BINGHAMTON
UNIVERSITY
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Student Guide

to the

Clinical Science Ph.D. Program
Department of Psychology

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This student guide has been periodically updated by the Clinical Psychology Faculty with assistance from graduate students. It is a work in progress and continually benefits from student and faculty input. Please forward comments to the Director of Clinical Training for future revisions.

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FOREWARD

Graduate training in clinical psychology is a rigorous undertaking. It carries with it great responsibility and demands great dedication. Your graduate training can be an incredibly rewarding and exciting period in your professional life. You will have numerous opportunities to learn and to excel. It can seem overwhelming with respect to the requirements you must complete and details with which you must be familiar. To help address this, this handbook will provide you with important information concerning the process and requirements of your graduate education. It is not a substitute for your active involvement with your faculty adviser or active participation in all aspects of the Clinical Program. Given the dynamic nature of graduate training, you must rely on your faculty adviser and the Director of Clinical Training as the final authority for questions about the program. We hope this guide will answer many of your questions.

Our Clinical Psychology Training Program is always in a state of evolution. The science of clinical psychology are constantly evolving and thus our training program must likewise evolve. The faculty meets regularly to address the important issues of clinical training and you should not be surprised to see that requirements, emphases, and program specifics change over the course of your graduate study. This is certainly not to imply that decisions are capricious or that change occurs simply for the sake of change. Rather we feel it is vital to both react to important changes in the field as well as help influence changes by taking a proactive approach. We have a tradition of student involvement in such important curricular changes and encourage you to find opportunities to provide your input.

Within this context of change and evolution, there are nevertheless certain underlying components, procedures, and values to our Clinical Psychology Training Program. In part that is what this manual is about. **As clinical psychology students, you are responsible and accountable for the procedures, guidelines, and information conveyed in this program guide and the University Bulletin**. In turn, faculty desire to help you understand the rationale for the program philosophy and procedures, their implementation, and ways to suggest and to undertake appropriate changes.

This manual has evolved over a number of years and has had numerous contributors. It would be rather awkward to cite every contribution by each individual within the body of the manual. While instructive, it would no doubt make very cumbersome reading. Accordingly, the manual that follows reflects a group effort and occasionally a new “editor” is selected to assist in the process of revision. Thus, this current revision utilizes substantial previous work and draws upon the input of many individuals. The preparation of this handbook has been an on-going process over many years. Some of the material was originally written by Professor Donald Levis, with significant revisions by Professor Ian Evans, assisted by the 1985-86 Clinical Program Advisory Committee. More recent revisions incorporate the individual efforts of Professors Thomas Brandon, Peter Donovick, Alice Friedman, Brandon Gibb, Raymond Romanczyk, Stephen Lisman, Steven Jay Lynn, and numerous dedicated graduate students. I am extremely grateful for their contributions.

Matthew D. Johnson, Ph.D., Professor and Director of Clinical Training
November 2021

INTRODUCTION

Training Philosophy

Our goal is to train clinical psychological scientists prepared to provide new knowledge and objective answers to important questions that span the nature of psychological processes, psychopathology, and the diverse problems and challenges that individuals and groups face throughout the lifespan, as well as the design and implementation of effective interventions to alleviate human suffering. In order to exert the greatest impact on human problems, we believe that our students must be able to enter a variety of professional settings to conduct research, disseminate knowledge via publication and presentations at scientific meetings, and to assess and address clinical issues armed with well-developed clinical skills and empirically grounded interventions.

Our goals and philosophy represent an evolution and departure from the Boulder model of the scientist-practitioner. A common failing of the Boulder model in the past was that it did not foster a full and seamless integration of the scientist and practitioner functions, but instead encouraged psychologists to "wear two hats." For example, it would not have been uncommon for an individual psychologist to carry out research in the laboratory, guided both by the rigorous application of scientific method and the direction offered by outcomes of prior research. However, this same hypothetical psychologist might deliver patient care using procedures adopted primarily because of tradition or personal belief, instead of any link to empirical research, systematic test of effectiveness, or appreciation of the scientific method. The major training philosophy of the Binghamton program is the "single hat" concept, whereby both research training and professional skill development are based on a full appreciation and implementation of methods supported by the best available scientific evidence. In short, in our view, the well-trained clinical psychologist is a scientist "24/7," while doing research and while doing clinical work.

A term that aptly captures the Binghamton program's effort to acknowledge the paramount role of a scientific approach to clinical psychology is the "clinical scientist training model." As defined by the Academy of Psychological Clinical Science (APCS), the term, "clinical science" denotes "psychological science directed at the promotion of adaptive functioning; at the assessment, understanding, amelioration, and prevention of human problems in behavior, affect, cognition or health; and at the application of knowledge in ways consistent with scientific evidence." In our view, the clinical psychologist functions, first and foremost, as a scientist. Accordingly, a scientific orientation infuses and informs all aspects of our graduate training, including instruction in the implementation of psychological interventions, with empirical support.

In 1995, Binghamton's clinical program was invited to join, as a charter member, the Academy of Psychological Clinical Science (APCS), which is a coalition of doctoral psychology training programs that share a common goal of producing and applying scientific knowledge to the assessment, understanding, and amelioration of human problems. Membership in the Academy is granted only after a thorough peer review process. In 1996, our application was completed, and the program was granted full membership, one of 28 programs at that time. As of 2021, there are 66 member programs in the Academy. At the present time, we are in the process of applying for

accreditation to the Psychological Clinical Science Accreditation System, which accredits programs that adhere to a clinical science training model.

The Binghamton Clinical Psychology Program must continuously evolve in its efforts to prepare outstanding research-based clinical psychologists. In order to focus and to evaluate this ongoing development, we adopted the following guiding principle:

Guiding Principle

Clinical Psychology is one specialty area within the larger empirical science of Psychology. Psychological science must inform and guide all aspects of research, clinical activities, and graduate training in clinical psychology.

Corollaries

Clinical psychology must be taught as an empirical science. It is our intent to train students to be clinical scientists, as this is fundamental to the range of career paths that they may choose and to optimizing their impact on the betterment of individuals and society.

The study of Clinical Psychology draws upon, and contributes to, all other specialty areas within Psychology. Therefore, the teaching of Clinical Psychology must integrate knowledge and techniques from the rest of scientific psychology. Clinical Psychology cannot be taught in a vacuum. Moreover, Clinical Psychology must be taught across all levels of analysis from the genome and neurobiological systems, through intra-personal and inter-personal psychological process, to macro-level social relations and societal forces. Clinical psychology must be taught within a rigorous matrix informed by philosophy of science, quantitative reasoning and statistics, and public health perspectives.

Implementation of the Guiding Principle must be consistent with ethical standards. Among these are concern for the welfare of students, clients, and research participants, as well as integrity in all professional relationships.

All aspects of graduate training in Clinical Psychology should be consistent with this principle and these corollaries. Such aspects include research training, course work, and most notably casework, supervision, and placements. We must regularly evaluate the degree to which this objective is being met.

To enhance the training of students and to embody a clinical science model, the program stresses certain educational values. For instance, the faculty should be models of the desired student product by themselves being able to integrate clinical and scholarly activities. Faculty members are active in the development and evaluation of innovations in practice as well as applied and basic research. Another strategy has been to ensure that students are well grounded in basic psychology and to give them models of how clinical applications draw from the basic research areas. This latter focus has given the program a cognitive-behavioral orientation in terms of general theory. This focus is not, however, doctrinaire or dogmatic. It is a consequence of endorsing clinical psychology as an applied science, so that the research and teaching of the clinical faculty reflect advances in all aspect of psychology: human learning and cognition, social processes, neuroscience, and development. A third strategy has been to emphasize research directed toward

meaningful clinical problems, and to expose students intensively to the realities of those problems. This blending of the program with mental health services in the campus and local community provides opportunities for learning clinical procedures, consultation, and the extension of applied clinical research.

Effective clinical practice necessitates the use of the scientific method. The empirically-oriented clinician does not conduct formal research with clients or patients, but nevertheless formulates hypotheses and makes decisions that are guided by an evidence base that comprises ongoing data collection and prior research. Service agencies do not necessarily encourage or facilitate formal experimental research, but the scientific method should be applied to needs assessments, program evaluation, and treatment innovations derived from knowledge of more basic research. It is the value system of the scientific method – concern for objectivity, data guidance, hypothesis testing, replication, and critical thought – that we believe makes for effective clinical practices and contributions to the broader social realm.
Diversity, equity, and inclusion are a high priority of the clinical area, the department, and the university. The program adheres to University policies and public law prohibiting discrimination based on sex, age, race, ethnicity, disability, religion, and sexual orientation. The admissions procedures support the intent of Affirmative Action: Diversity is viewed as an essential characteristic of each graduate class.

By teaching our students to be competent scientists, able to integrate clinical science in multicultural contexts, we try to ensure them a wide range of options when it comes to making career choices. Each student should be able to compete successfully for any kind of professional position in academic roles or in applied settings in which research and evidence-based interventions are valued and encouraged. We would hope that students' predilections, personal goals, acquired skills, and discovered talents would determine the settings in which their contributions to the field and to society can be most successfully realized

We do not have formal training "tracks" based on content areas, such as experimental psychopathology, child clinical, or neuropsychology, for example. Nevertheless, there are many opportunities for students to create a special professional identity because choice is given within very important areas. These might include course options, training at workshops and conferences, activities within and across laboratories, and the student's primary research topics. Thus, the content of each individual's program varies, whereas the process – critical and integrative abilities, knowledge of concepts, and articulation of issues – is kept as a common standard across students.

Students' Characteristics

Although all programs try to define their training goals, it is always a little harder to define the qualities we look for in our students. Probably the most important factors, after demonstrating competency at the undergraduate level, is that the student's professional goals match those of our training program and there is a good match in terms of research interest with one or more faculty members. We look for students who are dedicated to research, curious, and intrigued by the process of discovery that empirical research entails, and who have a sincere interest in clinical psychology as an applied science.

We seek students who are interested in developing their intellectual potential to its fullest so that they may become creative and effective contributors to clinical psychology as an applied science. We try to ensure that students are committed to psychology as a science so that they will not be at odds with the values of the program. We recognize that graduates will have individual ways of using their skills and training – either in research, in direct clinical service, or in teaching others. Regardless of how students develop their professional roles in clinical psychology we expect that their scientific training will make them curious, thoughtful, and concerned with self- excellence.

We also seek students whose major commitment is to the use of psychological principles for the betterment of society. There are various settings and professional roles in which psychologists can make a difference in people's lives. Thus, we see clinical psychology as a potent source of knowledge that is very different from the general skills of professional disciplines in the helping professions. Many types of professionals can provide support, encouragement, and help to clients; what is unique about clinical psychology is that we bring to this endeavor a rigorous, scientific knowledge base. There are many significant problems facing individuals in our society, including serious emotional disorders, acquired or developmental disabilities, addictions, violence and crime, and the impact of dysfunctional families and traumatic experiences. Addressing these social issues requires dedication, concern, and critical thought. Students may move on to careers, in academia, in medical schools or teaching hospitals, in VAs, in the public mental health system, and in social policy, but in each instance our graduates will be dedicated to the needs of consumers of clinical psychology services and clinical science research.

We try to ensure that students will value challenge and scholarship, but not at the expense of interpersonal values and prosocial standards. We endeavor to admit a class that will interact well together and to provide a supportive network. By typically being able to financially support all students in good academic standing, for instance, we discourage rivalry and competitiveness among students, while encouraging each student to take pride in the program's search for excellence. We attempt to develop a sense of community among students and encourage cooperation and peer support.

Diversity, Equity, Inclusion, and Justice

We view diversity, equity, inclusion, and justice as the third leg of the stool upon which all of our work rests (with the other two legs being empiricism and ethics). The program promotes and supports an intentional practice of and commitment to cultivating an equitable and safe environment for all persons that prioritizes inclusivity, celebrates diversity and increases the value of each individual's culture and community. We look for students of varied backgrounds, ages, lifestyles, previous experiences, and cultural and ethnic identities. We believe that clinical scientists should represent the highest standards of cultural competence and respect for individual differences in ethnicity, lifestyle, and culture. There is no room for racism, sexism, any form of prejudice in our program. To meet these goals, the area has formed an Equity, Diversity, and Inclusion Committee, which was subsequently turned into a department-wide committee. This committee and time-limited taskforces have conducted biennial climate surveys, discussed the results, made changes based on these results, developed additional supports for BIPOC students, conducted a curriculum review to determine the diversity of assigned readings and authors within the program, actively recruited from undergraduate programs designed to address diversity within graduate-level education, offered application fee waivers to

underrepresented students, and leveraged campus-wide initiatives. The faculty acknowledges there is more to be done and encourage conversations about how the program can improve.

Accreditation Information

Binghamton University's Clinical Psychology Ph.D. Program is accredited by both the Psychological Clinical Science Accreditation System (PCSAS) and the APA Commission on Accreditation (CoA).

PCSAS - Psychological Clinical Science Accreditation System

The Psychological Clinical Science Accreditation System (PCSAS) accredited the Ph.D. Program in Clinical Psychology at Binghamton University in 2021. PCSAS was created to promote science-centered education and training in clinical psychology, to increase the quality and quantity of clinical scientists contributing to the advancement of public health, and to enhance the scientific knowledge base for mental and behavioral health care. The Binghamton University program's philosophy aligns with these goals and is proud to be accredited by PCSAS. Questions related to the program's accredited status should be directed to PCSAS:

Psychological Clinical Science Accreditation System
1800 Massachusetts Avenue NW, Suite 402
Washington, DC 20036-1218

Phone: 301-455-8046
E-mail: PCSAS email
Web: https://www.pcsas.org

APA - Commission on Accreditation of the American Psychological Association

The Ph.D. Program in Clinical Psychology at Binghamton University has been accredited by the American Psychological Association Commission on Accreditation since 1981. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002

Phone: 202-336-5979
E-mail: apaaccred@apa.org
Web: https://accreditation.apa.org/

Overview of the Clinical Training Program

Introduction

The structure of the program is to combine course work, research training, and clinical training in a developmental progression that allows for increasing independence, responsibility, and self-

determination in areas of specialization. The training philosophy is one that views you in the role of a "junior colleague," who collaborates with faculty in research and who is encouraged to engage in the activities that would be expected of a productive professional – attending and presenting at conferences, publishing research, reviewing manuscripts for journals, writing grant proposals, consulting about clinical cases, developing innovative programs, and so on.

To help incoming students obtain a solid start to the program, we use two mechanisms. First, sometime in the summer before you arrive in Binghamton, you will be assigned a "peer mentor," a more senior student who will be available to answer questions, help you settle in, and give you a sense of belonging to the program. Second, within the first month of the Fall semester, we hold a student/faculty reception for first-year students. The purpose of this is to ensure that students and faculty know each other, that students understand faculty expectations, and that faculty convey their interest in providing guidance and support about many of the complex issues that arise during clinical training.

Years One and Two

The heaviest concentration of formal courses is in the first two years. During this time you are expected to master a core knowledge base that provides depth in psychology as an experimental science (one of the strengths of the department), but also surveys the broad areas that make up the modern discipline of psychology. Identification with the role of the clinical psychologist is encouraged through involvement with clinical activities through case conference attendance, practicum training, and relatively early opportunities to sit in and/or observe clinical supervision of psychotherapy practicum. *You must register for all classes through Desera Johnson (Dez). If, for any reason, you need to drop a class, this needs to be done though Dez before the drop deadline.*

During these first two years, students' participation in research is shaped through membership in a laboratory group under the direction of a faculty supervisor. In the lab one may assist more senior students in carrying out projects, learn the techniques and methods of the research area, and discuss the design and execution of specific studies. This culminates in the development of a formal research proposal (the 2nd-Year Project) and the completion of the master's thesis (M.S.) by the end of your second year. Guidelines for the completion of the 2nd year Project are available from your faculty supervisor. To assist students in "pacing" themselves and balancing multiple responsibilities, it is suggested that, by the end of March in your first year, you develop a short prospectus (5-6 pages) for a research project, which may serve as a prelude to the 2nd-Year Project proposal. This helps students early on to focus on a project that can be completed during the second year and provides incentive to become familiar with a circumscribed literature pertinent to their developing interest area. After completing the requirements for the master's degree, students focus on preparation for the comprehensive exam requirement described below.

Course Completion Status and Elevation to Doctoral Candidacy

After you have completed all of your required courses, you can be officially recognized as "Couse Complete" (CC), a status that that requires students to register for only 1 credit (thus paying significantly lower tuition and/or fees!). Once you have completed all of your courses, you should see the Graduate Secretary (Dez) so that she can certify that you are course complete and inform Pam Turrigiano who will then allow you to register for only 1 credit hour and pay

lower student fees. It is critical that this form be completed BEFORE the start of a new semester or you will not be able to register for only 1 credit and pay lower fees.

In addition, after you have submitted your M.S. thesis document, passed your comprehensive examination, and completed all required coursework (typically during the 3rd year), you may be formally admitted to doctoral candidacy and then begin work on dissertation research. This requires the approval of the clinical faculty and that you complete a "Recommendation for Admission to Candidacy for Doctoral Degree" form, which can be found on the Graduate School Website (new and current students/graduating students/forms/graduating/recommendation for admission to candidacy for doctoral degree). This should be completed at the defense once the defense has been completed and approved and returned to Dez along with the Defense notice that is signed. This form must be completed before the start of a new semester or your ABD status will not be recognized by the Graduate School until the following semester.

Students take most of their elective courses in the second and third years. Selection of these courses should be made in close consultation with your faculty adviser.

If this schedule is maintained, your fourth year may be one of considerable independence. You may be involved in sophisticated clinical responsibilities, teaching your own course to undergraduates, carrying out your own funded research, participating in a number of ongoing research projects, and taking whatever remaining courses seem most important to your career objectives. Planning for and applying to internship programs will also consume some of your energy. You must have a dissertation proposal approved by your dissertation committee prior to receiving letters of recommendation from the Director of Clinical Training and Clinical faculty for your internship applications. The faculty recommends in the strongest terms that you gather your data before leaving for the internship.

Throughout your training you will have had ample contact with the scientific, professional, and ethical values of the Psychology Department. Students' education is enhanced by participation in the intellectual life and daily activities of the Department, such as attending colloquia given by some of the most distinguished psychologists in the country, participating in program planning and review, and being involved in the evaluations of the faculty.

Funding

In your first year you will typically receive Departmental funding, often in the form of a stipend for your work as a teaching assistant. From your second to your fourth year, your stipend will typically come from some combination of traineeships provided by faculty grants, departmental assistantships, and placements within the university or community. These stipends are typically accompanied by a tuition scholarship that is paid for by the Graduate Schoolor the Department of Psychology. If you are funded, in whole or in part, by an internal or external placement, you will spend 8 to 16 hours each week in increasingly responsible clinical work in an applied setting. Students are required to have the equivalent of at least 2 semesters of community practicum, although 4 are recommended. This can be accomplished either by paid placements, which are increasingly scarce in recent years, or through volunteer placements (with funding coming from another source such as a TA assignment). This means you will typically have had more than several hundred hours of supervised practicum (community agencies and departmental clinic –

see below) experience before going to your internship. This combination of clinical work and extensive research accomplishments have helped give our students an outstanding reputation, resulting in their consistently obtaining some of the finest, most competitive APA-accredited internships in the country. Although funding cannot be guaranteed for the entirety of your time in the graduate program, clinical psychology graduate students typically receive at least 4 years of stipend and scholarship support. Funding through university-related sources is typically proscribed after 5 years.

The Psychological Clinic

Students begin to serve as therapists in the Clinic during their second year and carry two or three cases concurrently. Students are expected to write assessment reports, keep notes, and to employ evidence-based procedures whenever possible. All clinical work in the Clinic is supervised by full time faculty, as well as by supervisors from the community.

The Clinic is located within Clearview Hall, which is a short walk from the departmental building. Clearview Hall is also the site of the laboratories and offices of many clinical psychology faculty and graduate students, as well as one of the Psychology Department's main conference rooms. The Clinic currently consists of seven therapy rooms (one designed for children, one for groups) that are all linked to a central observation facility via one-way mirrors or video recording equipment. The Clinic clientele are typically self-referred or directed toward the Clinic through, for example, the offices of their health care providers in the local community as well as from the University Counseling Center, former satisfied clients, attorneys, etc., and comprise a broad range of diagnoses, ages, SES, and ethnicities. Evidence-based psychological services are provided to individuals, family subsystems, and groups both in clinic offices or in vivo. Some faculty supervisors conduct clinical research with particular types of clinical disorders (e.g., anxiety, depression, obsessive compulsive disorder) and often provide specialized supervision primarily on those particular problems. Although most full-time faculty subscribe to a broad-based CBT approach to clinical work, other faculty as well as several of the supervisors in the local community identify with a range of clinical approaches.

At the weekly case conference meetings, students present cases. Faculty and distinguished visitors also present cases and topics of current professional interest at this weekly series, which thus provides an important forum for the discussion of ethical concerns, professional dilemmas, topics such as women's issues, legal and forensic problems, the importance of culturally sensitive therapy, and aspects of psychopharmacology, among numerous other topics. A separate manual of procedures for the Psychological Clinic is provided each student when their clinical practicum work commences.

Normal Progress

The pre-internship curriculum is designed to be completed within four years. Although some students complete all program requirements within the four-year timelines, some do not. We have resisted the temptation to officially make the program a five-year program and are, instead, making greater efforts to help students stay on track without creating unnecessary pressure to meet deadlines. Some students deliberately plan to spend five years in residence in order to increase their research experience and opportunities. However, there are various drawbacks to this plan, one of which is that funding through the graduate school is, though never

guaranteed, typically extended for only 4 years. Although it is harder to get funding for the fifth year, the program extends significant effort toward that end and is often, although not always, successful. Another problem is that it can be difficult to obtain a tuition waiver after your fourth year. (These waivers are really tuition scholarships awarded from Albany and cost Binghamton University actual dollars.) However, tuition costs are minimized if you are formally designated as having completed "all but the dissertation" (ABD) and need enroll for only one or two credits to maintain your full-time matriculation.

THE ACADEMIC CURRICULUM

The Core Curriculum

Three forces shaped the development of the core curriculum: our own unique conception of what constitutes the basic knowledge in psychology; the particular strengths, expertise, and interests of the faculty; and the requirements mandated by accrediting agencies and the State of New York.

In order to demonstrate the competencies required of psychologists trained as clinical scientists, the program's curriculum entails didactic courses and experiential training. The minimum level of achievement (MLA) in coursework is a B- and students receiving a C or below will be required to retake the course and may have additional remediation requirements as determined by the faculty. The experiential learning courses are graded satisfactory/unsatisfactory (S/U), in which case an S is the MLA. Note that students must maintain a grade point average of at least 3.0. A GPA of less than 3.0 results in probation; students on probation are eligible neither to receive University funding nor a degree.

Evaluation forms completed by supervisors and advisors use a 4-point scale with a 2 as the MLA for each competency that is being evaluated. The descriptions of each point on the scale follow:

4 - Exemplary, Exceeds Expectations: Competence or achievement exceeds expectations for level of training

3 - Clearly Meets Expectations: Competence or achievement entirely consistent with level of training.

2 - Satisfactory, Feedback for Competency Enhancement Provided: Performance is satisfactory for level of training; however, feedback is provided to student to enhance level of competency. (Note that this is the MLA, which is the threshold of acceptable demonstration of knowledge, skill, or attitude by the student. Meeting this level of competence is required before the program will allow a student to advance in or complete the doctoral program.).

1 - Improvement Plan Recommended: Clearly falls below the expected level of competence. The clinical faculty should be made aware of the need for a plan to enhance professional growth in order to reach this element of professional competency.

The MLA for pass/fail outcome measures, including the MS thesis defense (i.e., the 2nd-year project), the comprehensive exam, and the dissertation defense, is a pass. In the cases, of thesis and dissertations, each member of the student's committee must agree that the student passed. In the case, of the comprehensive exam two out of three faculty members must agree that the student passed in order for the student to pass.

In requiring that the evaluation of students' competence in each required competency area across the curriculum, the program has made it an integral part of the curriculum. As such, we are confident that no student has graduated without being prepared for entry-level independent work as a licensed psychologist doing clinical science.

Table 1 is a curricular map detailing how the courses and other learning experiences enable students to demonstrate various competencies. Note that the table does not include advanced seminars, which are required for training commensurate with each student's goals.

The core curriculum consists of a series of required courses completed within the first 2-3 years (see also Sample Timeline of Training below). These include introductory courses and seminars with a focus on surveying a general area of psychology.

Table 1

		1. History and Systems 2. Affective Aspects of Behavior 3. Biological Aspects of Behavior 4. Cognitive Aspects of Behavior 5. Developmental Aspects of Behavior 6. Social Aspects of Behavior 7. Advanced Integrative Knowledge of Basic DSK Content Areas 8. Research Methods 9. Statistical Analysis 10. Psychometrics										I. Research II. Ethical and Legal Standards III. Individual and Cultural Diversity IV. Professional Values, Attitudes, and Behaviors V. Communication and Interpersonal Skills VI. Assessment VII. Intervention VIII. Supervision IX. Consultation and Interprofessional/Interdisciplinary Skills									
		Discipline-Specific Knowledge Areas										**Profession-Wide Competencies**								
Course or Learning Exp.	**Required/ Elective**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**I**	**II**	**III**	**IV**	**V**	**VI**	**VII**	**VIII**	**IX**
503 Statistics & Design I	Required								X	X		X								
504 Statistics & Design II	Required								X	X		X								
537 Social Psychology	Required						X													
540 Psychopathology	Required													X			X	X		
541 Assessment I	Required										X						X	X		
542 Assessment II	Required																X	X		
543 Behavior Therapy Approaches	Required																X	X		
550 Ethics and Professional Issues	Required											X			X	X			X	X
555 History & Systems of Psychology	Required	X																		
590 Teaching of Psychology	Elective																			
595 Case Conference	Required																X	X		
598 Psychotherapy Practicum	Required												X	X	X	X	X	X		X
612 Techniques of Behavior Change	Required																X	X		X
613 Clinical Seminar	Required																			
614 Multicultural Psychology	Required													X	X	X	X	X		X

		1. History and Systems 2. Affective Aspects of Behavior 3. Biological Aspects of Behavior 4. Cognitive Aspects of Behavior 5. Developmental Aspects of Behavior 6. Social Aspects of Behavior 7. Advanced Integrative Knowledge of Basic DSK Content Areas 8. Research Methods 9. Statistical Analysis 10. Psychometrics										I. Research II. Ethical and Legal Standards III. Individual and Cultural Diversity IV. Professional Values, Attitudes, and Behaviors V. Communication and Interpersonal Skills VI. Assessment VII. Intervention VIII. Supervision IX. Consultation and Interprofessional/Interdisciplinary Skills									
		Discipline-Specific Knowledge Areas										**Profession-Wide Competencies**									
615 Human Development	Required					X															
616 Cognitive & Affective Bases of Behavior	Required		X		X			X													
617 Supervision & Consultation	Required													X	X	X			X	X	
618 Biological Bases of Behavior	Required			X																	
2nd-year project (i.e., MS thesis)	Required											X	X	X	X	X					
Comprehensive Exam	Required											X	X	X	X	X					
Dissertation	Required											X	X	X	X	X					

Note. Two advanced seminars are required. One is required to be taken with a clinical faculty instructor (PSYC 613); however, the other can be from another graduate area if they relate to the student's course of study or research.

The department offers the course, "Teaching of Psychology," which provides instruction in methods, techniques, and principles for teaching psychology. Student who have completed the MS and who wish to be eligible to teach a course (e.g., during the summer session, winter intersession, as part of an NRSA training plan, etc.) must have completed the Teaching course and subsequently either teach a course themselves or conduct teaching in other equivalent contexts. Because many students will teach psychology (either in a university or medical school setting) when they begin their professional careers or will wish to teach undergraduate classes in our own department once they have obtained the MS degree, the course provides the necessary preparation for this exacting task.

Exemptions

Students may petition for a variance in any program requirement. In the case of core courses, however, exemptions are granted only on certain grounds.

If you have already taken an equivalent graduate course from another institution, you may approach the instructor of our core course with a copy of your alternative course syllabus. If the instructor agrees that this course was sufficiently similar in content and level, he or she may recommend that you be exempted from the Binghamton course. This recommendation must be in writing, be accompanied by your previous course syllabus, and be approved by the clinical faculty. However, only certain courses within our curriculum are open to these petitions and we expect that the vast majority of the core curriculum will be taken at Binghamton.

The Elective Curriculum

It is a continued source of regret to us that core requirements restrict the elective options available to students in the first two years of their program. We have avoided using summers to teach courses, thus leaving this time available for the completion of research and other activities. Students may wish to delay taking courses not required for their master's (e.g., Social Psychology) until the third or fourth year, thus allowing some time in their schedule for elective courses or special offerings that are only occasionally available. Variations in the normal schedule and sequence may be worked out with your adviser but must be approved by the Director of Clinical Training prior to implementation.

Current problems in clinical psychology (Psych. 613). This is the general name given to specialized seminars that are offered by the clinical faculty or guest instructors. Faculty are invited to propose 613 topics based on their current research interests or special areas of clinical expertise. Students are encouraged to suggest topics they would like to see covered by contacting the DCT or their student representative to the clinical area meetings. Should these lie outside the range of faculty competence, instructors may be selected from among our adjunct faculty or other community sources contingent on the availability of university funds. Please suggest special topics you would like covered at any time. Students are required to take a minimum of two 613 courses, but are welcome to take more, according to their interests.

These 613 courses are taught only by clinical science faculty although sometimes seminars with clinical significance are offered by other faculty; in this situation students may petition to have such a course serve as a 613.

Training in Clinical Skills

In accordance with the single-hat concept outlined earlier, it is important to remember that "clinical skills" cannot be separated, in a meaningful way, from other aspects of your academic training. Your ability to develop rapport with a client would not be of much value if you were not aware of the latest empirically grounded methods of intervention; conversely, you might be ineffectual in implementing a sound treatment plan if you were unable to effectively communicate with your client. Effective clinical intervention may require the novel application of a theoretical principle learned in a basic experimental course, while the planning of an ecologically valid research project may require first-hand knowledge of a particular clinical phenomenon.

There are, however, a rich variety of generic, practical skills demanded of providers of clinical services that are best taught in supervised practical application of theoretical knowledge. Clinical training is taken very seriously by the faculty and absorbs much of our energy. Since most, if not all, of you will be engaged in some aspect of clinical practice following graduation, we have a strong commitment to ensure that you have the requisite skills. This is achieved in a number of ways:

There is a practicum component, tied to Assessment I and II, which provides opportunities to gain direct experience in the administration of psychological tests, interviewing, observation, problem formulation, and other assessment procedures. We also have a course in Techniques of Behavior Change (PSYC 612), which covers practice of a range of therapeutic intervention techniques, both behavioral and non-behavioral. The Clinical Ethics, Research, and Professional Issues course (PSYC 550) provides a strong foundation in professional ethics and issues in professional practice (including training models, licensing, legal considerations, service delivery models, standards, and so on).

Psychotherapy Practicum (PSYC 598)

This practicum takes place in the department's Psychological Clinic and starts in the first semester of the second year and continues through your 3rd and 4th years. If you remain in residence for a 5th year, please consult your faculty adviser regarding any decision to enroll for psychotherapy practicum. First year students are invited to observe therapy cases in the clinic and "sit in" during the supervision with the consent of the case supervisor and the therapist. All the details about your practicum in the clinic are to be found in the Manual of the Psychological Clinic, which you should read with care. It is available with password protection at the website for the Psychological Clinic, http://www2.binghamton.edu/psychological-clinic/links.html. Please ask at the Clinic for a copy of this manual.

PSYC 595: Case Conference

A closely related facet of the psychotherapy practicum is attendance at the weekly case conferences, which is required of all students (attendance is taken). The case conference series is one of the major vehicles for obtaining exposure to specific cases, common clinical and training dilemmas, ethical and professional issues, treatment decision-making, case conceptualization, and applications of research to treatment. In addition to presentations by faculty, supervisors, and other professionals, each student will present at least one case conference in each of their

third and fourth years. Specific instructions on preparing for case conference are provided in the Clinic Manual, note above.

Community Practicum (PSYC 598)

Unless you are on a grant-supported research assistantship, at the beginning of your second or third year you will typically be placed in a community mental health agency as a clinical trainee for a one or two day per week commitment. These training sites provide a range of supervised clinical experiences and research opportunities as well as stipend support in some cases.

Some of the special features of the community practicum are that it provides a variety of experiences in consultation with other psychologists (ultra-disciplinary interactions) and with other professional disciplines, such as psychiatry, education, nursing, and social work (inter-disciplinary). It also provides opportunities for experience in program evaluation and development, as well as (in some cases) a source of funding for students after their first year (see "Funding" above).

Practicum supervision is provided either by the professional staff of the agency or by a faculty supervisor. Either way, the supervision is by a doctoral-level psychologist who is appropriately credentialed. The community practicum is particularly valuable for learning about a wide range of problems in psychopathology, learning how agency and staff and interdisciplinary teams (e.g., psychiatrists, nurses, social workers) carry out their responsibilities, for obtaining experience in testing and therapeutic approaches not generally covered by the faculty, and for learning about different roles psychologists play in different settings.

The agencies at which students are placed provide a variety of services to diverse populations in the greater Binghamton area. Our intent is for students to rotate through multiple agencies, spending one year in each. The types of agencies can change from year-to-year depending on their own funding and staffing needs. The list of agencies is updated annually and circulated to the graduate students in the form of a Community Clinical Placements Brochure.

The Director of the Psychological Clinic and the Coordinator of Community Placements (in consultation with the DCT) will arrange your assignments to a particular supervisor(s) in the psychotherapy practicum and to a specific community agency. Prior to these assignments, you will receive a list of available supervisors (Psychotherapy Practicum) and a list of agencies currently providing support for student training and the opportunity to indicate your preferences in rank order. Final decisions regarding your practicum assignments reflect the faculty's consideration of your preferences, your academic standing and preparation, the training needs of all students, and the needs/requirements of any particular agency or practicum supervisor.

Other Practicum Experiences

Additional practicum experiences are "built in" to the research and training endeavors of several faculty members. For example, Professor Coles' research on social anxiety and obsessive-compulsive disorders involves treatment outcome studies of these conditions and Professors Romanczyk's and Gillis' Institute for Child Development is an applied research facility for children with learning disabilities and autism spectrum disorders). For the most part, these opportunities are limited to the students who work directly with these faculty advisers.

Infrequently, training opportunities with these faculty-directed clinics may be open to others (e.g., during the summer, as part of funded research). Please consult the faculty member who supervises or directs these programs regarding possible training opportunities, as well as discussing this with your own faculty adviser.

Recording your clinical activities

It is most important, at the beginning of any of your first supervised clinical activities (Psychotherapy Practicum or Community Psychology Practicum), to develop and maintain a semester-by-semester account of the hours you expend in the following: direct patient contact, formal supervision, and specific tests or assessment procedures. The process of calculating training hours retroactively, at the time of applying for internship, will likely be inaccurate and overwhelming for students who have not maintained their records on a weekly basis throughout each year. The Association of Psychology and Postdoctoral Internship Centers (APPIC) provides written guidelines that will be helpful in monitoring your accumulating clinical practicum work (http://www.appic.org/training/index.html). In addition, there are various methods and programs to help you keep track of your training hours. These include a tracking program published in the Behavior Therapist (Herschell, A., & McNeil, D., 2000), which is available at the Clinical Psychology Blackboard site, a commercially available program – Time2Trac (http://time2track.com/), and a spreadsheet available on the APPIC website under "student resources" (http://www.appic.org/training/index.html). The cost of Time2Trac for each graduate student is covered by the Psychological Clinic.

The recommended course schedule and timeline for milestones for clinical students is presented in Table 2. Changes in this sequence will often reflect faculty availability, class size, or the logistics of scheduling. Related program progress "markers" are listed and are explained in different sections of this manual.

Sample Timeline of Training Activities

Table 2

First Year

Fall

Courses

PSYC 503: Statistics & Design I (4 cr)
PSYC 540: Psychopathology (4 cr)
PSYC 541: Assessment Theory (Assmt. I; 4 cr)
PSYC 615: Human Development (3 cr)
PSYC 590: Teaching of Psychology (2 cr)
PSYC 595: Case Conference (1 cr)

Progress Marker(s)

Start exploring 2nd-Year Project (MS thesis) research interests

Spring

Courses

PSYC 504: Statistics & Design II (4 cr)

PSYC 542: Clinical Assessment (Assmt. II; 4 cr)
PSYC 550: Ethics, Research, & Professional Issues – Clinical (2 cr)
PSYC 543: Behavior Therapy Approaches (4 cr)
PSYC 595: Case Conference (1 cr)
PSYC 596: Independent Research (var. cr)

Progress Marker(s)
Finalize 2nd-Year Project Plan
Observe in clinic (optional)

Second Year

Fall
Courses
PSYC 618: Biological Bases of Behavior (3 cr)
PSYC 616: Cognitive & Affective Bases of Behavior (3 cr)
PSYC 598: Psychotherapy Practicum (1 cr)
PSYC 595: Case Conference (1 cr)
PSYC 596: Independent Research (var. cr)
PSYC 612: Techniques of Behavioral Change (2 cr)

Progress Marker(s)
First community practicum assignment Begin practicum work in clinic
Expand research portfolio

Spring
Courses
PSYC 537: Social Psychology (4 cr)
PSYC 614: Multicultural Psychology (3 cr)
PSYC 598: Psychotherapy Practicum (1 cr)
PSYC 595: Case Conference (1 cr)
PSYC 599: Thesis Research[1] (var. cr)

Progress Marker(s)
2nd-Year Project Presented (MS thesis document submitted)

Summer
Progress Marker(s)
Comprehensive Examination Portfolio Due Sept. 1, start of fall semester

Third Year

Fall
Courses
PSYC 555: History & Systems (4 cr)
PSYC 598: Psychotherapy Practicum (1 cr)
PSYC 595: Case Conference (1 cr)
PSYC 596: Independent Research (var. cr)
PSYC 613: Seminar – Current Problems in Clinical Psychology (2 cr)

Progress Marker(s)
Form doctoral dissertation committee Present Ph.D. Proposal to committee

Spring
Courses
PSYC 598: Psychotherapy Practicum (1 cr)
PSYC 595: Case Conference (1 cr)
PSYC 596: Independent Research (var. cr)
PSYC 610, 613 or other: 2nd Seminar (2 cr)
PSYC 617: Consultation and Supervision (3 cr)

Progress Marker(s)
Present first case at case conference
Expand research activities

Fourth Year

Fall
Courses
PSYC 694: Continuing Clinical Training (1 cr)

Progress Marker(s)
Apply to Internship
Present research at case conference

Spring
Courses
PSYC 694: Continuing Clinical Training (1 cr)

Progress Marker(s)
Analyze dissertation data
Defend Dissertation

Fifth Year

Fall
Courses
PSYC 696: Clinical Psychology Internship

Spring
Courses
PSYC 696: Clinical Psychology Internship

Summer
Courses
Depending on timing of internship commitment, students may need to register for classes in order to graduate in the summer. Check with graduate secretary or Director of Graduate Studies.

Progress Marker(s)
Graduate with a Ph.D.

*N.B. -- This course curriculum can be accomplished in 4 years; many students take 5.

[1]In the semester in which you actually defend your thesis you should be registered for PSYC 599.

[2]In the semester in which you actually defend your dissertation you must be registered for PSYC 699.

RESEARCH TRAINING

General Organization

Exactly how one learns to become a competent researcher is beyond the scope of this document – even if we had formal answers to this question! The major strategy we use is to involve students in research activities at all times. By working in a research setting with productive faculty, you gain hands-on research experiences of a variety of kinds. We do not view your research activity as focused solely on the accomplishment of a thesis and dissertation. Instead, we view those two endeavors as a part of an ongoing developmental process that starts during your first weeks in the clinical psychology program and continues in the form of ongoing, programmatic research throughout your graduate career.

Meaningful research is always driven by some theoretical or conceptual model. It is therefore important to begin to read and understand the major theoretical writings that guide the empirical work in your particular area of interest. It is important to become well versed in the literature, the major journals and even the research labs in your area of interest. That is to say, outside of formal classroom assignments, reading current contributions in the discipline generally and specifically in your area is part of becoming a clinical scientist.

The Faculty Adviser

At the time of the initial application to the program, applicants will have had the opportunity to indicate the particular faculty member(s) they would desire as research adviser. This is formalized at the time of an admissions offer, and thus, students come into the program knowing with which faculty member they will be working.

A student usually continues to work closely with that adviser for the four or five years in the program. Each faculty adviser maintains an active research program, or lab. Working in the lab teaches research skills, allows more junior students to be supervised by more senior students, and provides exposure to many aspects of professional life. Of special importance is learning about data analysis, writing up research for publication, and attending professional conferences. Students are thought of as "junior colleagues" and the successful mentoring relationship is typically one involving much collaboration.

Changing One's Faculty Adviser

Given the range of experiences you will have during your graduate training program, you may find that your research interests will change. As your interests develop and change, you may come to a point where you wish to consider working with another faculty member as your primary adviser. It is important that your research interests and activities meet your individual interests and career goals. Thus, it is appropriate to at times seek to change faculty advisers. However, this is a process that involves several issues and requires consideration of important professional issues and relationships. **For this reason, consultation must occur with the Director of Clinical Training concerning requests to change faculty advisers.**

This is not designed as an impediment to the process but rather to assure that the student's proposed change is consistent with the overall program goals and is consistent with the student progressing in a timely manner through the program. Thus, it is an issue of balance and timing.

Further, given the collegial nature of the department, students may obtain diverse research experience without the necessity of having to change faculty adviser.

Working with Other Faculty and Professionals

Students are encouraged to become active in research projects with faculty (including adjuncts and field supervisors) other than their primary research supervisor, however such commitments should always be discussed with your primary adviser first. Many of the non- clinical faculty, for example, are engaged in research that has considerable implications for clinical psychology. In the past, some clinical students have even elected to complete their theses and dissertations under the direction of a non-clinical faculty member, which seems to us admirable proof of the viability of the clinical scientist model. When your adviser is a non- clinical faculty member, that individual is invited to any meeting in which your progress is being evaluated. However, you must select an additional clinical faculty adviser to guide you in planning your professional career development.

Becoming Active in Research

General Overview

You should be engaged in some kind of active research within your first year. This can afford an opportunity to learn the methods used in a certain type of research, as well as to begin learning data gathering and analysis skills. You are strongly advised to learn how to use computer-based statistical packages such as SPSS, SAS and/or Matlab in your first year. You should also learn about the procedures for protecting human (and animal) subjects, specifically how to submit a human subjects protocol to the university committee for the protection of human subjects (IRB). The physical and psychological protection of subjects, respect for confidentiality, and other issues, are always your responsibility, even if you are not the primary director of a research project.

Different lab groups function in very different ways, but generally your first exposure to a formal research project will be through participation in the ongoing projects of the faculty mentor or more senior students. Lab groups often have meetings where research and other issues are discussed. The lab group also provides a helpful support network – often allowing you to practice defenses of your thesis or dissertation, an upcoming conference presentation, or review an article in progress.

Research Assistantships

Another mechanism whereby you may become involved in research is if your departmental stipend is in the form of a Research Assistantship (RA), rather than a Teaching Assistantship (TA). RAs are funded by faculty research grants or are granted to individual faculty who are heavily involved in administration. When serving as an RA you will be working on someone's research project that may not be of direct interest to you. Nevertheless, this is an opportunity to learn new research methods or lab techniques, and you should be able to gain a great deal if you put some effort and enthusiasm into the activities. Remember that merely working on a research project does not necessarily entitle you to co-authorship of any publications that may result. Please review the APA ethical criteria for publication credit. You would have to have been involved in some scientifically meaningful aspect of its conceptualization, design, analysis, or

presentation. If you feel that you have been putting extra effort into such a project and are expecting publication credit of some kind it is essential that you discuss this directly with the principal investigator, whether a student or a faculty member).

Mentoring Undergraduate RAs

Most labs provide research training opportunities for undergraduates. We are proud of the quality and enthusiasm of the Harpur College psychology and integrative neuroscience majors. It is possible that undergraduate students will be assisting you in your research projects, thereby providing you with experience in directing assistants in research. Remember, however, that students involved in independent study for credit are the academic responsibility of your faculty supervisor and this is taken very seriously by the department. Acting only on your own, you may not recruit undergraduate research assistants directly. It is also your duty, as a representative of the faculty supervisor, to ensure that undergraduates you may be supervising obtain a meaningful experience; it is important not to exploit their involvement by asking them to do tedious or routine tasks without fully involving them in the scientific enterprise. A particularly good way to assist undergraduates is to encourage them to develop individual projects for presentations as a poster at the annual Undergraduate Research Fair, which is held in the department towards the end of the Spring semester. Your role as a mentor for undergraduates serves as a sample of future professional behavior. You might be expected to write a letter of recommendation for the student, give advice on graduate school admissions, and explain complex ideas in the field.

Colloquia

The regular colloquium series (usually Friday afternoons at noon or 3:30 p.m.) provides an outstanding opportunity to learn about a wide range of contemporary research. It is expected that clinical students will attend departmental colloquia regularly, regardless of the topic area. It is worth remembering that these are valuable modeling experiences, as one day you too will have to present your research, as a job candidate, at a conference, or both.

Thesis and Dissertation Requirements

Many of the requirements and procedures outlined thus far are unique to the Clinical Psychology Training Program. However, the rules pertaining to theses and dissertations, including such matters as the exact layout of the title page and general format issues, are part of the formal requirements of the Graduate School and are therefore articulated in an important guidebook entitled *Graduate School Manual*, available at: https://www.binghamton.edu/grad-school/resources/policies-procedures/manual/index.html. Be sure that you have reviewed an updated version of this handbook; it summarizes all the essential conditions/requirements you must fulfill in order to earn the MS and PhD degrees.

The final copy of your thesis – and other drafts you present to committee members – must follow guidelines laid out in the latest edition of the APA Publication Manual. You should have your own copy of the manual as it will prove invaluable; it also contains useful suggestions about writing style in addition to many editorial conventions to be followed.

The most important Graduate School requirements, in addition to specifying students' rights and responsibilities, relate to completing required forms (used to monitor your progress)

and adherence to certain deadlines. Although you may receive reminders from the Administrative Assistant or the Clinical Program Secretary, it is your responsibility to ensure that the appropriate forms are signed and filed at the proper time, and Graduate School deadlines are adhered to rigorously. All Graduate School forms are submitted via the Director of Graduate Studies; however, if you are close to a deadline and this individual is unavailable, then the Director of Clinical Training or the Chairperson can sign off on most forms.

The following comments provide additional information regarding the M.S. and PhD. Degrees. Please note that the M.S. is the culmination of the 2nd-Year Project, described below.

Clinical Psychology 2nd-Year Project Guidelines

The 2nd-Year Project is our term for the MS thesis for the clinical science graduate program at Binghamton University, wherein students are expected to complete their MS work by the end of their second year in graduate school. A 2nd-Year project consists of three major components:

The project itself is to be designed in close collaboration with a primary adviser and two secondary advisers, who frequently function in a more consultative role. A written project proposal is submitted to the adviser, who reviews and approves it.

A completed write-up should have the form and focus of an empirical research paper similar in nature to a manuscript that will be submitted to a quality journal (e.g., *Journal of Abnormal Psychology*, *Journal of Consulting & Clinical Psychology*, *Psychological Science*, etc). The journal-style and journal-quality write-up replaces the previous structure of the MS-thesis but is still considered a "thesis" document by the department and the graduate school. This **write-up is due by 5 p.m. on April 1** of your second year.

The capstone experience is a mandatory 10 or 15-minute presentation to the entire department (faculty and students) followed by 5-10 minutes of questions on April 15th of the second year or the Monday or Wednesday closest to April 15th at 3:30 pm.

Finally, students will be enrolled in a course (course number linked to their adviser) for the 2nd-Year Project for which they would be assigned a letter grade based on the quality of their research project, oral presentation, and final write-up. The adviser assigns the grade with non- binding input from the secondary faculty members (Satisfactory/Unsatisfactory up until the final semester of the project at which point a letter grade is assigned). Failure to complete either the write-up or the oral presentation is deemed failure to complete the 2nd-Year Project.

Those students who failed to complete the 2nd-Year Project, and therefore would fail the 2nd-Year Project course, would be designated as being on academic probation, in terms of progress through the program, with termination and remediation conditions to be determined by the clinical faculty.

Students are expected to turn in all requisite thesis documents to the department and the graduate school in order to receive their MS degree at the spring commencement of their 2nd year. Students may not sit for the clinical psychology comprehensive exams until they have successfully completed the 2nd-Year Project and turned in this paperwork; for example, a student

who failed to turn in their documentation allowing her or him to receive the MS in the spring (May) commencement would not be able to sit for the comprehensive exams that summer and would have to wait until the following summer (winter administrations are only for retaking failed sections).

Appropriate topics for a 2nd-Year Project include (a) a replication study, (b) instrument development or refinement, or (c) an original project that is modest in scope. Also acceptable would be (a) original analyses using a pre-existing high quality dataset or (b) a meta-analysis that would be suitable for submission to a quality journal (e.g., *Psychological Bulletin*). The intent of the 2nd-Year Project is to ensure that students "get their feet wet" in research, while maintaining rigorous scientific standards in their work as well as timely progress.

The 2nd-Year Project model of the thesis does not require the following:
Formal proposal meeting
Lengthy dissertation-style thesis format
Oral defense meeting.

Exemptions

Some students come into the program with Master's degrees. If your Master's is in psychology, the DCT and the Director of Graduate Studies will consult the graduate school about whether you are allowed to get an MS degree from Binghamton. Typically, those coming in with a masters degree still do a 2nd-year research project. This is then either folded in with other projects from their advisor's lab or is published as a journal article on its own. Students, in consultation with their advisors, may petition the clinical faculty to accept a previous thesis as sufficient in scope and quality. Upon receipt of this petition, the Director of Clinical Training forms an ad-hoc three- person evaluation committee to review your thesis. The major criterion is that your thesis be an empirical study, preferably experimental. If it is decided that your thesis does not meet the program's expectations, then you will be asked to complete a formal study that would be a thesis- equivalent research project. The committee presents its recommendations to the department's Director of Graduate Studies.

Ph.D. dissertation

It is the responsibility of your 2nd-Year Project committee chair to forward to the Director of Clinical Training your committee's recommendation regarding admission to the doctoral program. The core clinical psychology faculty review and vote on the recommendation and submit it to the Director of Graduate Studies for final approval. You are not formally admitted to candidacy for the doctoral degree, however, until you have submitted your M.S. thesis document passed your comprehensive examination and completed all your required courses. At that point, you will be considered both ABD (completed All requirements But the Dissertation) and formally admitted to candidacy. (Also see "Program Overview – Doctoral Candidacy", above).

Your initial dissertation committee consists of at least three faculty members; the fourth member, the outside member, is appointed by the office of the Graduate School Dean at a later point in time. The Graduate Dean accepts recommendations for suitable outside members. Most often an outside member is a Binghamton University faculty member in a discipline other than psychology, but this individual may also be a psychologist from another university. In

consultation with your adviser and/or the Director of Clinical Training, you may approach a suitable individual to see if he or she would be willing (if invited by the Graduate Dean) to serve as an outside member, a few months before the final oral exam (defense). If this person agrees, you must then ask your adviser to submit his or her name to the Graduate Dean as the recommended outside member. Only the office of the Graduate Dean can invite someone to serve as the outside member (representative of the Graduate School), and the Graduate Dean will act on your nomination and tender the invitation. If the proposed outside member is not from another department in the university, it is necessary to provide the Dean with the person's c.v. and a brief description of the person's qualifications, particularly those relevant to the dissertation topic, as well as contact address.

Most of the previous general remarks about theses apply equally to dissertations. Note that you must submit a copy to your committee at least two weeks before the actual defense. As the doctoral defense is a public exam, its date and time is posted for all interested faculty and students. It is very important, therefore, to pay close attention to Graduate School deadlines regarding submission of forms. Do not try to obtain extensions of these deadlines or leave insufficient time for the committee to read your dissertation. One of the most common problems arises when students are very close to a graduation deadline and expect committees or advisers to be able to read and provide feedback on a draft in a short amount of time. [It is the responsibility of the student to read and to follow the exact requirements of the graduate school regarding the timing and substance of all dissertation matters. Students are sometimes negligent about, for example, criteria for appointing the outside examiner or the completion of necessary forms, among other details, only to find that they have missed deadlines for their desired graduation dates. These many requirements and the instructions for their completion can be found at: http://www2.binghamton.edu/grad-school/new-and-current-students/academics/index.html

Ph.D. timelines. Of all the many hurdles in graduate school, successful completion of the dissertation is undoubtedly the largest. The dissertation, defined as an original contribution to knowledge, is the core of the doctorate as a research degree and represents the culmination of your training and graduate school experiences. Yet for many students the dissertation becomes something nightmarish, to be put off, overcome, or rushed.

For clinical students, who have to complete a full-time internship away from this campus, the dissertation write-up is difficult to coordinate. We have, therefore, adopted a strict policy that **your dissertation proposal must be approved before you may apply for internship, and that you must submit a written plan for completion of the study so that it seems realistic that you will be able to gather all your data <u>before</u> leaving for internship.** The following suggestions might help ensure that you do not remain too long at the status of ABD:

You must have an approved proposal before submitting internship applications.
Plan on the fourth year being the one you use to complete the bulk of your dissertation requirements. If a fifth year in residence is necessary, funding is often possible, though not guaranteed.

Start thinking of your dissertation topic as early as possible – while conducting your 2nd- Year Project, or during comprehensive examination study.

Meaningful research with human subjects or clients cannot be forced into a limited time- frame. We encourage manageable projects, but not at the expense of doing quality research. Discuss the resources you will need for an ambitious project well in advance of trying to conduct the study. Having your data gathered before leaving for internship is essential, but analyzing these data and writing the final product are very demanding while trying to work full-time in an internship. You will benefit from completing your dissertation before departing for the internship.

If you are trying to write your dissertation at a distance, you should realize that it is very common for committees to require at least some revisions to the actual thesis or dissertation, and sometimes major changes. The best way to avoid such problems is to submit a manuscript that is as complete and as polished as possible. Stay in close touch with your adviser and always submit drafts of your work for his or her approval. It is also helpful to keep your committee informed of your progress, by memo, E-mail, or occasional telephone call; report changes in procedures or data analysis that might be different from those originally proposed.

Please remember that you cannot expect defenses or other committee meetings to routinely be scheduled during the summer, as faculty are on 9-month contracts and are not paid by the university over the summer months. In addition, many faculty incur research, travel and other professional and personal commitments over the summer that often make them unavailable during that time. In exceptional circumstances some committees may be willing to meet. If you feel your personal exigencies justify such an exception, your committee chair (adviser) will approach the other committee members to see if they are willing – you should not make such a request yourself on an individual basis, nor expect that they will necessarily accede to your plan.

Funding Your Research

The research you will be doing for thesis, dissertation, or additional projects will generally be funded through the resources available to your faculty supervisor. These lab resources come from (1) a basic allocation for phone and operating expenses that each faculty member receives, (2) setup funds provided to new faculty by the Dean, (3) discretionary funds awarded to your faculty supervisor by the Resource Committee from the Department's operating budget, and (4) faculty research grants.

Remember that research grant funds are awarded for particular projects, so that unless you are working directly on that grant, these funds will not be available to you. Note also that the discretionary funds awarded are very small amounts – typically in the neighborhood of $300. Thus it is necessary for you to have some sense of how your project will be funded before you embark on it.

In recent years, more and more students have been submitting proposals to Federal agencies, and a number have been funded (e.g., via National Research Service Award). This is excellent experience in grant writing, regardless of whether you are awarded the funds. Other agencies or organizations (e.g., American Psychological Association, Society for a Science of Clinical Psychology, Mind-Body Institute) offer specific competitive funds for projects that need be only briefly [5-10 pages] described. Please note that the majority of such grants require application

from 6-12 months before the project is to begin; some submissions must also be re- written and re-submitted.

Each year a student in the department may receive a Dissertation Year or Semester Fellowship. This provides a student with a stipend to carry out the dissertation research on campus, without having to spend two days a week in a practicum agency. Interested students should speak with their adviser because each area of the department typically nominates 1-3 individuals. Those students are usually considered on the basis of their academic progress and typically show good potential for a research career. The criteria for the award and faculty rating template will be available from your adviser.

Some funds to support travel for conferences, typically in order to present a poster or paper, can be supplied from the campus Graduate Student Organization. At various times limited funds for this purpose have been available from the Psychological Clinic. Requests for Clinic travel funds should be addressed to the Clinic Director and must indicate the purpose of the travel (conferences, title of paper or presentation, etc.), and the estimated cost.

Human Subjects Protocols

The protection of human subjects is an important ethical responsibility in research. The university has a Human Subjects Research Review Committee (HSRRC), and all research projects, whether formal or informal, must be reviewed and approved by this IRB committee. The necessary forms may be obtained through the B.U Research Compliance website: https://www.binghamton.edu/research/compliance/humansubjects/. Be advised that, in order to conduct any research with human subjects, an investigator (students and faculty) must first successfully complete the on-line training and examination provided by the university HSRRC at its website.

COMPREHENSIVE EXAMS

The comprehensive exam is a requirement of the Graduate School of Binghamton University. The examination is based on a portfolio that assesses the broad range of student performance and permitting diversity of student career goals and backgrounds. A committee of three clinical core faculty is required and is formed before the end of the 1st year to provide proactive guidance and assistance should the student display difficulties in the 1st year. Thus, the committee is a complement to the efforts of the faculty mentor. This portfolio sample will allow assessment of competency appropriate to a student completing his or her 2nd year in:

1. Critical thinking and analysis
2. Core curricula areas
3. Case conceptualization
4. Clinical skills
5. Research skills
6. Integration of literature towards dissertation development

Depending on the student's career aspirations, it would also be appropriate to provide evaluation of activities such as teaching and community/professional service to help guide the student toward important career goals they have chosen.
The portfolio approach affords sensitivity to assessing student strengths and weaknesses for students of diverse backgrounds and career goals in a proactive manner. The student preparation time for this form of comprehensive exam maps onto existing program demands.

Exam Structure and Procedures

The portfolio should be maintained as two physical binders with appropriate dividers. The student holds one copy, and the faculty mentor holds the other. Both copies must be maintained on a continuing basis by the student to allow for the multiple stages of review by faculty. It is strongly recommended that students maintain a complete PDF version as well, including scanned documents that contain signatures and dates. The portfolio must include the following categories:

1. Student statement of career aspirations (dated). This statement may evolve over time and it is strongly recommended that the student review the statement with the faculty mentor at the beginning of each semester.

2. Course transcripts with course syllabi, including course required papers that were graded by the instructor. These should be the instructor's 'marked up' copy, not a 'clean' reprint of the paper submitted. Parenthetically, some states require copies of syllabi for the licensing process.

3. List of departmental assistantship assignments, core duties, and evaluations.

4. Copy of clinical case conference presentation(s, if any) and faculty evaluations.

5. Psychotherapy practicum case types, duration, and supervisor evaluations.

6. Community practicum sites, duration, and evaluations.

7. Clinical activities in addition to Psychotherapy and Community practicum.

8. A clinical statement. This can follow the format of the question for internship applications asking about your theoretical orientation: "Please describe your theoretical orientation and how this influences your approach to case conceptualization and intervention. You may use de-identified case material to illustrate your points if you choose." Please end this statement with a paragraph describing your plans for ongoing clinical development during your remaining time in the program.

9. A research statement. This should describe your program of research including the studies you have conducted, the studies you are currently working on, and your plans for additional research while in graduate school.

10. Copies of manuscripts in preparation, submitted, or published. (Note: for all published papers and conference presentations, the percent responsibility/effort with respect to

design, conduct, analysis, interpretation, and write up must be specified to determine student contribution. A form is provided for this purpose).

11. Documented presentations at conferences. Include copies of abstracts of conference presentation or poster. (Note: for all examples, the percent responsibility/effort with respect to the presentation must be specified to determine student contribution. A form is provided for this purpose).

12. Copies of grant/funding applications in preparation, submitted, or funded. (Note: for all examples, the percent responsibility/effort with respect to the submission must be specified to determine student contribution. A form is provided for this purpose).

13. Documented teaching activities (excluding conference presentations). For students wishing to pursue a career involving substantial teaching, the student is strongly encouraged to include a formal statement of teaching philosophy, approach, and strategy for on-going development. Further, students are strongly encouraged to include teaching evaluations.

14. Documented participation in professional activities separate from #10.

15. Any supplemental material the student wishes to include.

16. Copy of 2nd year project manuscript with documentation of successful submission to the graduate school.

17. Current vitae.

18. A review paper in the student's specific area of research interest. The review should be at least 20 pages long, excluding title page and references, with 12-point Times New Roman font, one-inch margins all around, and APA style references. Note: the review paper is the independent work of the student and may not be part of a larger or group writing project. This said, it can be later used to form part of the dissertation proposal. Both content and writing ability are being evaluated, so assistance by faculty mentor, other faculty, or non-faculty, is not permitted for any part of the writing/editing/proofing process.

19. A letter from faculty mentor stating positive or negative recommendation for advancing to candidacy by the student's committee.

The deadline for the binder submission is September 1 at 5 p.m. (if this falls on a holiday or weekend, the binder will be due by 5 p.m. the next business day). Committee review will be completed by October 1, followed by a pass/fail decision by the clinical faculty based on committee feedback. Feedback from the committee chair will be provided on or about October 15. The DCT will provide a formal letter indicating pass/fail status and any other comments requested by the committee/faculty. The letters will be circulated to all students at the same time.

The deadline for any necessary revisions will be January 15 at 5 p.m. (with adjustments for holiday or weekend as per above).

Comprehensive Examination Review Paper

Evaluation of the review paper is based, with minor variations, on a rating scale template for qualifying exams from Syracuse University, which will be circulated in advance to students. A "pass" will require a minimum score (averaged across members of the committee) of 3 or better for each domain. Committee members use the template to provide comments on the review paper. All committee reviews will be provided to the committee chair to be disseminated as appropriate to the student.

If students do not pass at the first attempt, their status will change from "good standing" to "probation." If revisions are required, along with the revised binder, students will provide a letter clearly indicating on a point-for-point basis what was changed in response to feedback regarding both the paper and the full binder. If the binder and review paper again does not meet the minimum pass requirements, then the full clinical area faculty will determine how to proceed with the understanding that two failures constitute a basis for termination from the program, although students have available recourse to appeal.

The guidelines will be distributed to the students prior to beginning the comprehensive binder process. Also, the binder may now be accepted in the form of an e-document, with clearly indicated labels.

Students should examine exemplary reviews, articles on how to write a qualitative and quantitative review, and PRISMA guidelines.

Review Paper Rating Scale

The reader must rate the review paper along each of the following dimensions. Provide whole number ratings only. Written feedback that summarizes the manuscript's strengths and weaknesses must accompany the ratings feedback.

A. The paper effectively defines or clarifies a problem, research question, or theoretical issue.

1	2	3	4	5
Very Poor		Adequate		Excellent

B. The literature review is a logical, coherent, and integrative summary of relevant, current research.

1	2	3	4	5
Very Poor		Adequate		Excellent

C. The paper identifies conceptual relations, gaps, and inconsistencies in the literature.

1	2	3	4	5
Very Poor		Adequate		Excellent

D. The paper identifies methodological and/or statistical problems with existing research.

1	2	3	4	5
Very Poor		Adequate		Excellent

E. The paper suggests limitations in existing research and the next step(s) in solving a problem, outlining appropriate future directions.

1	2	3	4	5
Very Poor		Adequate		Excellent

F. The writing and organization of the paper are clear, grammatically correct, and follow APA format.

1	2	3	4	5
Very Poor		Adequate		Excellent

Note: A mean score of three or higher across raters for each dimension is required for a student to pass the paper requirement.

Comps Portfolio Professional Writing Component Evaluation Form

Title of product:

Authors:

Product type: Published manuscript (provide full reference below)

__ Accepted for publication (provide full reference below)

__ Submitted for publication to:

__ Government/Agency publication

__ Other – explain:

Scholarship type: _original research _directed research _group research project

Research Type: _existing data set _new data collection literature review

Faculty attestation

The following represents the student's contributions to components of this product. (indicate % contribution)

_____ Conceptualization

_____Literature review

_____ Design

_____ Implementation

_____ Analysis

_____ Interpretation

_____ Write-up

Faculty signature: _____

Date: _____

Please provide full citation here:

Comps Portfolio Grant/Funding Component Evaluation Form

Title of Grant:

Authors:

Funding source:

Product type: Funded grant (provide full reference below)

__ Submitted for review to:

__ In preparation

Scholarship type: __ PI __ Co-PI __ Co-Investigator __ Grant staff

Faculty attestation

The following represents the student's contributions to components of this grant. (indicate % contribution)

_____ Conceptualization

_____Literature review

_____ Design

_____ Proposed Analyses

_____ Implications

_____ Write-up

Faculty signature: _____

Date: _____

Please provide full reference here:

Comps Portfolio Professional Conference Component Evaluation Form

Title of presentation:

Authors:

Product type:

__ Conference oral presentation (provide full reference below)

__ Submitted conference oral presentation to:

__ Conference poster presentation (provide full reference below)

__ Submitted conference poster presentation to:

__ Other – explain:

Scholarship type: _original research _directed research _group research project

Research Type: _existing data set _new data collection literature review

Faculty attestation

The following represents the student's contributions to components of this product. (indicate % contribution)

___ Conceptualization

___Literature review

___ Design

___ Implementation

___ Analysis

___ Interpretation

___ Write-up

Faculty signature: _____

Date: _____

Please provide full citation here:

_____

Final Comps Evaluation Form (completed by each committee member)

Student:_____ Date: _____

Evaluator: _____

The Comprehensive Portfolio is graded as Pass/Fail. The evaluation is for the entire portfolio. This evaluation sheet is to assist the committee in discussion of the student's portfolio performance. No one aspect of the portfolio should be used as the basis for the overall portfolio evaluation of Pass/Fail.

Student Performance Evaluation

Categories	Not Provided	Pass	Fail	Comments
1. Student statement of career aspirations (dated).				
2. Course transcripts with course syllabi, including course required papers that were graded by the instructor.				
3. List of departmental assistantship assignments, core duties, and evaluations.				
4. Copy of clinical case conference presentation(s) and faculty evaluations.				
5. Psychotherapy practicum case types, duration, and supervisor evaluations.				
6. Community practicum sites, duration, and evaluations.				
7. Clinical activities in addition to Psychotherapy and Community practicum.				

8. For students wishing to pursue a career involving substantial clinical activities, the student is strongly encouraged to include a formal statement of clinical philosophy, approach, and strategy for ongoing clinical development.				
*9. Copies of manuscripts in preparation, submitted, or published. For students wishing to pursue a career involving substantial research, the student is strongly encouraged to include a formal statement of research philosophy and programmatic strategy.				
*10. Documented presentations at conferences. Include copies of abstracts of conference presentation or poster.				
*11. Copies of grant/funding applications in preparation, submitted, or funded.				
12. Documented teaching activities (excluding conference presentations). For students wishing to pursue a career involving substantial teaching, the student is strongly encouraged to include a formal statement of teaching philosophy, approach, and strategy for on-going development. Further, students are strongly encouraged to include teaching evaluations.				

13. Documented participation in professional activities separate from #10.				
14. Any supplemental material the student wishes to include.				
15. Copy of 2nd year project manuscript with documentation of successful submission to the graduate school.				
16. Current vita.				
17. A review paper in the student's specific area of research interest. (Note: the review paper is the independent work of the student, and may not be part of a larger or group writing project)				
18. A letter from faculty mentor stating positive or negative recommendation for advancing to candidacy by the student's committee.				

* Note: for all examples in #9, #10, and #11, the percent responsibility/effort with respect to the activity must be specified to determine student contribution. For consistency, please use the form provided for this purpose.

EVALUATIONS, RECORDS, AND PROFESSIONAL CONDUCT

Files

Your personal program file is maintained in the departmental offices and your academic files are maintained by the university. Your program file is available to you upon request; however, in order to protect the confidentiality of all the files, you cannot access it directly. Please ask the Program/Graduate Secretary to get your file for you. S/he will also file material for you in your folder. Your academic file is available to you via BU Brain. Please keep your program file up to date by putting in copies of formal correspondence with the program, the department and faculty members that bear on your program standing or progress. Materials that will automatically be placed in your file by the department or program will include evaluations prepared annually by the clinical psychology area, progress reports that you complete each year, evaluations of your performance on community practica and teaching assistantships, announcements of awards or honors, complaints made by or about you, grievances, and notification of the results of your comprehensive exams. This is excellent practice for you, but also helps us see how you are progressing in areas we may not otherwise know about. These files will be kept in perpetuity. University record management procedures/policy may be found here: https://www.binghamton.edu/operations/policies/policy-900.html and here: https://www.binghamton.edu/offices/legal-counsel/records_management.html

Evaluations

Prior to the end of each semester, any faculty member supervising a graduate student in teaching, research, or some other departmental capacity, is asked to fill out an evaluation form. The evaluation is then read by the student, discussed with the evaluator, student agreement or disagreement is added, and the form is forwarded to the Director of Graduate Studies.

The Clinical Psychology program will provide an evaluation at least annually to every student. BU faculty discovered some years ago that these evaluations would be more complete and thorough if students were first solicited to provide a variety of pertinent information about the past year's activities. The specific information requested, such as citations of presentations and publications, description of practicum work, teaching, could be potentially useful not only for your annual evaluation, but also for describing student and program productivity to outside auditors, accreditation agencies. or even for department or campus review. Finally, in order to make these less of a burden, you are urged to do what many faculty do for their own parallel reporting to the university administration each year. That is, keep accessible a template of the annual progress report categories and, as you go through the year, periodically update it with specific citations, notes of accomplishments, new endeavors, and so forth. This simple step will increase the accuracy and completeness of your report and save you frantic efforts when you are busy with other tasks at the end of the semester.

Therefore, near the end of the spring semester, you will be asked to complete a self-evaluation, which will then be turned over to your adviser. A copy of this annual progress report form is available on the Blackboard site for "Clinical Psychology at Binghamton University." Your adviser uses this material to supplement his or her own evaluation of you, which is then reviewed by the entire clinical faculty in two meetings fully dedicated to student evaluation based on aggregate information described below.

Your evaluation includes ratings provided by your adviser and clinical supervisor(s) where appropriate. You will receive the competency rating forms in advance to clarify the bases of evaluation. Ratings encompass well-delineated competencies relevant to diverse dimensions of knowledge, skills, and functioning as a clinical scientist (e.g., ethics, research activities, use of evidence-based interventions, multi-cultural sensitivity, interpersonal relationships/responsibility). Prior to the faculty evaluation meeting, but within two weeks of your receipt of evaluations, you will meet with your adviser and/or clinical supervisor to identify areas of strength and in need of improvement or, in some cases, remediation. Clinical supervisors will share their ratings with your adviser. Evaluators may modify their ratings and impressions based on your input, and you will have the ability to write a response to the evaluation if you wish.

Your adviser is always present at the faculty meeting and will present the outcome of evaluations to the faculty, including any positive accomplishments and suggestions for improvement. Other data that will be introduced include teaching evaluations, if available, research assistant evaluations, and comments from non-clinical faculty who have taught coursework. The outcome of the evaluation is summarized in a letter from the Director of Clinical Training. After reading the evaluation letter you are encouraged to talk to both to your adviser and the Director of Clinical training regarding its contents.

A remedial model predominates, and every effort is made to find a satisfactory solution to a problem. In the event of serious difficulties (identified in rating forms by items that indicate need for remediation), you and your adviser and/or clinical supervisor will craft a tentative remediation plan, which your adviser will review and present at the evaluation meeting where the plan will be fine-tuned and finalized. Students may be required to retake a course or enroll in a more basic preparatory course (such as audit an undergraduate course if their previous preparation is weak); receive more intensive clinical supervision; they may be offered individual tutoring by a faculty member; transfer to another adviser with a different teaching style is occasionally recommended; sometimes specific deadlines and criteria are set up for a student to meet.

If problems seem to be related to personal/family difficulties, students are urged to consider further interaction with a supervisor, adviser, or the DCT. Where a student's interpersonal style seems to be interfering with his/her effectiveness as a therapist, a frequent strategy has been to select carefully a particular supervisor or sequence of supervisors. Some supervisors are more likely to attend to the social and interpersonal skill components of therapy than others, and so different supervisors make different contributions to the wide range of interpersonal skills and characteristics required by novice therapists. Occasionally we recommend that the student seek personal psychotherapy. The Clinic Director maintains a list of capable psychologists in the community willing to see students at limited cost.

Termination Criteria and Grievance Procedures

Occasionally the various remedial and corrective procedures described above will be insufficient to resolve academic or clinical deficiencies and a student will be terminated from the program.

This, of course, is not a common event, but it is necessary to spell out the process for you as clearly as possible.

It is rare for a student to be terminated against his or her will. Typically, anyone who does not seem to fit our criteria and expectations, and who has received repeated feedback regarding problem areas, will be well aware that they are really better suited to some other program, field of study, or profession. Thus, students are sometimes "counseled out" of the clinical program: through discussion with faculty advisers, the Director of Clinical Training, or clinical supervisors, the student is helped to examine his or her options and to make constructive and appropriate decisions regarding (a) closure on current academic experiences (e.g., how to complete a terminal MA degree), and (b) future professional opportunities.

The grounds for moving towards a recommendation to terminate a student are:

Failure to obtain a B grade average or better on the required core courses of the first two years. Repeatedly poor performance in course work (as reflected by failing courses despite opportunities to retake them), failure of the prelim exams on the second attempt, or inability to propose, conduct, write, or defend a research study for a thesis or dissertation.

Evidence of persistent clinical skill deficiencies, as reported by community and psychotherapy practicum supervisors.

Indications of serious personal, emotional, or social problems such that the student's effectiveness as a professional helper is compromised.

Indications of unethical behavior in the clinical context, including inappropriate judgment regarding clients, lack of professional responsibility (e.g., failure to maintain client's confidentiality), inability to benefit from or accept supervision.

Any evidence of scientific misconduct, especially plagiarism, misrepresenting data, abusing research funds, failing to protect human subjects, and so on.

Inability to relate effectively and collegially to peers, faculty, or those one is supervising, and other professionals. This includes any evidence of sexist or racist attitudes, cultural insensitivity, sexual harassment, or lack of respect for individuals due to their personal or religious beliefs, sexual orientation, or lifestyle might be different from your own.

Finally, the faculty may recommend termination of a student who is not making adequate progress towards completion of degree requirements.

If the clinical psychology faculty recommends termination of a student on the grounds of academic performance or clinical skill deficiencies, that recommendation is forwarded to the Director of Graduate Studies who brings it to the Graduate Committee and from there to the full faculty (including the graduate student representative). The student has the right to represent his or her position, either verbally or in writing, at any of these meetings. Should the faculty vote to

terminate a student on academic grounds, the student may appeal the decision to the Vice Provost for Graduate Studies or Research.

Evidence of specific infractions relating to these criteria (i.e., allegations of academic or professional misconduct) will first be discussed with the student, the student's adviser, and the Director of Clinical Training. If further pursuit of the matter seems warranted, the problem will be discussed by the entire clinical faculty. Should the clinical faculty judge that a violation of ethical and professional standards has occurred, the student will be invited to present his or her position to the clinical faculty. Should the problem still not be resolved to everyone's satisfaction, the student will be notified in writing, with the specific complaints or concerns specified as precisely as possible. A formal hearing will then be held, in which the student may present evidence, witnesses, or any other requirement of due process.

After a formal hearing, a number of actions are possible. The clinical faculty might recommend a verbal reprimand, a written reprimand that will be placed in the student file (the student must read and may reply to this letter), a detailed plan for remediation, or a recommendation for termination.

Complaints and Grievance procedures

The above procedures are those that are to be followed if the student's performance does not appear to meet certain expected standards of scholarly and clinical performance. There are other occasions, however, in which the student may have a complaint regarding the behavior of a faculty member or field supervisor, or another student might lodge a complaint. The student might also have a complaint regarding the conduct of the various procedures outlined in the previous paragraph, or about funding decisions. The program recognizes the rights of students to be treated with courtesy and respect, the need to inform students of the principles outlining ethical conduct of psychologists, and to ensure that students are aware of avenues of recourse should problems with regard to these principles arise. Here are those avenues of recourse:

Informal

The grievant should attempt to find satisfaction first by discussing the matter with the faculty member, supervisor, staff member, or student involved.

If an agreeable resolution is not reached in this manner, then the grievant may seek mediation through the department chair or designee (e.g., Director of Clinical Training or Director of Graduate Studies). Typically, the Director of Clinical Training will mediate academic matters, the Director of Graduate Studies will mediate non-academic matters, and the Department Chair will mediate job performance (e.g., teaching assistant) matters; however, these assignments may change depending on the circumstances.

Formal

If the informal procedures do not resolve the grievance, the grievant may file a formal complaint, submitted to the Department Chair. The Chairperson will then convene a committee consisting typically of three faculty and two graduate students, and a hearing will ensue. This committee will receive written documentation of the alleged violation; the subject of the grievance will be given the opportunity to respond to the alleged violation in writing and in person.

The conduct of the hearing is outlined in the department document referred to above. After careful investigation, the ad-hoc grievance committee will make a recommendation regarding disposition of the case, recommend penalties, and forward these to the Department Chair. The Chair will then make his/her decision and notify all parties.

If the student wishes to appeal either the disposition or the penalties, he or she may submit a written appeal to the Graduate School. Procedures for this step are provided in the Manual of the Graduate School at: https://www.binghamton.edu/grad-school/resources/policies-procedures/manual/index.html#grievance-procedures.

Formal and Informal Complaint and Grievance Policies

Conflicts of interest: With either the informal or formal grievance procedure, we recognize that there may be situations in which following normal protocols about the chain of command for grievances is contraindicated, such as if there is a conflict of interest or dual relationship (e.g., marriage) between the designated faculty mediator (e.g., DCT, DoGS, etc.) and the subject of the grievance. In these cases, the student should feel free to address their grievance to another faculty member in the department or with whoever is next in the chain of command (e.g., the Department Chair or the Dean).

Record Retention: the program is responsible for keeping information and records of all formal complaints and grievances, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be reviewed by the Commission on Accreditation (CoA) as part of its periodic review of programs. These records are kept by the Clinical Program/Graduate secretary. Note that CoA expects a program to keep all materials pertaining to each of the complaints/grievances filed against it during the aforementioned time period. The site visitors shall review the full record of program materials on any or all of the filed complaints/grievances.

Other Sources of Support: Note that there are an assortment of offices on campus external to the program and department that may offer advice and guidance. These include but are not limited to the CARE Team; the Division of Diversity, Equity and Inclusion; the Title IX Office; and the University Ombudsman.

Mutual Respect

The best way to avoid formal grievances is to deal with problems or issues before they become too serious. Your first responsibility is to discuss your concerns with the individual with whom the problem or concern exists. This type of open and collegial discussion often resolves the problem. However, if after this you feel that you have been dealt with unfairly, or that there are circumstances that prevent you from having a discussion with the individual, bring your concerns to your academic adviser or the Director of Clinical Training. If you know of or hear of another student who feels mistreated, encourage that student to air his or her concerns. Remember that a grievance can only be formally brought by the aggrieved individual. Gossip, rumor, and personal

discussion of other students, faculty, and professional contacts are never helpful, and this is to be avoided as assiduously as possible.

Remember that the APA ethical code regarding professional relationships applies equally stringently to relationships among students and between students and faculty. Discrimination on the grounds of race, religion, gender, or sexual orientation will not be tolerated in the Clinical Program. Guidelines towards the recognition and prevention of racism and sexism are available through the Division of Diversity, Equity and Inclusion. Similarly, sexual harassment represents a serious violation of our own standards of conduct and university rules. It is critical that clinical students be sensitive to these issues and understand how to respond to their own concerns and the concerns of others. It behooves all students to familiarize themselves with the section of the Binghamton University Graduate School Manual entitled: *Guidelines On Graduate Student Rights And Responsibilities* (https://www.binghamton.edu/grad-school/resources/policies-procedures/manual/index.html#student-right-responsibilities).

Electronic Media

The Council of University Directors of Clinical Psychology has discussed the implications of trainee information on websites, email signatures, and answering machine messages. As technology changes, professional training includes becoming aware of the implications such information might have. Consider the following points:

1. Internship programs report conducting web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.

2. Clients are conducting web-based searches on trainees' names and finding information about therapists (and declining to come to clinics based on what they find).

3. Employers are conducting on-line searches of potential employees prior to interviews and job offers.

4. Legal authorities are looking at websites for evidence of illegal activities. Some *prima facie* evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.

5. Postings to listservs might reflect poorly on oneself and the program.

6. Although signature lines are ways of indicating your uniqueness and philosophy, one is not in control of where the emails will ever end up and might affect how others view you as a professional. Quotations on personal philosophy, religious beliefs, and political attitudes might cause unanticipated adverse reactions from other people.

7. Greetings on answering machines and voicemail messages that might be entertaining to your peers, express your individuality, and indicate your sense of humor may not portray you in a positive professional manner. If you ever use your cell phone or home telephone for professional purposes (research, teaching, or clinical activities), be sure your greeting is appropriate and professional in demeanor and content.

8. Emails that are believed to be confidential can be found and potentially published (on listservs, in newspapers, etc.).

Information that seems to be fun, informative, and candid might put the program and the student in a bad light. What might be seen as "private" self-disclosure indicating your perceptions of yourself, among friends is actually very public. This includes blogs, personal pages on social networking sites like Facebook or Twitter. Anything on the World Wide Web is potentially available to all who seek it. Be mindful of your postings that are not only self-disclosing, but also other-disclosing. In other words, think twice before posting pictures of, or information pertaining to, your friends (who may or may not also be graduate students) without their permission.

Trainees are reminded that, while receiving a TA stipend, you are employed by the State of New York and you are at all times a student in the program. As such, there are laws, policies, and ethical codes about how you portray yourself and the activities in which you may engage. As a preventive measure, the program advises that students (and faculty) approach social media carefully. Is there anything posted that one would not want the program, faculty, employers, family, or clients to read or view?

POTPOURRI OF OTHER PROFESSIONAL PROGRAMMATIC ISSUES

Program Evaluation

We seek to foster the training philosophy, student characteristics, and diversity described to this point by virtue of our relationship with students and our respect for their growth as professional equals. By observation and experience we evaluate how well students are internalizing the program's values in a variety of ways. We look for total commitment to the welfare of clients/patients as a primary responsibility. We expect professional standards of behavior and respect for peers, supervisors, and other professionals. We prize intellectual honesty and high personal standards of scholarship, evaluating the quality of students' classroom performance, exams, and independent research projects. A student's concern for excellence is reflected in enjoyment in publishing research, discussing ideas about clinical research or service in forums of critical give and take, and presenting at professional conferences. In particular, we seek evidence that these scholarly and professional standards come from within the individual rather than from externally imposed criteria and demands.

These are certainly lofty ideals. Only you will really be able to judge whether the program has been successful in creating such an atmosphere. You might think about these objectives regarding students' values as you go through the program. In what ways do we fall short and how can we enhance your personal experiences? These questions form the basis for your input to the ongoing, formative evaluation of the program. (Various means to convey your input are described below).

In other words, the evaluation described in the previous section is a two-way street. The faculty expect and respect feedback and input from students. Constructive criticisms or concerns regarding any element of the program are welcomed, since only by the open exchange of such evaluation can we really make the program the best it can be. Formal evaluations of courses, faculty and supervisors are regularly requested by the Department Chair, the Clinic Director, or

the Psychology Graduate Student Organization (PGSO) (for instance, when faculty are being reviewed for tenure or promotion) and should be taken seriously and responsibly. In addition, the university administration gives significant weight to student evaluations in faculty personnel decisions and insists on graduate student input. Students' confidentiality is always protected in these matters, typically by providing anonymity so that feedback may be conveyed to faculty without jeopardy to the student. Since you may one day be in the same position, feel free to discuss with faculty the nature of this process and their feelings regarding ongoing professional evaluation.

In order to ensure continued student input to the program, there are a number of mechanisms for encouraging involvement:

Student Satisfaction Survey

Near or following the conclusion of each academic year, a committee of student volunteers administers a questionnaire to all their fellow graduate students seeking their anonymous responses to approximately 30 questions about various aspects of their graduate training. While the replies to these questions are typically offered as Likert-scaled items, there are also several open-ended questions for general comments and suggestions. The questions are distributed via Qualtrics, so that they can be conveniently completed on-line, further preserving the anonymity of the respondents. All students are strongly encouraged to complete this survey, and students have typically done so at a rate close to 100%! Survey Monkey compiles the response percentages to many of the questions, and the committee organizes the replies to the open-ended questions. The final results and summary of this annual survey are then presented to the entire clinical psychology faculty. During the summer, the faculty consider the various suggestions, critiques, comments and begin to develop follow-through wherever possible. At the beginning of the fall semester, this follow through, as well as a general discussion of the survey is held by the clinical faculty and graduate students, “town meeting style. A copy of the actual survey questions is available on the “Clinical Psychology at Binghamton University” Blackboard site.

Student class representatives

Every year the students select a representative from each cohort to represent them at clinical faculty meetings. These representatives serve as a means for
ongoing faculty-student communication regarding the full range of issues confronting the program.

Town meetings. These are held about once each year to give everyone a chance to talk about the program and obtain information from the DCT and other faculty. Any individual or group of students who feels that a town meeting would be helpful or necessary, should simply approach the Director of Clinical Training and request that a meeting be scheduled.

Program Involvement and Expectations

Different students have different needs and interests in determining how much active participation in the program they enjoy. However, as this is a full-time and intensive program, it is expected that as a general guideline, you will feel a commitment to be actively engaged in all aspects of the program, not simply the formal requirements. This includes being willing to volunteer to assist with special events for undergraduates such as Careers Day, student activities such as PGSO, and staffing the Clinic front desk in emergencies.

Of particular importance is participation in academic events that are arranged for the benefit of students. **When colloquia, visiting speakers, or special workshops are arranged, it is critical that students realize their responsibility to attend such events.** If there are conflicts with courses, practica, or other professional responsibilities, discuss these with your adviser or the DCT, since alternative arrangements can often be made.

Our expectations are that you will have a major commitment to the program and your education. Graduate school can be demanding, with many competing responsibilities, so we ask students to plan on being in residence during summer months. However, we recognize that unanticipated circumstances can and do arise. Faculty place a high value on student self-care and strive to be flexible in accommodating individual needs and situations that arise in everyday life. If such extenuating circumstances arise in fulfilling responsibilities, obligations, and meeting deadlines, please discuss the relevant circumstances with your advisor as well as any necessary and reasonable accommodations to be put in place to meet your needs.

Outside employment

Again, it is your personal responsibility if you seek outside employment to supplement your income; however, if you are doing so because of financial need, please discuss this with the DCT, since outside commitments can be very distracting and alternative, professional sources of funds may be available. **It is our policy that students may not accept paid or unpaid employment involving the provision of psychological services or as a professional psychologist <u>in any capacity</u> without prior consent of the clinical faculty.** There are sometimes opportunities for clinical students to be paid for testing and other professional services by outside practitioners and agencies. We do not discourage such activities for students whose progress is within the program guidelines, and these opportunities sometimes provide useful additional clinical experience or much-needed funds. However, we do require that you obtain approval of any such activity, prior to accepting any offer. Consult both with your adviser and the DCT, since both approvals will need to be obtained. As a SUNY student you are representing the Clinical Psychology Program in any professional activity, even if it is not formally part of the program or the university. Thus, it is imperative to keep your adviser well informed about any such involvements.

Internship

All students are required to complete a one-year full-time (or two-year part-time) internship prior to graduating with their Ph.D. Finding an internship that meets your training needs and rounds out your experiences in this program is very important. To assist you, the program has formalized an internship preparation program for students planning to apply for internship each year, which is currently run by Drs. Gibb and Zale. This starts in May and continues with monthly meetings until rank-order lists have been submitted. Topics cover every aspect of the internship application process including (i) developing goals for the internship training year, (ii) selecting sites that are consistent with those goals, (iii) writing essays and cover letters, (iv) choosing letter writers, (v) preparing for interviews, and (vi) submitting the rank order list. In recent years, the first meeting has been organized and run by those graduate students who have just gone through the internship matching process and all are invited to attend. All graduate

students would benefit from becoming familiar with the APPIC site (http://www.appic.org/training/index.html) one or two years before applying for internship.

Importantly, students are required to apply for and complete internship training programs that are either APA- or CPA-accredited.

Once you have completed the process and obtained an internship, we need to maintain contact. Please be sure to give the Clinical Secretary both your work and home addresses and phone numbers as soon as you have them. Of course, your university email address will be maintained. Your internship training director will also correspond with the DCT regarding your progress. We require at the least mid-year and final evaluations; all such evaluations are acknowledged by the DCT and placed in your file (with a copy to your adviser). You must register for the Internship course during the two semesters you will be away. During the summer of your internship, you must also be registered with the university if you plan to get your degree that summer.

State Licensing

It is your responsibility to ensure that your personal curriculum meets the criteria of any state in which you may wish to obtain a license to practice. Because our program is ratified by the New York State Licensing Board, your curriculum is automatically accepted in New York State. However, you may wish to think carefully about the post degree experience you need for NYS licensing and make sure that activities you engage in after your dissertation defense meet the state guidelines.

HISTORY OF THE PROGRAM

The program in which you have been trained, the friendships formed, and the personal interactions with peers and faculty have a life-long effect on your professional development by building up a network of colleagues. The program has periodically issued an updated list of where everyone is and has referred current students to program alumni for various forms of guidance, advice, or job connections. Therefore, please be sure always to keep the Clinical Secretary informed of your changes in address, and to inform the Director of Clinical Training of new positions, honors, or accomplishments.

Beyond the goal of maintaining tradition, such information comprises a form of feedback to the clinical program that is a major element in our own self-evaluation. How the faculty view the outcome of its efforts to implement the program's training model will determine the kind of changes we continually make. Ideally, this view should be based on the information the alumni continue to provide: your scholarly and professional activities, your successes and problems, and your attributions about the benefits or obstacles raised as a result of matriculating in this clinical program.

Early History of the Clinical Program (1973-1979)

The Department of Psychology at SUNY-Binghamton opened its doors to Ph.D. students in the areas of experimental and physiological psychology in 1967. In 1971, the Department, under the leadership of Dr. Harold Babb, sought to expand its doctoral offerings to the area of clinical psychology. This historic decision involved the input of a number of individuals both within and

outside the Department. An outside influence of considerable help was provided by then Commissioner of Mental Health Services for Broome County, Joseph J. Friedman, M.D. Following a national search for a Director of the proposed clinical program, Dr. Donald J. Levis was hired from the University of Iowa. He set out to develop the concept of research-oriented clinical training. A philosophy developed that emphasized quality in all areas: academic, research, and clinical training. The attempt was to achieve this objective through a carefully structured training program that provided the desired integration between academic and applied experiences. The method by which this objective was to be achieved involved the implementation of the following five-point plan:

1. The selection of high-quality graduate students who possessed a desire to receive training in clinical research and to implement these skills as their professional goal.

2. The selection of full-time faculty members who represented excellence in their respective fields, were active researchers and publishers, and who worked with patient populations.

3. The integration of the clinical program with the experimental and biopsychology programs of the department, to provide a foundation of knowledge in these areas, and to illustrate how the hypotheses, techniques, and theories developed in the pure research areas can have important implications for the clinical field.

4. The integration of the program with community mental health facilities, so each student could obtain a first-hand understanding of the problems, techniques, and issues facing mental health practitioners in the applied world.

5. An emphasis on patient contact, both for the learning of clinical techniques and for clinical research.

The philosophy developed became known as the "single-hat" concept of clinical training, which stressed the importance of inductive reasoning and evaluation for manipulation of variables both in the laboratory and in the clinical setting. A critical ingredient of this concept is the belief that important advances in the clinical area can be achieved by building upon the principles of general psychology. Thus, the program was developed to provide a background of knowledge in the basic areas of psychology as well as in the applied specialty area. This objective was achieved in part by requiring all students to complete a common core-course requirement in the basic areas of psychology and to supplement this knowledge through an inside minor with the Department and an outside minor in a related field.

The first class of about ten students was admitted to the program in the Fall of 1973. That year two new assistant professors were hired: Dr. Lisa A. Serbin from SUNY Stony Brook and Dr. Stephen A. Lisman from Rutgers University. The following year Dr. Raymond G. Romanczyk was hired from Rutgers University as an assistant professor. These three individuals along with Dr. Levis played an instrumental role in developing and shaping the program.

Levis, Lisman, and Serbin helped in the design of the Psychological Research and Training Clinic, which opened in the Spring of 1976. Levis served as its first director until shortly thereafter, when Lisman took the reins. By the Fall of 1974 arrangements with community agencies for student

practicum placements were worked out and implemented. Instrumental in this important development were Drs. Joseph J. Friedman and Richard H. Normile of the Broome County Mental Health Clinic. Dr. Nurhan Findikyan of the Broome Developmental Center, and Dr. Makris and later Dr. William H. Connor of the Binghamton Psychiatric Center. These individuals played an important role in the clinical training of students as did other adjuncts such as Dr. Gep Colleti of the Children's Unit (now Institute for Child Development) and Dr. David Kissinger of the SUNY Counseling Center. Dr. Jan Hastrup from SUNY-Buffalo was appointed to the clinical faculty in 1981.

Three new professors were appointed between 1976 and 1979. The first, Dr. Craig Twentyman, received his degree from the University of Wisconsin; the second, Dr. David Zuroff from the University of Connecticut; the third person appointed during this period was Dr. Eugene Emory from the University of Florida.

By 1979 the clinical faculty were actively engaged in many areas of clinical research, including anxiety, child abuse, infant development, socialization of children, autism, alcohol and its behavioral affects, substance abuse, smoking and learning disabilities. Clinical faculty were also collaborating with non-clinical colleagues. Students were being admitted into APA- approved internships and were productive in research – presenting conference papers and publishing articles. The program was thus ready for its first outside evaluation by the Accreditation Committee of APA.

1980 – 1989

After the first full evaluation of the program by APA, provisional accreditation was awarded. It was felt that there was a need for additional senior faculty in the clinical area. In 1982, therefore, Ian Evans, who had been at the University of Hawaii for 12 years, was appointed. Philip Harvey (Ph.D., Stony Brook) was also appointed at about that same time. However, over the next two years, Hastrup, Twentyman, Zuroff and Serbin resigned for other positions. Dr. Adele Rabin (Ph.D.,University of Houston) joined the faculty, and for a one-year temporary position Dr. Damaris Rohsenow (Ph.D., Wisconsin) was appointed.

Romanczyk, meantime, was serving as Director of Clinical Training, and by the time of APA's second evaluation the provisional status was again renewed. The site visitors' report of December 1983 stated that "we exemplify the Boulder model as well as any program in the country". During the ensuring 4-5 years, Rabin, Emory, and Harvey left for other positions, and Ian Evans was elected DCT in 1984 and in July 1986 the program was awarded full accreditation for the maximum five-year period. New appointments greatly increased the strength of the program: Amy Tishelman (PhD West Virginia University) in 1987, in 1988 Peter Campos (PhD, University of Hawaii) and Alice Friedman (PhD, Virginia Polytechnic Institute).

Under the Directorship of Evans, the program began to focus on a number of new initiatives: building up our expertise in health psychology, expanding and strengthening our training sites in the community, increasing grant activity among faculty and students, focusing attention on areas of major social need (in cooperation with New York state), increasing the diversity of the student body. Another major focus of Evans' efforts was to improve student morale and increase the sense of collegiality among students and faculty.

1990 - 1999

In 1990, Thomas Brandon (Ph.D., University of Wisconsin), joined the faculty. Dr. Peter Donovick (Ph.D., University of Wisconsin), formally affiliated solely within our Psychobiology program, joined the clinical faculty, thus greatly increasing our opportunities for training in clinical neuropsychology. In 1992 Dr. Tishelman left our program and she was replaced on a temporary basis by Dr. Karen Obremski-Brandon, (PhD, Indiana University).

In 1995, Obremski-Brandon was hired on a tenure bearing line. Dr. John Junginger (Ph.D, Indiana University) was hired as a Visiting Assistant Professor in January, 1995, until the end of the Spring 1996 semester. Evans resigned in 1995 to pursue development of a new clinical program in New Zealand. Lisman was elected as Director of Clinical Training and also maintained his position as Director of the Psychological Clinic. At this time Lisman initiated a series of faculty "retreats" to assess the status of the clinical program and to begin making recommendations for changes that reflect the continuing evolution of our field. In 1996, Tom Brandon coordinated our successful application to the Academy of Psychological Clinical Science. Also in 1996 we were very fortunate to attract Dr. Steven Jay Lynn (Ph.D., Indiana) to our faculty from Ohio University. He brought strong research, teaching, and clinical experience as well as an international reputation, and shares our program philosophy. In 1997 Dr. Carolyn Pepper (Ph.D., Stony Brook) was hired, followed by Dr. Matthew D. Johnson (Ph.D. UCLA) in 1999.

2000 – 2009

Dr. Mark Lenzenweger (Ph.D., Yeshiva) joined us from Harvard in 2001, and Dr. Meredith Coles (Ph.D. Temple University), and Dr. Brandon Gibb (Ph.D. Temple University), both joined our program in 2003. In 2000 Alice Friedman was elected Director of Clinical Training and continued the tradition of faculty retreats as changes in the program were discussed and developed. During this time significant change occurred in the graduate programs in Behavioral Neuroscience and Cognitive Psychology, and new initiatives were proposed by the DCT. In 2003, Peter Donovick was appointed Director of Clinical Training. During Donovick's leadership, the program was acknowledged with the Outstanding Training Program Award from the Association for Behavioral and Cognitive Therapies (ABCT). Donovick also initiated greater direct faculty engagement in the administration of the program by creating separate appointments for Director of Community Placements, Coordinator of the Comprehensive Exams, and Coordinator of Graduate Recruitment & Admissions for clinical psychology. This arrangement has been maintained by those who have succeeded him as DCT.

Between 2006 and 2009, several faculty members (Johnson, Lenzenweger, Lisman) provided leadership for varying intervals as DCT. In 2008, Stephen Lisman stepped down as Director of the Psychological Clinic after 32 years in that position, and Steven Jay Lynn began his current appointment as Clinic Director. In 2009, Dr. Lisman started a final term as DCT and was replaced in 2012 by Brandon Gibb.

2010 – 2019

Dr. Jennifer Gillis (Ph.D. Binghamton University) and Dr. Richard Mattson (Ph.D. Binghamton University) both joined our program in 2012. Dr. Gregory Strauss (Ph.D. University of Nevada Las Vegas) joined our program in 2013 and Dr. Christina Balderrama- Durbin (Ph.D. Texas

A&M University) joined our program in 2015. Steve Lisman retired in August of 2014and Don Levis retired in August of 2015. In 2015, Brandon Gibb began his second term as DCT, and in 2019, Dr. Emily Zale (Ph.D., Syracuse University joined the faculty. The current DCT, Steven Jay Lynn began his term in 2018, and Dr. Nadine Mastroleo (Ph.D. Pennsylvania State University), who is widely published in psychology journals, transferred to our department as an associate professor from the College of Community and Public Affairs at Binghamton University. Thomas P. Harding, Ph.D., ABPP, is a board-certified clinical psychologist, who joined the core clinical faculty as Director of the Clinic and Placement Coordinator in 2019.

2020 – present

Sadly, Dr. Donovick died on September 1, 2020, at the age of 82 after recently retiring. Dr. Johnson began a three-year term as DCT in on September 1, 2021. The Psychological Clinical Science Accreditation System (PCSAS) accredited the Ph.D. Program in Clinical Psychology at Binghamton University in 2021. We are currently ranked 37th on the U.S. News and World Reports survey of clinical psychology graduate programs.