfactory evaluation will result in a grade of INC for the semester, to be resolved after the end-of-year evaluation has been received. Students who receive an unsatisfactory end-of-year evaluation (i.e., a rating of 1, corresponding to *Below Expectations*, on two or more summary ratings) will be required to successfully complete an additional year of externship training. Two years of unsatisfactory evaluations will result in termination from the Clinical PhD program.

TRANSFER CREDITS

Students with a MA in Psychology and who have an accepted empirical thesis from their MA institution are permitted to transfer up to 30 credits towards the Ph.D. The precise number of credits transferred, and the extent to which transfer credits reduce the number of courses needed to complete the degree depend upon the extent to which prior course work is consistent with Fordham's requirements. The Director of Clinical Training and the faculty members teaching the Fordham courses in question jointly determine compatibility. A Fordham MA is not awarded to these students as they already hold the Masters Degree and the student has a maximum of **8 years** rather than the usual 10 years to complete the degree.

Students with a MA in General Psychology, or any other subfield of psychology, based on at least **30** credits, can transfer up to **6** credits toward a Fordham MA **after 12 Fordham MA credits have been earned** with a **minimum GPA of 3.0** and an additional **6** credits towards the PhD after admission to doctoral candidacy. These credits must come from **graduate** course work **in excess of that required for their general MA**. This requirement implements New York State's prohibition against using the same course toward two different degrees (i.e., Fordham's MA or Ph.D. and the previously awarded degree). Thus, transfer credits are typically restricted to students who took graduate courses, but never received a MA degree, or completed coursework beyond that required for their MA degree. The course grade must be "B" or better for transfer towards a Fordham MA and B+ or better for transfer towards a Fordham PhD. Each course identified for transfer must be approved by the Director of Clinical Training, usually in consultation with the faculty member teaching the corresponding course at Fordham.

Students with graduate course work who do not have a transferable MA can transfer 6 credits towards their Fordham coursework. Transferred courses satisfy requirements as completely as do courses taken at Fordham. Students can also request a waiver of a Fordham course requirement based on comparable GRADUATE coursework taken elsewhere. Course waivers do not reduce the number of credits needed to graduate as transferring courses does.

ADVANCEMENT TO CANDIDACY

Students are advanced to candidacy after successfully completing all program requirements during their first two years of matriculation, including their MA thesis requirement. Faculty meet to review their academic progress at the start of their third year (following their August submission of their final MA thesis to GSAS) and vote on whether or not students have made satisfactory academic progress as outlined within this Handbook. So long as students have made satisfactory progress and there are no other faculty concerns, students are advanced to candidacy.

ANNUAL ACTIVITY REPORTS

All matriculating students are **REQUIRED** to submit an annual activity report each spring. This report documents accomplishments during the previous year. This information is critical for adequate monitoring of student progress and APA reporting requirements, and enables our faculty to assess each student's progress towards graduate and career goals. Fall registration holds will not be released if this information has not been received and students may not be considered for financial aid if annual documentation has not been provided.

INCOMPLETES

Occasionally extenuating circumstances make completion of a specific class (or classes) impossible and students request an "incomplete" (INC). Any such requests **MUST** be first made to the professor, and if approved, the DCT must be notified. Incompletes **MUST** be resolved before the end of the following semester (not including summer semesters; i.e., an INC from the spring semester must be resolved by December). Failure to resolve an INC in a timely manner will result in that grade being converted to an F and may adversely affect eligibility for future financial aid or assistantships. Excessive INC grades may result in termination from the doctoral program.

REGISTRATION

The Associate Dean of the Graduate School automatically places an Academic Hold on all students at the beginning of each semester. The Director of Clinical Training (DCT) requests that this hold be released only after students present a written registration proposal for the next semester (email is preferred, clinicalpsyc@fordham.edu) and have complied with all information requests. It may take one or more days for the Dean's office to process this request. The student then registers by OASIS online.

In terms of figuring out which courses to take, please refer to the 'Typical Sequence of Study' (TSoS) in this Handbook and touch base with your mentors (and DCT if you need any help) prior to registering to make sure you are registering for appropriate courses. If you (or your cohort as a whole) wish to make any major deviations in your schedule from the TSoS in terms of timing of required courses, you must check with DCT first for permission.

In addition, students should definitely be consulting with your mentors regarding which electives you should be taking given your respective career trajectories. They are an excellent resource for you, utilize this resource! Also of note, electives are often only offered every other year so please keep that in mind as you think about which electives to take. Lastly, if you have any other questions or concerns about scheduling courses, you can discuss further with the DCT.

The following table details the registration sequence for students who have finished all course work.

Course	When Registered
PSYC 0910 Maintenance	Register for this after completing all course work and when not registered for anything else. Students must maintain matriculation every semester they are in the program. Failure to maintain matriculation is grounds for dismissal. Students who fail to maintain matriculation for two consecutive semesters are automatically terminated from the program.
PSYC 0950 Proposal Development	Register when developing Dissertation Proposal. Two semesters maximum.
PSYC 0960 Proposal Acceptance	Add this course during the semester that you pass your Dissertation Proposal Meeting.
PSYC 9999 Dissertation Direction	Register for this course every semester that you are collecting and analyzing data and writing up your Progress Report.
PSYC 0970 Dissertation Mentoring	Add this course during the semester that you pass your Dissertation Progress Report.
No Course Registration	The Oral Defense

FULL TIME STATUS

Students are expected to take four 3-credit courses per semester in Years 1-2, three 3-credit courses per semester in Year 3, and one 3 credit course per semester in year 4. The Externship seminar counts as a one of these 3-credit courses in each semester of years 2, 3 and 4. Additional credits are associated with completion of the MA thesis (3 credits), doctoral dissertation (6 credits) and an APA-accredited Internship (2 credits). Additional course work completed over the summer or transferred from a prior institution may reduce the number of courses per semester.

Any exception to the 12 credit load during the first 2 years must be presented as a written petition and approved by the Director of Clinical Training and Associate Chair for Graduate Studies. Student loans typically become due once full-time status is no longer maintained.

Full time status during the 4th and subsequent years requires that the following three conditions be met:

- 1) The student's dissertation mentor must be identified
- 2) The mentor must be willing to certify that the student is working the equivalent of at least three weekdays per week on the dissertation; this requires behavioral evidence such as physical presence in the department, adherence to a reasonable schedule of deadlines, etc.
- 3) The student may not be employed more than two days per week.

Students on Clinical Internship (PSYC 8080) automatically have full-time status.

Advanced students (and any students with extenuating circumstances) are expected to file a Status Form each semester in which "full-time" status is desired but is not reflected by enrollment for 12 credits. Complete this form during pre-registration in the department office. Students must submit a written statement from their mentor describing the fulfillment of the above three criteria along with the Status Form.

INTERNSHIP APPLICATIONS

Students must have made satisfactory academic progress, be in good academic standing, and successfully defend their dissertation proposal by **OCTOBER 1** of the semester they plan to apply for internship. Those students who plan to meet this deadline and apply for internship should submit, to the Director of Clinical Training, a list of internship sites they anticipate applying to and schedule an individual meeting for early October. Although the ultimate decision about where to apply and how many applications to submit rests with the student, the DCT will review the list of sites and may suggest alterations or additions. Only APA-accredited internship sites are acceptable. Because of the increasingly competitive nature of internship applications, most students typically apply to approximately 15 internship placements, with some breadth in location (i.e., outside of New York City).

Students are also required to complete, in advance of meeting with the DCT, the Uniform Application for the Association of Psychology Postdoctoral and Internship Centers (APPIC) – available from their web page at www.appic.org. Because this application changes periodically, it is critical to complete the most up-to-date version of the application.

Students are advised to review this application EARLY in their graduate careers, in order to adequately monitor the types of data needed for the internship application (e.g., tracking clinical training experiences).

SATISFACTORY ACADEMIC PROGRESS

"Satisfactory academic performance" is defined on page 1 of the Academic Policies and Procedures Guidebook from the Graduate School of Arts and Sciences. This University policy requires that doctoral students maintain a 3.0 GPA to demonstrate satisfactory academic performance. However, in order to maintain your financial aid, students must maintain a 3.5 GPA. You should consult this section of the APPG if you have any doubts or concerns about your level of academic performance.

"Satisfactory academic progress" is another matter altogether. It generally becomes relevant after the first two years of course work are completed. Clinical students should complete the Ph.D. in no longer than six to seven years. However, satisfactory academic progress is defined as completing at least one of the following requirements each academic year after all regular course work has been completed:

- 1) Ph.D. Comprehensive Exam
- 2) Dissertation Proposal
- 3) Dissertation Progress Report
- 4) Dissertation Oral Defense
- 5) Internship

This means that the *MINIMALLY* acceptable pace toward the Ph.D. degree is as follows:

- | | |
|--------------|---|
| Year 1 | Course work, MA thesis preview submitted by May 1st |
| Year 2 | Course work, first externship and completion of MA Thesis (by June of 2 nd year to Reader and completed FINAL draft to GSAS by August 1st) |
| Year 3 | Course work, Second externship, and Ph.D. Comprehensive exam |
| Year 4 | Complete Supervision sequence |
| Year 4 – 10* | Dissertation Proposal; Dissertation Data Collection; Progress Report; Dissertation Oral Defense; Internship |

**Note. We strongly recommend students apply for internship by no later than Year 5, and complete the dissertation prior to going on internship if at all possible. We believe all students can feasibly complete entire program in no longer than 7 years.*

If any one of these indicators of "satisfactory academic progress" is not fulfilled according to this schedule, a student is placed on academic probation for one year. STUDENTS ON ACADEMIC PROBATION ARE NOT ELIGIBLE TO RECEIVE FINANCIAL AID. During the probationary year the student must contact his/her mentor/advisor and the DCT to develop a proposed schedule for completion of all remaining degree requirements. A Degree Completion Schedule form is available in the department office. After obtaining the approval of the mentor/advisor and DCT, the student files the schedule with the Associate Chair for Graduate Studies. Acting upon the recommendation of the department, the Associate Dean of the Graduate School of Arts and Sciences determines the final schedule for completion. **If students subsequently miss a deadline on an approved schedule, they risk being dropped from the program. Therefore, they must contact their mentor/advisor for approval of any changes. Students should appreciate that they are allowed only one probationary period during their academic tenure.**

Remediation Efforts: In the event that remediation efforts are needed, the student meets with the DCT in order to develop a written remediation plan with clear objectives and timelines. This remediation plan is reviewed and signed by the student, the DCT, the student's mentor, the Department Chair, and the Dean of the Graduate School of Arts and Sciences. As part of this remediation process, the student typically meets with the DCT and his/her mentor periodically to monitor and discuss progress on the remediation plan during the remediation period. Students receive verbal and written (email and/or hard copy) feedback regarding the extent to which remediation efforts have or have not been successful at the conclusion of the remediation period.

GRADUATION

Degrees are formally conferred during graduation ceremonies held in May, August, and February. Students who complete all required coursework (to this point) and complete the MA Thesis by August (before their 3rd year) will officially receive their MA degree in August prior to starting their 3rd year. Doctoral students who complete their internship during the summer, and have defended their dissertation before May 1, are typically allowed to participate in the May graduation ceremony but do not officially receive their degree until the August graduation. It could take up to one semester to deliver your actual diploma.

POST-DOCTORAL FELLOWSHIP APPLICATIONS

Students who are in the process of completing the program often apply for post-doctoral fellowships prior to completion of the program. Because of the binding nature of most post-docs, which typically require a letter from the DCT certifying that the student is expected to graduate before the post-doc begins, students are **NOT** permitted to apply for post-doctoral fellowships unless they have already scheduled a Dissertation Progress Report. Note that the Progress Report meeting cannot be scheduled until the Progress Report document is ready for distribution to the dissertation committee (i.e., 2 weeks prior to the date of the meeting).

MALPRACTICE INSURANCE

The university provides malpractice coverage for all activities that are directly related to graduate training. **HOWEVER**, outside employment, additional training experiences (outside of formal externships) and a host of other activities are not covered by the university's policy. **ALL** students are expected to purchase and maintain their own malpractice insurance. Most students use an inexpensive plan provided by the American Psychological Association's Insurance Trust (APAIT). Students should begin this coverage in their first year and maintain it consistently throughout their graduate school matriculation.

EMAIL

Almost all communication from the University, the Department and the Director of Clinical Training to students will be by email. The University provides every student with an email account. Publicly available terminals in the Walsh library and elsewhere on campus are available to access your email account. You can access your email account from any computer that has access to the internet using the following http address: **mail.fordham.edu**. **YOU ARE RESPONSIBLE FOR CHECKING THIS EMAIL REGULARLY**. If you routinely use another email address, you should arrange for email to be forwarded accordingly.

OUTSIDE EMPLOYMENT

Outside employment, during the academic year, should not exceed the 16 hours per week requirement of students funded by Fordham. Students should never represent themselves as full-time to an employer while simultaneously claiming full-time student status.

STUDENT EVALUATIONS

First and second year students are evaluated in December and May. All other students are evaluated annually during May. Evaluations are conducted at a Clinical Faculty Meeting where faculty members have access to the student's complete file, including recent transcripts, the annual activity report, and externship evaluations. Student evaluations are summarized in an annual letter from the DCT, which is mailed to the home address each summer. It is critical that students keep the Department informed of any address, phone, and/or email changes.

Clinical students are evaluated on personal² as well as academic skills. The following two ethical principles guide deliberations. **Principle E: Concern for Others' Welfare**, requires psychologists to balance the welfare and rights of patients, clients, supervisees, and students. This includes concern for harm that may derive from impaired or incompetent students. **Principle F: Social Responsibility**, expresses concern for the community and society in which psychologists work. This includes the responsibility to insure adequate interpersonal and professional skills in all graduates. Impairment refers to diminished functioning whereas incompetence refers to insufficient skills to provide adequate professional care. Impairment and incompetence can stem from interpersonal and intrapersonal problems, as well as inadequate theoretical understanding and insufficient clinical proficiency regarding assessment and treatment. Remediation of deficiencies includes but is not limited to: repeating coursework, repeating masters and/or doctoral comprehensive exams, repeating practica, increased supervision by the same or different supervisor, tutoring, or a leave of absence. Failure to benefit from remediation may be followed by counseling toward voluntary withdrawal from the program or termination. Fortunately, this unpleasant event is rather rare. The national average appears to be one student every two or three years is terminated (Forrest, Elman, & Gizara, 1997). Only about 2% of students nationwide fail to complete their internships (Forrest, Elman, & Gizara, 1997).

ADDITIONAL NOTES ON PROFESSIONAL CONDUCT

As part of students' professional conduct and professional development, it is expected that students will limit their use of electronic devices (e.g., social media, emailing, texting) during classes, presentations of any kind, CTS, colloquium.

REASONS FOR TERMINATION FROM THE PROGRAM

Termination will be determined by the entire faculty of the Psychology Department and/or by the Dean of the Graduate School. The following conditions are those under which a student may be terminated:

- 1) Having a cumulative GPA of less than 3.0.
- 2) Failing to make satisfactory academic progress as specified above.
- 3) Failure to complete the MA Thesis by September of the 3rd year.
- 4) Failing the Ph.D. Comprehensive Examination a second time and being denied permission to take it a third time.
- 5) Unsatisfactory performance evaluations from two separate externship training sites.
- 6) Unethical or criminal behavior (plagiarism, cheating, violation of APA ethical guidelines, or University or governmental law, including harassment).
- 7) Serious psychological problems that affect the student's functioning in the program. Any student who, in the judgment of the faculty, is having psychological problems that interfere with effective service delivery and/or progress through the program will be advised orally and in writing as to necessary remediation which shall include but is not be limited to: repeating coursework, repeating practica, increased supervision by the same or different supervisor, tutoring, or a leave of absence. Failure to benefit from remediation may be followed by counseling toward voluntary withdrawal from the program or termination.

² The courts have consistently ruled that interpersonal skills and intrapersonal characteristics are considered part of academic credentials for psychology. Forrest, Elman, and Gizara (1997) report that "Court rulings have given 'great deference' to the judgment of faculty in evaluating and terminating students if it can be shown that the student has been evaluated fairly, given feedback, and the opportunity to remediate the deficiencies" (p. 34).

DUE PROCESS

The Fordham University Discrimination Grievance Procedure is detailed in the Academic Policies and Procedures Guidebook of the Graduate School of Arts and Sciences.

Feedback about strengths and weaknesses of the clinical program is welcome. Please feel free to email your comments to riveramindt@fordham.edu. The class by class meetings during the *Clinical Topics Seminar* is one forum for general discussion of these and related matters.

DISABLED STUDENT SERVICES

Fordham University complies with all Federal and State regulations regarding disabled students in accordance with policies detailed in Disabled Student Services: A Guide to University Services and Agency Resources published by Gregory J. Pappas, Dean of Student Services. Legislation regulating disabled students seeking to become clinical psychologists requires them to:

- 1) Notify the program of their disability upon admission and to provide proof of their disability
- 2) Demonstrate that they are otherwise qualified to function as a clinical psychologist
- 3) Demonstrate that any dismissal was not done on the basis of the demonstrated disability

Note: Under the Americans with Disabilities Act and Section 504 of the Vocational Rehabilitation Act of 1973, all students, with or without disabilities, are entitled to equal access to the programs and activities of Fordham University. If you believe that you have a disabling condition that may interfere with your ability to participate in the activities, coursework, or assessment of the object of this course, you may be entitled to accommodations. Please schedule an appointment to speak with someone at the Office of Disability Services (Rose Hill-O'Hare Hall, Lower Level, x0655 or at Lincoln Center-Room 207, x6282).

ISSUES INVOLVING SOCIAL MEDIA

If you choose to describe your professional status and activities on social media (e.g., Facebook or LinkedIn), you should indicate that you are a graduate student in the Fordham University Clinical Psychology Doctoral Program. You should not describe practicum activities, specific skills in which you are trained, or titles that may be assigned to you at placements outside of the program. Any descriptions of that sort could be misconstrued and could unintentionally misrepresent your professional qualifications. Also, please remember that you cannot discuss or quote *any* of your clinical interactions with clients or research subjects. Lastly, everything you post on social media is essentially public, and you should always be mindful of this and the APA Ethics Code as you make decisions about what you should and should not post. If you have any questions or concerns, please make an appointment to discuss with the DCT.

ADDITIONAL RESOURCES

CPDP Google Resources: Google CPDP students have access to the CPDP Student Google Drive, which provides additional resources and useful information (e.g., our Peer Mentoring Program, grant funding opportunities, video and book resource listings, research timeline information, forms). Note, that this information is periodically updated and we welcome student input. Please notify DCT (Dr. Rivera Mindt) and our program coordinator (Melissa Realbuto) if there is information you would like included or updated.

Also of note, the CPDP and Psychology Department Google Calendars provide useful information about current and upcoming events. This information is periodically updated and we welcome student input. If there is a program-related event that you would like added to calendar/s, please let us know.

Fordham Office of Multicultural Affairs: http://www.fordham.edu/student_affairs/multicultural_affair/

Psychotherapy Referrals: The CPDP maintains a list of local psychotherapy referrals should students be interested in psychotherapy services. For your convenience and privacy, an annotated list of psychotherapy referrals are provided on our CPDP Student Google Drive. For a tailored referral list, please contact DCT or Associate DCT (Drs. Rivera Mindt or Marcotte).

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- American Psychological Association. (1996). Guidelines and principles for accreditation of programs in professional psychology. Washington, DC: Author.
- American Psychological Association. (2010). Ethical principles of psychologists and code of conduct, with the 2010 amendments. Retrieved from <http://www.apa.org/ethics/code/principles.pdf>
- Forrest, L., Elman, N., & Gizara, S. (1997). Professional standards for identifying, remediating and terminating impaired or incompetent trainees in psychology: A review of the literature. Paper presented at the meeting of the American Psychological Association, Chicago, IL.

CLINICAL FACULTY RESEARCH INTERESTS

More extensive information regarding faculty research interests can be found on faculty web pages. Please visit www.fordham.edu/academics/programs_at_fordham/psychology_department/people/faculty/

Peggy Andover, PhD, Assistant Professor. Ph.D., Binghamton University, Binghamton, NY. My research interests focus on the continuum of self-harm behaviors, including non-suicidal self-injury (NSSI) and attempted suicide. Specifically, I am interested in developing a better understanding of the phenomenology of NSSI and self-harm, such as factors contributing to the expression of one form of self-harm versus another, the functions of different types of self-harm, physiological processes in self-harm, the effects of self-harm on psychopathology and behavior severity, and the treatment of NSSI and attempted suicide.

Recent publications:

- Andover, M. S.** (in press). Treating non-suicidal self-injury. In L. Grossman & S. Walfish (eds.), *Translating Research into Practice: A Desk Reference for Practicing Mental Health Professionals*. Springer Books.
- Andover, M. S., & Morris, B. W.** (in press). Deliberate self-injury in the obsessive-compulsive spectrum. In D. McKay & E. Storch (eds.), *Obsessive Compulsive Disorder and its Spectrum Across the Lifespan*. American Psychological Association: Washington, DC.
- Andover, M. S., Morris, B. W., Schatten, H. T., & Kelly, C. A.** (2013). Assessment of suicidal and non-suicidal self-injury in anxiety disorders. In D. McKay & E. Storch (Eds.), *Handbook of Assessing Variants and Complications in Anxiety Disorders*. Springer: New York. doi: 10.1007/978-1-4614-6452-5
- Andover, M. S., Morris, B. W., Wren, A., & Bruzzese, M. E.** (2012). The co-occurrence of non-suicidal self-injury and attempted suicide among adolescents: Distinguishing risk factors and psychosocial correlates. *Child and Adolescent Psychiatry and Mental Health*, 6. doi:10.1186/1753-2000-6-11
- Andover, M. S.** (2012). A cognitive-behavioral approach to case formulations for non-suicidal self-injury. *Journal of Cognitive Psychotherapy*, 26, 318-330. doi: 10.1891/0889-8391.26.4.318
- McKay, D., & **Andover, M. S.** (2012). Should non-suicidal self-injury be a putative obsessive-compulsive related condition? A critical appraisal. *Behavior Modification*, 36, 3-17. doi: 10.1177/0145445511417707
- Andover, M. S., Schatten, H., & Crossman, D., & Donovick, P.** (2011). Neuropsychological functioning in prisoners with histories of suicide attempts and non-suicidal self-injury: Implications for the criminal justice system. *Criminal Justice and Behavior*, 38, 1103-1114. doi: 10.1177/0093854811420670
- Andover, M. S., & Gibb, B. E.** (2010). Non-suicidal self-injury, attempted suicide, and suicidal intent among psychiatric inpatients. *Psychiatry Research*, 178, 101-105.
- Andover, M. S., Primack, J. M., Gibb, B. E., & Pepper, C. M.** (2010). An examination of non-suicidal self-injury in men: Do men differ from women in basic NSSI characteristics? *Archives of Suicide Research*, 14, 1-10.
- Gibb, B.E., **Andover, M.S., & Miller, I.W.** (2009). Depressive characteristics of adult psychiatric inpatients with a history of multiple versus one or no suicide attempts. *Depression and Anxiety*, 26, 568-574.
- Gaudiano, B. A., **Andover, M. S., & Miller, I. W.** (2008). The emergence of suicidal ideation during the post-hospital treatment of depressed patients. *Suicide and Life-Threatening Behaviors*, 38, 539-551.
- Andover, M. S., Gibb, B. E., & Miller, I. W.** (2008). Time to emergence of severe suicidal ideation among psychiatric patients as a function of suicide attempt history. *Comprehensive Psychiatry*, 49, 6-12.

Rachel Annunziato, PhD, Assistant Professor. Ph.D., Drexel University, Philadelphia, PA. My research is largely applied focusing primarily on the needs of medically ill children and adults. I am interested in the transition to adulthood for adolescents with a medical illness. My research in this area focuses on developing interventions to improve medical and mental health outcomes when patients are shifted from pediatric to adult oriented settings. I am also studying adolescent illness management and developing interventions aiming to improve mastery of health care responsibilities such as medication adherence. I have expanded my work on transition to “high risk” college students such as those with special health care needs. I have a long-standing interest in the psychosocial aspects of obesity. I am currently assessing quality of life and psychiatric symptoms in adolescents who have developed liver disease due to obesity and developing interventions to facilitate weight loss and improve medical outcomes for these patients. Finally, I am conducting studies to better understand illness management and the mental health needs of children who have a severe food allergy and their caregivers. My research with medically ill adults has been mainly studied underserved, ethnically diverse patients with cardiac disease. My interests in this area center on developing culturally sensitive methods for the assessment and treatment of psychiatric symptoms in this population as well as studying interactions between indicators of mental and physical well-being. Please see some representative publications below with students starred.

Recent publications:

- Annunziato, R.A., *Jerson, B., *Seidel, J., & Glenwick, D.** (In press). The psychosocial challenges of solid organ transplant recipients during childhood. *Pediatric Transplantation*.
- Ravid, N., **Annunziato, R.A.,** Ambrose, M.A., Chuang, K., Mullarkey, C., Sicherer, S.H., Shemesh, E., Cox, A.L. (2012). Mental Health and Quality of Life Concerns Related to the Burden of Food Allergy. *Immunology and Allergy Clinics of North America*, 32(1): 83-95
- *Piering, K., Arnon, R., Miloh, T.A., Kerkar, N., & **Annunziato, R.A.** (2011). Developmental and disease-related influences on self-management acquisition for liver transplant recipients. *Pediatric Transplantation*, 15(8), 819-826.
- Shemesh, E., **Annunziato, R.A.,** Weatherly, B.D., Cotter, G., Feaganes, J.R., Santra, M., Yehuda, R., & Rubinstein, D. (2011). A randomized controlled trial of the safety and promise of cognitive-behavioral therapy using imaginal exposure in patients with posttraumatic stress disorder resulting from cardiovascular illness. *Journal of Clinical Psychiatry*, 72(2), 168-174.
- Annunziato, R.A.,** Parkar, S., Dugan, C.A, *Barsade, S., Arnon, R., Miloh, T., Iyer, K. Kerkar, N., & Shemesh, E. (2011). Deficits in health care management skills among adolescent and young adult liver transplant recipients transitioning to adult care settings. *Journal of Pediatric Psychology*, 36(2), 155-159.
- Annunziato, R.A. & Shemesh, E.** (2010). Tackling the spectrum of transition: What can be done in pediatric settings? *Pediatric Transplantation*, 14(7), 820-822.
- Annunziato, R.A., *Hogan, B., Barton, C., Miloh, T., Arnon, R., Iyer, K., Kerkar, N.** (2010). A translational and systemic approach to transferring liver transplant recipients from pediatric to adult-oriented care settings. *Pediatric Transplantation*, 14(7), 823-829.
- Annunziato, R.A.,** Fisher, M., *Jerson, B., *Bochkanova, A., & Shaw, R.J. (2010). Psychosocial assessment prior to transplantation: A review and considerations. *Pediatric Transplantation*, 14(5), 565-574.
- Miloh, T., **Annunziato, R.A.,** Warshaw, J., Parkar, S., Suchy, F., Iyer, K. & Kerkar, N. (2009). Improved Adherence and Outcomes for Pediatric Liver Transplant Recipients by Using Text Messaging. *Pediatrics*, 124(5), e844-850.

David R. Chabot, PhD, *Associate Professor*. Ph.D. University of Minnesota, Minneapolis, MN. My primary research interests are in the area of family processes. Specifically, I am interested in how family members interact using their different interpersonal operational styles. In this regard I have developed a test (Chabot Emotional Pursuer-Distance Movement Scale), which I have used to measure marital interactions in normal, clinical and ethnically different populations. I have also developed a second test (Chabot Emotional Differentiation Scale) to measure an individual's level of differentiation from the family unit. This scale has been used to investigate the launching of the young adult from the family. Both tests have been translated into different languages where they have been used to study these processes cross-culturally. My secondary research interest is in personality assessment issues particularly involving the MMPI.

Recent publications:

- Chabot, D. (2011). Family Systems theories of Psychotherapy. In *History of Psychotherapy: Continuity and Change*, 2nd edition John Norcross, Gary Vanderbos and Donald Freedheim. American Psychological Association. Washington, D.C.
- Licht, C. & **Chabot**, D. (2006). The Chabot Emotional Differentiation Scale: A theoretically and Psychometrically sound instrument for measuring Bowen's intrapsychic aspect of differentiation. *Journal of Marital and Family Therapy*, 32, 167.
- Guerin, P.J. & **Chabot**, D.R. (1997). Development of Family Systems Theory. In P. Wachtel & S. Messer (Eds). *Theories of Psychotherapy: Origins and Evolution*. Washington D.C., American Psychological Association.

Keith R. Cruise, Ph.D., M.L.S., *Associate Professor and Associate Chair for Undergraduate Studies*, Ph.D. University of North Texas, Denton, TX. Based on my training in clinical-forensic psychology and the law, my research interests are closely connected to my clinical interest and practice. Broadly defined, my research interests are in the areas of assessment and treatment of legal defendants with an emphasis on justice-involved youth. My primary research interest in this area involves investigating the clinical utility of general and specialized assessment instruments that identifying mental health problems and delinquency risk. My interest in this area has developed from the belief that psychologists who are responsible for assessing and treating justice-involved youth must base their work on empirically supported decision tools and interventions. I have research interests in the areas of juvenile risk assessment and management, juvenile psychopathy, juvenile legal decision-making, and juvenile sexual offending. Recent research projects have included ongoing investigation and refinement of scales that screen for serious mental health problems in juvenile offenders, investigation of a mental health sub-typing strategy for female justice-involved youth, and testing the psychometric properties of specialized instruments used to establish risk and treatment needs for specialized adolescent offender subpopulations. An additional area of research focus has been examining the relationship between developmental factors and adolescent legal decision-making capacities. Selected publications reflecting these interests are noted below.

Recent publications:

- Viljoen, J.L., Beneateau, J.L., Gulbransen, E., Broderen, E., Desmarais, S.L., Nicholls, T.L., & **Cruise**, K.R. (2012). Assessment of multiple risk outcomes, strengths, and change with the START:AV: A short-term prospective study with adolescent offenders. *International Journal of Forensic Mental Health*, 11, 165-180.
- Ford, J.D., Chapman, J., Connor, D.F., & **Cruise**, K.R. (2012). Complex trauma and aggression in secure juvenile justice settings. *Criminal Justice and Behavior*, 39(6), 695-724.
- Cruise**, K.R., & Ford, J.D. (2011). Trauma exposure and PTSD in justice-involved youth. *Child and Youth Care Forum*, 40, 337-343.
- Cruise**, K.R., Evans, L.J. & Pickens, I.B. (2011). Integrating mental health and special education needs into comprehensive service planning for juvenile offenders in long- term custody settings. *Learning and Individual Differences*, 21, 30-40.
- Cruise**, K.R., Dandreaux, D.M., Marsee, M.A., & DePrato, D.K. (2008). Identification of critical items on the Massachusetts Youth Screening Instrument – 2 (MAYSI-2) in incarcerated youth. *International Journal of Forensic Mental Health*.
- Cruise**, K.R., Fernandez, K., McCoy, W.M., Guy, L.S., Colwell, L.H., & Douglas, T.R. (2008). The influence of psychosocial maturity on adolescent offenders' delinquent behavior. *Youth Violence and Juvenile Justice*, 6, 178-194.
- Cruise**, K.R., Marsee, M.A., Dandreaux, D.M., & DePrato, D. (2007). Mental health screening of female juvenile offenders: Replication of a subtyping strategy. *Journal of Child and Family Studies*, 16, 615-625.
- Cruise**, K. R. (2006). Special issues in juvenile justice. *Applied Psychology and Criminal Justice*, 2, 177-204.
- Colwell, L.H., **Cruise**, K.R., Guy, L.S., McCoy, W.M., Fernandez, K., & Ross, H.H. (2005). The influence of psychosocial maturity on male juvenile offenders' comprehension and understanding of the Miranda warning. *Journal of the American Academy of Psychiatry and the Law*, 33, 444-454.
- Cruise**, K. R., Colwell, L. H., Lyons, P. M. Jr., Baker, M. D. (2003). Prototypical analysis of adolescent psychopathy: investigating the [juvenile justice](#) perspective. *Behavioral Sciences and the Law*, 21, 829-846.
- Edens, J. F., Skeem, J. L., **Cruise**, K. R., Cauffman, E. (2001). Assessment of "juvenile psychopathy" and its association with violence: a critical review. *Behavioral Sciences and Law*, 19, 53-80.

David S. Glenwick, PhD, Professor. Ph.D., University of Rochester, Rochester, NY. Interests: My general areas of interest are clinical child and adolescent psychology and community psychology. Much of my research in the past decade or so has involved looking at (a) the relationship between stressful life events and various aspects of psychosocial adjustment and outcome in diverse child and parent populations (e.g., children in foster care, children and adolescents with chronic pain disorders, parents of children with autism, urban minority youth, inner-city grandparents raising their grandchildren, and homeless families) and (b) possible protective factors (statistically, these are referred to as moderators) affecting this relationship; among these are coping style, attachment, social support, self-competence, and parenting self-efficacy. My orienting lens is a combination of cognitive-behavioral, family systems, and community perspectives. The following are recent publications of mine coauthored with graduate students (typically based on their master's theses or dissertations).

Recent publications:

- Jason, L. A., & **Glenwick, D. S.** (Eds.) (2012). *Methodological approaches to community-based research*. Washington DC: American Psychological Association.
- Glenwick, D. S.** (Ed.). (2011). *A physician under the Nazis: Memoirs of Henry Glenwick*. Lanham, MD: Hamilton Books.
- Glenwick, D. S. (2011). Trends in clinical child psychology from 1976-2011: The more things change, the more they don't stay the same. *In balance: Newsletter of the Society of Clinical Child & Adolescent Psychology, 26*, 6-7.
- Carr, W. A., **Glenwick, D. S.**, & Kim, S. (2009). Patterns of consumer usage of homeless outreach services. *Journal of Social Distress and the Homeless, 18*, 200-230.
- Dalton, J. J., & **Glenwick, D. S.** (2009). Effects of expressive writing on standardized graduate entrance exam performance and physical health functioning. *Journal of Psychology, 143*, 279-292.
- Glover, R. L., & **Glenwick, D. S.** (2009). Stressful life events experienced by clinically referred foster care and nonfoster care children. *Journal of Early Childhood and Infant Psychology, 5*, 131-146.
- Libby, C. J., & **Glenwick, D. S.** (2010). Protective and exacerbating factors in children and adolescents with fibromyalgia. *Rehabilitation Psychology, 55*, 151-158.
- Van Dyke, C. J., **Glenwick, D. S.**, Cecero, J. J., & Kim, S. (2009). The relationship of religious coping and spirituality to adjustment and psychological distress in urban early adolescents. *Mental Health, Religion & Culture, 12*, 369-383.
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David Marcotte, PhD, *Assistant Clinical Professor and Associate Director of Clinical Training*. Ph.D., The New School for Social Research, New York, 2001. My research interests include narrative identity, self-representations, the structural organization of the self-concept and its role in psychological adjustment. I am interested in the self as a contextualized, dynamic and multi-faceted schema comprised of traits, values, beliefs, and episodic and semantic memories that directs the processing of self-relevant information, behavior and adaptation. The moderating effect of structural features on psychological adjustment is the focus of current projects studying the use of *Spiritual Self Schema Therapy* with HIV-seropositive substance users, a treatment that blends cognitive therapy techniques and Buddhist psychology to shift the dominant, internalized self-concept; the role of dependency in the self-structure of hospitalized substance users; and, the collection of autobiographical memories and measures of self-structure from individuals with high utilization of psychiatric inpatient services.

Recent publications:

- Paternostro, D.C., & **Marcotte**, D. (2011). The Story of the Person: Integrating Personalist Philosophy with Narrative Psychology. *Humanistic Psychologist*, 39(1), 24-36.
- Marcotte**, D. (2008). The role of social factors in the sexual misconduct of Roman Catholic clergy: A second look at the John Jay data. *Sexual Addiction and Compulsivity*, 15(1), 23-38.
- Marcotte**, D. M., Margolin, A., Avants, S. K. (2003). Assessing the spiritual needs of a drug user living with HIV: A case study. *Journal of Alternative and Complementary Medicine*, 9(1), 169-175.
- Avants, K. S., **Marcotte**, D., Arnold, R. & Margolin, A. (2003). Spiritual beliefs, world assumptions, and HIV risk behavior among heroin and cocaine abusers. *Psychology of Addictive Behaviors*, 17(2), 159-162.
- Marcotte**, D., Avants, SK., & Margolin, A. (2003). Spiritual Self-Schema Therapy, Drug Abuse and HIV: A Case Study. *Journal of Psychoactive Drugs*, 35(3), 389-391.
- Arnold, R. M., Avants, S. K., Margolin, A., & **Marcotte**, D. (2002). Patient attitudes regarding the incorporation of spirituality into addiction treatment. *Journal of Substance Abuse Treatment*, 23(4), 319-326.
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Dean McKay, PhD, ABPP, Professor. Ph.D., Hofstra University, Hempstead, NY. Diplomate in Clinical and Behavioral Psychology (ABPP). Interests include cognitive-behavioral approaches to anxiety disorders across the age span, and basic processes (such as memory and perception) in these disorders. My research in OCD has focused on subtypes, and the degree that the spectrum conceptualization is adequate for the proposed disorders that are part of it, across all ages. The other major focus of my research has been the role of disgust in psychopathology.

Recent publications:

- McKay, D.** & Whiteside, S. (2013). Introduction to the special issue: New methods in exposure therapies. *Behavior Modification, 37*, 163-169.
- Brand, J. & **McKay, D.** (2012). Telehealth approaches to obsessive-compulsive related disorders. *Psychotherapy Research, 22*, 306-316.
- McKay, D.**, & Andover, M. (2012). Should non-suicidal self-injury be a putative obsessive-compulsive related disorder? A critical appraisal. *Behavior Modification, 36*, 3-17.
- Thoma, N. C., **McKay, D.**, Gerber, A. J., Milrod, B. L., Edwards, A. R., & Kocsis, J. H. (2012). A quality-based review of randomized controlled trials of cognitive-behavioral therapy for depression: An assessment and meta-regression. *American Journal of Psychiatry, 169*, 22-30.
- Taylor, S., Abramowitz, J. S., & **McKay, D.** (2012). Non-adherence and non-response in the treatment of anxiety disorders. *Journal of Anxiety Disorders, 26*, 583-589.
- McKay, D.** (2011). Methods and mechanisms in the efficacy of psychodynamic psychotherapy. *American Psychologist, 66*, 147-148.
- McKay, D.** (2010). Safe, but exposed: Inherent conflicts in safety signal conceptualization. *Clinical Psychology: Science and Practice, 17*, 234-237.
- Pilecki, B., Clegg, J.W., & **McKay, D.** (2011). The influence of corporate and political interests on models of illness in the evolution of DSM. *European Psychiatry, 26*, 194-200.
- Pilecki, B., Arentoft, A., & **McKay, D.** (2011). An evidence-based causal model of panic disorder. *Journal of Anxiety Disorders, 25*, 381-388.
- McKay, D.** & Storch, E. (editors, 2011). *Handbook of anxiety disorders in children and adolescents*. Boston, MA: Springer-Verlag.
- Taylor, S., Abramowitz, J.S., & **McKay, D.** (2010). Obsessive-compulsive disorder. In M.M Antony & D.H. Barlow (Eds.), *Handbook of assessment and treatment planning for psychological disorders (2nd ed.)* (pp. 267-300). New York: Guilford.
- Abramowitz, J. S., Taylor, S., & **McKay, D.** (2009). Obsessive-compulsive disorder. *Lancet, 374*, 489-497.
- McKay, D.**, Abramowitz, J., Taylor, S., & Asmundson, G.J.G. (editors, 2009). *Current Perspectives on the Anxiety Disorders: Implications for DSM-V and Beyond*. New York: Springer.
- Olatunji, B.O. & **McKay, D.** (Eds.) (2009). *Disgust and its disorders*. Washington, DC: American Psychological Association Press.

Haruka Minami, Ph.D., *Assistant Professor*. Ph.D., Rutgers University, Piscataway, NJ, 2012. My research focuses on tobacco dependence, with close attention to the affective processes and mechanisms that facilitate desired health behavior change. In particular, I have extensive experience in studying the process of quitting smoking using Ecological Momentary Assessments (EMA). I have worked on multiple EMA studies for smoking cessation which involved designing and implementing EMA. More recently, I have been involved in research focusing on smoking cessation among those with psychiatric and substance use disorders—vulnerable populations disproportionately affected by tobacco-related morbidity and mortality. Currently, I am a co-principal investigator on a NIH-funded project that aims to develop and evaluate the efficacy of theory-based mindfulness smartphone smoking cessation intervention for hospitalized depressed smokers. I also serve as a co-investigator on an effectiveness trial that evaluates whether Extended Care service intervention (using Interactive Voice Response systems), that has demonstrated effectiveness for smoking cessation in medical hospitals for the general population, can be adapted for smokers with serious mental illness engaged in a psychiatric hospitalization. Finally, I have extensive clinical experience with substance use populations, including those with comorbid psychiatric disorders.

Recent publications.

- Brown, R.A., Abrantes, A.M., **Minami, H.**, Prince, M.A., Bloom, E.L., Apodaca, T.R., Strong, D.R., Picotte, D.M., Monti, P.M., MacPherson, L., Matsko, S.V., and Hunt, J.I. (in press). Motivational interviewing to reduce substance use in adolescents with psychiatric comorbidity. *Journal of Substance Abuse Treatment*.
- McCarthy, D. E., **Minami, H.**, Yeh, V. M., & Bold, K. W. (in press) An Experimental Investigation of Reactivity to Ecological Momentary Assessment Frequency among Adults Trying to Quit Smoking. *Addiction*.
- Minami, H.**, Bloom, E. L., Palm Reed, K. M., Hayes, S. C., & Brown, R. A. (in press). The moderating role of experiential avoidance in the relationships between internal distress and smoking behavior during a quit attempt. *Psychology of Addictive Behaviors*.
- Minami, H.**, Tran, L., & McCarthy, D. E. (in press). Using ecological measures of smoking trigger exposure to predict smoking cessation milestone. *Psychology of Addictive Behaviors*.
- Minami, H.**, Kahler, C. W., Bloom, E. L., Strong, D. R., Abrantes, A. M., Zywiak, W. H., Price, L. H., & Brown, R. A. (2015). Effects of depression history and sex on the efficacy of sequential versus standard fluoxetine for smoking cessation in elevated depressive symptoms smokers. *Addictive Disorders and Their Treatment*, 14(1), 29-39.
- Minami, H.**, Kahler, C. W., Bloom, E. L., Prince, M. A., Abrantes, A. M., Strong, D. R., Niaura, R. S., Miller, I. W., Palm Reed, K. M., Price, L. H., & Brown, R. A. (2014). Effects of sequential fluoxetine and gender on pre-quit depressive symptoms, affect, craving, and quit day abstinence in smokers with elevated depressive symptoms: A growth curve modeling approach. *Experimental and Clinical Psychopharmacology*, 22(5), 392–406.
- Brown, R. A., Abrantes, A. M., **Minami, H.**, Read, J. P., Marcus, B. H., Jakicic, J., Strong, D. R., Dubreuil, M. E., Gordon, A. A., Ramsey, S. E., Kahler, C. W., & Stuart, G. (2014). A preliminary, randomized trial of aerobic exercise for alcohol dependence. *Journal of Alcohol and Drugs Treatments*, 47(1), 1-9.
- Minami, H.**, Yeh, V. M., Bold, K. W., Chapman, G. B., & McCarthy, D. E. (2014). Relations among affect, abstinence motivation and confidence, and daily smoking lapse risk. *Psychology of Addictive Behaviors*, 28(2), 376-388.
- Brown, R. A., Palm, K. M., Bloom, E. L., **Minami, H.**, Strong, D. R., Lejuez, C. W., Kahler, C. W., Zvolensky, M. J., Gifford, E. V., & Hayes, S. C. (2013). Development and preliminary randomized controlled trial of a distress tolerance treatment for smokers with a history of early lapse. *Nicotine & Tobacco Research*, 15(12), 2005-15.
- Minami, H.**, McCarthy, D. E., Jorenby, D. E., & Baker, T. (2011). An ecological momentary assessment analysis of the relations among coping, affect and smoking during a quit attempt. *Addiction*, 106(3), 641-50.
- McCarthy, D. E., Jorenby, D. E., **Minami, H.**, & Yeh, V. M. (2009). Treatment options in smoking cessation: what place for Bupropion Sustained-Release? *Clinical Medicine: Therapeutics*, 1, 683-696.

Mary E. Procidano, PhD, ABPP, Associate Professor. Ph.D., Indiana University, Bloomington, IN.
 Research interests: Most of my research projects address questions about the nature and effects of perceived interpersonal and spiritual support and nonsupport. Two projects, “Stresses and Strivings” and “Life Tasks,” are intended to test a model in which domain-specific appraisal, and support and nonsupport in the context of life stress and personal goals are used to predict positive and negative adjustment outcomes. Another, “Cross-cultural Validity” examines the construct validity of measures of perceived family and friend support across 10 cultures. “Young-adult survivorship” uses self-report and personal narrative approaches to investigate predictors of resilience in young-adult cancer survivors. Knowledge gained from these studies will inform “Support experience theory,” an integrative theory of the nature of social support; and also will be tested in outpatient clinical samples.

Recent publications:

- Giardino, J., & **Procidano**, M. E. (in press). Muscle dysmorphism in college weightlifters: A cross-cultural phenomenon. *International Journal of Men's Health*.
- Vuotto, S. C., & **Procidano**, M. E. (in press). Young-adult cancer survivors' adjustment is predicted by personal meaning of self-defining life events, and interpersonal and spiritual support and nonsupport. Chapter to appear in volume based on presentations at the 33rd Stress & Anxiety Research Society Conference. K Moore, K. Kaniasty, & P. Buchwald (Eds). Berlin, Germany: Logos Verlag.
- Procidano**, M. E., Vuotto, S., & Wright, M. (2013). Toward Enhancing Health Behaviors in Survivors of Juvenile Cancer: Utility of the Life-tasks Model. (in preparation; invited/accepted). In . C. Mohiyeddini & L. Myers (Eds). *Handbook of personality, emotions, and health behavior*. Haugauge, NY: Nova Science Publishers, Inc.
- Dominguez Espinosa, A., Salas Menotti, I., Bravo, C. C., & **Procidano**, M. E. (2011). Concurrent Validity of the Mexican Version of the Perceived Social Support from Family and Friend Scales (PSS-Fa & PSS-Fr). *Revista Latinoamericana de Psicología*, 43, 125-137.
- Procidano**, M. E., & Cieslak, R. (2010). Validez de contenido en la construcción de pruebas transculturales: Una demostración con datos de Estados Unidos y Polonia. In S. Rivera Aragon, R. Diaz Loving, I. Reyes Lagunes, R. Sanchez Aragon, & L. M. Cruz Martinez, Eds. *La psicología social en México*, Vol. XIII. (pp. 537-545). Hermosillo, Sonoro, MX: Asociación Mexicano de Psicología Social.
- Procidano**, M. E., Nausheen, B., & Gupta, A. (2008). Links between social support and health: Toward a cross-cultural perspective. In P. Buchwald, Ringeisen, & M. Eysenck (Eds.), *Stress and anxiety: Application to life-span development and health promotion*. Berlin: Logos Verlag.
- Procidano**, M. E. (2004). Cross-cultural assessment of social support: Progress, problems, & prospects. In H. Sek & R. Cieslak (Eds.), *Wsparcie społeczne – stress – zdrowie [Social support – stress – health]*. Warsaw, Poland: Polish Scientific Publishers PWN.
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Andrew Rasmussen, PhD., *Associate Professor and Director, MS Program in Applied Psychological Methods*. Ph.D., University of Illinois at Urbana-Champaign, Urbana, IL, 2004. My general areas of interest are (1) forced migration (i.e., refugees and asylum seekers), (2) cultural psychology (with particular interest in measurement), and (3) the effects of trauma and stress. Although I am a Clinical Psychologist by training my research is heavily informed by community psychology and experience in public health. My work background includes program evaluation as well as scholarly research, including eight years as Research Director at a hospital-based clinic at Bellevue Hospital and a number of evaluations of nongovernmental organizations that address mental health problems in low- and middle-income countries. In 2009 I was awarded a K23 Award from NICHD to establish a community-based program of research within West African immigrant communities to address challenges to family life, particularly for those families fleeing political persecution. My psychological orientation is best described as cognitive-behavioral and social ecological, and methodologically I value both qualitative and quantitative approaches (particular favorites being grounded theory, social network analysis, and cluster analysis).

Publications since 2010 (with students in italics; note that because I joined Fordham faculty in 2012, not all students have been from Fordham):

- Rasmussen, A.**, Chu, T., Akinsulure-Smith, A., & Keatley, E. (under review). The social ecology of resolving family conflict among West African immigrants in New York: A grounded theory approach
- Rasmussen, A.**, Eustache, E., Raviola, G., Fullard, B., Grelotti, D., & Belkin, G. (under review). Development and validation of a Haitian Creole screening instrument for depression.
- Raghavan, S.*, **Rasmussen, A.**, Rosenfeld, B., & Keller, A. S. (2012). Correlates of Symptom Reduction in Treatment-Seeking Survivors of Torture. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication.
- Rasmussen, A.**, Akinsulure-Smith, A., Chu, T., & Keatley, E. (2012). "911" among West African immigrants in New York City: A qualitative study of disciplinary practices and perceptions of child welfare authorities. *Social Science and Medicine*, 75, 516-525.
- Akinsulure-Smith, A.M., Keatley, E. & **Rasmussen, A.** (2012). Responding to secondary traumatic stress: A pilot study of torture treatment programs in the United States. *Journal of Traumatic Stress*, 25, 232-235.
- Rasmussen, A.**, Crager, M., Keatley, E., Keller, A. S., & Rosenfeld, B. (2011). Screening for Torture: A narrative checklist comparing legal definitions in a torture treatment clinic. *Zeitschrift für Psychologie / Journal of Psychology*, 219(3), 143-149.
- Rasmussen, A.**, Katoni, B., Keller, A.S., & Wilkinson, J. (2011). Posttraumatic idioms of distress among Darfur refugees: *Hozun* and *majnun*. *Transcultural Psychiatry*, 48(4), 392-415.
- Green, D.*, **Rasmussen, A.**, & Rosenfeld, B. (2010). Defining torture: A review of 40 years of health science research. *Journal of Traumatic Stress*, 23(4), 528-531.
- Rasmussen, A.**, Nguyen, L., Wilkinson, J., *Raghavan, S.*, Vundla, S., Miller, K., Keller, A.S. (2010). Rates and impact of trauma and current stressors among Darfuri refugees in eastern Chad. *American Journal of Orthopsychiatry*, 80(2), 227-236.
- Rasmussen, A.**, & *Annan, J.* (2010). Predicting stress related to basic needs and safety in Darfur refugee camps: A structural and social ecological analysis. *Journal of Refugee Studies*, 23, 23-40.
- Miller, K. & **Rasmussen, A.** (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, 70, 7-16.
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Monica Rivera Mindt, PhD, ABPP-CN, Professor and CDPD, Director of Clinical Training. Ph.D., University of Nebraska, Lincoln, NE, 2000. Dr. Monica Rivera Mindt is a board certified clinical neuropsychologist and her research is funded by the NIH, and is dedicated to investigating the effects of HIV, substance use, and substance use treatment on the brain, functional outcomes, and health disparities, particularly among HIV+ Latinas/os. Her work is community-based and focused on underserved populations. She is also actively involved in teaching and mentoring at ISMMS, and is a Faculty Scholar within the *Center for Multicultural & Community Affairs*. She has published numerous articles, and has served as a grant reviewer for the NIMH; sat on the editorial board of *Journal of the International Neuropsychological Society*; and serves as an ad-hoc reviewer for numerous journals. Dr. Rivera Mindt is the recipient of several awards for her research, teaching, and contributions to the field, including the *Early Career Award* from the American Psychological Association (APA; Clinical Neuropsychology Division) in 2011; the *Early Career Service Award* from the National Academy of Neuropsychology in 2010; the *Distinguished Alumna Award for Psychology* from Pepperdine University in 2008; the *Early Career Award & Pilot Research Award* from the *Northeast Consortium for Minority Faculty Development* in 2007; and the *Teacher of the Year Award* from Fordham University in 2005. In 2012, she was elected a Fellow of the Society for Clinical Neuropsychology/APA Division 40 and the National Academy of Neuropsychology. In 2013, she was awarded the *Lifetime Achievement Award* from SMART University, a community-based HIV treatment education organization run by and for HIV+ women, for her work in the community doing research capacity building.

Recent publications (*Papers with Fordham Student Co-Authors; †Senior Author of paper):

* **Rivera Mindt, M.**, Miranda, C., Arentoft, A., Byrd, D., Monzones, J., Fuentes, A., Arias, F., Arce, A., Rosario, A., Sheynin, J., & Morgello, S. (2014). Aging and HIV/AIDS: Neurocognitive Implications for Older HIV+ Latina/o Adults. *Behavioral Medicine*, 40, 116-123.

Goldenberg, S., **Rivera Mindt, M.**, Rocha Jimenez, T., Brouwer, K.C., Morales Miranda, S., & Fisher, C.B. (In Press). Structural and Interpersonal Benefits and Risks of Participation in HIV Research among Female Sex Workers in Guatemala. *Ethics and Behavior*.

*† Coulehan, K., Byrd, D., Arentoft, A., Monzones, J., Fuentes, A., Fraser, F., Rosario, A., Morgello, S. & **Rivera Mindt, M.** (2014). The role of decision-making ability in HIV/AIDS: Impact on prospective memory. *Journal of Clinical and Experimental Neuropsychology*, 4, 1-12.

† Arentoft, A., Byrd, D., Robbins, R.N., Monzones, J., Miranda, C., Rosario, A., Crotty, K., Fuentes, A., Germano, K.K., D'Aquila, E., Sheynin, J., Morgello, S., **Rivera Mindt, M.** (2012). A multidimensional examination of the role of acculturation in neuropsychological functioning among HIV+ Latina/o Adults. *Journal of Clinical and Experimental Neuropsychology*, 34, 814-825.

Heaton, R.K., Franklin D.R., Ellis, R.J., McCutchan, J.A., Letendre, S.L., LeBlanc, S., Corkran, S.H., Duarte, N., Clifford, D.B., Woods, S.P., Collier, A., Marra, C., Morgello, S., **Rivera Mindt, M.**, et al. for the CHARTER and HNRC Groups (2011). HIV-associated neurocognitive disorders before and during the era of combination antiretroviral therapy: Differences in rates, nature, and predictors. *Journal of Neurovirology*, 17, 3–16. PMID: PMC3032197

Rivera Mindt, M., Byrd, D., Saez, P., & Manly, J.J. (2010). Increasing Culturally Competent Neuropsychological Services for Ethnic Minority Populations: A call to action. *The Clinical Neuropsychologist*, 24, 429-453.

Robinson-Papp, J., Gonzalez-Duarte, A., Simpson, D.M., **Rivera Mindt, M.**, & Morgello, S. (2009). The Roles of Ethnicity and Antiretrovirals in HIV-associated Polyneuropathy: A Pilot Study. *JAIDS: Journal of Acquired Immune Deficiency Syndromes*, 51(5), 569-573.

Rivera Mindt, M., Arentoft, A., Kubo Germano, K., D'Aquila, E., Scheiner, D., Pizzirusso, M., Sandoval, T.C., & Gollan, T.H. (2008). Neuropsychological, cognitive, and theoretical considerations for evaluation of bilingual individuals. *Neuropsychology Review*, 18, 255-268.

Barry Rosenfeld, Ph.D., ABPP, Professor. Ph.D., University of Virginia, Charlottesville, VA, 1992. My clinical and research interests encompass a wide array of topics, all of which fall under the general umbrella of forensic psychology but also overlap considerably with health psychology and public policy. The range of topics that I have, and continue to study, includes many of the traditional areas of forensic psychology such as competence to stand trial, violence risk assessment, stalking and malingering. In addition, I continue to maintain an active interest in many less traditional law/psychology topics such as the ability of psychiatric patients to make treatment decisions, factors associated with interest in physician-assisted suicide, and the effects of torture on psychological functioning. More recently, I have been increasingly involved in treatment development, both in the context of forensic as well as health settings. Below are a handful of representative publications from the last few years.

Recent publications (graduate students are designated by italics).

Appelbaum, A., *Kolva*, E., Radomski, J., Jacobs, J., DeRosa, A., Lichtenthal, W., *Olden*, M., **Rosenfeld**, B., & Breitbart, W. (In press). Conceptualizing prognostic awareness in advanced cancer: A systematic review. *Journal of Health Psychology*.

Galiotta, M., & **Rosenfeld**, B. (2012). Adapting Dialectical Behavior Therapy (DBT) for the Treatment of Psychopathy. *International Journal of Forensic Mental Health*, 11(4), 325-335, doi: 10.1080/14999013.2012.746762.

Weiss, R. & **Rosenfeld**, B. (2012). Navigating cross-cultural issues in forensic assessment: Recommendations for practice. *Professional Psychology: Research and Practice*, 43(3), 234-240.

Breitbart, W., Poppito, S., **Rosenfeld**, B., Vickers, A. J., Li, Y., *Abbey*, J., *Olden*, M., Pessin, H., Lichtenthal, W., Sjoberg, D., & Cassileth, B. R. (2012). A pilot randomized controlled trial of Individual Meaning-Centered Psychotherapy for patients with advanced cancer. *Journal of Clinical Oncology*, 30(12), 1304-1309.

Rosenfeld, B. & Penrod, S. (Eds.) (2011). *Research methods in Forensic Psychology*. New York: Wiley.

Garcia-Mansilla, A., **Rosenfeld**, B., & Cruise, K. R. (2011). Violence risk assessment and women: Predictive accuracy of the HCR-20 in a civil psychiatric sample. *Behavioral Sciences and the Law*, 29(5), 623-633.

Rosenfeld, B., Pessin, H., Lewis, C., *Abbey*, J., *Olden*, M., *Sachs*, E., *Amakawa*, L., *Kolva*, L., Brescia, R., & Breitbart, W. (2011). Assessing hopelessness in terminally ill cancer patients: Development of the Hopelessness Assessment in Illness Questionnaire (HAI). *Psychological Assessment*, 23(2), 325-336.

Pierson, A. M., **Rosenfeld**, B., *Green*, D., & Belfi, B. (2011). Investigating the relationship between Antisocial Personality Disorder and malingering. *Criminal Justice and Behavior*, 38(2), 146-156.

Green, D., & **Rosenfeld**, B. (2011). Evaluating the gold standard: A meta-analysis of the Structured Interview of Reported Symptoms (SIRS). *Psychological Assessment*, 23(1), 95-107.

Breitbart, W., **Rosenfeld**, B., Gibson, C., Kramer, M., Li, Y., Tomarken, A., Nelson, C., Pessin, H., Esch, J., Galiotta, M., *Garcia*, N., Brechtel, J., & Schuster, M. (2010). Impact of treatment for depression on desire for hastened death in patients with advanced AIDS. *Psychosomatics*, 52(1), 98-105.

Rosenfeld, B., *Green*, D., *Pivovarov*, E., *Dole*, T., & Zapf, P. (2010). What to do with contradictory data: Approaches to the integrating of multiple malingering measures. *International Journal of Forensic Mental Health*, 9(2), 63-73.

Hooberman, J. B., **Rosenfeld**, B., Rasmussen, A., & Keller, A. (2010). Resilience in Trauma-Exposed Refugees: The Moderating Effect of Coping Style on Social Support, Cognitive Appraisals, and Social Comparisons. *American Journal of Orthopsychiatry*, 80(4), 561-567.

Green, D., **Rosenfeld**, B., & Rasmussen, A. (2010). Defining torture: A review of 40 years of research. *Journal of Traumatic Stress Studies*, 23(4), 528-531.

Amy K. Roy, Ph.D., Associate Professor, Ph.D. Temple University, Philadelphia, PA. My research focuses primarily on examining emotion regulation processes in children and adolescents through the use of experimental paradigms and functional neuroimaging. My interest in this area focuses on two populations: pediatric anxiety disorders (mainly generalized anxiety disorder) and young children with severe temper outbursts. In terms of young people with GAD, I am most interested in how deficits in tolerating uncertainty and making decisions impact the development and maintenance of this disorder. My work with young children with severe temper outbursts has emerged from the field's recent interest in this population and the need for improved understanding of basic mechanisms to inform appropriate diagnostic classification. We are using resting state functional MRI to examine amygdala-based circuitry in these youth (ages 5- 9 years) with the aim of uncovering alterations in these circuits that might underlie emotion regulation deficits. This work is being done in collaboration with the NYU Child Study Center and the NYU Center for Brain Imaging.

Recent publications:

- Roy, A.K.**, Fudge, J.L., Kelly, C., Perry, J.S.A., Daniele, T., Carlisi, C., Benson, B., Castellanos, F.X., Milham, M.P., Pine, D.S., & Ernst, M. (2013). Intrinsic functional connectivity of amygdala-based networks in adolescent generalized anxiety disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52, 290- 299.
- Shurick, A.A., Hamilton, J.R., Harris, L.T., **Roy, A.K.**, Gross, J.J., & Phelps, E.A. (2012). Durable effects of cognitive restructuring on conditioned fear. *Emotion*, 12, 1393- 1397.
- Reiss, P.T., Huang, L., Cavanaugh, J.E., & **Roy, A.K.** (2012). Resampling-based information criteria for best-subset regression. *Annals of the Institute of Statistical Mathematics*, 1- 26.
- Roy, A.K.**, Gotimer, K., Kelly, A.M., Castellanos, F.X., Milham, M.P., & Ernst, M. (2011). Uncovering putative neural markers of risk avoidance. *Neuropsychologia*, 49, 937- 944.
- Cox, C.L., Gotimer, K., **Roy, A.K.**, Castellanos, F.X., Milham, M.P., & Kelly, C. (2010). Your resting brain CAREs about your risky behavior. *PLoS One*, 19, e12296.
- Comer, J.S., **Roy, A.K.**, Furr, J.M., Gotimer, K., Beidas, R.S., Dugas, M.J., & Kendall, P.C. (2009). The Intolerance of Uncertainty Scale for Children: A psychometric evaluation. *Psychological Assessment*, 21, 402- 411.
- Di Martino, A. Shehzad, Z., Kelly, A.M.C., **Roy, A.K.**, Gee, D.G., Uddin, L.Q., Gotimer, K., Klein, D., Castellanos, F.X., and Milham, M.P. (2009). Relationship between cingulo-insular functional connectivity and autistic traits in neurotypical adults. *American Journal of Psychiatry*, 166, 891- 899.
- Roy, A.K.**, Shehzad, Z., Margulies, D.S., Kelly, A.M.C., Uddin, L.Q., Gotimer, K., Biswal, B.B., Castellanos, F.X., & Milham, M.P. (2009). Functional connectivity of the human amygdala using resting state fMRI. *NeuroImage*, 45, 614- 626.
- Roy, A.K.**, Vasa, R.A., Bruck, M., Mogg, K., Bradley, B.P., Sweeney, M., Bergman, R.L., McClure-Tone, E.B., Pine, D.S., & CAMS Team (2008). Attention bias towards threat in pediatric anxiety disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47, 1189- 1196.
- Stark, D., Margulies, D.S., Shehzad, Z., Reiss, P., Kelly, A.M., Uddin, L.Q., Gee, D., **Roy, A.K.**, Banich, M., Castellanos, F.X., & Milham, M.P. (2008). Regional variation in interhemispheric coordination of intrinsic hemodynamic fluctuations. *Journal of Neuroscience*, 28, 13754- 13764.
-

Kathleen M. Schiaffino, PhD., *Associate Professor and Chair of the Department of Psychology*. Ph.D., City University of New York, New York, NY. Interests include cognitive appraisals of chronic illness in children and adults; changes in identity as a result of chronic illness; self-help interventions with health.

Recent publications:

McIlvane, J., **Schiaffino**, K.M., & Paget, S. (2007). Age differences in the pain-depression link for women with osteoarthritis: Functional impairment and personal control as mediators. *Women's Health Issues*, 17, 44-51.

Herbert, D. F. & **Schiaffino**, K.M. (2007). Adolescents' Smoking Behavior and Attitudes: The Influence of Mothers' Smoking Communication, Behavior and Attitudes. *Journal of Applied Developmental Psychology*, 28, 103-114.

Schiaffino, K.M. & McIlvane, J. (2007). Research in Health Psychology. In McKay, D. (Ed.). *Handbook of research methods in abnormal and clinical psychology*. Newbury Park, CA: Sage.

Frederick J. Wertz, Ph.D., Professor. Ph.D., Duquesne University, Pittsburgh, PA. Interests: Philosophical foundations; research methodology; history and systems; phenomenological psychology; qualitative research methods; psychoanalysis; empirical research topics--human perception, criminal victimization, psychopathology, psychology of everyday life. Editor-in-Chief, *Journal of Phenomenological Psychology*. President: Interdisciplinary Coalition of North American Phenomenologists.

Recent publications:

- Wertz, F.J.** (2011). Of rats and psychologists: A study of the history and meaning of science. In I. Parker (Ed.), *Critical Psychology, Volume I: Dominant models of psychology and their limits*. New York, NY: Routledge (Reprinted from 1994).
- Wertz, F.J.** (2011). The qualitative revolution and psychology: Science, politics, and ethics. *The Humanistic Psychologist, 39*, 77-104.
- Wertz, F. J., Charmaz, K., McMullen, L., Josselson, R., Anderson, R., McSpadden, E.** (2011). *Five ways of doing qualitative analysis: Phenomenological psychology, grounded theory, discourse analysis, narrative research, and intuitive inquiry*. New York, NY: Guilford Press.
- Wertz, F. J.** (2010). The method of eidetic analysis for psychology. In T.F. Cloonan (Ed.), *The redirection of psychology: Essays in honor of Amedeo P. Giorgi*. Montreal, Quebec: Collection du Cirp.
- Wertz, F. J.** (2006). Phenomenological currents in 20th century psychology. In H. Dreyfus & M.A. Wrathall (Eds.), *Companion to Existential-Phenomenological philosophy*, pp. 392-408. Oxford, UK: Blackwell Publishing Inc.
- Bogard, K. & **Wertz, F. J.** (2006). The introduction of a qualitative perspective in advanced psychological research training: Narrative of a mixed methods doctoral dissertation. *Humanistic Psychologist, 34*(4), 369-398.
- Wertz, F. J.** (2005). Phenomenological research methods for counseling psychology, *Journal of Counseling Psychology, 52*, 167-177.
- Wertz, F. J.** (2003). Freud's case of the rat man revisited: An existential-phenomenological and cultural-historical analysis. *Journal of Phenomenological Psychology, 35*(2), 47-78.
- Wertz, F. J. & Alcee, M.** (2003). A Science of persons: Exploring the impact of R.D. Laing's *The Divided Self* on psychology. In R. Sternberg (Ed.), *The anatomy of impact: Great books in the history of psychology*. Washington, D.C.: American Psychological Association Press, pp. 137-159.
- Fischer, C. T. & **Wertz, F. J.** (2002). Empirical phenomenological analyses of being criminally victimized. Republished in M. Huberman & M.B. Miles (Eds.), *The qualitative researcher's companion* (pp. 275-304). Thousand Oaks, CA: Sage Publications.
- Wertz, F.J** (2001). Humanistic psychology and the qualitative research tradition. In K.J. Schneider, J.F.T. Bugental & J.F. Pierson (Eds.) *The handbook of humanistic psychology: Leading edges in theory, research and practice*. Thousand Oaks, CA: Sage Publications, pp. 231-246.
- Wertz, F.J** (1999). Multiple methods in psychology: Epistemological grounding and the possibility of unity. *Journal of Theoretical and Philosophical Psychology, 19*(2), 131-166.
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Molly Zimmerman, Ph.D., Associate Professor. Dr. Zimmerman recently joined the Department of Psychology at Fordham. She is a licensed Clinical Neuropsychologist with research interests focused on using neuroimaging techniques to understand underlying neural mechanisms of age-related changes in cognition, sleep, and the experience of stress. She is also involved in research that examines the cognitive sequelae of heading among soccer players as well as the cognitive consequences of obstructive sleep apnea in adults and children.

Recent Publications:

- Milman, S., Sculder-Katz, M., Deluty, J., Zimmerman, M. E., Crandall, J. P., Barzilai, N., Melamed, M. L., & Atzmon, G. Vitamin D insufficiency is associated with cognitive impairment in individuals with exceptional longevity. *Journal of the American Geriatrics Society*, 62, 153-158; 2014. PMID: PMC4055513
- Ezzati, A., Jiang, J., Katz, M. J., Sliwinski, M. J., Zimmerman, M. E., & Lipton, R. B. Validation of the Perceived Stress Scale in a community sample of older adults. *International Journal of Geriatric Psychiatry*, 29, 645-652; 2014. PMID: PMC4013212
- Tosto, G., Carmichael, O., Zimmerman, M. E., & Brickman, A. M. Predicting aggressive decline in Mild Cognitive Impairment: The importance of white matter hyperintensities. *JAMA Neurology*, In Press.
- Ezzati, A., Zimmerman, M. E., Katz, M. J., Sundermann, E. E., Smith, J., Lipton, M. L., & Lipton, R. B. Chronic pain correlates differently with hippocampal subfield volumes in older women and men. *Brain Research*, In Press.
- White, R. S., Jiang, J., Hall, C. B., Katz, M. J., Zimmerman, M. E., Sliwinski, M. J. & Lipton, R. B. Higher Perceived Stress Scale scores are associated with higher pain interference levels. *Journal of the American Geriatrics Society*, In Press.
- Katz, M. J., Lipton, R. B., Hall, C. B., Zimmerman, M. E., Sanders, A. E., Verghese, J., Dickson, D. W., & Derby, C. A. Age and sex specific prevalence and incidence of mild cognitive impairment, dementia and Alzheimer's disease in blacks and whites: A report from the Einstein Aging Study. *Alzheimer's Disease and Associated Disorders*, 26, 335-343; 2013. PMID: PMC3334445
- Hoth, K. F., Zimmerman, M. E., Meschede, K. A., Arnedt, J. T., & Aloia, M. S. Obstructive sleep apnea: Impact of hypoxemia on memory. *Sleep and Breathing*, 17, 811-817; 2013. PMID: PMC3556350
- Zimmerman, M. E., Bigal, M. E., Katz, M. J., Derby, C. A., & Lipton, R. B. Are Sleep Onset/Maintenance Difficulties Associated with Medical or Psychiatric Comorbidities in Nondemented Community-Dwelling Older Adults? *Journal of Clinical Sleep Medicine*, 9, 363-369; 2013. PMID: PMC3601315
- Ezzati, A., Zimmerman, M. E., Katz, M. J., & Lipton, R. B. Hippocampal correlates of depression in healthy elderly adults. *Hippocampus*, 23, 1137-1142; 2013. PMID: PMC4018740

ADDITIONAL FORMS

FORDHAM UNIVERSITY CLINICAL EVALUATION FORM

For Externships and Internships

(Adapted from the Minnesota Supervisory Inventory)
For Fordham Use Only

Student: Course: Externship I, II, III or IV (Circle One) Semester: Fall or Spring _____ (Year)

Supervisee: _____

Supervisor: _____

Supervisor's Phone # _____

Supervisor's Email: _____

Training Site: _____

Primary Supervisor Secondary Supervisor

Primary Psychotherapeutic Orientation(s) of Supervisee: _____

Population: _____

Date: _____

Introduction and Directions: Supervisors are asked to use the 3-point scale below to rate skills, competencies and conduct observed during the experience by **circling the appropriate rating**. The **NA** response should be used **as often as necessary** to designate skills or behaviors that were either not applicable or not observed sufficiently so that this form documents areas only in which supervisees had supervised training experiences. Therefore, **no** supervisee will receive numeric ratings on all items. In addition to the ratings, supervisors are encouraged to provide narrative comments about supervisees' professional development. Additional narrative comments can be appended to this form.

Please use the Following Rating Scale:

- 1 Development Required:** Further training and supervision is required to meet expectations.
- 2 Meets Expectations:** Functions adequately to above average for level of training.
- 3 Exceeds Expectations:** Functions exceptionally for level of training.
- NA Not Applicable:** Not Applicable/Not Observed/Cannot Say.

1. ASSESSMENT COMPETENCE

1. Judgment in selecting assessment approaches	1	2	3	NA
2. Rapport with clients of diverse clinical, age, gender, and cultural groups	1	2	3	NA
a) Effectively uses eye contact, body position, calm demeanor, head nods, etc.	1	2	3	NA
3. Diagnostic interviewing	1	2	3	NA
a) Appropriate use of open-ended and direct questions	1	2	3	NA
b) Speaks at client's level of comprehension	1	2	3	NA
c) Appropriately assesses suicide risk and dangerousness	1	2	3	NA
d) Appropriately assesses alcohol and substance-related disorders	1	2	3	NA
4. a) Personality tests: Administering and/or scoring	1	2	3	NA
b) Interpreting objective personality tests	1	2	3	NA
c) Interpreting projective personality tests	1	2	3	NA
5. a) Intelligence and psychoeducational tests: Administering and/or scoring	1	2	3	NA
b) Interpreting intelligence and psychoeducational tests	1	2	3	NA
6. a) Neuropsychological instruments: Administering and scoring	1	2	3	NA
b) Interpreting neuropsychological instruments	1	2	3	NA
7. Mental status examination	1	2	3	NA
8. Observing and describing behavior	1	2	3	NA
9. Obtaining collateral information	1	2	3	NA
10. Integrating assessment data	1	2	3	NA
11. Awareness of legal issues in assessment (e.g., malpractice, mandatory reporting, commitment, forensics, court testimony)	1	2	3	NA
12. Awareness of and sensitivity to cultural diversity issues in assessment social, systems, and other issues in assessment	1	2	3	NA
13. Awareness of and sensitivity to developmental, physical, pharmacological, social, systems, and other issues in assessment	1	2	3	
14. Diagnosis	1	2	3	NA
15. Understanding of psychiatric nosology (DSM-V; ICD-10)	1	2	3	NA

16. Written reports of psychological evaluations	1	2	3	NA
17. Providing feedback to clients and families	1	2	3	NA
18. Providing feedback to other professionals, agencies, schools, etc.	1	2	3	NA
19. Formulating treatment recommendations	1	2	3	NA
20. Understands/can initiate emergency measures (e.g., hospitalization, holds)	1	2	3	NA
21. Clinical judgment in assessment	1	2	3	NA
22. Miscellaneous (specify)	1	2	3	NA
23. Miscellaneous (specify)	1	2	3	NA
Overall Competence in Assessment	1	2	3	

Progress and Comments about Assessment:

2. PSYCHOTHERAPY AND INTERVENTION COMPETENCE

1. Skill and effectiveness as a therapist	1	2	3	NA
2. Rapport with clients	1	2	3	NA
3. Empathy, warmth, and genuineness with clients	1	2	3	NA
4. Support of client	1	2	3	NA
5. Focusing and controlling session	1	2	3	NA
6. Directness, relevance, and succinctness of comments	1	2	3	NA
7. Timing of comments	1	2	3	NA
8. Interpretation	1	2	3	NA
9. Confrontation	1	2	3	NA
10. Treatment formulation and clinical judgment about intervention alternatives, necessity, objectives, strategies, length, and termination	1	2	3	NA
11. Preparation for sessions	1	2	3	NA
12. Assignments, behavioral prescriptions and follow-up on assignments	1	2	3	NA
13. Awareness and/or management of resistive and defensive operations	1	2	3	NA
14. Understanding and management of clients' boundaries	1	2	3	NA
15. Awareness and/or management of transference	1	2	3	NA
16. Awareness and/or management of countertransference	1	2	3	NA

17. Flexibility and/or creative problem solving	1	2	3	NA
18. Awareness of and sensitivity to cultural diversity issues in psychotherapy and interventions	1	2	3	NA
19. Awareness of ethical and legal issues in psychotherapy and intervention (e.g., referrals, hospitalizations, contracts with patients/families)	1	2	3	NA
20. Miscellaneous (specify):	1	2	3	NA
21. Miscellaneous (specify):	1	2	3	NA

Treatment Modalities

1. Behavior modification	1	2	3	NA
2. Biofeedback	1	2	3	NA
3. Brief or Time-Limited therapy	1	2	3	NA
4. Case management	1	2	3	NA
5. Client-centered therapy	1	2	3	NA
6. Cognitive-behavioral therapy	1	2	3	NA
7. Crisis intervention, knowledge and use of referral sources	1	2	3	NA
8. Eclectic therapy	1	2	3	NA
9. Empirically validated treatment (specify):	1	2	3	NA
10. Family/systems therapy	1	2	3	NA
11. Group therapy	1	2	3	NA
12. Hypnosis	1	2	3	NA
13. Milieu therapy	1	2	3	NA
14. Play therapy	1	2	3	NA
15. Psychodynamic therapy	1	2	3	NA
16. Relaxation training	1	2	3	NA
17. Sex therapy	1	2	3	NA
18. Supportive therapy	1	2	3	NA
19. Other/Miscellaneous (specify)	1	2	3	NA
20. Other/Miscellaneous (specify)	1	2	3	NA
Overall Competence In Psychotherapy and Intervention	1	2	3	

Progress and Comments about Assessment:

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3. CONSULTATION COMPETENCE

1. Knowledge and handling of consultation role	1	2	3	NA
2. Knowledge of institutional and systems' dynamics and functions	1	2	3	NA
3. Effectiveness as a consultant	1	2	3	NA
4. Timely response to consultation requests	1	2	3	NA
5. Timely provision of oral and written feedback	1	2	3	NA
6. Rapport with treatment team and awareness of other disciplines contributions '	1	2	3	NA
7. Attendance and punctuality at treatment team meetings	1	2	3	NA
8. Participation at treatment team meetings	1	2	3	NA
9. Knowledge of psychopharmacology and appropriate referral for medication	1	2	3	NA
10. Other/Miscellaneous (specify)	1	2	3	NA
Overall Competence in Consultation	1	2	3	

Progress and Comments about Consultation:

4. PROFESSIONAL, ETHICAL, AND LEGAL CONDUCT

1. Awareness of/adherence to APA Ethical Principles, Code of Conduct, and other Professional Standards	1	2	3	NA
2. Awareness of/adherence to legal (e.g., mandatory reporting, commitment, testimony) and regulatory (e.g., Board of Psychology) standards	1	2	3	NA
3. Maintains and understands when to suspend confidentiality	1	2	3	NA
4. Maintenance of records and timeliness of reports, prior authorizations, treatment plans, and treatment summaries	1	2	3	NA
5. Maintenance of expected workload and professionalism in fulfilling clinical responsibilities	1	2	3	NA
6. Timely response to messages	1	2	3	NA
7. Punctuality for patient contacts and professional meetings	1	2	3	NA
8. Integration of research and practice	1	2	3	NA

9. Understanding and management of professional boundaries with clients	1	2	3	NA
10. Awareness of personal issues in relationships with clients	1	2	3	NA
11. Management of interpersonal stress in relationships with clients	1	2	3	NA
12. Clinical inquisitiveness	1	2	3	NA
13. Maturity	1	2	3	NA
14. Initiative and motivation	1	2	3	NA
15. Appropriate attire and presentation	1	2	3	NA
16. Other/Miscellaneous (specify)	1	2	3	NA
Overall Professional, Ethical, and Legal Conduct	1	2	3	

Progress and Comments about Consultation:

5. SUPERVISION

1. Openness and responsiveness to supervision	1	2	3	NA
2. Cooperation with supervisor	1	2	3	NA
3. Communication with supervisor	1	2	3	NA
4. Preparation for supervision	1	2	3	NA
5. Use of audiovisual aids for supervision	1	2	3	NA
6. Effectively incorporates feedback from supervision into clinical practice	1	2	3	NA
7. Awareness of and/or management of personal issues In relating to supervisor	1	2	3	NA
8. Effectiveness and competence of supervisee as a supervisor	1	2	3	NA
9. Other/Miscellaneous (specify)	1	2	3	NA
Overall Response to Supervision	1	2	3	

Progress and Comments about Supervision:

6. PROFESSIONAL PRESENTATION(S) / CASE CONFERENCE(S)

1. Preparation for presentation(s)	1	2	3	NA
2. Organization and quality of presentation(s)	1	2	3	NA
3. Appropriate level of presentation(s)	1	2	3	NA
4. Literature review	1	2	3	NA
5. Integration of research and clinical issues	1	2	3	NA
6. Participation in others' presentations and in professional activities	1	2	3	NA
7. Other/Miscellaneous (specify)	1	2	3	NA
Overall Professional Presentation(s) / Case Conference(s)	1	2	3	

Progress and Comments:

7. SITE-SPECIFIC MATTERS (If any)

1. Specify:	1	2	3	NA
2. Specify:	1	2	3	NA
3. Specify:	1	2	3	NA
4. Specify:	1	2	3	NA
5. Specify:	1	2	3	NA
Overall Site Specific	1	2	3	

Site Specific Comments:

Recommendations For Further Training/Supervision:

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Supervisor's Signature

Date

Supervisee's Signature

Date Reviewed

Please return this form to:

Please return this form to the Associate Director of Clinical Training by **December 31st** and again by **May 31st**:

David Marcotte, Ph.D.

Psychology Department, Dealy Hall, Rm. 226

Fordham University

441 E. Fordham Road

Bronx, NY 10458-5198

Contact Dr. Marcotte below with any questions:

marcotte@fordham.edu

Phone: 718-817-4060

Externship Training Review Form

1. Placement/Agency Name: _____

2. Your Name: _____ Year _____ Hours per week: _____

3. Name of supervisor(s): _____

4. Setting (specify percentage)

Psychiatric hospital - inpatient: _____

Psychiatric hospital – outpatient: _____

Community-based clinic: _____

Forensic: _____

Medical setting (non-psychiatric): _____

College counseling center: _____

5. Time allocation (specify percentage of time):

Direct patient contact (assessment/treatment/etc): _____

Supervision, didactic seminars, conferences, etc: _____

Report/note writing: _____

Other (specify: _____): _____

6. Does the site/supervisor have a clear theoretical orientation (if yes, specify: _____) ?

7. Assessment Experience	Hours/week	Total # cases
Intelligence/achievement	_____	_____

Personality – Objective _____

Personality – Projective _____

Neuropsychological _____

Forensic _____

Other (specify: _____) _____

Total number of reports written: _____

8. Treatment experience	Hours/week	Total # cases
Individual Therapy	_____	_____
Older adults (65+)	_____	_____
Adults (18-64)	_____	_____
Adolescents (13-17)	_____	_____
Children (< 12)	_____	_____
Group Therapy		
Adults	_____	_____
Adolescents	_____	_____
Family/Couples	_____	_____
Other Interventions/experience		
Behavioral Medicine/Health-related	_____	_____
Diagnostic/intake interviews	_____	_____
Substance abuse	_____	_____
Forensic	_____	_____
Case conference presentations	_____	_____

9. Site ratings (circle choice)				
Exposure to diverse client populations	Poor	Fair	Good	Excellent
Exposure to empirically supported treatments	Poor	Fair	Good	Excellent
Quality of didactic seminars	Poor	Fair	Good	Excellent
Quality of Clinical Supervision	Poor	Fair	Good	Excellent
Quality of Overall Clinical Experience	Poor	Fair	Good	Excellent

Please explain ANY low ratings (i.e., what was wrong or problematic):

Highlight any particular strengths of the site/experience:

Student Activity Report – Clinical Psychology

Name: _____ Date: _____

Current address: _____ Tel: _____

Email: _____

Timeline for requirements:

MA Thesis Title:

Mentor: _____

Reader:

Proposal Submitted Yes / No Date (MM/YY): _____

Thesis Approved Yes / No Date (MM/YY): _____

Doctoral Comps Completed Yes / No Date (MM/YY): _____

Dissertation Title:

Mentor: _____ Readers:

Proposal Completed Yes / No Date (MM/YY): _____

Progress Report Yes / No Date (MM/YY): _____

Dissertation Orals Yes / No Date (MM/YY): _____

Applied for Internship Yes / No

On Internship Yes / No Date Began: _____ Site:

Anticipated Graduation Date (Year): _____

e. List any research grants or funding applied for and/or received (including from Fordham funding, outside research grants, etc)

2. **Clinical Experiences** (list any externships completed or begun during previous year, including name of site, name of primary supervisor, when you began/finished, and number of hours per week)

3. **Teaching Experiences** (list courses taught and institution)

4. **Awards, Honors, or other special accomplishments**

5. **Professional Society Memberships:**

Organization	Year Joined
--------------	-------------

_____	_____
_____	_____
_____	_____
_____	_____

a. Indicate any positions or official responsibilities within professional organizations (e.g., student representative, etc).

- 6. Did you receive an assistantship or other funding from Fordham** (indicate what you did in exchange for this assistantship)

7. **Progress towards completion** (note: indicate where non-Fordham classes were taken – i.e., the school, transfer or consortium, etc):

Requirement	Course Taken	When Completed	Grade Received
Clinical Core:			
Clinical Diagnosis			
Psychopathology			
Psychotherapy Theories			
Cognitive Assessment			
Personality Assessment I			
Personality Assessment II			
Elective Intervention Course			
Clinical Elective # 2			
Clinical Elective # 3			
Research Requirements:			
Research Methodology			
Introduction to Statistics			
Regression Analysis			
Breadth Requirements:			
Biological Bases			
Social Bases			
Cognitive/Affective Bases			
Individual Bases			
Developmental Bases			
History and Systems			
Additional Requirements:			
Professional Ethics			
Diversity Training			
Child Abuse Identification			

Other Courses Taken:			

8. **Is there anything else we should know about ?**

CTS Thesis Research Presentation Form

Date: _____

Student: _____

Faculty Member or Advanced Student Evaluator: _____

- 1) **Content:** Depth and sophistication of information presented; balance of Background, Method, Results and Discussion

Inadequate

Adequate

Good

Unusually Strong

Comments:

- 2) **Slide Format:** Quality of formatting, use of color, legibility, presentation of data:

Inadequate

Adequate

Good

Unusually Strong

Comments:

- 3) **Presentation Style:** Language and pace of presentation, preparation, engagement with audience (versus excessive reliance on notes or overly dry presentation style)

Inadequate

Adequate

Good

Unusually Strong

Comments:

- 4) **Individual Differences & Multicultural Issues:** Address cultural diversity and individual differences in terms of assessment, diagnosis, case conceptualization, treatment; relevant psychometric issues (e.g., cross-cultural validity, norms); sociocultural issues (acculturation, language, SES, quality of education, etc.)

Inadequate Adequate Good Unusually Strong

Comments:

- 5) **Ethical Issues:** Adherence to ethical standards; protection of confidentiality during case presentation

Inadequate Adequate Good Unusually Strong

Comments:

- 4) **Overall Rating:**

Inadequate Adequate Good Unusually Strong

Comments:

CTS Case Conference Rating Form

Date: _____

Student: _____

Faculty Member or Advanced Student Evaluator: _____

Presentation Type: Assessment or Intervention (circle one)

If Intervention: Overall rating? (circle one)

Unsatisfactory

Satisfactory

Good

Excellent

1) Background Information: Description of case background, presenting problem, historical information (personal/social history, psych treatment, etc.), medication and substance use

Unsatisfactory

Satisfactory

Good

Excellent

N/A

Comments:

2) Psychological Assessment: Choice of assessment techniques, rationale for choice, description and discussion of assessment findings

Unsatisfactory

Satisfactory

Good

Excellent

N/A

Comments:

3) Case Conceptualization: Description of conceptualization, accuracy of diagnosis, rationale for diagnosis (and differential), discussion of case conceptualization

Unsatisfactory

Satisfactory

Good

Excellent

N/A

Comments:

4) Intervention: Choice of intervention and rationale for choice (including discussion of evidence base), description of intervention, assesses the effectiveness of their own clinical work, discussion

Unsatisfactory
N/A *Satisfactory* *Good* *Excellent*

Comments:

5) Ethical Issues: Adherence to ethical standards; protection of confidentiality during case presentation

Unsatisfactory *Satisfactory* *Good* *Excellent* --

Comments:

6) Individual Differences & Multicultural Issues: Address cultural diversity and individual differences in terms of assessment, diagnosis, case conceptualization, treatment; relevant psychometric issues (e.g., cross-cultural validity, norms); sociocultural issues (acculturation, language, SES, quality of education, etc.)

Unsatisfactory *Satisfactory* *Good* *Excellent* --

Comments:

7) Presentation: Preparation and organization during presentation, clarity, level of interest generated by presentation, use of audiovisual aids

Unsatisfactory
N/A *Satisfactory* *Good* *Excellent*

Comments:

8) Overall Rating:

Unsatisfactory
N/A *Satisfactory* *Good* *Excellent*

Comments:

Information Disclosure Consent

I realize that the Family and Educational Rights and Privacy Act prohibits release of personally identifiable information from my student education records without my prior written consent. I intend this document to be my consent for the release of the information specified below for the purposes specified below.

I authorize the release of information in writing or by telephone about my

- Academic record and performance, including research participation and research performance;
- Performance in clinical placements, both within the University and outside.

I authorize the release of this information to:

- Training centers and placements, including internship sites to which I have made application
- Potential employers to whom I have made application or inquiry for employment

I authorize the release of this information by any of the faculty of the Clinical Psychology Program.

I understand:

- That upon written notice this consent can be revoked in full or in part.
- That if so requested, I may receive copies of any written records disclosed except for records such as confidential letters of recommendation to which I have waived my access.
- The Program Director or designee shall be informed by faculty of any requests and will be the administrator responsible for coordinating the release of all written records.

PRINT NAME

SIGNATURE

DATE

Clinical Student Handbook and Clinical Psychology Training Program Acceptance Form

I acknowledge receipt of the Clinical Student Handbook at Fordham University. In doing so, I indicate that I am aware that:

1. It is my responsibility to be familiar with Program, Department, and University regulations concerning academic integrity, student and faculty responsibilities, and degree and program requirements;
2. The American Psychological Association's ethical standards and guidelines for professional activities as well as the law and regulations governing the activities of psychologists in the State of New York are applicable to me; and
3. Violations of University, APA, or New York codes, regulations, or law may lead to sanctions including separation from the Program and University.

PRINT NAME

SIGNATURE

DATE