

**FORDHAM UNIVERSITY**  
**CLINICAL PSYCHOLOGY DOCTORAL PROGRAM (CPDP)**  
**STUDENT HANDBOOK**

Psychology Department

**ACADEMIC YEAR 2019 - 2020**

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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 provides 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, 2010) 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 Graduate School of Arts and Sciences Policies and Procedures Guidebook ([https://www.fordham.edu/downloads/file/3247/gsas\\_policies\\_and\\_procedures\\_guidebook](https://www.fordham.edu/downloads/file/3247/gsas_policies_and_procedures_guidebook))
2. The Fordham University Student Handbook ([https://www.fordham.edu/info/21683/student\\_handbook](https://www.fordham.edu/info/21683/student_handbook))
3. Relevant documents governing completion of the masters thesis and dissertation that are disseminated by the Psychology Department (available on the department's shared google drive).
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 3<sup>rd</sup> 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
--	Teacher Training Seminars	Years 1 - 3	0 Credits

**Clinical Electives (Including at least one Intervention and one Assessment elective) (9 credits) (1 Course – Assessment, 1 Course – Interventions, 1 Course- Extra elective)**

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	Foundations of Neuropsychology^	Year 2 or 3	3 Credits
PSYC 6253	Neuropsychological Assessment 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 6385	Depression and Suicide *	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 that year and will notify students as the course commences.
- 4) First-year students will begin shadowing the clinical supervision process by joining and observing the supervision between faculty and Third-year students completing Externship III and IV.

\*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, typically Wednesday mornings.

### APA-Accredited 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 Major Areas of Study

Consistent with APA's "Education and Training Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties" (approved as APA Policy in February 2012; Rozensky, Grus, Nutt, Carlson, Eisman, & Nelson, 2015, p.30), the CPDP offers students the opportunity to pursue four optional Major Areas of Study (summarized below). The related courses in these areas count as elective credits.

#### CHILD AND ADOLESCENT (\*Required courses; 3 total courses are required; 9 credits)

PSYC 6530	Developmental Psychopathology*	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 6030	Trauma and Family Violence	Year 2 or 3	3 Credits
PSYC 6184	Behavioral Assessment with Lab	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
	Two externships specializing in clinical child and/or adolescent psychology	Years 3 & 4	
	Predoctoral or doctoral research in clinical child and/or adolescent psychology		
	Didactics in clinical child and/or adolescent psychology (within CTS & externships)	Years 1-3	

**Primary Faculty:** Dr. Amy Roy (Area Director), Peggy Andover, Natasha Burke, Keith Cruise, and Andrew Rasmussen; **Affiliated Faculty:** Rachel Annunziato, Ddavid Glenwick

#### FORENSIC PSYCHOLOGY (Any 3 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
	Two externships specializing in forensic psychology	Years 3 & 4	
	Predoctoral or doctoral research in forensic psychology		
	Didactics in forensic psychology (within CTS & externships)	Years 1-3	

**Primary Faculty:** Drs. Keith Cruise and Barry Rosenfeld (Area Directors); **Affiliated Faculty:** Celia Fisher and Andrew Rasmussen; **Adjunct/Other Faculty:** Brian Belfi

**HEALTH PSYCHOLOGY** (Any 3 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
	Two externships specializing in health psychology	Years 3 & 4	
	Predoctoral or doctoral research in health psychology		
	Didactics in health psychology (within CTS & externships)	Years 1-3	

**Primary Faculty:** Drs. Barry Rosenfeld (Area Director), Haruka Minami, Natasha Burke; **Affiliated Faculty:** Rachel Annunziato, Monica Rivera Mindt

**NEUROPSYCHOLOGY** (\*Required courses; 3 total courses are required; 9 credits)

<b>PSYC 6251</b>	<b>Foundations of Neuropsychology*</b>	Year 2 or 3	3 Credits
<b>PSYC 6253</b>	<b>Neuropsychological Assessment with Lab*</b>	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
	Two externships specializing in health/neuropsychology	Years 3 & 4	
	Predoctoral or doctoral research in neuropsychology		
	Didactics in neuropsychology (within CTS & externships)	Years 1-3	

**Primary Faculty:** Drs. Monica Rivera Mindt and Molly Zimmerman (Area Directors); **Affiliated Faculty:** Amy Roy, Karen Siedlecki, and Elissa Aminoff; **Adjunct/Other Faculty:** Desiree Byrd



**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 <sup>1</sup> (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)

We have an outstanding Psychometrics & Quantitative Psychology (PQP) Doctoral Program, and we strongly encourage our students to leverage this valuable resource by developing advanced competence in research methodology and/or statistics. Students 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

<sup>1</sup> 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 2	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

**Students must maintain continuous enrollment until all degree requirements are completed (see GSAS Policies and Procedures)**

	Fall	Spring	Summer
<b>Year 1</b>	<ul style="list-style-type: none"> <li>• Clinical Topics Seminar</li> <li>• Cognitive Assessment</li> <li>• Psychopathology</li> <li>• Research Methods</li> <li>• Intro to Psych. Statistics</li> <li>• Research Colloquium</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Topics Seminar</li> <li>• Personality Assessment I</li> <li>• Psychopathology</li> <li>• Psychotherapy Theories</li> <li>• Regression Analysis</li> <li>• Research Colloquium</li> <li>• Identification of Child Abuse</li> </ul>	<ul style="list-style-type: none"> <li>• History and Systems in Psychology*</li> <li>• Work on MA thesis</li> </ul>
<b>Year 2</b>	<ul style="list-style-type: none"> <li>• Clinical Topics Seminar</li> <li>• Externship I</li> <li>• Ethics in Psychology</li> <li>• Elective*</li> <li>• Research Colloquium</li> <li>• MA Thesis proposal due</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Topics Seminar</li> <li>• Externship II</li> <li>• Introduction to Neuroscience*</li> <li>• Elective*</li> <li>• Research Colloquium</li> </ul>	<ul style="list-style-type: none"> <li>• Elective (optional)</li> <li>• Elective (optional)</li> <li>• Complete MA thesis</li> <li>• Research Practicum*</li> </ul>
<i>(Students must take 3 courses in fall semester. They may take up to 4 courses, however must be approved by DCT, between 9-12 credits. For Spring Semester up to 12 credits and Summer up to 9 not exceeding 30 credits for the year.)</i>			
<b>Year 3</b>	<ul style="list-style-type: none"> <li>• Clinical Topics Seminar</li> <li>• Externship III</li> <li>• Multicultural Seminar</li> <li>• Elective*</li> <li>• Elective (optional)</li> <li>• Research Colloquium</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Topics Seminar</li> <li>• Externship IV</li> <li>• Cognition and Affect*</li> <li>• Elective</li> <li>• Elective (optional)</li> <li>• Research Colloquium</li> <li>• Doctoral Comprehensive Examination (January)</li> </ul>	<ul style="list-style-type: none"> <li>• Teaching of Psychology</li> <li>• Elective (optional)</li> <li>• Begin Dissertation</li> </ul>
<b>Year 4</b>	<ul style="list-style-type: none"> <li>• Externship V</li> <li>• Dissertation Proposal</li> <li>• Internship applications</li> </ul>	<ul style="list-style-type: none"> <li>• Externship VI</li> <li>• Dissertation data collection</li> <li>• Internship interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Begin Internship</li> </ul>
<b>Year 5</b>	<ul style="list-style-type: none"> <li>• Internship</li> <li>• Dissertation Progress Report</li> </ul>	<ul style="list-style-type: none"> <li>• Internship</li> <li>• Dissertation Oral Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Complete Internship</li> <li>• Graduate !!</li> </ul>

*Notes:* \*courses that meet the Other Required Coursework section of the curriculum (see page 10 above). Five of these courses are required (Introduction to Neuroscience, History and Systems, Cognition and Affect, Issue sin Social Psychology, Personality Theories and Research). Students complete the Developmental Bases by selecting an appropriate course (Foundations of Developmental Psychology or Cognitive Development). Courses not specifically noted in the table are completed in an elective slot.

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 6<sup>th</sup> year, using the 5<sup>th</sup> 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 the CPDP website at 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 course load during the academic year and/or complete supplemental electives (e.g., advanced statistical courses, specialization coursework). Financial aid packages provide funding for 2 classes per summer for the first 3 years and also in the 4<sup>th</sup> year if a Teaching Fellow) so long as students are actively engaged in their respective assistantships and maintain satisfactory academic progress. Summer funding for advanced students (4<sup>th</sup> 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 3<sup>rd</sup> year) and case conferences (in the Spring semester of the 3<sup>rd</sup> year), and guest lectures by faculty and invited speakers. Other topics rotate across different semesters and years (e.g., specific topic presentations that are covered sequentially and more in-depth on a rotating three-year cycle). Attendance and participation is the primary requirement for Clinical Topics Seminar, students with an excessive number of absences (3 or more unexcused absences per semester) will result in program sanctions, including an Incomplete (INC) for the semester with excessive absences. This INC will have to be made up in the 4<sup>th</sup> year.

Of note, 3<sup>rd</sup> year students receive written feedback on their research and case conference presentations that is based on a summary of faculty’s and 4<sup>th</sup> 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 3<sup>rd</sup> 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 (4<sup>th</sup>) 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, 4<sup>th</sup> 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 MAJOR AREAS OF STUDY**

The CPDP is a single program that prepares students for/make eligible to take the New York State Licensing Examination in Psychology. Students can opt to pursue one of four Major Areas of Study (MAS) through elective courses, selecting/completing at least 2 years of appropriate externships, and by conducting either their MA or doctoral research in that area (summarized above). The following MAS are available: *Child & Adolescent, Forensic Psychology, Health Psychology, and Neuropsychology*. In making decisions about MAS coursework, clinical experiences, and research, it is imperative that students proactively work with their primary mentor (or their MAS mentor) to make these decisions at the outset and throughout the training process 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 MAS must complete the new MAS Form (located in Google Docs' Forms folder) with their specialization mentor and submit this form to the CPDP Program Secretary (Nicole McCarroll) upon completion of their MAS 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 and 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).

## TEACHER TRAINING PROGRAM

All students are required to successfully complete the Teaching of Psychology course in their second or third year and attend the Teacher Training Workshop during their matriculation. The Teacher Training Workshop must be attended before teaching any course within the Psychology Department, and successful completion of the Teaching of Psychology seminar is a requirement before serving as a Teaching Fellow or Teaching Associate. Regardless of whether a CPDP student is serving as a Teaching Fellow or Teaching Associate, the Teaching of Psychology course is still a program requirement as teaching skills that extend beyond the classroom are covered in this course. 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, associate chairs, chair and deans. In order to demonstrate 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 CPDP faculty have approved a **new format** for the Comprehensive Examination. In lieu of a two-day exam, students will complete an integrative literature review identifying a gap in the current literature that should be completed with the goal of publication in mind. This will involve multiple required steps including: (1) Committee Selection, (2) Letter of Intent, (3) Comprehensive Exam Document, and (4) Oral Defense. These steps are described in more detail below.

**Overview:** Students are expected to address a novel question or identify an existing gap in the literature. All projects must be conducted **independently**. The topic for the Comprehensive Exam may ultimately be related to the student's dissertation topic, but it is not meant to be (and cannot be) the Introduction to the dissertation. As a guiding principle, final products are expected to be 12 to 15 pages in length, 1" margins, single-spaced, 11pt Arial or 12pt Times New Roman font.

**Committee:** Students will select a comps mentor who is a CPDP faculty member. The comps mentor does not have to be the student's primary research mentor but in most cases will be. Approval must be obtained from the DCT in advance if the student would like the comps mentor is a non-CPDP faculty member. Two readers will be selected from the Psychology Department more broadly based on expertise by the comps mentor in consultation with the DCT. If students have any requests or preferences regarding readers, they should submit these to their comps mentor no later than September 15<sup>th</sup>. In close consultation with the primary mentor, students may also select up to 1 reader outside of the Psychology Department/Fordham University, based on the reader's expertise.

**Letter of Intent (LOI):** By October 1st, of the 3<sup>rd</sup> academic year, students must submit a letter of intent (LOI) to the committee (comps mentor and 2 readers) proposing the topic of the Comprehensive Exam. Note, LOIs should be sent by the student, not by the mentor. Students are encouraged to have an initial conversation with their primary mentor regarding their topic prior to sending out the LOI; however, this is not required not a required step to develop the LOI. The receipt of a LOI serves as an invitation to participate on the Comprehensive Exam committee. The committee will have 2 weeks to review and comment on the LOI. Committee members' comments will be submitted to Nicole McCarroll who will compile them and send along to the student (copying the mentor).

The LOI should be approximately 1000-1500 words (1- 2 pages single spaced) and should adequately:

- identify topic, novel question, or gap in the existing literature that involves a clear clinical theme;
- identify that such a review has not been done previously or that the student is taking a different approach than has been taken before (i.e., how does this review relate to or expand upon prior reviews)
- identify journal(s) for possible publication
- include key search terms and keywords and describe search methods
- outline the key sections of the Comprehensive Exam indicating the major topic areas that will be addressed in the review (i.e., table of contents format)

**Addendums:** Recognizing that the project may shift focus or scope midstream due to the discovery of new information, data, or theories, students may submit an addendum to their approved LOIs until **January 15th, of the 3<sup>rd</sup> academic year.** The committee will have 2 weeks to review and approve the addendum. The addendum must include a clear rationale for the proposed change along with details of the change. Students may only submit **one addendum**. Addendums are not required of all Comprehensive Exams, they simply serve as an opportunity for students to seek approval from the committee for substantive deviations from the approved LOI.

**Final Submission:** The final Comprehensive Exam must be submitted by email to the committee by **March 15th, of the 3<sup>rd</sup> academic year.** This email *must* include Nicole McCarroll so that she can record that the exam has been formally received by the department. The Oral Examination will be scheduled at this time (by Nicole, in consultation with the mentor).

**Oral Examination:** After students have submitted their written document to the committee, they will engage in an oral defense of the Comprehensive Exam. The format for the oral defense will include a 10 to 15 minute presentation by the student, followed by a question and answer exchange with each member of the committee (approximately 1 hour in total). The oral exam is an integral part of the Comprehensive Exam and must be deemed satisfactory by the committee in order to pass the Comprehensive Exam.

**Timeline:** Students are expected to:

- begin work on the Comprehensive Exam around the time of completion of their MA thesis (ideally over the summer before the 3<sup>rd</sup> year begins)
- submit a LOI to the committee by **October 1<sup>st</sup>, of the 3<sup>rd</sup> academic year.**
- optional: submit one addendum to the committee detailing substantial changes in focus or scope from the approved LOI no later than **January 15<sup>th</sup>, of the 3<sup>rd</sup> academic year.**
- submit the Comprehensive Exam to the committee by **March 15th, of the 3<sup>rd</sup> academic year.**
- Present the Comprehensive Exam to the committee in an oral defense **within 30 days of submitting the Exam.** The committee will provide comments and feedback during the oral presentation.
- If students fail to pass the Comprehensive Exam (either written product or oral defense), they will have until **April 30 of the 3<sup>rd</sup> academic year** to submit a revision and schedule an oral defense by **May 15 of the 3<sup>rd</sup> academic year.** The student's mentor will compile the feedback from the committee members, based on the rubric, and share this information with the student so that the student is aware of the areas requiring revision.
- Failure to submit the Comprehensive Exam by March 15<sup>th</sup> and complete oral defense within 30 days of submission will automatically result in academic probation with the potential to be dismissed from the program.

**Grading:** The grading rubric for the Comprehensive Exam is attached below. Students must earn an average score of 3 on both the written paper and the oral presentation in order to "pass" the comps. A score of 4.5 or higher will earn the student a "high pass". Each member of the comps committee will independently rate both the written and oral portions of the exam. Failure to meet the benchmarks detailed in the above timeline will automatically disqualify students from a "high pass" grade. In addition, since independence is a key feature of the Comprehensive Exam, the mentor's evaluation of the student's independence throughout the exam period will be monitored and reviewed with the committee as appropriate. If students do not earn a 3 on either written product or oral defense, they will be provided one opportunity to submit a revision to the committee (see Timeline above). If a student fails to pass the Comprehensive Exam after this revision, they will automatically be dismissed 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 4<sup>th</sup> year or for paid externship positions. During the first two years of externship training (i.e., 2<sup>nd</sup> & 3<sup>rd</sup> 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 2<sup>nd</sup> 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.

An expanded document that describes the process of selecting, applying, interviewing, and accepting an externship has been developed by the DCT and Associate DCT and is available electronically in the CPDP Google Drive.

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 4<sup>th</sup> 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 15<sup>th</sup>**. 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. Note that NYNJDOT guidelines are updated annually with application, interview, and match dates. This information is shared with all students annually by the DCT or the 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 (e.g., Satisfactory ratings on all summary ratings).

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.

- 2) 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](http://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](mailto: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 any other courses. <b>Students must maintain matriculation every semester they are in the program. Failure to maintain matriculation is grounds for dismissal.</b> Students who fail to maintain matriculation for two consecutive semesters are <b>automatically</b> terminated from the program (see GSAS Academic Policies and Procedures).
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 Year 1, three to four 3-credit courses per semester in Year 2 (please confirm with mentor and DCT if you wish to take four courses), 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.

Please also note that student loans typically become due once full-time status is no longer maintained.

Full time status during the 4<sup>th</sup> 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 DCT 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](http://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 32 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 (masters program) and at least a 3.5 (doctoral

program). 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
- 3) Dissertation Oral Defense
- 4) 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 1 <sup>st</sup>  |
| Year 2       | Introduction, Methods, and Planned Data Analysis for the MA Thesis submitted to reader by November 1 of the 2 <sup>nd</sup> year<br>Failure to submit the Introduction, Methods, and Planned Data Analysis by November 1 of the 2 <sup>nd</sup> year will be placed on academic probation for the Spring semester of the their second year. Financial aid for the third year will be contingent on successful completion of the thesis. Successful completion of the thesis by August 1 <sup>st</sup> will result in termination of the probationary status. |
| Year 2       | Full draft of the MA thesis is submitted to the reader by June 1 of the 2 <sup>nd</sup> year   |
| Year 2       | Final thesis submitted to GSAS by August 1 <sup>st</sup> of the 2 <sup>nd</sup> year<br>Failure to complete the MA thesis in time for the August graduation deadline will result in an automatic placement on academic probation and the student will be terminated from the CPDP and converted to a terminal Master's degree. The student will have one year in which to complete and submit a <u>late</u> master's thesis in order to receive the terminal MA degree.  |
| Year 2       | Course work and first externship completed   |
| 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 or for a time period specified by the Department and approved by GSAS. STUDENTS ON ACADEMIC PROBATION ARE NOT AUTOMATICALLY ELIGIBLE TO RECEIVE FINANCIAL AID.** During the probationary time period 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 having financial aid removed and/or 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 3<sup>rd</sup> year) will officially receive their MA degree in August prior to starting their 3<sup>rd</sup> 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 personal<sup>2</sup> as well as academic and professional skills represented by the nine profession-wide competencies adopted by the Commission on Accreditation (CoA). 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).

## ETHICAL STANDARDS/PROFESSIONAL BEHAVIOR

### Ethical Standards

The program is bound by the Ethical Principles of Psychologists and Code of Conduct set forth by the American Psychological Association (APA, 2010). In addition, we are bound by other ethical and professional principles promulgated by APA. Please see the references in this Handbook. Any breach of any part of these principles is grounds for dismissal from the program without further qualification regardless of course work, research or other academic achievement.

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<sup>2</sup> 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).

## **Professional Development & Identity**

The Fordham University CPDP prepares students to function as researchers, scientists, and clinicians. Overarching all of these activities is the formation of a strong professional identity, one that we strive to cultivate in students during their time in the program. The goal, from the perspective of the faculty, is that students in the program move from mentees to colleagues. In order to accomplish this, the CPDP faculty are committed to providing guidance on how to balance the work load associated with our expectations of professional functioning. In order for faculty to fulfill this commitment, we also expect students to adopt a professional attitude in their work, and carry this with them outside the confines of the University.

The development of professional identity is a process, one that we understand may be challenging at times. Early in your time in the program, it is understood that students will be absorbing research and clinical application literature, as well as foundation course work. As you move through the program into later years, the effort expended to absorb research and clinically relevant material will likely ease, but there will be other pressures on your time. Part of good professional function, therefore, is developing and establishing good habits around time management and planning.

In addition to developing good professional work habits, the program encourages students to begin their entry to the field through engagement in conferences or other membership organizations. This facilitates student socialization to the profession, allows for engagement with the latest developments in the field and subspecialty (if applicable), and encourages active involvement in contemporary movements in clinical research, science, and practice. These are habits that we hope students in the program will see as ones to maintain and refine throughout their careers long after graduating.

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

## **Professional Behavior**

In order to avoid incidents that may reflect unfavorably upon the student, the program, and/or the university, the following expectations regarding professional behavior are delineated below:

- 1) Students may not engage in any professional activities on or off campus without the prior approval of their DCT. Failure to obtain proper approval may jeopardize the student's standing in the program.
- 2) Under no circumstances are students permitted to treat clients privately without supervision, even if they are licensed to do so as another mental health professional.
- 3) The professional use of university facilities is limited to those functions that are a part of the student's training.
- 4) Students may not obligate either university financially without prior written permission from the DCT and, if necessary, the graduate divisions.
- 5) Students may not submit a paper in fulfillment of a class or research requirement if that paper, or one similar to it, was submitted in fulfillment of any other course or program unless the teachers/supervisors involved give approval.
- 6) Students are required to act in accordance with the APA's ethical principles and standards for providers of psychological services. Violation of these principles and standards may constitute grounds for dismissal from the program irrespective of any other consideration.



## **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 August of the 2<sup>nd</sup> year.
- 4) Failing the Ph.D. Comprehensive Examination, a second 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.

## **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 [cruise@fordham.edu](mailto:cruise@fordham.edu). The cohort meetings scheduled by the DCT are an additional forum for general discussion of these and related matters.

## **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 participants. 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.

## **CPDP EXECUTIVE COUNCIL (EC)**

In the Spring of 2017, the CPDP's inaugural EC was formed. The mission of the EC is to provide a mechanism for active and ongoing partnership between CPDP faculty and students in the ongoing strategic development and implementation of the program. Of note, the EC is not a formal governing body, but instead makes recommendations to the CPDP faculty, and provides a structure to implement strategic initiatives.

The EC offers a wonderful opportunity to get involved and provides a valuable service to the Program. Exemplars of the EC's past efforts include the development and dissemination of an updated and much more

user-friendly list of mental health/wellness resources (see the Google Student folder) and the development and implementation of our first ever anonymous online survey for current students regarding student satisfaction, quality of life, and how to improve the program.

**EC Membership & Terms.** There are 4 – 5 Faculty slots and 5 Student Representative slots, which are detailed below:

**EC Faculty Slots.** There are 2 permanent faculty slots on the EC, one for the DCT and one for the Associate DCT. The remaining 2 – 3 slots are filled with current CPDP faculty for 1-year terms. Membership is voluntary, and determined by faculty interest/availability and affirmed by the entire CPDP faculty. The DCT serves as the EC Chair.

**EC Student Slots.** We have 1-year terms for 5 EC Student Reps (one from each of the following Cohorts: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, & 5+ Years) to assure representative input in the EC process throughout the academic developmental 'lifespan.' Students must be in good standing within the Program to serve on the EC. In the past, cohorts have met amongst themselves and decided on the person that they want to serve. Membership is completely voluntary and determined by consensus of your cohort. For the 5+ Year slot, students can self-nominate to the current EC for consideration. Please contact the DCT and Nicole McCarroll with any questions and to let them know your Cohort's nomination for EC Student Rep.

\*We encourage you to consider pursuing this leadership opportunity!

**EC Timeline.** Moving forward, it is recommended that member assignments for each academic year be confirmed by **May 15<sup>th</sup>** of the prior academic year.

**EC Member Expectations & Meeting Structure.** The EC commitment includes at least 1- 2 in-person (or Web-Ex) meetings/semester, ad hoc meetings when needed, active follow up on the work of the EC, and keeping your respective constituents (i.e., faculty, your cohort) up-to-date and getting their input to share w/ the EC. A designated EC member will be responsible to create/disseminate agendas and take/share minutes (stored on the EC Google folder). The structure of the EC meetings will loosely follow Robert's Rules of Order (<http://www.rulesonline.com/>).

## DISABLED STUDENT SERVICES

Fordham University complies with all Federal and State regulations regarding disabled students in accordance with policies detailed on the Office of Disability Services website ([https://www.fordham.edu/info/20174/disability\\_services](https://www.fordham.edu/info/20174/disability_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).

## 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 and our program coordinator 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/](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 located in our CPDP Google Student Folder (Resources subfolder). For your convenience and privacy, a list of psychotherapy referrals, that accept our Fordham student insurance or provide slide scale services, are provided on our CPDP Student Google Drive. For a tailored referral list, please contact DCT or Associate DCT.

## REFERENCES

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>

American Psychological Association. (2015). Commission on accreditation: Implementing regulations. Retrieved from <https://www.apa.org/ed/accreditation/section-c-soa.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.

Rozensky, R.H., Grus, C.L., Nutt, R.L., Carlson, C.I., Eisman, E.J., & Nelson, P.D. (2015). A taxonomy for education and training in professional psychology health service specialties. *American Psychologist, 70*, 21-32.

## **CLINICAL FACULTY RESEARCH INTERESTS**

More extensive information regarding faculty research interest can be found on faculty web pages ([www.fordham.edu/academics/programs\\_at\\_fordham/psychology\\_department/people/faculty/](http://www.fordham.edu/academics/programs_at_fordham/psychology_department/people/faculty/))

**Peggy Andover, PhD**, Associate Professor. Ph.D., Binghamton University, Binghamton, NY. My research program examines the continuum of self-harm behaviors, including non-suicidal self-injury (NSSI) and attempted suicide. NSSI, deliberate harm to the body without suicidal intent, is especially prevalent among young adults, and it has been identified as a risk factor for suicidal behavior. The nature and consequences of this little understood behavior mandate attention in research and treatment. Specifically, I am interested 1) the development and evaluation of treatments for NSSI and attempted suicide, 2) distinctions and associations between different types of self-injury, including factors that contribute to the expression of one form of self-injury versus another, 3) factors influencing the expression and severity of NSSI and suicidality, and d) the improvement of methods of NSSI assessment.

*Selected Publications:*

(† indicates graduate or undergraduate student co-author)

**Andover, M. S.**, Schatten, H. T., Morris, B. W., † Holman, C. H., & Miller, I. W. (2017). An intervention for non-suicidal self-injury in young adults: A pilot randomized controlled trial. *Journal of Consulting and Clinical Psychology, 85*, 620-631. doi: 10.1037/ccp0000206 NIHMSID: 933611 PMID: 28414488

**Andover, M. S.**, † Schatten, H. T., † Morris, B. W. (2017). Suicidal and non-suicidal self-injury in borderline personality disorder. In B. Stanley & A. New (eds.), *Primer on Borderline Personality Disorder*. Oxford Publications.

† Brackman, E., † Morris, B., **Andover, M.** (2016). Predicting risk for suicide: A preliminary comparison of non-suicidal self-injury and the acquired capability construct in a college sample. *Archives of Suicide Research, 20*, 663-676. doi: 10.1080/13811118.2016.1162247

Schatten, H.T., **Andover, M.S.**, & Armev, M.F. (2015). The roles of social stress and decision-making in non-suicidal self-injury. *Psychiatry Research, 229*, 983-991. doi: 10.1016/j.psychres.2015.05.087

**Andover, M. S.**, † Schatten, H. T., † Morris, B. W., & Miller, I. W. (2015). Development of an intervention for non-suicidal self-injury in young adults: An open pilot trial. *Cognitive and Behavioral Practice, 4*, 491-503. doi: 10.1016/j.cbpra.2014.05.003

**Andover, M. S.** (2014). Non-suicidal self-injury disorder in a community sample of adults. *Psychiatry Research, 219*, 305-310. doi: 10.1016/j.psychres.2014.06.001

**Andover, M. S.**, & † Morris, B. W. (2014). Expanding and clarifying the role of emotion regulation in non-suicidal self-injury. *Canadian Journal of Psychiatry, 59*, 569-575. PMID: 25565472

† Schatten, H. T., † Morris, B. W., † Wren, A. L., & **Andover, M. S.** (2013). Mental health issues and non-suicidal self-injury among youth: Implications for mental health professionals in the school system. *School Psychology Forum, 7*, 136-147.

Yen, S., Weinstock, L., **Andover, M. S.**, Sheets, E., Selby, E., Spirito, A. (2013). Prospective predictors of adolescent suicidality: Six month post hospitalization follow-up. *Psychological Medicine, 43*, 983-993. doi: 10.1017/S0033291712001912

**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

**Rachel Annunziato, PhD, 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.

*Selected 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.

**Natasha L. Burke, PhD**, *Assistant Professor*. Ph.D., University of South Florida, Tampa, FL. My research focuses broadly on the psychosocial etiology and maintenance of pediatric obesity and disordered eating. I am particularly interested in how obesity is related to eating, anxiety, and depression symptomology and related risk factors such as weight-based teasing and body dissatisfaction. My goal is to inform research and interventions in ethnic minority and economically disadvantaged populations as significant obesity-related health disparities persist. Stemming from my clinical and research work in pediatric obesity, I view clinical cases from a socio-ecological framework. I have depth of experience in eating and weight disorders, anxiety disorders, and obsessive compulsive and related disorders, and breadth of experience that includes mood disorders and areas related to health psychology.

*Select publications:*

- Burke, N. L.**, Shomaker, L. B., Brady, S., Reynolds, J. C., Young, J. F., Wilfley, D. E., Sbrocco, T., Stephens, M., Olsen, C. H., Kozlowsky, M., Yanovski, J. A., & Tanofsky-Kraff, M. (2017). Impact of age and race on obesity prevention effectiveness in girls with loss of control eating. *Nutrients*, *9*(9), 947.
- Grammer, A. C., Tanofsky-Kraff, M., **Burke, N. L.**, Byrne, M. E., Mi, S. J., Jaramillo, M., Shank, L. M., Kelly, N. R., Stojek, M. K., Schvey, N. A., Broadney, M. M., Brady, S. M., Yanovski, S. Z., & Yanovski, J. A. (2018). An examination of the associations between pediatric loss of control eating, anxiety, and body composition in children and adolescents. *Eating Behaviors*, *30*, 109-114.
- Burke, N. L.**, Tanofsky-Kraff, M., Crosby, R., Mehari, R. D., Marwitz, S. E., Broadney, M. M., Shomaker, L. B., Kelly, N. R., Schvey, N. A., Cassidy, O., Yanovski, S. Z., & Yanovski, J. A. (2017). Measurement invariance of the Eating Disorder Examination in black and white children and adolescents. *International Journal of Eating Disorders*, *50*, 758-768.
- Schaefer, L., **Burke, N. L.**, Calogero, R., Menzel, J. E., Krawczyk, R., & Thompson, J. K. (2018). Self-objectification, body shame, and disordered eating: Testing a core mediational model of objectification theory among White, Black, and Hispanic women. *Body Image*, *24*, 5-12.
- Cassidy, O., Eichen, D. M., **Burke, N. L.**, Patmore, J., Shore, A., Radin, R. M., Sbrocco, T., Shomaker, L. B., Mirza, N., Young, J. F., Wilfley, D. E., & Tanofsky-Kraff, M. (in press). Engaging African American adolescents and stakeholders to adapt interpersonal psychotherapy for weight gain prevention. *The Journal of Black Psychology*.
- Burke, N. L.**, & Storch, E. A. (2015) A meta-analysis of weight status and anxiety in children and adolescents. *Journal of Developmental and Behavioral Pediatrics*, *36*(3), 133-145.
- Schaefer, L. M., **Burke, N. L.**, Thompson, J. K., Heinberg, L. J., Calogero, R. M., Bardone-Cone, A. M., Higgins, M. K., Frederick, D. A., Kelly, M., Anderson, D. A., Schaumberg, K., Nerini, A., Stefanile, C., Dittmar, H., Clark, E., Adams, Z., Macwana, S., Klump, K. L., Vercellone, A. C., Paxton, S. J. & Swami, V. (2015). Development and validation of the Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4). *Psychological Assessment*, *27*(1), 54-67.
- Menzel, J. E., Schaefer, L. M., **Burke, N. L.**, Mayhew, L. L., Brannick, M. T., & Thompson, J. K. (2010). Appearance-related teasing, body dissatisfaction, and disordered eating: A meta-analysis. *Body Image*, *7*, 261-270.

**Christopher C. Conway, Ph.D.** *Assistant Professor*, PhD, University of California, Los Angeles. My research concentrates on figuring out the longitudinal connections between stressful life events and emotional disorders, such as anxiety, depression, and certain personality pathologies. To explain individual differences in the strength of these links, I also study emotion regulation processes--especially distress tolerance--that shape emotional responses to stressful scenarios. A complementary aim is to delineate the dimensional structure of emotional disorders so that we can identify the optimal psychopathology phenotypes for life stress research. This line of research is based on the idea that disorder categories, as represented in traditional classification systems, are a poor representation of the natural structure of mental illness. (In plain terms, categorical disorders, like generalized anxiety disorder, probably aren't scientifically valid and are holding back research progress in life stress research--and all other domains for that matter.) I usually work with large datasets, mostly longitudinal ones, where I can use latent variable modeling techniques to probe the latent structure of emotional problems. In that vein, I'm currently collecting follow-up personality and psychopathology data from 500 high-risk adolescents who I will monitor annually over 4 years over the transition to adulthood. I also use intensive repeated-measures datasets (e.g., ecological momentary assessment) to study distress tolerance and other emotion regulation phenotypes in the course of daily life. Finally, I'm a big open-science advocate, and I'm happy to talk to anyone about how I incorporate that into my research and teaching. Looking forward to talking to you.

*Selected Publications:*

- Conway, C. C.**, Li, Y. I., & Starr, L. R. (in press). Trait anhedonia is a transdiagnostic correlate of internalizing problems during adolescence. *Journal of Research in Personality*.
- Conway, C. C.**, Mansolf, M., & Reise, S. P. (in press). Ecological validity of a quantitative classification system for mental illness in treatment-seeking adults. *Psychological Assessment*.
- Conway, C. C.**, Forbes, M. K., Forbush, K. T., Fried, E. I., Hallquist, M. N., Kotov, R., Mullins-Sweatt, S. N., Shackman, A. J., Skodol, A. E., South, S. C., Sunderland, M., Waszczuk, M. A., Zald, D. H., Afzali, M. H., Bornovalova, M. A., Carragher, N., Docherty, A. R., Jonas, K. G., Krueger, R. F., Patalay, P., Pincus, A. L., Tackett, J. L., Reininghaus, U., Waldman, I. D., Wright, A. G. C., Zimmermann, J., Bach, B., Bagby, R. M., Chmielewski, M., Cicero, D. C., Clark, L. A., Dalgleish, T., DeYoung, C. G., Hopwood, C. J., Ivanova, M. Y., Latzman, R. D., Patrick, C. J., Ruggero, C. J., Samuel, D. B., Watson, D., & Eaton, N. R. (2019). A hierarchical taxonomy of psychopathology can transform mental health research. *Perspectives on Psychological Science*, 14, 419-436.
- Conway, C. C.**, Hopwood, C. J., Morey, L. C., & Skodol, A. E. (2018). Borderline personality disorder is equally trait-like and state-like over ten years in adult psychiatric patients. *Journal of Abnormal Psychology*, 127, 590-601.
- Conway, C. C.**, & Brown, T. A. (2018). Evaluating dimensional models of psychopathology in outpatients diagnosed with emotional disorders: A cautionary tale. *Depression and Anxiety*, 35, 898-902.
- Conway, C. C.**, Boudreaux, M., & Oltmanns, T. F. (2018). Dynamic associations between borderline personality disorder and stressful life events over five years in older adults. *Personality Disorders: Theory, Research, and Treatment*, 9, 521-529.



**Keith R. Cruise, Ph.D., M.L.S.**, *Professor and Director of Clinical Training*, 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.

*Selected Publications:*

- Pickens, I.B., Howard, M.L., Halladay-Goodman, J., **Cruise, K.R.**, & Watson, K.R. (2019). Development and pilot of the National Child Traumatic Stress Network Trauma-informed Juvenile Court Self-Assessment. *Juvenile and Family Court Journal*, 70, 31-54.
- Holloway, E.D., **Cruise, K.R.**, Morin, S.L., Hinz, H., & Steele, R. (2018). Juvenile probation officers' evaluation of traumatic exposures and traumatic stress symptoms as responsivity factors in risk assessment and case planning. *Law and Human Behavior*.
- Ford, J.D., **Cruise, K.R.**, Grasso, D., & Holloway, E.D. (2018). A study of the impact of screening for poly-victimization in juvenile justice: The rocky road to a successful investigation in the real world. *Journal of Interpersonal Violence*.
- Wijetunga, C.K., Martinez, R., Rosenfeld, B., & **Cruise, K.R.** (in press). The influence of age and sexual drive on the predictive validity of the Juvenile Sex Offender Assessment Protocol-Revised (J-SOAP-II). *International Journal of Offender Therapy and Comparative Criminology*
- Cruise, K.R.**, Holloway, E.D., Fortuna, A., & Picard, E. (2017). Juvenile offender treatment. In R. Roesch, & A. Cook (Eds.), *Handbook of forensic mental health services* (pp. 401-439). New York, NY: Routledge
- Holloway, E.D., **Cruise, K.R.**, Downs, S.M., Monahan, P.O. & Aalsma, M.C. (2017). Juvenile probation officer self-assessed mental health competency as a predictor of case management practices. *Administration and Policy in Mental Health and Mental Health Services Research*, 44, 534-546.
- Cruise, K.R.**, Morin, S.L., & Affleck, K. (2016). Residential interventions for juvenile offenders. In K. Heilbrun, D. DeMatteo, & N. Goldstein (Eds.), *Handbook of psychology and juvenile justice* (pp. 611-639). Washington, DC: American Psychological Association.
- Viljoen, J.L., Nicholls, T.L., **Cruise, K.R.**, Benetau-Douglas, J., Desmarais, S.L., Barone, C.C., Peterson, K., Morin, S., & Webster, C. (2016). *START:AV Knowledge Guide: A Research Compendium on the START:AV Strength and Vulnerability Items*. Burnaby, British Columbia: Mental Health, Law, and Policy Institute.
- Viljoen, J.L., Nicholls, T.L., **Cruise, K.R.**, Desmarais, S.L. & Webster, C.D. with contributions by Douglas-Beneteau, J. (2014). *Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV) User Guide*. Burnaby, British Columbia: Mental Health, Law, and Policy Institute.

**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 adolescent populations and (b) possible protective factors moderating 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.

*Selected Publications:*

**Glenwick, D. S.** (2016). Living with lymphoma: Lessons for clinical geropsychology practice. *NYS Psychologist*, 28 (3), 3-7.

Jason, L.A., & **Glenwick, D.S.** (Eds.). (2016). *Handbook of methodological approaches to community-based research: Qualitative, quantitative, and mixed methods*. New York, NY: Oxford University Press.

Annunziato, R. A. & **Glenwick, D.S.** (Eds.). (2014). Behavioral medicine and pediatric psychology [Special issue]. *NYS Psychologist*, 26 (4).

Harari, E., **Glenwick, D. S.**, & Cecero, J.J. (2014). The relationship between religiosity/spirituality and well-being in gay and heterosexual orthodox Jews.

*Mental Health, Religion & Culture*, 17, 886-997.

Roxas, A. S., & **Glenwick, D. S.** (2014). The relationship of psychological mindedness and general coping to psychological adjustment and distress in high-school adolescents. *Individual Differences Research*, 12, 38-49.

Terreri, C. J., & **Glenwick, D. S.** (2013). The relationship of religious and general coping to psychological adjustments and distress in urban adolescents. *Journal of Religion and Health*, 52, 1188-1202.

Annunziato, R. A., Jerson, B. Seidel, J., & **Glenwick, D. S.** (2012). The psychosocial challenges of solid organ transplant recipients during childhood. *Pediatric Transplantation*, 16, 803-811.

Goodman, S.J., & **Glenwick, D. S.** (2012). Correlates of attachment perceptions in parents of children with autism spectrum disorders. *Journal of Autism and developmental Disorders*, 42, 2056-2066

**David Marcotte, S.J., PhD**, Associate *Clinical Professor and Associate Director of Clinical Training*. Ph.D., The New School for Social Research, New York, 2001. I am interested in the relationship between socialization and personality, in factors that shape self-determination, especially for underprivileged groups in the context of personal and cultural trauma, substance abuse, HIV infection and poverty. This includes the role of the internalized sense of self in health-related behavior and the use of mindfulness and well-being practices for psychological integration. I am interested in the self as a contextualized, dynamic and multi-faceted system of processes that govern behavior, and adaptation. Recent projects focus on the development of *Spiritual Self Schema Therapy* with HIV-seropositive substance users, an empirically supported treatment that blends cognitive therapy and Buddhist psychology to advance personal integration.

*Selected Publications:*

- Parsons, J. T., Starks, J. T., Millar, B. M., Boonrai, K., **Marcotte, D.** (2014). Patterns of substance use among HIV-positive adults over 50: Implications for treatment and medication adherence. *Drug and Alcohol Dependence*, 139, 33-44.
- 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.

**Dean McKay, PhD, ABPP**, Professor. Ph.D., Hofstra University, Hempstead, NY. Board Certified in Clinical and Cognitive-Behavioral Psychology (ABPP). Research focus includes: cognitive-behavioral conceptualizations of anxiety disorders and obsessive-compulsive disorder (OCD) across the lifespan; basic processes underlying anxiety and OCD; the role of disgust in psychopathology, particularly contamination-fear in OCD; misophonia (of the exaggerated adverse response to specific sounds); and politically-driven emotional reactions.

*Selected Publications:*

Rabasco, A., Ambrosino, M., & **McKay, D.** (in press). Cognitive behavior therapy for obsessive-compulsive related disorders in the age of the Research Domain Criteria. *Journal of Obsessive-Compulsive and Related Disorders*.

**McKay, D.** & Avedo, B. (in press). Clinical characteristics of misophonia: A critical analysis. In B. Acevedo (Ed.), *The Highly Sensitive Brain*. Amsterdam: Elsevier.

**McKay, D.** (in press). Developing and implementing successful exposure-based interventions. In T. Peris, E.A. Storch, & J. McGuire (Eds.), *A Clinicians' Guide to Exposure Therapy with Children and Adolescents*. Amsterdam: Elsevier.

Garner, L., & Steinberg, E., **McKay, D.** (in press). Exposure therapy. In A. Wenzel (Ed.), *Handbook of Cognitive Behavioral Therapy*. Washington, DC: American Psychological Association Press.

Teachman, B., **McKay, D.**, Barch, D., Prinstein, M., Hollon, S., & Chambless, D. (2019). How psychosocial research can help the National Institute of Mental Health achieve its grand challenge to reduce the burden of mental illnesses and psychological disorders. *American Psychologist*, *74*, 415-431.

**McKay, D.** (2019). Pharmacological Treatment of Obsessive-Compulsive Disorder and Related Disorders. In S. Evans & K. Carpenter (Eds.), *APA Handbook of Psychopharmacology for Psychologists* (pp. 245-265). Washington, DC: American Psychological Association.

Frank, B., & **McKay, D.** (2019). The Suitability of an Inhibitory Learning Approach in Exposure When Habituation Fails: A Clinical Application to Misophonia. *Cognitive & Behavioral Practice*, *26* 130-142.

Cepeda, S.L., **McKay, D.**, Schneider, S.C., La Buissonniere-Ariza, V., Egberts, J.T.N.E., McIngvale, E., Goodman, W.K., & Storch, E.A. (2018). Politically focused intrusive thoughts and associated ritualistic behavior in a community sample. *Journal of Anxiety Disorders*, *56*, 35-42.

Lilienfeld, S.O., **McKay, D.**, & Hollon, S.D. (2018). Why randomized controlled trials of psychological treatments are still essential. *Lancet Psychiatry*, *5*, 536-538.

**McKay, D.** (2018). Obsessive-compulsive disorder research: Growing in scope, advances unclear. *Journal of Anxiety Disorders*, *56*, 5-7.

**McKay, D.**, Kim, S.K., Mancusi, L., Storch, E.A., & Spankovich, C. (2018). Profile analysis of psychological symptoms associated with misophonia: A community sample. *Behavior Therapy*, *49*, 286-294.

Storch, E.A., McGuire, J., & **McKay, D.** (editors, 2018). *Clinicians' Guide to Cognitive-Behavioral Therapy for Childhood Obsessive-Compulsive Disorder*. Amsterdam: Academic 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). 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 depressed smokers. I also serve as a co-investigator on several clinical trials including smoking cessation studies targeting psychiatrically hospitalized smokers with serious mental illness and smokers receiving opioid treatment. I have extensive clinical experience with substance use populations, including those with comorbid psychiatric disorders.

*Selected Publications:*

Brown, R.A., Palm Reed, K.M., Bloom, E.L., **Minami, H.**, Strong, D.R., Lejuez, C.W., Zvolensky, M.J. & Hayes, S.C. (2018). A randomized controlled trial of distress tolerance treatment for smoking cessation. *Psychology of Addictive Behaviors*, 32(4), 389-400

**Minami, H.**, Bloom, E. L., Brinkman, H. R., Abrantes, A. M., Yong, C. C., & Brown, R. A. (2018). Factors related to cigarette smoking and intent to quit among adolescent inpatients with psychiatric and substance use disorders. *Drug and Alcohol Dependence*, 186, 215-218.

**Minami, H.**, Brinkman, H. R., Nahvi, S., Arnsten, J., Rivera-Mindt, M., Wetter, D. W., Bloom, E. L., Price, L. H., Vieira, C.\* , Donnelly, R.\* , McClain, L. M.\* , Kennedy, K.\* , D'Aquila, E., Fine, M., McCarthy, D. E., Thomas, J. G., Hecht, J., & Brown, R. A. (2018). Rationale, design and pilot feasibility results of a smartphone-assisted, mindfulness-based intervention for smokers with mood disorders: Project mSMART MIND. *Contemporary Clinical Trials*, 66, 36-44.

McCarthy, D. E., **Minami, H.**, Bold, K. W., Yeh, V. & Chapman, G. (2018). Momentary assessment of impulsive choice and impulsive action: Reliability, stability, and correlates addictive behaviors. *Addictive Behavior*, 83, 130-135.

Abrantes, A. M. Farris, S. G., **Minami, H.**, Strong, D. R., Riebe, D., & Brown, R. A. (2018). Acute effects of aerobic exercise on affect and smoking craving in the weeks before and after a cessation attempt. *Nicotine and Tobacco Research*, 20(5), 575-582.

**Minami, H.**, Frank, B\*, Bold, K. W., & McCarthy, D. E. (2018). Ecological momentary analysis of the relations among stressful events, affective reactivity, and smoking among smokers with high vs. low depressive symptoms during a quit attempt. *Addiction*, 113(2), 299-312.

Bloom, E. L., **Minami, H.**, Brown, R. A., Strong, D. R., Riebe, D., & Abrantes, A. M. (2017). Quality of life after quitting smoking and initiating aerobic exercise. *Psychology, Health Medicine*. 22(9), 1127-1135.

Bold, K. W., McCarthy, D. E., **Minami, H.**, Yeh, V. M., Chapman, G. B., & Waters A. J. (2016). Independent and interactive effects of real-time risk factors on later temptations and lapses among smokers trying to quit. *Drug and Alcohol Dependence*, 158, 30-7.

McCarthy, D. E., **Minami, H.**, Yeh, V. M., & Bold, K. W. (2015). An experimental investigation of reactivity to ecological momentary assessment frequency among adults trying to quit smoking. *Addiction*, 110(10), 1549-60.

**Mary E. Procidano, PhD, ABPP**, Associate Professor. Ph.D., Indiana University, Bloomington, IN. Research interests: My current projects are *the nature of resilient adjustment in young-adult survivors of cancer*, and *Family-work synergy in working mothers*.” The former is a mixed methods investigation; the latter uses primarily grounded theory and includes special attention to the role of culture. These investigations are examples of my broader goal of articulating a life-tasks model of adjustment, in which personal meanings, interpersonal and spiritual support and nonsupport, and self-evaluation predict distress and well-being. I also have special interest in studying appraisal and social support in health contexts, and in cross-cultural assessment

*Selected publications:*

**Procidano, M. E.**, Tallon, C., Santarpià, T., Vuotto, S., & Pei, J. (2018, July). Young-adult cancer survivors' self-defining memories: Domain-specific appraisal and relation to adjustment. In M. E. Procidano (Chair), *Mixed-methods analyses of young-adult cancer survivors' illness narratives*. Symposium presented at the annual meeting of the Stress and Anxiety Research Society, Lublin, Poland.

AuBuchon, A. G., & **Procidano, M. E.** (2018, August). Mothering and working: Social support and stressors. Poster presented at the annual meeting of the American Psychological Association, San Francisco, CA.

Donnay, S., **Procidano, M. E.**, & AuBuchon, A. (2017, August). *Married and divorced mothers' personal meanings of paid work and mothering*. Poster presented at the annual meeting of the American Psychological Association, Washington, DC.

**Procidano, M. E.**, Galette, F. A., Smith, M., & Davis, C. (2015). Life-Tasks Model of adjustment: The role of Domain-Specific Appraisal. In K. Moore, P. Buchwald, & S. Howard, Eds, *Stress and anxiety: Applications to schools, well-being, coping and internet use* (pp. 153-161). Berlin, Germany: Logos Verlag.

Vuotto, S.C., **Procidano, M.E.** & Annunziato, R.A. (2015). Understanding the health behaviors of young-adult survivors of childhood cancer: Preliminary analysis and model development. *Children*, 2, 174-190.

Vuotto, S. & **Procidano, M. E.** (2013). Young-Adult Cancer Survivors' Adjustment is Predicted by Personal Meaning of Self-Defining Life Events, and Interpersonal and Spiritual Support and Nonsupport. In K. Moore, K. Kaniasty, P. Buchwald & A. Sese (Eds.) *Stress and Anxiety: Applications to Health and Well-Being, Work Stressors, and Assessment*. Berlin, Germany: Logos Verlag.

Giardino, J., C. & **Procidano, M. E.** (2012). Muscle dysmorphia symptomatology: A cross-cultural study in Mexico and the United States. *International Journal of Men's Health*, 11, 83-103.

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.

**Elizabeth B. Raposa, Ph.D.** (Assistant Professor), Ph.D. University of California, Los Angeles. My research focuses on the negative impact of early life stress on youth development, as well as protective factors that that can mitigate the risk associated with early stress. In one line of work, I examine the biosocial mechanisms that explain the mental health consequences of early stress exposure in marginalized communities of youth. For example, one of my recent projects has involved studying adolescents' emotional, behavioral, and HPA axis responses to stress, using both experimental and more ecologically valid, daily diary methodologies. In another line of work, I explore the ways in which supportive relationships can offset the risk associated with early adversities, with a particular focus on designing and evaluating prevention and intervention programs for high-risk youth. In this vein, some of my recent projects have involved developing and testing a school-based intervention for high school students struggling with emotional distress, as well as evaluating mechanisms that maximize the effectiveness of large, community-based mentoring programs (e.g., Big Brothers Big Sisters, Peraj Mexico). My ultimate goal is to leverage this body of research to reduce social inequality in traditionally underserved populations of youth.

#### *Selected Publications*

- Raposa, E. B.** & Hurd, N. M. (*in press*). Understanding networks of natural mentoring support among underrepresented college students. *Applied Developmental Science*.
- Raposa, E. B.**, Rhodes, J. E., Stams, G. J. J. M., Card, N., Burton, S., Schwartz, S., Yoviene Sykes, L., Kanchewa, S., Kupersmidt, J., & Hussain, S. (2019). The effects of youth mentoring programs: A meta-analysis of outcome studies. *Journal of Youth and Adolescence*, 48(3), 423-443.
- Le, T. P. & **Raposa E. B.** (2019). The role of enculturation and acculturation in Asian and European American college students' daily social stress and support. *Asian American Journal of Psychology*, 10(1), 11-21.
- Raposa, E. B.**, Ben-Eliyahu, A., Olsho, L. E. W., Rhodes, J. (2018). Birds of a feather: Is matching based on shared interests and characteristics associated with longer youth mentoring relationships? *Journal of Community Psychology*, 47(2), 385-397.
- Conway, C. C., **Raposa, E. B.**, Hammen, C. L., & Brennan, P. A. (2018). Transdiagnostic pathways from early life stress to psychopathology: A 20-year prospective study. *Journal of Child Psychology and Psychiatry*, 59(8), 855-862.
- Raposa, E. B.** & Hammen, C. (2018). A daily diary investigation of the influence of early family adversity on social functioning during the transition to adulthood. *Social Development*, 27(2), 431-446.
- Raposa, E. B.**, Erickson, L. D., Hagler, M., & Rhodes, J. E. (2018). How economic disadvantage affects the availability and nature of mentoring relationships during the transition to adulthood. *American Journal of Community Psychology*, 61(1-2), 191-203.
- Raposa, E. B.**, Laws, H. B., & Ansell, E. B. (2015). Prosocial behavior mitigates the negative effects of stress in everyday life. *Clinical Psychological Science*, 4(4), 691-698.
- Raposa, E. B.**, Hammen, C., Bower, J., Brennan, P., & Najman, J. (2014). A developmental pathway from early adversity to inflammation: The role of negative health behaviors. *Psychological Science*, 25(6), 1268-1274.

**Andrew Rasmussen, PhD**, Associate Professor of Psychology (tenured) and the Director of the Master's Program in Applied Psychological Methods. My research focuses primarily on the psychosocial needs and assessment of forcedly displaced populations (e.g., refugees, asylum seekers). Although well versed in research on psychological trauma, my more recent work focuses on other forms of stress experienced by forced migrants and immigrants in general; how cultural features interact with service delivery; and the wellbeing of the communities in which they resettle. 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). In addition to scholarly research, I have been involved in policy development and program evaluation of psychosocial programs serving trauma-affected populations around the world.

Selected publications:

- Rasmussen, A.**, Verkuilen, J., Jayawickreme, N., Wu, Z., & McCloskey, S. T. (in press). When did PTSD get so many factors? Confirmatory factor models since DSM-5. *Clinical Psychological Science*.
- Jayawickreme, N., **Rasmussen, A.**, Karasz, A., Verkuilen, J. & Jayawickreme, E. (in press). Network theory can help focus research on the role of culture and context in psychopathology, but don't discount latent variable models (invited commentary). *Behavioral and Brain Sciences*, DOI: 10.1017/S0140525X17002266.
- Fernandez, J., Mootoo, C. J., Romero, S., Rasmussen, A.* (2018). Role conflict among family childcare providers in the Bronx. *Children & Society*. [Epub ahead of print]. DOI: 10.1111/chso.12282.
- Rasmussen, A.**, Cissé, A., Han, Y., & Roubeni, S. (2018). Migration factors in West African immigrant parents' perceptions of their children's neighborhood safety. *American Journal of Community Psychology*, 61, 321-331. DOI: 10.1002/ajcp.12230.
- Jayawickreme, N., *Mootoo, C. J.*, Fountain, C., **Rasmussen, A.**, Jayawickreme, E., Bertuccio, R. F. (2017). Post-conflict struggles as networks of problems: A network analysis of trauma, daily stressors and psychological distress among Sri Lankan war survivors. *Social Science & Medicine*, 190, 119-132. DOI: 10.1016/j.socscimed.2017.08.027.
- Miller, K. E., & **Rasmussen, A.** (2017). The mental health of civilians displaced by armed conflict: An ecological model of refugee distress. *Epidemiology and Psychiatric Science*, 26(2): 129-138. DOI: [10.1017/S2045796016000172](https://doi.org/10.1017/S2045796016000172).
- Akinsulture-Smith, A.M., *Mirpuri, S.*, Chu, T., Keatley, E. & **Rasmussen, A.** (2016). Made in America: Perspectives on friendship in West African Immigrant Families. *Journal of Child and Family Studies*, 25(9), 2765-2777. DOI: 10.0007/s10826-016-0431-8.
- Rasmussen, A.**, Verkuilen, J., *Ho, E.*, & *Fan, Y.* (2015). Posttraumatic stress among refugees: Measurement invariance across culture in Harvard Trauma Questionnaire scores. *Psychological Assessment*, 27(4), 1160-1170. DOI: 10.1037/pas0000115.
- Roubeni, S.*, De Haene, L. L., Keatley, E., Shah, N., & **Rasmussen, A.** (2015). "If we can't do it, our children will do it one day": A qualitative study of West African immigrant parents' educational expectations for their children. *American Educational Research Journal*, 52(2), 275-305. DOI: 10.3102/0002831215574576.
- Rasmussen, A.**, Eustache, E., Raviola, G., Kaiser, B., Grelotti, D., & Belkin, G. (2015). Development and validation of a Haitian Creole screening instrument for depression. *Transcultural Psychiatry*, 52(1), 33-57. DOI: 10.1177/1363461514543546.



**Monica Rivera Mindt, PhD, ABPP-CN, Professor,** Ph.D., University of Nebraska, Lincoln, NE, 2000. Dr. Monica Rivera Mindt is the President of the *Hispanic Neuropsychological Society* (HNS), a Professor of Psychology at Fordham University with a joint appointment in Neurology at the Icahn School of Medicine at Mount Sinai, and a board-certified neuropsychologist. Her NIH- & Alzheimer's Association-funded transdisciplinary research focuses on the intersection between cultural neuroscience, neuropsychology, and health disparities utilizing a novel community-based approach. Her work is dedicated to three lines of inquiry: 1) the identification of resilience and modifiable factors to promote brain health and improve neurocognitive functioning in vulnerable and underserved populations (e.g., culturally/linguistically diverse older adults, persons with opioid use disorder or HIV); 2) how sociocultural factors impact the expression of neurologic disease, cognition, and health behaviors; and 3) the underlying mechanisms driving the effects of brain health disparities and cognitive decline in persons of culturally/linguistically diverse backgrounds. She has authored more than 80 peer-reviewed publications and book chapters. Dr. Rivera Mindt is an appointed member of the National Institute of Aging – Neuroscience of Aging Study Section, inaugural Editor for the Culture & Gender in Neuropsychology Department of *The Clinical Neuropsychologist* journal, and a member of the International Neuropsychological Society's Continuing Education Committee. She is also a deeply committed mentor who has chaired 20+ dissertations and 9 training awards from NIH or NSF. Dr. Rivera Mindt is the recipient of several awards for her research, teaching, and contributions to the field, including the 2019 *Hispanic Health Leadership Award* from the National Hispanic Medical Association; *Lifetime Achievement Award* from SMART University (a community-based organization for HIV+ women); the *Early Career Award* from American Psychological Association's (APA) Society for Clinical Neuropsychology (Division 40); the *Early Career Service Award* from the National Academy of Neuropsychology (NAN); the *Distinguished Alumna Award for Psychology* from Pepperdine University; the *Early Career Award & Pilot Research Award* from the Northeast Consortium for Minority Faculty Development; the *National Center on Minority Health & Health Disparities Scholar Award* from NIH; and the *Professor of the Year Award* from Fordham University. She is also a Fellow of APA and NAN. In her spare time, she enjoys surfing and traveling all over Latin America with her husband and two children.

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

- \***Rivera Mindt, M.G.**, Arentoft, A., Byrd, D., Tureson, K., Summers, A.C., Guzman, V., Aghvinian, M., Morris, E.P., Alvarez, K. (Under Review). Neurocognitive and sociocultural predictors of objectively-measured antiretroviral adherence in Latinx and non-Hispanic White persons living with HIV.
- \*\* **Rivera Mindt, M.G.**, Coulehan, K., Cunningham, C.O., Arias, F., Scott, T.M., & Arnsten, J.H. (Under Review). Neurocognitive effects of buprenorphine and methadone: A systematic review.
- \*Scott, T., **Rivera Mindt, M.**, Cunningham, C.O., Arias, F., Coulehan, K., Massey, Z., Mangalonzo, A., Olsen, J.P., & Julia H. Arnsten. (In Press). Neuropsychological function is improved among opioid dependent drug users who adhere to opiate agonist treatment with buprenorphine-naloxone: A preliminary study. Substance Use, Prevention, and Policy.
- \*\*Scott, T.M., Byrd, D., Arce Rentería, M., Miranda, C., Fuentes, C., Coulehan, K., Morgello, S., & **Rivera Mindt, M.** (2017). The combined roles of current substance use, depression, and neurocognitive functioning in medication adherence among ethnically diverse HIV+ adults. *Journal of the Association of Nurses in AIDS Care*. doi: 10.1016/j.jana.2017.08.002. [Epub ahead of print]
- Miller TR, Weiss JJ, Brau N, Dieterich DT, Stivala A, **Rivera-Mindt M.** (2017). Greater decline in memory and global neurocognitive function in HIV/hepatitis C co-infected than in hepatitis C monoinfected patients treated with pegylated interferon and ribavirin. *Journal of Neurovirology*, 23 (2), 260-272. doi: 10.1007/s13365-016-0494-8. PMCID: PMC5334364.
- \* **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.

**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.

*Slected publications* (graduate students are designated by italics).

Barber Rioja, V., & **Rosenfeld, B.** (In press). Addressing linguistic and cultural differences in the forensic interview. *International Journal of Forensic Mental Health*.

Saracino, R. M., Cham, H., **Rosenfeld, B.**, & Nelson, C. (In press). Confirmatory factor analysis of the Center for Epidemiologic Studies Depression Scale in oncology with examination of younger and older patients. *European Journal of Psychological Assessment*.

Gerbrandij, J. P., **Rosenfeld, B.**, Nijdam-Jones, A., & Galietta, M. (2018). Evaluating risk assessment instruments for intimate partner stalking and intimate partner violence. *Journal of Threat Assessment and Management*, 5, 103-118. doi: <http://dx.doi.org/10.1037/tam0000101>.

**Rosenfeld, B.**, Cham, H., Pessin, H., & Breitbart, W. (2018). Why is Meaning-Centered Group Psychotherapy (MCGP) effective? Meaning as the mechanism of change for advanced cancer patients. *Psycho-Oncology*, 27, 654-660. doi: 10.1002/pon.4578

Wijetunga, C., Nijdam-Jones, A., **Rosenfeld, B.**, Martinez, R., & Cruise, K. (2018). Using the Juvenile Sex Offender Assessment Protocol-Revised (J-SOAP-II) to assess psychopathy. *Criminal Justice and Behavior*, 45, 483-502. doi: 10.1177/0093854817745912

Kolva, E., **Rosenfeld, B.**, & Saracino, R.M. (2018). Assessing the decision-making capacity of terminally ill patients with cancer. *American Journal of Geriatric Psychiatry*, 26, 523-531. <https://doi.org/10.1016/j.genhosppsych.2018.01.006>

Weiss, R., & **Rosenfeld, B.** (2017). Identifying feigning in trauma-exposed African immigrants. *Psychological Assessment*, 29, 881-889. doi: 10.1037/pas0000381.

**Rosenfeld, B.**, Foellmi, M. Khadivi, A., Wijetunga, C., Howe, J., Nijdam-Jones, A., Grover, S., & Rotter, M. (2017). Determining when to conduct a violence risk assessment: Development and initial validation of the Fordham Risk Screening Tool (FRST). *Law and Human Behavior*, 41, 325-332. doi: 10.1037/lhb0000247.

Nijdam-Jones, A., Rivera, D., **Rosenfeld, B.**, Arango-Lasprilla, J. C. (2017). A cross-cultural analysis of the Test of Memory Malingering among Latin American Spanish-Speaking adults. *Law and Human Behavior*, 41, 422-428. doi: 10.1037/lhb0000250.

Nijdam-Jones, A., & **Rosenfeld, B.** (2017). Cross-cultural feigning assessment: A systematic review of feigning instruments used with culturally and ethnically diverse samples. *Psychological Assessment*, 29, 1321-1336. doi: 10.1037/pas0000438.

**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 primarily on young children with severe temper outbursts. My work in this area has emerged from the field's recent interest in pediatric irritability and the need for improved understanding of basic mechanisms to inform appropriate diagnostic classification. We recently completed a study that used structural and resting state functional MRI to examine neural circuitry in 300 youth (ages 5- 9 years) exhibiting varying degrees of emotional and behavioral dysregulation. We currently have NIMH funding to bring these children back into the lab for a comprehensive evaluation when they are between 12 and 17 years old so that we can examine which phenotypic and neural factors best predict outcomes. I have also had a longstanding interest in pediatric anxiety disorders and am currently conducting an NIH-funded study in collaboration with Dr. Tracy Dennis-Tiwary at Hunter College. This study involves the multimodal measurement of attentional biases using behavioral assays, EEG, and functional MRI. It is conducted in Dr. Dennis-Tiwary's lab at Hunter and at the NYU Center for Brain Imaging.

*Selected publications:*

- Roy, A.K.**, Bennett, R., Posner, J., Hulvershorn, L., Castellanos, F.X., & Klein, R.G. (2018). Intrinsic functional connectivity of the anterior cingulate cortex as a neural marker of severe temper outbursts in children. *Development and Psychopathology*, *30*, 571- 579.
- Godovich, S., Adelsberg, S., & **Roy, A.K.** (2017). Parental responses to temper outbursts in children with ADHD: The role of psychological factors. *Journal of Attention Disorders*. <https://doi.org/10.1177/1087054717745595>
- Bennett, R.H., Somandepalli, K., **Roy, A.K.**, & Di Martino, A. (2017) The neural correlates of emotional lability in children with autism spectrum disorder. *Brain Connectivity*, *7*, 281- 288.
- Fresco, D.M., **Roy, A.K.**, Adelsberg, S., Seely, S., Garcia-Lesy, E., Liston, C., & Mennin, D.S. (2017). Distinct functional connectivities predict differential outcomes of Emotion Regulation Therapy. *Frontiers of Human Neuroscience*. [doi.org/10.3389/fnhum.2017.00086](https://doi.org/10.3389/fnhum.2017.00086)
- Meyers, E.V., DeSerisy, M., & **Roy, A.K.** (2016). Disruptive mood dysregulation disorder: An RDoC perspective. *Journal of Affective Disorders*, *216*, 117- 122.
- Roy, A.K.**, Dennis, T.A., & Warner, C.M. (2015). A critical review of attentional threat bias and its role in the treatment of pediatric anxiety disorders. *Journal of Cognitive Psychotherapy*, *29*, 171- 184.
- Roy, A.K.**, Lopes, V., & Klein, R.G. (2014). Disruptive mood dysregulation disorder (DMDD): A new diagnostic approach to chronic irritability in youth. *American Journal of Psychiatry*, *171*, 918- 924.
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**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. Please note that Dr. Wertz is on phased retirement and therefore will not be mentoring MA theses or PhD dissertations, but is available as a reader and consultant.

*Selected publications:*

- Wertz, F.J.** (2018). Qualitative methods as fundamental tools: Autonomy and integration in mixed-methods research. B. Schiff (Ed.), *Situating qualitative methods in psychological science*. Routledge/Taylor & Francis Publishing.
- Wertz, F.J., Desai, M.U., Maynard, E., Morrissey, M.K., Rotter, B., & Skoufalos, N.C.** (2017). Research methods for person-centered healthcare science: Fordham studies of transcendence and suffering. In M. Englander (Ed.), *Phenomenology and the social foundations of psychiatry*, pp. 95-120. London: Bloomsbury Publishing.
- Levitt, H. M., Motulsky, S. L., **Wertz, F. J.**, Morrow, S. L., & Ponterotto, J. G. (2017); Recommendations for Designing and Reviewing Qualitative Research in Psychology: Promoting Methodological Integrity. *Qualitative Psychology*, 4, 2-22.
- Wertz, F.J.** (2016). Outline of the relationship among transcendental phenomenology, phenomenological psychology, and the sciences of persons. *Schutzian Research: A Yearbook in Lifeworldly Phenomenology and Qualitative Social Sciences*, 8, 139-162.
- Wertz, F.J.** (2015). Phenomenology: Methods, historical development, and applications in psychology. In J. Martin, J. Sugarman, and K. Slaney (Eds.), pp. 85-101, *The Wiley Handbook of Theoretical and Philosophical Psychology: Methods, approaches, and new directions in the social sciences*. Hoboken, NJ: Wiley.
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- Wertz, F. J.** (2005). Phenomenological research methods for counseling psychology, *Journal of Counseling Psychology*, 52, 167-177.

**Molly Zimmerman, Ph.D.**, Associate Professor. Dr. Zimmerman 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.

*Selected Publications:*

- 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.
- Ezzati, A., **Zimmerman, M. E.**, Katz, M. J., & Lipton, R. B. Hippocampal correlates of depression in healthy elderly adults. *Hippocampus*, 23, 1137-1142; 2013.
- 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*, 71, 872-877; 2014.
- Zimmerman, M. E.**, Katz, M. J., Wang, C., Burns, L. C., Berman, R. M., Derby, C. A., L'Italien, G., Budd, D., & Lipton, R. B. Comparison of "word" vs. "picture" versions of the Free and Cued Selective Reminding Test (FCSRT) in Older Adults. *Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring*, 1, 94-100; 2015.
- Tsapanou, A., Gu, Y., O'Shea, D., Eich, T., Tang, M., Schupf, N., Manly, J., **Zimmerman, M.E.**, Scarmeas, N., & Stern, Y. Daytime somnolence as an early sign of cognitive decline in a community-based study of elderly. *International Journal of Geriatric Psychiatry*; 31, 247-255; 2016. PMID: PMC5381157
- Eslami, V., **Zimmerman, M. E.**, Grewal, T., Katz, M. J., & Lipton, R. B. Pain grade and sleep disturbance in elderly: Evaluation of the role of pain, stress, and depression. *International Journal of Geriatric Psychiatry*; 31, 450-457; 2016.
- Zimmerman, M. E.**, Ezzati, A., Katz, M. J., Lipton, M. L., Brickman, A. M., Sliwinski, M. J., & Lipton, R. B. Perceived stress is differentially related to hippocampal subregion volumes among older adults. *PLOS ONE*; 11, 1-10; 2016.
- Cha, J., Zea-Hernandez, J. A., Sanghun, S., Graw-Panzer, K., Moran, E. E., Wagshul, M. E., Posner, J., **Zimmerman, M. E.**, & Arens, R. Impact of childhood obstructive sleep apnea syndrome on dentate gyrus. *Journal of Neuroscience*; 37, 4280-4288; 2017.
- Moran, E. E., Wang, C., Katz, M. J., Ozelius, L., Schwartz, A., Pavlovic, J., Ortega, R. A., Lipton, R. B., **Zimmerman, M. E.**, & Saunders-Pullman, R. Decline in verbal memory in elderly glucocerebrosidase (GBA) mutation carriers. *Neurobiology of Aging*; In Press.
- Levitch, C. F., **Zimmerman, M. E.**, Lubin, N., Kim, N., Lipton, R. B., Stewart, W. F., Kim, M. & Lipton, M. L. Recent and long-term soccer heading exposure is differentially associated with neuropsychological function in amateur players. *Journal of the International Neuropsychological Society*; In Press

## **ADDITIONAL FORMS**

# FORDHAM UNIVERSITY CLINICAL EVALUATION FORM

## For Externships and Internships

(Adapted from the Minnesota Supervisory Inventory) Rev. 12.2017 dm

For Fordham Use Only

Course: Externship I, II, III, IV, V, VI

Date of Evaluation: \_\_\_\_\_ Fall: \_\_\_\_\_ Spring: \_\_\_\_\_

Supervisee: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Primary Supervisor     Secondary Supervisor

Supervisor Phone # \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Training Site: \_\_\_\_\_

Population: \_\_\_\_\_

Primary Psychotherapeutic Orientation of Supervisee: \_\_\_\_\_

**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:

- |                                |  |
|--------------------------------|--|
| <b>1 Development Required:</b> | Further training and supervision is required to meet expectations. |
| <b>2 Meets Expectations:</b>   | Functions adequately to above average for level of training.       |
| <b>3 Exceeds Expectations:</b> | Functions exceptionally for level of training.                     |
| <b>NA Not Applicable:</b>      | 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)	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
<b>Overall Competence in Assessment</b>	<b>1</b>	<b>2</b>	<b>3</b>	

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
<b>Overall Competence in Psychotherapy and Intervention</b>	<b>1</b>	<b>2</b>	<b>3</b>	

Progress and Comments about Assessment:


**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
<b>Overall Competence in Consultation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>

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
<b>Overall Professional, Ethical, and Legal Conduct</b>	<b>1</b>	<b>2</b>	<b>3</b>	

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
<b>Overall Response to Supervision</b>	<b>1</b>	<b>2</b>	<b>3</b>	

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
<b>Overall Professional Presentation(s) / Case Conference(s)</b>	<b>1</b>	<b>2</b>	<b>3</b>	

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
<b>Overall Site Specific</b>	<b>1</b>	<b>2</b>	<b>3</b>	

Site Specific Comments:

**8. DOCUMENTATION OF LIVE SUPERVISION**

Standard II.B.3.d from the *Standards on Accreditation* of the American Psychological Association now requires that “practicum evaluation must be based in part on direct observation.” According to Section C.14D, this requirement may be satisfied by “in person observation” (in the treatment room or through a one-way mirror), live video stream or video recording. Audio recording alone is insufficient, except in rare situations where it is the only possible way to meet the requirement. When this is the case, the reason needs to be explained on the student’s evaluation form. In all cases, the direct observation must be conducted by the student’s immediate supervisor.

**SUPERVISOR:**

I certify that Live Supervision according to Standard 11.B.3.d from the *Standards on Accreditation of the American Psychological Association* was conducted by me for this student on

\_\_\_\_\_ in the following format:

(Date)

In person supervision

Live video stream

Video recording

Live supervision was not conducted during this evaluation period for the following reason:

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**Recommendations for Further Training/Supervision:**

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**Supervisor's Signature**

**Date**

**Supervisee's Signature**

**Date Reviewed**

**Supervisor's Name (Please Print)**

**Please return this form to:**

David Marcotte, Ph.D.  
Psychology Department – Dealy 226  
Fordham University  
Bronx, NY 10458-5198

### 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:

**Activity Report – Clinical Psychology (May through May)**

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

Current address: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Year Entered Program: \_\_\_\_\_ Number of Years in Program \_\_\_\_\_

Major Area of Study: \_\_\_\_\_ (If applicable)

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: \_\_\_\_\_

Anticipated Graduation Date (Year): \_\_\_\_\_ Site: \_\_\_\_\_

**Accomplishments from May 2018 through May 2019**

1. **Research Activities and Accomplishments (provide citations in APA style):**
  - a. Conferences attended (please provide name, date, location and source of funding, if any)
  
  
  
  
  
  
  
  
  
  - b. Conference presentations (include only those COMPLETED during the calendar year; identify whether Paper or Poster presentations)
  
  
  
  
  
  
  
  
  
  - c. Manuscripts *submitted, accepted or published* (provide complete citations; include journal articles, book chapters and any other types of publications). Note status of the manuscript in parentheses (i.e., submitted, accepted, in press, published) at the end of the citation.
  
  
  
  
  
  
  
  
  
  - d. Other research in progress (i.e., projects you are participating in that may lead to future publications or presentations)

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

f. Research Self-Evaluation: Given your year in the program, provide a self-evaluation of your research activities over the past year. In what areas did you experience growth (e.g., formulating research questions/design, conducting research, evaluating or disseminating research).

g. Research Priorities for the Upcoming Year: Given your year in the program, what are your research priorities for 2019/2020?

2. **Clinical Experiences** (list any externships completed or begun during the 2019/2020 calendar year, including name of site, name of primary supervisor, when you began/finished, and number of hours per week)

a. Clinical Training Self-Evaluation: Given your year in the program, provide a self-evaluation of your clinical training activities over the past year. In what areas did you experience growth (e.g., assessment, intervention, consultation, supervision, formulating research questions/design, conducting research, evaluating or disseminating research).

b. **Clinical Priorities for the Upcoming Year:** Given your year in the program, what are your clinical training priorities for 2019/2020?

3. **Teaching Experiences** (list courses taught by semester, role [TA, TF], and institution)

a. **Teaching Training Self-Evaluation:** Given your year in the program, provide a self-evaluation of your teaching training activities over the past year. In what areas did you experience growth (e.g., course development, providing student feedback, engaging teaching supervisors, communication with students)

b. **Teaching Training Priorities for the Upcoming Year:** Given your year in the program, what are your teaching training priorities for 2019/2020?

4. **Individual and Cultural Diversity** (list any professional activities engaged in during the past year that specifically focused on your ability to conduct professional activities (clinical, research, teaching) with sensitivity to human diversity and communities that embody a variety of cultural and personal background and characteristics.

5. **Ethical and Legal Standards** (list any professional activities engaged in during the past year that specifically focused on your ability to recognize and respond to ethical and legal issues encountered in research, clinical training, teaching).

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

7. **Professional Society Memberships:**

Organization	Year Joined
_____	_____
_____	_____
_____	_____
_____	_____

a. Indicate any positions or official responsibilities within professional organizations (e.g., student representative, etc.) during 2019/2020.

8. **Have you presented a psychological topic to lay or community audience?** Yes/No

9. **Did you receive an assistantship or other funding from Fordham** during the 2019/2020 academic year?  
Yes/No If yes, indicate what you did in exchange for this assistantship.



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

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

Child Abuse Identification			
<b>Courses Taken (Major Area of Study):</b>			

11. Is there anything else the program should know about?

Date Reviewed with Faculty Mentor: \_\_\_\_\_

Student Signature \_\_\_\_\_

Faculty Mentor Signature \_\_\_\_\_

**CTS Thesis Research Presentation Form**

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

**Student:** \_\_\_\_\_ **Faculty Member:** \_\_\_\_\_

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

**Inadequate**  
1

**Adequate**  
2

**Good**  
3

**Unusually Strong**  
4

**Comments:**

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

**Inadequate**  
1

**Adequate**  
2

**Good**  
3

**Unusually Strong**  
4

**Comments:**

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

**Inadequate**  
1

**Adequate**  
2

**Good**  
3

**Unusually Strong**  
4

**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**  
1

**Adequate**  
2

**Good**  
3

**Unusually Strong**  
4

**Comments:**

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

**Inadequate**  
1

**Adequate**  
2

**Good**  
3

**Unusually Strong**  
4

**Comments:**

**6) Overall Rating:**

**Inadequate**  
1

**Adequate**  
2

**Good**  
3

**Unusually Strong**  
4

**Comments:**

## Case Conference Rating Form

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

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

Faculty Member: \_\_\_\_\_

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

*Unsatisfactory*  
1

*Satisfactory*  
2

*Good*  
3

*Excellent*  
4

*N/A*

Comments:

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

*Unsatisfactory*  
1

*Satisfactory*  
2

*Good*  
3

*Excellent*  
4

*N/A*

Comments:

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

*Unsatisfactory*  
1

*Satisfactory*  
2

*Good*  
3

*Excellent*  
4

*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*  
1

*Satisfactory*  
2

*Good*  
3

*Excellent*  
4

*N/A*

Comments:

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

<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Excellent</i>	<i>N/A</i>
1	2	3	4	

**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.)

<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Excellent</i>	<i>N/A</i>
1	2	3	4	

**Comments:**

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

<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Excellent</i>	<i>N/A</i>
1	2	3	4	

**Comments:**

**8) Overall Rating:**

<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Excellent</i>	<i>N/A</i>
1	2	3	4	

**Comments:**

**CPDP COMPREHENSIVE EXAM GRADING RUBRIC**

Integrative literature reviews synthesize theory and/or empirical literature on a research topic. These literature reviews uniquely contribute to an area of research by evaluating empirical support for a particular theory, identifying gaps in the literature and proposing important avenues for future research, merging different areas of research, or reviewing research methodologies. Committee members should complete this evaluation form online for tabulation.

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_\_\_

**WRITTEN PORTION**

Please evaluate the quality of the written review/proposal by using the scale below, with 1 indicating the poorest and 5 indicating the highest possible rating. Descriptive anchors are provided to facilitate your rating. Please circle the number that reflects most closely your evaluation. Please return the form to the mentor. Thank you!

<b>Integrative Literature Review - 50%</b>					
<b>Identified key theme(s) in the literature</b>	1 No coherent theme identified	2	3 Theme(s) identified and clearly stated	4	5 Theme(s) and subsidiary, embedded, or implicit aspects of theme(s) are identified and clearly stated.
<b>Identified key gap(s) in the literature</b>	1 No gap(s) identified	2	3 Gap(s) identified and clearly stated	4	5 Gap(s) and subsidiary, embedded, or implicit aspects of gap(s) are identified and clearly stated.
<b>Considered related perspectives</b>	1 Does not acknowledge other possible perspectives	2	3 Acknowledges other possible perspectives, although not clearly stated	4	5 Synthesizes other perspectives and considers implications
<b>Considered Issues of Research Methodology (i.e., attention to samples, measurement)</b>	1 No consideration of methodology	2	3 Acknowledges some methodological strengths and weaknesses	4	5 Clearly describes strengths and limitations of previous work in terms of methodology
<b>Covered Breadth of Literature</b>	1 No breadth	2	3 Good coverage of breadth	4	5 Excellent coverage of breadth of literature
<b>Potential for publication</b>	1 Low potential for publication	2	3 Moderate potential for publication	4	5 High potential for publication
<b>Comments:</b>					

<b>Diversity &amp; Individual Differences – 15%</b>					
<b>Relevant psychometric issues (e.g., cross-cultural validity, norms)</b>	1 Very poor	2	3 Acceptable	4	5 Exemplary/ Outstanding
<b>Identified sociocultural issues regarding topic and/or outcomes (acculturation, language, SES, quality of education, etc.)</b>	1 Very poor	2	3 Acceptable	4	5 Exemplary/ Outstanding
<b>Comments:</b>					

<b>Consideration of Ethical Issues– 15%</b>					
<b>Identified ethical issues related to the clinical topic being reviewed</b>	1 Very poor	2	3 Acceptable	4	5 Exemplary/ Outstanding
<b>Address ethical issues that pertain to the underlying research (e.g., limitations)</b>	1 Very poor	2	3 Acceptable	4	5 Exemplary/ Outstanding
<b>Comments:</b>					



<b>Writing/Format - ALL - 20%</b>					
<b>Organization</b>	1 Unstructured; most paragraphs rambling, unfocused; no clear beginning or ending of paragraphs; inappropriate or missing sequence markers	2	3 Structured; most paragraphs are focused; discernible beginning and ending paragraphs, some appropriate sequence markers	4	5 Well-structured; paragraphs are clearly focused and organized around a central theme; clear beginning and ending paragraphs; appropriate, coherent sequences and sequence markers
<b>Technical Writing Skills (grammar, spelling, etc.)</b>	1 Very poor	2	3 Acceptable	4	5 Exemplary/ Outstanding
<b>Documentation</b>	1 Documentation generally inconsistent and incomplete; non-standard citation; citation information not incorporated into document	2	3 Documentation is fairly consistent but incomplete; general use of standard citation; citation information is somewhat incorporated into document	4	5 Documentation clear, consistent and complete; standard citation; cited information is incorporated effectively into document
<b>APA Format</b>	1 Very poor	2	3 Acceptable	4	5 Exemplary/ Outstanding
<b>Clarity and organization</b>	1 Very poor	2	3 Acceptable	4	5 Exemplary/ Outstanding
<b>Level of interest generated</b>	1 Very poor	2	3 Acceptable	4	5 Exemplary/ Outstanding
<b>Comments:</b>					

**ORAL PRESENTATION**

Please evaluate the quality of the oral presentation by using the scale below, with 1 indicating the poorest and 5 indicating the highest possible rating. Descriptive anchors are provided to facilitate your rating. Please circle the number that reflects most closely your evaluation. Please return the form to the mentor. Thank you!

<b>Presentation was clear and had a coherent theme</b>	1 No coherent theme identified	2	3 Theme(s) identified and clearly stated	4	5 Theme(s) and subsidiary, embedded, or implicit aspects of theme(s) are identified and clearly stated.
<b>Presentation followed a logical format</b>	1 No logical format	2	3 Good logical format, or inconsistent logic	4	5 Logical format was excellent and easy to follow
<b>Presentation included an engaging introduction</b>	1 No introduction or not engaging	2	3 Included an introduction, but was not compelling or engaging	4	5 Engaging Introduction, really captured my interest in the topic
<b>Presenter maintained my interest</b>	1 Presenter did not maintain my interest	2	3 Interest was average or inconsistent	4	5 Presenter maintain my interest from beginning to end
<b>Presentation considered related perspectives</b>	1 Does not acknowledge other possible perspectives	2	3 Acknowledges other possible perspectives, although not clearly stated	4	5 Synthesizes other perspectives and considers implications
<b>Inclusion of Diversity and Ethical Issues</b>	1 No inclusion	2	3 Some inclusion	4	5 Full coverage of issues regarding diversity and ethics
<b>Presentation Covered Breadth of Literature</b>	1 No breadth	2	3 Good coverage of breadth	4	5 Excellent coverage of breadth of literature
<b>Presenter Displayed Proper Time Management</b>	1 Presenter did not display proper time management	2	3 Presenter displayed some time management	4	5 Presented displayed excellent time management
<b>Comments:</b>					

## 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.

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PRINT NAME

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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.

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PRINT NAME

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SIGNATURE

DATE