

Ph.D. Program Handbook

Ph.D. Program in  
Clinical Psychology @ CCNY:



The CCNY of the City University of New York

Updated August 2024

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## INTRODUCTION

Welcome! This handbook is designed to help students navigate the Ph.D. Program in Clinical Psychology at CCNY (hereafter “the Program”).

We hope this handbook will facilitate your life in the Program and let you focus on coursework, clinical work, research, and growing professional relationships with peers, supervisors and faculty members.

### **CCNY, CUNY and the Graduate Center**

Most doctoral students, upon arrival to the Program have questions about the relationship between CCNY, CUNY and the Graduate Center. Below is some information to clarify:

The City University of New York (CUNY) is the system of public higher education in New York City. It comprises 23 institutions. The City College of New York (CCNY) is one of the eleven senior undergraduate colleges in the CUNY system; some of these undergraduate colleges (CCNY among them) house graduate programs. The Graduate and University Center (the GC) is one of the six Honors and Professional Schools in the CUNY system. To give you perspective, CUNY along with the State Universities of New York (SUNY) comprise the largest comprehensive university system in the entire United States.

Within the CUNY system, the program is part of CCNY. All current students are CCNY students. We function as a Program within CCNY’s Department of Psychology and therefore also within the Colin Powell School of Global and Civic Leadership.

## FACULTY GOVERNANCE & LEADERSHIP

### Core Faculty

The core faculty are those faculty who primarily teach in the Clinical Program.<sup>1</sup>

### Director of the Clinical Psychology PhD Program

The Director is responsible for the management of the overall functioning of the Program and includes the administration of both doctoral students and faculty members.

### Director of Clinical Training (DCT)

The Director of Clinical Training (DCT)<sup>2</sup> is responsible for overseeing the clinical training of doctoral students including internal and external practicum. The DCT is assisted in their administrative responsibilities by the Leadership Team.

### The Leadership Team

The responsibilities of the Leadership Team<sup>3</sup> are determined by the Director of the Program (hereafter “the Director”) in consultation with the core faculty of the Program. In addition, The Program has committees charged with overseeing specific functions of the Program<sup>4</sup>.

Responsibility for the administration and organization of the Program resides with the Director and the Leadership Team. The Director, in consultation with the Chair of the CCNY Department of Psychology<sup>5</sup> and the core faculty, determines Program teaching assignments, the Ph.D. Program course schedule, and hires adjunct faculty for teaching assignments. Core faculty members serve on various Program committees (Admissions<sup>6</sup>, Clinical Training<sup>7</sup>, Integration of DEI, Science and Practice<sup>8</sup>, Research Training<sup>7</sup>). The responsibility for integrating the work of the many committees and conveying information about these activities to the Ph.D. Program community rests with the Director and the Leadership Team.

Decisions about the governance of the Program are made by the core faculty and implemented by the Director. It is the responsibility of the Director and the core faculty to ensure that decisions are made in accordance with APA guidelines. The Department of Psychology Chair<sup>8</sup> also provides opportunities for doctoral students to develop teaching skills

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<sup>1</sup> Currently, the Program has 11 full-time core faculty members: Deidre Anglin, Leo Cancelmo, Eric Fertuck, Megan Finsaas, Elliot Jurist, Sarah O’Neill, Diana Puñales, Steve Tuber, Sasha Rudenstine, Paul Wachtel & Lissa Weinstein.

<sup>2</sup> The current DCT is Steve Tuber and he is also the overall Director of the Program.

<sup>3</sup> The current Leadership Team is: Diana Puñales, Sasha Rudenstine & the DCT, Steve Tuber.

<sup>4</sup> Currently, these committees are: (i) Admissions, (ii) Clinical Training, (iii) Integration of DEI, Science and Practice, and (iv) Research Training.

<sup>5</sup> The Chair of the Psychology Department is: Robert Melara, Ph.D.

<sup>6</sup> Sasha Rudenstine, Chair.

<sup>7</sup> Diana Puñales, Sasha Rudenstine, and Steve Tuber, Co-Chairs

<sup>8</sup> Paul Wachtel, Chair

<sup>7</sup> Sarah O’Neill, Chair

<sup>8</sup> Robert Melara, Ph.D. is currently the chair of the Psychology Department.

and appoints doctoral students to positions as Teaching Fellows for the undergraduate and Masters programs. Interested students should inform both the Director and the Department Chair of their interest in teaching. As our program is housed in the Psychology Department and the Colin Powell School, the Dean of the Powell School<sup>9</sup> has input into The Program governance in areas related to new hires, tenure and budget allocation.

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<sup>9</sup> The Dean is Andrew Rich, Ph.D.

## ETHICAL BEHAVIOR AND PROFESSIONALISM

### Ethical Behavior and Professionalism

The Program abides by the APA Standards of Ethics. All students must familiarize themselves with APA Standards of Ethics, which can be found [here](#).

### Use of Artificial Intelligence (AI)

The Program has a zero tolerance for use of artificial intelligence (i.e. AI, ChatGPT) to complete assignments and/or responsibilities required by The Program or The Psychological Center. The use of any AI tool will result in an automatic failure on that assignment and/or failing the Clinic's Annual Clinic Review (ACR) that year. There are two exceptions to the above. 1. AI is permitted on course work/assignments when explicitly instructed by the professor to use AI as a part of the assignment. 2. Students who use AI as a learning resource may do so upon submitting a letter from the Accessibility Center to the Professor and Program Director that grants this learning accommodation.

Faculty will be provided access to software for detection of AI and will use it at their discretion.

### Social Media Policy

The Clinical Program at CCNY adheres to all American Psychological Association guidelines as published in "Optimal Use of Social Media in Professional Psychological Practice" (see <https://www.apa.org/about/policy/guidelines-optimal-use-social-media.pdf>). As such, during training in the Program doctoral students are expected to adhere to all guidelines. These include the following guidelines that all students must adhere to:<sup>10</sup>

- 1) **When using social media to educate the public about mental health, students must strive to present information that is relevant, valid, and reasonably current.** Students must strive to maintain accurate and truthful statements on social media about their own clinical experiences, colleagues, training in the profession of psychology, and other issues and give special attention to the scientific support and empirical basis for statements made and the limitations of available evidence regarding topics. As psychologists-in-training who are already providing clinical care in the field, doctoral students hold a position of trust and authority with the public, and must adhere to ethics of patient privacy and confidentiality (APA Ethics Code 4.01-4.07). Students must strive to present an accurate and balanced view of research, including both its strengths and limitations. When offering public advice or comment on social media, students are obligated to make statements that are informed through their professional knowledge, training, and experience (APA Ethics Code 5.04). When sharing psychological information students must make reasonable efforts to avoid giving specific advice, offering diagnoses, or otherwise behaving as if they were conducting treatment.

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<sup>10</sup> This Policy was adapted from the Social Media Policy developed by LIU's Clinical Psychology Doctoral Program and shared with our Program Faculty



- 2) **Students must maintain professional boundaries within public online spaces.**  
Students must consider the need to avoid contact with their current or past patients on social media, recognizing that it may blur boundaries of the professional relationship. Multiple relationships occur when a student is in a professional role and at the same time is in another role with the same person or another person closely associated with the first person or promises to engage in a personal role with the person or their close associate in the future (APA Ethics Code 3.05). Students must refrain from entering multiple relationships when the relationship could reasonably be expected to impair their objectivity, competence, or effectiveness in performing their functions as a student or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Student clinicians who pursue an online presence should consider maintaining a professional website and social media accounts separate from their personal web presence and/or use a pseudonym for their personal account (American Medical Association, 2012) and consider whether it would be appropriate to not “friend” patients or past patients under any circumstances.
- 3) **Students should exercise good self-awareness and interpersonal judgment in making public their personal content that does not comport with their professionalism.**  
Students who use social media remain cognizant of the boundaries of their competence (Ethics Code 2.01) and take reasonable steps to ensure their competence in using new techniques and technologies (Ethics Code 201[c]). Before and while using social media, students must be informed about the nature and technology of social networking sites, including the processes by which information is shared and stored as well as the circumstances under which it may be sold or otherwise displayed, distributed, or published by unknown parties. Students must recognize that any post on any social media platform, even when it is intended to be an ephemeral or private posting, may potentially appear in the public domain.

Professional and ethical behavior are considered core competencies of the profession of psychology and the Program, and the faculty are committed to your training in these competencies. Therefore, if you have any questions or need guidance regarding how to align your social media presence with APA ethical guidelines, please reach out to discuss this. Please be aware that unaddressed and/or un-remediated violations of the social media policy may result in adverse actions, including probation and/or dismissal from the Program.

## PROGRAM BASICS

### The Schedule

The program is a full-time clinical psychology doctoral program. Most classes run on Tuesdays, Wednesdays, and Thursdays, however occasionally required courses will be offered on Mondays. In addition to the course schedule, students in Years 1-4 are required to attend Program related events and/or Research and Scholarship Groups (RSGs) on Tuesdays and Thursdays from 12-2pm. Students in Years 1-4 who opt to pursue external training opportunities (i.e. clinical fellowships and externships) and/or who choose to hold paid employment while a student in the Program are still required to attend all required Program events. Missing any of these events in any given year will result in the student being asked to join a meeting with the Program Director and their advisor to discuss the barriers to their participation in required Program events. Continued difficulty with attendance at required Program events will affect the students' academic standing in The Program.

### Degree Requirements

We are a full-time academic and clinical doctoral training program. Students are required to undertake the following to successfully complete the doctoral degree in Clinical Psychology:

#### Academic:

- A minimum of three full-time academic years (six semesters) of graduate study in The Ph.D. Program
- Completion of **90 credits** of academic coursework
- An Empirical Research and Scholarship Project (hereafter “RSP”)

#### Qualifying Exams:

- First Doctoral Qualifying Examination (hereafter “First Docs”)
- Second Doctoral Qualifying Examination (hereafter “Second Docs”)
- A quantitative, qualitative, or mixed method Doctoral Dissertation

#### Clinical Training:<sup>11</sup>

- At least four years of residency at The Psychological Center, the Ph.D. Program's onsite training practicum site (from here on, "The Clinic")
- At least 500 clinical face-to-face hours<sup>12</sup> in The Clinic prior to beginning internship.
- The completion of at least 5 comprehensive psychological testing batteries prior to applying for internship.
- The completion of at least one year-long evidence-based treatment of a patient, other than psychodynamic therapy prior to applying for internship.
- A full-time one-year internship in Clinical Psychology at an APA-accredited facility

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<sup>11</sup> See “Programmatic and Clinical Requirements to be approved to Apply for Internship”

<sup>12</sup> This is further elaborated in the Internship Section

All requirements for the degree should be completed in no more than 8 years after matriculation; however, this deadline can be extended with the permission of the Director in consultation with the student's faculty advisor.

### **Transfer of Credit for Doctoral-level Courses in Psychology**

Students are able to *transfer up to 15 graduate-level credits*<sup>13</sup> (from courses in which they have received a "B" level or above from prior graduate work in Psychology), if the course work is evaluated as equivalent to The Ph.D. Program requirements.

Credit normally will not be transferred if courses were taken more than five years prior to entry in the program, or the credit was originally granted for independent research or thesis work. A recommendation for transfer of credit is usually not made until a student has successfully completed *at least a semester* of coursework. *In general*, transfer credits cannot be used to replace specific clinical and research courses required by the Program.

Typically, only graduate-level psychology coursework completed in areas that satisfy the broad and general sequence of requirements enable students to place out of similar coursework within the program (pending the Director and respective Professor's approval). The courses that students may place out of are Social Psychology, Lifespan Development, Cognitive and Affective Bases of Behavior, Biological Bases of Behavior, and History of Psychology.<sup>14</sup> Other transfer credits can be applied to non-required elective coursework. The Director and faculty member of the course that is being evaluated will consider each student request after determining the rigor and relevance of the syllabus of the masters-level course, which the student must provide; final approval for any credits transferred is made on a case-by-case basis.

A special note about Statistics I and II. A student can be exempt from Statistics I and II when the student has fulfilled both courses elsewhere at a Masters or Doctoral level within the past 3 years. In addition, the student must have completed at least 1 additional advanced statistics course at a Masters or Doctoral level in the past 2 years. In each of the three courses the student must have received a minimum grade of an A.

The Program uses the following guidelines to determine the number of course credits a student may transfer. These guidelines were developed to ensure that graduates of The Ph.D. Program have taken 90 approved doctoral credits or the equivalent. The guidelines will also enable applicants to make a reasonable appraisal of the transfer credits they are likely to receive.

- **From within CUNY:** Psychology courses taken at CUNY for doctoral credit will normally be transferred if a grade of B or better was recorded.
- **From other institutions:** Full credit will normally be transferred for psychology courses taken in graduate-level psychology programs if they meet all the following criteria: the courses are not clinical practica or to replace the research/assessment sequence of the Program; the courses are determined by the program to be relevant to an education in Clinical Psychology; and a grade of B or better is recorded. Such courses may be transferred pending approval by the Director regardless of whether the student was matriculated for a master's degree or a Ph.D.

### **Transfer of Credit for Courses in Disciplines Other Than Psychology**

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<sup>13</sup> 15 credits are the equivalent of 5 courses.

<sup>14</sup> See Curriculum Section

Credit will normally not be given for courses taken in departments other than psychology (e.g., sociology, anthropology, education, guidance, social work, nursing).

## The Registrar

The following are the most common tasks that require the registrar:

- Registering for classes
- Adding or dropping a class
- Changing a grade
- Changing an Incomplete grade to a Letter grade
- Transferring credits
- Registering for supervision (clinical supervision<sup>15</sup> and dissertation supervision)
- Obtaining an override
- Checking your transcript
- Moving up Levels (Level I, Level II, Level III; see page 11 for greater details)
- Registering for Weighted Instructional Units when courses are completed

## Registering for Classes

Registering for classes is performed online. In order to register for a class, a CUNYFirst “EMPL” number is needed. This number is provided by the Registrar when a student registers for the first time as an entering First Year student in August. This number can also be located on the back of your CCNY identification card that all students receive once they are in the CCNY system. After registration, a student can then personalize in CUNYFirst a pin number to make it easier to recall. This pin number will give students access to online registration. In the event that it is lost, email the registrar and they will be able to reset the Pin Number that essentially acts as the Password.

*To register:*

1. Go to the CUNYFirst website: [support.ccny.cuny.edu/cunyfirst/](https://support.ccny.cuny.edu/cunyfirst/)
2. Click on the CUNYFirst login in the top right-hand corner
3. Sign in with username and password
4. Click on student center
5. Click on search
6. Click the institution dropdown and select City College
7. Click the term dropdown and select
8. Click the subject field and make a selection
9. Scroll to the bottom of the page and click search
10. Search the results
11. Choose your class
12. Click next to add this class section
13. Confirm all selected sections are in your shopping cart

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<sup>15</sup> This only applies to clinical supervision with a core faculty member; not outside supervision.

14. Click the enroll button
15. Click on Finish Enrolling

### **Adding or Dropping a Class**

Instructions for doing so will be on the same screen as the steps involved in registering for a class on CUNYFirst.

### **Changing a Grade: From an Incomplete (INC) or No Grade Recorded (NGR) to a final Letter grade**

- Students must submit all outstanding work to the class Professor along with their Empl ID which is required for the Professor to process the Change of Grade
- Once this work is graded, the class Professor completes an online “Change of Grade” form
- Once submitted, the form progresses through various departmental and division-level signatories.
- Please note that no doctoral student in the Program can carry more than 2 incompletes during any semester. If a student finds themselves in this situation, they must immediately discuss this with both their adviser and the Director. The purpose of this limit is to support students in being able to succeed in the program without becoming overwhelmed by the number of incompletes that they carry.

### **Obtaining an Override**

An override is “permission” to either register for a class or do anything that requires special approval. In order to obtain an override, students must get permission from the faculty member for whose class the student wants to register. The professor of the course must post the override in the CUNYFirst system and the student must supply their EMPL ID.

### **Tuition**

Tuition rates for the Clinical Psychology PhD Program are determined by CUNY and the student’s progress through the program. As the students meet various training milestones, tuition decreases. There are three tuition levels:

- Level I: Entering students.
- Level II: Students move to Level II when they have completed 45 credits (including transfer credits) and passed the First Doctoral Exam.
- Level III: Students move to Level III when they have completed all course requirements (i.e., 90 credits; student cannot have any Incomplete [INC] grades), passed the First Doctoral Qualifying Examination (First Docs), passed their Research and Scholarship Project (RSP), passed the Second Doctoral Qualifying Examination (Second Docs), and handed in their Dissertation Topic Proposal. This advances the student to the status of **doctoral candidacy**.

### **Financial Aid**

Upon entry into the Program, students are all provided with guaranteed in-state tuition for the first year. Students in subsequent years may apply for partial tuition funding, based on financial need. The awarding of financial assistance is an in-program process and the time frame for application is at the start of the Spring Semester irrespective of the student's year in the program. In their second year, students may also apply for **Graduate A CUNY Clinical Fellowships**, which involve working at CUNY-wide college counseling centers during the third year and for up to two years in total. These clinical fellowships are considered a stipend to assist financially to complete their doctoral studies. No student is permitted to apply for a fellowship without first notifying and receiving approval from the Leadership Team<sup>16</sup>.

Funding in the form of **Graduate C Teaching Fellowships** are awarded by the CCNY Psychology Department. Under the Graduate C mechanism, students are required to teach 2 classes (6 credits total) each semester. Normally before awarding a fellowship the student serves for at least one semester as a teaching assistant to gain teaching experience. Although teaching fellowships can begin in the first year, the Program recommends waiting until at least the second year.

### **Policy Around Incompletes**

Doctoral students in the Program cannot carry more than 2 incompletes during any semester. If a student finds themselves in this situation, they must immediately discuss this with both their adviser and the Director. Students with more than two incompletes going into any semester will not be able to take a full-course load of new courses and clinical responsibilities above the minimum requirements at The Psychological Center will be reduced. The purpose of these limits are to support students in being able to succeed in the program without becoming overwhelmed by the number of incompletes that they carry.

Any incomplete must be attended to (i.e. the student completes the course and receives a passing grade) within one year of receiving the incomplete. Therefore, an incomplete received in the Fall term must be remedied by December 15<sup>th</sup> of the following year. For those received in the Spring term, the deadline for completion is May 15<sup>th</sup> of the following year. An incomplete that remains for more than one year will result in the student failing that course and needing to re-take the class.

### **Participation and Attendance Requirements**

Participation is assessed separately from attendance. Participation refers to active involvement in classroom discussions. The contribution of participation towards a final grade is stated in every syllabus and can vary across courses.

Attendance in class is required. Because doctoral-level courses meet weekly for 2 hours, missing one class is the equivalent of missing a full week of course work. One excused (i.e. advanced notice provided to the instructor) and one unexcused absence (i.e. informing the instructor the

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<sup>16</sup> See External Training Section

day of the class) will be permitted. Each additional absence will result in an automatic reduction of your grade by one level (e.g. from an A to A-, A- to B+).

## Research Support

The Program allocates the following funds for specific doctoral student support:

\$2000.00 for **student travel** and related conference fees  
 \$3000.00 for **dissertation research support**.

How to apply:

Students can apply for **Travel Support** as conference opportunities arise by completing the Travel Support Form (on website) and submitting it to the faculty for review via emailing it to the program email account.

Student can apply for **Dissertation Research Support** funding every academic year by submitting by February 15 via the Program email account the Dissertation Research Support Form and related Project Proposal + Budget (on website) to the program email account. Faculty will collaboratively assess the various proposals and determine the allocation of funding. Funding is for direct research expenses only (e.g. participant payments, research supplies). Funds must be used within 1 year of the award and a final report of research progress as well as details on how the funds were used must be submitted to the Program Email account no more than 1 year after the award was granted. Failure to comply with the terms of the award will result in the student needing to reimburse the Program for the award.

There are often other Fellowships supported by other external forms of support available to students. In addition, financial support may also be available through federally- and privately-funded grants to faculty and students may apply to work with funded faculty directly. Students are encouraged to apply for external sources of funding and faculty are available to support and mentor these efforts.

## CURRICULUM

### **Required Curriculum:**

The Program's curriculum involves a logical progression of coursework (90 credits) in broad and general psychology, courses specific to clinical psychology, as well as related practicum experience that is sequential, cumulative and graded in complexity.

The Program's curriculum is designed to ensure that students attain graduate-level discipline-specific knowledge in broad and general psychology courses, as well as specialized content related to clinical psychology. Broad and general knowledge provides a solid foundation for further, specialized training in clinical psychology. Specialized coursework and practica are critical components of preparing students to be competent in substantive areas of professional psychology (see "Competencies for Training" below).

### ***Discipline-Specific Knowledge***

Students in the Doctoral Program in Clinical Psychology will obtain graduate-level discipline-specific knowledge in 10, required, core, broad and general psychology courses:

1. The biological bases of behavior (Biological Bases of Behavior, PSY 7512J)
2. The cognitive bases of behavior (Cognitive & Affective Bases of Behavior, PSY 7113J)
3. The affective bases of behavior (Cognitive & Affective Bases of Behavior, PSY 7113J)
4. The social aspects of behavior (Social Psychology, PSY 7406J)
5. The history and systems of psychology (History of Psychology, PSY 7000J)
6. The developmental aspects of human behavior across the lifespan (Lifespan Development, PSY 7203J)
7. Advanced integrative knowledge of biological, cognitive, and affective bases of behavior (Advanced Biological, Cognitive, and Affective Bases of Behavior: Social Neuroscience and Psychopathology, PSY 7900J)
8. Research Methods (Quantitative Methods in Psychology, PSY 7800J)
9. Statistical Analysis (Statistical Methods in Psychology I, PSY 7050J and Statistical Methods in Psychology II, PSY 7060J)
10. Psychometrics (Psychometrics, PSY 7600J)

### ***Competencies for Training***

The Doctoral Program in Clinical Psychology will prepare students to be competent in the following nine substantive areas of professional psychology.

#### **Competency I: Research**

At the end of The Ph.D. Program, students will demonstrate knowledge of statistical analysis, research design, and the existing empirical literature in clinical psychology, as well as the implementation of that knowledge in clinical practice and in designing and implementing independent research.

#### **Competency II: Ethical & Legal Standards**

At the end of The Ph.D. Program, students will demonstrate knowledge and actions consistent



with the APA Ethical Principles of Psychologists and Code of Conduct, relevant laws and professional standards, as well as the ability to recognize ethical dilemmas and to apply ethical decision-making processes.

Competency III: Individual and Cultural Diversity

At the end of The Ph.D. Program, students will demonstrate understanding, knowledge and respect for individual and cultural differences, and of how it impacts their research and clinical work.

Competency IV: Professional Values, Attitudes, and Behaviors

At the end of The Ph.D. Program, students will behave in ways that reflect the values and attitudes of psychology.

Competency V: Communications and Interpersonal Skills

At the end of the Ph.D. Program, students will demonstrate effective interpersonal skills, as well as appropriate and clear nonverbal, written and oral communication skills.

Competency VI: Assessment

At the end of The Ph.D. Program students will demonstrate comprehension of and competency in the clinical assessment of cognitive and personality functioning.

Competency VII: Intervention

At the end of The Ph.D. Program students will demonstrate comprehension of and competency in implementing a range of psychotherapeutic interventions in a culturally-competent manner to a range of diverse populations.

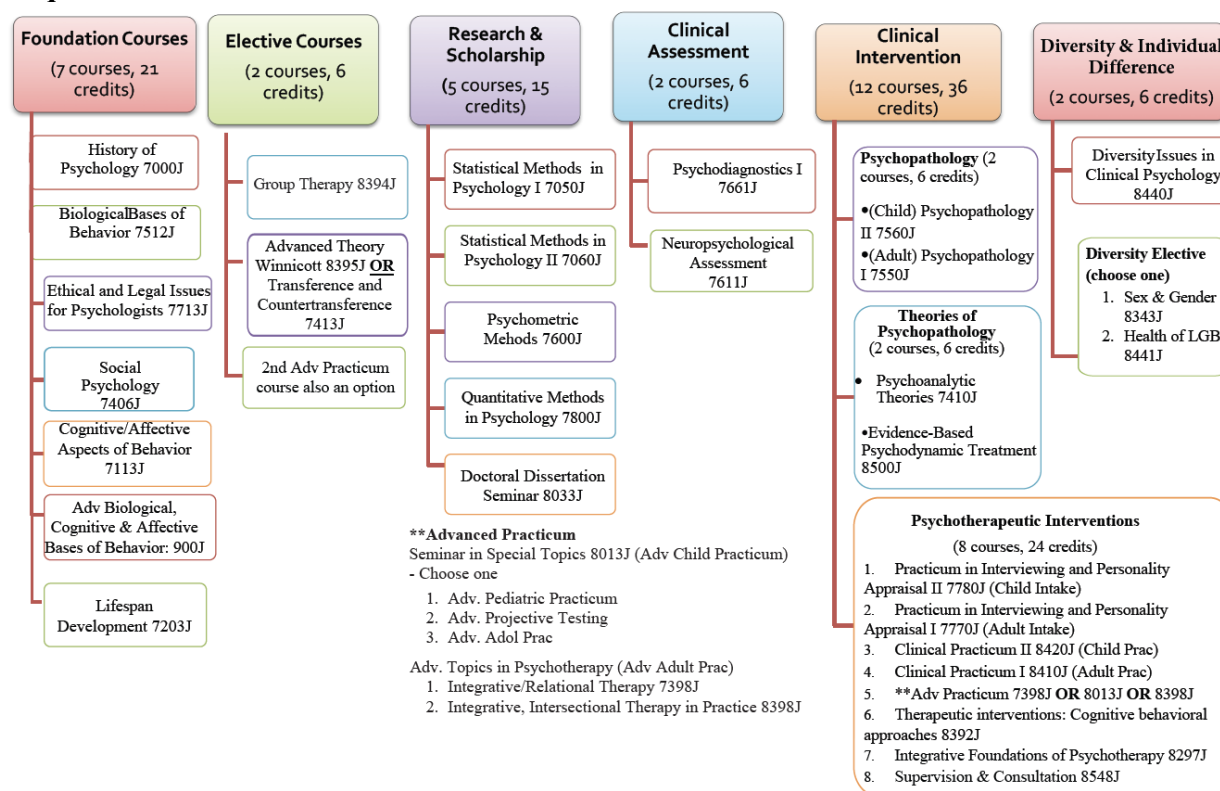
Competency VIII: Supervision

At the end of the Ph.D. Program, students will demonstrate knowledge of supervision models and practices and an openness to clinical supervision.

Competency IX: Consultation and Interprofessional/Interdisciplinary Skills

At the end of the Ph.D. Program, students will demonstrate knowledge and respect for the roles and perspectives of other professions, and knowledge of consultation models and practices.

## Required Courses



### Sample 3-Year Curriculum by Semester

(Note: All classes are 3 credits; Curriculum can be spread out to be completed in 4 years as well)

FIRST YEAR: Fall (15 Credits)	FIRST YEAR: Spring (15 Credits)
<ol style="list-style-type: none"> <li>1. Statistical Methods in Psychology I</li> <li>2. Psychodiagnostics I</li> <li>3. Ethical and Legal Issues for Psychologists</li> <li>4. Psychoanalytic Theories</li> <li>5. Lifespan Development</li> </ol>	<ol style="list-style-type: none"> <li>1. Statistical Methods in Psychology II</li> <li>2. Psychometric Methods</li> <li>3. Practicum in Interviewing &amp; Personality Appraisal I or II**</li> <li>4. Integrative Foundations of Psychotherapy</li> <li>5. Psychopathology II</li> </ol>
SECOND YEAR: Fall (15 Credits)	SECOND YEAR: Spring (15 Credits)
<ol style="list-style-type: none"> <li>1. Neuropsychological Assessment</li> <li>2. Practicum in Interviewing and Personality Appraisal I or II**</li> <li>3. Clinical Practicum II (1 of 2 options)**</li> <li>4. Psychopathology I</li> <li>5. Quantitative Methods in Psychology</li> </ol>	<ol style="list-style-type: none"> <li>1. Clinical Practicum II (1 of 2 options)**</li> <li>2. Biological Bases of Behavior</li> <li>3. Evidence Based Psychodynamic Treatment</li> <li>4. Diversity Issues in Clinical Psychology</li> <li>5. Cognitive/Affective Aspects of Behavior</li> </ol>

<b>THIRD YEAR: Fall (15 Credits)</b>	<b>THIRD YEAR: Spring (15 Credits)</b>
<ol style="list-style-type: none"> <li>1. Advanced Theory Elective (1 of 2 options)</li> <li>2. Advanced Biological, Cognitive &amp; Affective Bases of Behavior*</li> <li>3. Social Psychology</li> <li>4. Therapeutic interventions: Cognitive behavioral approaches</li> <li>5. Adv Practicum (choice of 5)**</li> </ol>	<ol style="list-style-type: none"> <li>1. Doctoral Dissertation seminar***</li> <li>2. History of Psychology</li> <li>3. Supervision &amp; Consultation</li> <li>4. Elective</li> <li>5. Sex and Gender or Health of Lesbians, Gays and Bisexuals</li> </ol>
<p>*Successful completion of Biological Basis of Behavior and Cognitive and Affective Aspects of Behavior is required to enroll in this course.</p> <p>**Successful completion of Practicum in Interviewing and Personality Appraisal I and II as well as Clinical Practicum I and II are required before students can enroll in this course.</p> <p>***Successful completion with a passing grade of the RSP assignment is required before students can enroll in this course.</p>	

## STUDENT ADVISING AND EVALUATION OF PROGRESS

### Assessment of Academic Progress

The core Program faculty meets twice yearly (in January and June) with the central goal of formally reviewing the progress of all students; this involves reviewing data from multiple perspectives (faculty, supervisors, dissertation advisors, the Clinic Director, etc.). Within this context, faculty also consider each student's level of personal awareness of their training to date, emotional maturity, and ethical integrity. Together, these various levels of review provide a comprehensive assessment of each student's academic and clinical progress. The focus of the discussion is on a student's competence in a wide range of roles, i.e., performance in academic coursework, competence and knowledge as a researcher and scholar, clinical competence, and professional conduct and development. In addition, these discussions occur as needed at other faculty meetings during the year.

Additionally, each student receives feedback on both their academic and clinical progress from their Academic Advisors during advisement meetings during the fall and spring semesters of each year as well as from the Director of the Clinic during the Annual Clinical Reviews. Students who are having difficulties receive advisement from their academic advisor and when indicated from the Director of the Program.

### Procedures to Address Students' Lack of Satisfactory Academic Progress

Students who demonstrate or develop persistent, pervasive, and/or intensive difficulties with one or more aspects of their academic work may require a more extensive response from those provided in the usual advisement system. This kind of feedback and response is to benefit and support the student's progress towards their degree. The following steps are taken to address a lack of satisfactory progress in academic work:

#### 1. Discussion with the Program Director

If the student's academic advisor has concerns about their advisee they first discuss them with the Program Director and the Leadership Team at their weekly meeting. If the issue is still considered serious enough, the issues with the student are brought to the core Faculty.

#### 2. Further Discussion with the Student and Setting a Plan

If the consensus is that the student needs further guidance than that provided by the advisor, that guidance may be provided by one or more of the following ways: (i) the Leadership Team, a faculty member with whom the student has an especially positive working relationship and/or the Program Director will meet with the doctoral student to discuss the specific concerns about their academic and/or clinical performance. These discussions include describing to the student the concerns raised by the advisor and/or faculty; hearing the student's response and concerns about the identified problems; and coming to consensus on a plan to improve their academic performance. This remediation

plan is then discussed with the full faculty for refinement and approval and the final version is provided to the doctoral student.

### **Assessment of Clinical Progress**

Clinical progress refers to a student's ability to do the following: conduct psychotherapy; perform intakes and assessments; develop clinical case formulations and diagnostics, conduct psychological testing; and engage in professional, collegial, ethical behavior working in a community mental health psychotherapy clinic. As part of the learning experience of becoming sensitive, skilled clinicians and professional colleagues, we fully expect doctoral students to make occasional errors in judgment, empathy, interpersonal attunement and relational behavior, and to have strong emotional reactions to patients that may interfere with the therapeutic process. As a psychodynamically-based program, our clinical theories and approach to supervision focus greatly on understanding the source of these "errors" so as to expand the beginning clinician's developing sensitivity, skill, and emotional maturity.

All clinical supervisors, both "outside" external supervisors and faculty clinical supervisors, complete extensive evaluations of students' clinical skills on a yearly basis. Additionally, supervisors are expected to directly observe, either live or thru video recording, sessions with their supervisees.

Faculty members teaching courses in clinical theory and skills observe student contributions to class discussions of theory and clinical material, presentations, and written assignments, and evaluate their clinical progress using the Course Performance Evaluations.

Students who participate in external training opportunities (i.e. externships and/or clinical fellowships) are expected to pass these training experiences and failure to do so will result in the student losing good standing in the Program. Remediation plans for clinical performance and/or professionalism implemented by an external training site must be shared with the Program Director immediately. Dismissal from an external training site will result in two immediate actions. First, the student will no longer be in academic good standing. Second, the Program will implement a comprehensive remediation plan. See Appendix A for template.

### **Procedures to Address Students' Lack of Satisfactory Clinical Progress**

Despite their best efforts, students may reveal or develop persistent, pervasive, and/or intensive difficulties with one or more aspects of their clinical work. These difficulties may require a more extensive response from those provided in the usual supervisory and educational processes. This kind of feedback and response is both to benefit the student's progress, as well as to insure the well-being and competent psychological treatment of patients. The following steps are taken to address a lack of satisfactory progress in clinical work:

#### **3. Discussion with the Clinic Director:**

If any of our supervisors or clinical faculty is concerned about the student's clinical performance, these concerns are first reported to the Clinic Director, who will then meet and speak with the student. On rare occasions, fellow students become sufficiently

concerned about another student's behavior or attitude towards patients and may raise their concerns with the Clinic Director. When other students raise concerns, the Clinic Director will generally bring up the concern with the entire faculty (see below).

#### **4. Discussion with the DCT and the Full Faculty**

If the Clinic Director deems it important to raise concerns about the student, they first discuss them with the DCT at the weekly Leadership Team meeting. If the issue is still considered serious enough, the issues with the student are brought to the core Faculty. In the case of "inside/faculty supervisors," or if concerns have arisen as a result of the student's performance in clinically-oriented classes, these concerns about the student's clinical performance are usually discussed immediately among the full faculty without the first step of going to the Clinic Director.

#### **5. Further Discussion with the Student and Setting a Plan**

If the consensus is that the student needs further guidance than that provided by the Leadership Team, that guidance may be provided by one or more of the following faculty: the student's advisor; a faculty member with whom the student has an especially positive working relationship; the Clinic Director; and/or the DCT. These discussions include describing to the student the concerns raised by the Clinic Director and/or faculty; hearing the student's response and concerns about the identified problems; and coming to consensus on a plan to improve their clinical performance. This plan is then discussed with the full faculty for refinement and approval. This plan will be detailed in a written document to be signed by the student, the Clinic Director, and DCT, with a specific timetable for when these difficulties will be remediated.

#### **Temporary Cessation of Clinical Work and Remedial Training**

In instances in which the student is unable to or refuses to address and engage with the concerns raised by the faculty, and/or instances in which the student continues to demonstrate serious limitations in their clinical skills, the faculty and Director of the Clinic may require the student to reduce or suspend clinical work (i.e., treating patients for a specified period of time). During this time, the student may be required to re-take one or more clinical courses as a way to gain greater mastery of the clinical theories and techniques required to conduct clinical work.

#### **Leave of Absence, Withdrawal from the Program**

Students may take a parental leave, medical leave, and/or a leave of absence for various reasons. Students who wish to take a leave of absence need submit this request in writing to the Program Director and their advisor and subsequently meet together with their advisor and the Program Director to think through whether a leave is the optimal way to proceed.

If the leave is for 2 semesters or less, a return to the Program is automatic upon written request. Should the leave be longer than two semesters, the student must meet with the Program Director to review their request. While the student's request to re-enter the Program following such an

extended leave will be given every consideration, it will be up to the Program Director with faculty input to decide whether to grant reinstatement.

In some instances, the student may be asked to take a leave of absence from the program and to address the emotional/behavioral issues that have impeded their progress. Although the clinical program does not mandate therapy, the student may be asked to consider personal psychotherapy among the options to address the issues identified. A student who withdraws from the Program will have to reapply for admission. In these instances, the faculty will work collaboratively to develop a comprehensive Remediation Plan [see Appendix A for template] which will be implemented to support the students successful return to the Program.

Students who take a leave from the program at a time that interrupts a defined assignment timeline (i.e. Second Doctoral Examination, Research and Scholarship Project timeline) will join the next cohort's timeline upon returning to The Program. For example, a leave started in November and lasting until July will result in that student beginning the Second Doctoral Examination sequence the Fall of their return from leave.

### **Termination from the Program**

If the student is not able to address the emotional/behavioral issues that have impeded their progress, the student can be terminated by The Program by joint decision of the Leadership Team along with a majority vote from the Faculty. At all times, the student's right to appeal our recommendation will be respected and more information on this matter can be found in the following site: <https://www.ccny.cuny.edu/standards/probation>

### **Student's Right to Appeal Program Decisions Regarding Lack of Satisfactory Academic or Clinical Progress**

At all times, The Program respects the student's right to appeal any adverse decisions regarding satisfactory progress. The specific procedures for grievance and due process across all administrative arenas can be found in the following link to CCNY's policy: <https://www.ccny.cuny.edu/standards/appeals>

## STUDENT RESOURCES AND ADVISEMENT

### Student advisement: Formal and Informal

- **Academic Advisors:** When a student begins the Program, they will be assigned an advisor from among the core faculty by The Director. Advisement meetings occur at minimum two times per year (see "Student Advising & Evaluation of Progress"), once a semester.
- **Buddies:** When a student begins the Program, they will be assigned a buddy (a student from the second-year class) by the Director. This student will provide informal advising and grounding in the life of the Program from someone with the closest knowledge of what it meant to be a first-year student. These connections often last in a meaningful way throughout one's time at City.

### Student Offices

Within the first month in the Program, students will be assigned a student office and will receive access to that office and the student lounge. Students should regularly check in with the Clinical Psychology Administrator(s) to collect any mail that they are holding for students. In addition, students are added to the all of the email listservs at the start of the Fall semester of their first year in the program.

### Doctoral Student Groups

Doctoral students have the opportunity to join student groups as part of the community in the Program. The Program supports some special interest groups led by students in which all students are welcome to participate starting from their first year onward. In addition to general participation, each group regularly hold elections to appoint leaders to facilitate group meetings, provide administrative support, etc. The current student-led groups that exist in the Program at this time are:

#### **Doctoral Student Council (DSC):**

In Spring/Summer 2016, the Doctoral Student Council (DSC) was instituted to advocate on behalf of and promote the interests of current and future students in The Program. Each academic year, students in years 1-5 elect a student to represent each cohort on the DSC. A representative from each of the established student groups (AEMI and Q&A, both described below) also participate in the DSC during their monthly meetings.

#### **Association for Ethnic and Minority Issues (AEMI):**

AEMI is a student-led organization devoted to discussing the impact of race, ethnicity, and culture both personally and professionally. AEMI strives to create a safe and supportive social network for racial and ethnic minority students within the program and to take a proactive stance in bringing the issues of race and ethnicity to the curriculum and the Program at large. All students in the doctoral program are encouraged to participate in AEMI. As active intellectual members of the program's community,



students involved with AEMI have sponsored the following activities in addition to monthly general meetings:

- Collaborate with faculty towards maintaining a diverse student body;
- Invite clinicians and scholars whose work complements AEMI's mission to speak to the students and faculty;
- Recruitment outreach to CUNY campuses;
- Support student research or interest in multiculturalism;
- Host social events for students in the program.

**Queers & Allies (Q&A):**

Queers and Allies (Q&A) is a student-led group with the mission of promoting— within the Program and beyond — recognition, dialogue, and action around issues of sexuality and gender across the LGBTQIA+ spectrum, with a focus on how those issues affect us as clinicians-in-training, individuals who come to our Clinic for psychological services, and the relationships that develop between all of us. Q&A is committed as well to the evolution of thinking about sexuality and gender within contemporary theory and clinical technique.

The group meets monthly and:

- Collaborates with faculty towards maintaining a diverse student body;
- Recruitment outreach to CUNY campuses;
- Supports student research or interest in multiculturalism;
- Hosts social events for students in the program;
- Collaborates with faculty to promote a curriculum that acknowledges and accounts for the full range of individual experiences of sexuality and gender and to foster a safe space to discuss these topics in our program.

## NON-COURSEWORK REQUIREMENTS

In addition to classes and seeing patients and supervisors, there are some regular meetings that are required.

1. **RSGs:** Research & Scholarship Groups (RSGs)<sup>17</sup> meet for 90 minutes on the first, third and fourth Tuesdays of each month, from 12:30-2 pm. Participation in RSG is a program requirement for students in first through third years in the Program.
2. **Clinic Supervision Teams:** Clinic Supervision Teams<sup>18</sup> meet every week on Tuesday and Thursday from 8:30 am to 9:30 am (students are assigned to one team, so each student only need to go to one meeting a week) while the Clinic is open.
3. **Town Hall Meetings:** Town Hall Meetings take place monthly on Tuesdays 12:30-1:45pm (See the Program calendar for dates and location). Program updates are otherwise communicated as they arise by the Director and Leadership team to students via email.
4. **First Year Orientation Meetings with the Director:** First year students meet with the Director in two smaller groups on a weekly basis to help guide the first-year experience.

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<sup>17</sup> See below, p. 37.

<sup>18</sup> See below, p. 33.

## “GO TO” INFORMATION

### **The Ph.D. Program Website**

Every effort will be made to ensure that this handbook is comprehensive and up to date. Yearly revisions are provided via an updated Program Handbook at the start of the Fall semesters. With that said, much of the information included here is also available on the Program’s website, where students will also find an electronic version of this handbook.

The program website is: <https://www.ccnycuny.edu/psychology/welcome>

Although this handbook is updated periodically, the College website (<https://www.ccnycuny.edu/>) should be considered the “last word” when it comes to policies, procedures, and resources that have to do with CUNY. Thus, students should be sure to check it for the academic calendar, calendar of College events, latest on all policies regarding admissions, registration, course transfer, transfer of credits, taking courses at other colleges in the CUNY system, tuition, changing levels and requirements, and many other administrative issues, as well as for student resources available through CUNY.

### **The Psychological Center Website and Clinic Manual**

The Psychological Center is the clinical training arm and primary practicum of the doctoral program where students are required to be in residence from years 1 through 4. Specific information about the Psychological Center and clinical work is found in the Clinic Manual and at the Psychological Center Website:

[www.thepsychologicalcenter.org](http://www.thepsychologicalcenter.org)<sup>19</sup>

### **Go To Staff: Who is Responsible for What**

There are two branches of the Clinical Psychology PhD Program: (1) Academic and (2) Clinical (via The Psychological Center). While we make up one program and share a physical environment the two branches oversee various aspects of the student experience. Below is the organizational and governance that we currently follow regarding being able to address a range of common needs and requests.

#### **Physical environment and technology:**

**The Academic Branch** of the Program is responsible for maintaining the following spaces and their respective technology:

Classrooms (132, 131, 103)

Suite 104

Student offices, including 8/120B (Admissions Coordinator/Student Office)

Faculty offices

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<sup>19</sup> The password for students to login to this website can be obtained from the Clinic Administrative Specialist or Clinic Directors.

Faculty labs  
 Student lounge  
 Clinical PhD computer lab

For all concerns pertaining to the physical environment and related technology maintained by the Academic branch please email the Program's Email Account ([clinicalpsychphd@ccny.cuny.edu](mailto:clinicalpsychphd@ccny.cuny.edu)), which is maintained by the Program Administrator(s).

**The Clinical Branch** of the program is responsible for maintaining the following spaces:

Clinic administrative offices  
 Front desk  
 Waiting room  
 Therapy and testing rooms

For all concerns pertaining to The Psychological Center's physical environment and related technology please email the Clinic's email address ([psychologicalcenter@ccny.cuny.edu](mailto:psychologicalcenter@ccny.cuny.edu)), which is maintained by The Clinic's Administrative Specialist.

For all questions and concerns related to registration, tuition, student offices, course schedules please email the Program's Email Account ([clinicalpsychphd@ccny.cuny.edu](mailto:clinicalpsychphd@ccny.cuny.edu)) and the appropriate person will respond.

For all questions and concerns related to clinical care of patients, supervision, and other aspects of your clinical training at The Psychological Center, please email both the Clinic Director (Diana Puñales) and Associate Director of the Clinic (Sasha Rudenstine).

### **Important Phone Numbers**

- The Psychological Center ("Front Desk"): 212-650-6602
- Program Administration Office –212-650-5439
- The Psychological Center Clinical Administrator and Clinic Office: 212-650-5669
- Physical Plant: 212-650-8689
- Public Safety: 212-650-6911; For any emergency call 212-650-7777
- IT: 212-650-7878
  - City College 311: The new CCNY 3-1-1 service is now available to City College faculty and staff to call just one central number for easy access to all of CCNY's services and information.

Additionally, the number 212-650-7311 will be reachable from both off-campus (by

dialing the full number) and on-campus (via ext. 7311). Callers will be connected to a menu guide that will give them seven options:

- #1 for Public Safety
- #2 for the Facilities Management Office
- #3 for Human Resources and Payroll Services
- #4 for the Office of Information Technology (OIT)
- #5 for Campus Transportation
- #6 for Events Management
- #7 for the Office of Institutional Advancement and Communications

From there, callers will be guided to specific resources. For example, pressing the number for Public Safety will offer eight further options, including #1 for emergency, #2 for campus parking, #3 for lost and found, and #4 to have a door unlocked etc.

Developed by the Office of Information Technology (OIT), the new communication system simplifies the process of requesting or inquiring about the many services offered here at CCNY. Now, you only have to know one number to reach the service you need.

Please note that the 3-1-1 system is meant to simplify the process to being able to connect with the service that you are looking for. If you do not wish to use this mode of communication, you may contact the specific service through the existing channels, as that will not change.

## **Library**

Students are entitled to library privileges on all CUNY campuses. To use these facilities, students must obtain a library code from the Librarian at the CCNY library main desk. This is worth doing as it allows students to access the online search engines and journals from a home computer. Students can also access many online resources through the GC website from home, including PsycInfo. Follow the link for “Databases” on the GC library webpage, and those databases with house-shaped icons next to them can be accessed from home with a high-speed internet connection. Anyone can access the CCNY Library at <http://www.cuny.cuny.edu/library/> and the GC Library at <http://library.gc.cuny.edu/> but to use restricted online services students must sign in using your CCNY username and password. The online journals in the libraries are not identical. Both should be checked when looking for a specific journal. Students can also check on the paper holdings for both libraries online. If an article is not found in the online or paper holdings, it can be requested through interlibrary loan. Paper request forms must be obtained from and turned in at the library’s main desk which is located on the second floor of the NAC Building. Books may also be requested through interlibrary loan. It usually takes about a week to receive a requested item. The library can also make requested articles available through an online system. The CCNY library also accepts online renewals of checked-out books.

Even with the improved online resources, many journals and books are not available at CCNY and most of the other New York City universities only allow their own students to use their facilities. A student’s City ID grants access to all of the CUNY libraries, including Mount Sinai Medical School library, and Baruch College, which has many of the psychoanalytically-oriented journals and books. The CCNY library also has a good number of psychoanalytic journals in their bound collection. The library at the New York State Psychiatric Institute located in the

Columbia University Irvine Medical Center complex at 168th and Fort Washington is a public library with an impressive array of psychoanalytically-oriented material. The New York Psychoanalytic Institute also has a good library. The New York Public Library is another a valuable resource.

### **Clinical Psychology PhD Computer Lab**

Starting Fall 2024, The Program will maintain a computer lab for the PhD students. The Lab has 4 computers equipped with Titanium (for the Clinic's electronic medical recording system). In addition, the Program maintains licenses to a number of qualitative and quantitative software programs that students rely on for their research. The programs available include, but are not limited to: NVivo, MPlus, SPSS, ARCGis, R, and HLM. Students are able to sign a computer out for use via the online room reservation system.

### **Listsers**

The Program has several listsers, which provide a means of ready communication with various groups of constituents in the entire community. Please note, that program related communication is to be conducted solely via the use of CCNY emails. Once a doctoral student enters the Program, they are added to the following listsers:

1. **psychcenterresidents@googlegroups.com**, is the listserv used to communicate important information with students who are **in residence** at the Psychological Center and who are currently treating or testing patients at the Psychological Center. Within the first few weeks of each fall semester, a Program Directory, which includes contact information for all members of the community, is distributed via the listserv.
2. **currentclinicalstudentsandfaculty@googlegroups.com**, is the listserv used to communicate with students that are currently treating or testing patients at the Psychological Center and includes students who are either on internship, working on dissertations and who have not yet received the doctoral degree.
3. **ccnyclinicalprogram@googlegroups.com** is both a current student/faculty and alumni listserv that allows the Program to maintain contact with over 450 alumni, and for them to remain in contact with one another. Within the first few weeks of each fall semester, a Program Directory, which includes contact information for all members of the community, is distributed via the listserv. [There is also an alumni-only listserv that allows the Program to maintain contact with over 450 alumni, and for them to remain in contact with one another.]
4. **students-at-the-psych-center@googlegroups.com** is a student only listserv. Once you enter the Program, the students themselves add the incoming ones.

## THE PSYCHOLOGICAL CENTER (AKA THE CLINIC)

The Psychological Center (hereafter “the Clinic”) is the primary internal practicum site for your training. This is where you will treat all of your patients. All practicum experiences are integrated into the curriculum through the courses described below. In essence, the Program provides a multi-year, on-site externship in community psychology onsite at our clinic, The Psychological Center. By the time students have completed their third semester of the Program, they are expected to have a minimum of 6 direct contact hours per week at The Clinic for the remainder of their residency. Below is a description of the typical practicum experience in each of the first four years of the Program.

### Desk Duty

Beginning in the first semester of their first year, and continuing through the summer of their fourth year, students are expected to work in reception/screening for one hour a week (hereafter “Desk Duty”) during the regular semesters, 4 hours during the Winter break and 4 hours during the summer until the Clinic closes.<sup>20</sup> First year students are paired with advanced students for Desk Duty for the duration of their first year to foster mentorship and guidance for entering students. The student sitting at Desk Duty has three primary responsibilities.

1. The student answers the phones to both take messages for other therapists, or to schedule in-person screenings for adults, children, adolescents, and couples.
2. The student sitting at desk duty greets patients as they arrive and calls the student lounge to let the therapist know that their patient has arrived.
3. If an in-person screen has been scheduled, the student sitting at Desk Duty conducts a one-session, in-depth screening interview which the Clinic Directors then use to determine if the patient is suitable for a full intake evaluation.

The front desk of the Psychological Center represents one of the places where the Clinic directly interacts with the various communities served (CCNY student body and Harlem/NYC community residents). It is not uncommon for prospective patients and their family members—sometimes in acute stress—to present themselves at the front desk without having any prior contact with the Psychological Center. For this reason, it is imperative that the front desk be staffed on a regular, reliable basis with student therapists. Essential tasks performed by student therapists on desk duty include:

- Providing information about the Psychological Center’s full range of services to prospective patients and community mental health professionals and organizations
- Screening prospective patients and assessing their presenting level of risk and appropriateness for services
- Scheduling new patients for psychological screening sessions
- Announcing patients arriving for scheduled appointments
- Managing incoming phone calls
- Forwarding phone messages to staff therapists

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<sup>20</sup> Desk duty hours during the winter and summer breaks may vary slightly depending on the number of students in residence.

- Checking the Clinic’s voicemail on a regular basis

Though the Clinic is not set up to take walk-ins, occasionally an individual will walk in who is in distress and the doctoral student sitting at Desk Duty will triage the patient to see if further levels of care are required immediately. When this happens, the doctoral students at Desk Duty contact the Director (Dr. Puñales), Associate Director (Dr. Rudenstine), Assistant Director (Dr. Cancelmo), or the DCT (Dr. Tuber) who help assess risk and manage the situation. Thus students receive some in-vivo training in crisis management and triage.

All students in their 1st – 4th years in the Program are required to commit one hour of Desk Duty each week during the fall and spring semesters. Alternative arrangements are made during the winter and summer intercessions, which require students to commit to one 4-hour block in the Winter Break and Summer.

The Clinical Administrator<sup>21</sup> arranges the schedule for desk duty based on student therapists’ signing up for desk duty by seniority given their year in the Program. Once a desk duty slot is assigned, each student therapist must report weekly for their desk duty assignment. If a therapist is unable to make their desk duty slot for any reason, it is the exclusive responsibility of that therapist to both: 1) find a replacement for that hour, and 2) to make up the missed hour as soon as possible upon arrangement with the Clinical Administrative Specialist (who is also referred to as the Clinic Administrator). The ongoing functioning of the Clinic depends on this critical shared responsibility and as such no student in residence is exempt from missing or cutting short their desk duty time for any reason. If a student therapist does have to miss their desk duty, they need to inform the Director, Associate Director and Clinical Administrator of the Clinic as soon as possible. Students who do not fulfill their Desk Duty obligations will have the incident reflected in their Student Clinical Record during the Annual Clinical Review as it is considered a serious breach of clinical care. All students must email [psychologicalcenter@ccny.cuny.edu](mailto:psychologicalcenter@ccny.cuny.edu) upon completion of their desk duty with a status report of everything that transpired during their course of duty.

### **Evaluation (Eval) Teams**

Students begin their direct clinical intervention experience in the Clinic in the Spring of their first year. On the basis of student preference, students are assigned to the Child or Adult Tracks upon entering The Program<sup>22</sup>. As mentioned above, the student’s track determines the order in which Child/Adult Intake and Practicum courses are taken beginning in the first year and the minimum case load, with Adult track students seeing two adults and one child and child track students seeing two children and one adult patient.

The adult track students begin with “*Adult Intake*” (Practicum in Interviewing and Personality Appraisal I) and the Child Track students begin with “*Child Intake*” (Practicum in Interviewing and Personality Appraisal II) in the second semester of their first year. This sequence is reversed in the first semester of their second year with the Adult Track students taking *Child Intake* and

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<sup>21</sup> Currently, the Clinic Administrator is Bouchra Benchrifa

<sup>22</sup> In years when there is an uneven distribution of cohort preferences, a student may be asked to join their second preference track to balance out the tracks.



the Child Track students taking *Adult Intake*. The division of the cohort of students in half allows practicum courses in the first and second years to be smaller and thus to focus more intensively on evaluations, psychotherapy and clinical intervention training.

Both *Adult and Child Intake* have a “laboratory component: The Evaluation Teams (hereafter “Eval Teams”). The Child Eval Team is run by Dr. Rudenstine and the Adult Eval is run by Dr. Puñales. The Assistant Director of the Clinic (Dr. Cancelmo) assists with supervising the evaluations being conducted through the Eval Teams.<sup>23</sup>

### **Adult Eval Team**

The Adult Eval Team which is run by Dr. Puñales is held on **Thursdays from 2:00-4:00PM** while classes are in session. Prior to the Eval Teams, Drs. Puñales and Rudenstine review the screens that have come into the Clinic that week to determine the appropriateness of the screening case for intake evaluation. Those screens that are deemed appropriate are assigned to one of the Eval Teams by Drs. Puñales and Rudenstine. In turn, the case is assigned to a specific student on one of the evaluation teams to conduct an in-depth intake evaluation.

Students on the Adult Eval Teams are assigned Eval patients by Drs. Puñales and Rudenstine; these patients are only seen during the Eval Team time (Thursdays 2:00-4:00PM), which allows for Dr. Puñales to oversee and observe each intake therapist directly, as well as to allow her, as the licensed practitioner on site to assess and intervene in the case of emergency. After the students see their patients, the Eval Team reconvenes, and the cases are discussed. There are ample opportunities for live teaching and didactics here. In addition, the teams are designed to encourage and develop supervision and consultation skills.

Over the course of the semester, an effort is made by Drs. Puñales and Rudenstine to ensure that as many different kinds of patients can be seen by the Eval Teams. The diversity in intake patients is across gender identity, racial identity, family status, immigration status, and diagnosis<sup>24</sup>. Over the course of a semester, students complete at least 4 in-depth adult evaluations. The Team will make use of the one-way mirror throughout the semester as it provides an opportunity for live-supervision and learning for the entire Adult Eval Team. These patients are also integrated into discussions in *Adult Intake* which is taught by Dr. Puñales, providing students with both a rich didactic experience, and a large amount of oversight as they begin their clinical intervention work.

In addition, Eval Team therapists present each of their intake cases to their Clinic Teams which gives them the opportunity to learn professional skills, and to receive additional supervision and consultation on each case.

### **Child Eval Team**

The Child Eval Team, which is run by Dr. Rudenstine and is held on **Thursdays from 2:00-4:00pm** while classes are in session. As with the Adult Eval Team, after a potential child patient screen has been approved by Drs. Puñales and Rudenstine, potential patients are assigned to the Child Eval Team. In turn, those cases are assigned to a specific therapist on the Child Eval Team by Dr. Rudenstine for an in-depth intake evaluation.

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<sup>23</sup> See below p 29.

<sup>24</sup> This is not an exhaustive list of potential areas of difference and diversity.

Students on the Child Eval Team conduct parts of the intake consultations with patients and their caregivers behind a one-way mirror. This allows Dr. Rudenstine and any other Eval Team students who are not seeing patients that day, to observe the sessions. As is true with the Adult Eval Team, in the Child Eval Team there are ample opportunities for live teaching and didactics here. Additionally, the team is designed to encourage and develop supervision and consultation skills. These patients are also discussed in the Child Intake Practicum, which is taught by Dr. Rudenstine. Over the course of a semester, students complete 2 child evaluations.

As with the Adult Eval Team, Child Eval Team therapists present each of their intake cases to their Clinic Teams which gives them the opportunity to learn professional skills, and to receive additional supervision and consultation on each case.

### **Floating Eval Team**

If you have to conduct an Eval that is not part of the adult or child Eval team, you must attend the Floating Eval team from the start of the evaluation and for the duration of the intake (i.e., students first attend the Floating Eval Team prior to meeting the patient to present the prospective patient and remain in the weekly team until you have been approved for disposition with the Clinic Director).

### **Supervision**

At the same time that a patient is assigned to a student therapist for treatment, a supervisor is also assigned by Dr. Rudenstine. The student must contact the supervisor and discuss the case prior to meeting with the patient. Patients must be contacted as soon as possible by the student therapist to set appointment times and begin treatment. Supervision occurs once per week throughout the treatment of the patient and student therapists are required to maintain a weekly log and weekly record of their supervision. The log and record of weekly supervision is reviewed at the Annual Clinical Review by the Director the Psychological Center.

Faculty members of the Ph.D. Program and externally-based licensed clinical supervisors provide supervision for psychotherapy cases and psychological testing. Student therapists are usually assigned to supervisors during the summer for the following academic year. In addition, students are assigned additional supervisors throughout the year as they receive new patient assignments. Typically, supervisors for adult cases are assigned for one year and for child cases are assigned for two years.

Students in years 1 – 2 are typically assigned one supervisor for each patient that they treat. Exemptions to the one-to-one supervision model<sup>25</sup> for students in years 2 only occur in consideration of the student therapist's training needs and must to be approved by Drs. Puñales and Rudenstine. Students in their 3-4<sup>th</sup> year and beyond typically receive 1 supervisor for every two cases they treat and/or participate in small supervision groups. This shift in supervision prepares advanced therapists-in-training for the supervision models most commonly provided by external training sites (i.e., externship and internship).

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<sup>25</sup> See below, p. 29.

Psychological testing supervisors are assigned on an as-needed basis and typically occur in a group supervision format.

Students are evaluated on a yearly basis by each of their supervisors who complete an evaluation form which is reviewed by the Director of the Psychological Center at the Annual Clinical Review. Additionally, supervisees must complete an evaluation form annually for each supervisor they work with and which is also reviewed with the Clinic Director during their Annual Clinic Review.

Under no circumstances can a student treat a patient at the Psychological Center without having supervision. In the event that a supervisor is ill or on vacation for more than 2 weeks, the student therapist needs to inform Drs. Puñales and Rudenstine in order to arrange alternate supervisory coverage. It will be considered a serious disciplinary issue if a student fails to attend supervision without notifying their supervisor and/or misses more than 3 supervisions over the course of a semester without approval from the Clinic Director. In this instance the student will meet to discuss their behavior with the Leadership Team. Continued failure to attend supervision weekly will result in the suspension of clinical work at The Psychological Center for a to be determined amount of time.

Supervisors are central to clinical training and as such are expected to inform their supervisee about how they would like clinical material to be presented (audio, process notes etc.) and to work in an ongoing way on diagnostic formulations and treatment. Supervisors will inform the student therapist when in depth process notes, audio recording or video recording are required for each session. In addition to being in congruence with the policies and procedures outlined in this manual, supervisors are responsible for:

- Conducting weekly meetings (even when a session has not taken place) with their supervisee and ensuring that the supervisee is aware of any foreseeable breaks, thus allowing for alternative coverage.
- Intervening with patients assigned to their supervisee, including availability for consultation between supervisory meetings should there be an emergency or pressing concern. Therefore, supervisors should provide the supervisee with a number where they can be reachable for emergency situations that arise with the patient.
- Reviewing and/or signing of process notes, reports, and summaries to ensure that charts are updated in a timely and professional manner, as indicated.
- Evaluating the supervisee's clinical work annually through a formal evaluation as well as informing the Clinic Directors and supervisee of any concerns that arise. Supervisors must review the annual evaluation with their supervisees.

Each student will be observed administering clinical services (i.e., therapy session and/or intake appointment) by either their supervisor, faculty teaching their practicum course that year, and/or Drs. Puñales and Rudenstine via live supervision or video recording of the session. At least one treatment session per therapist/student is required to be directly observed for each student in residence annually. Direct observation can be viewed through video recordings.

Students in Year One will be observed via live supervision (using the Direct Observation Rooms) routinely as part of their Adult or Child Intake Course and Evaluation Team (2<sup>nd</sup>

semester). Students in Year Two will be observed using video recordings of sessions by the core faculty member teaching the student's practicum course. Students in Year Three and Four will either be observed using video recordings of sessions by the core faculty member teaching the student's advanced practicum course or by either Drs. Puñales, Rudenstine, Cancelmo or Tuber if the student is not taking an Adv Practicum Course that year. This sequence guarantees that each student receives at minimum one occurrence of direct observation per year.

The student and observing clinician will meet to discuss their performance and a Supervisor Evaluation Measures will be completed by the observing psychologist. Students will follow all safety procedures to insure privacy and confidentiality for any and all video recordings of treatment sessions.

### **Supervisor Annual Digital Folder**

Every August supervisors received a "Supervisor Annual Digital Folder." This Digital Folder includes an overview of clinic policies, expectations of students in their role as therapist at The Clinic, and expectations of supervisors. In addition, a resource library will be distributed to nurture ongoing development of our supervisors and provide a framework for our program's training and supervision model. Supervisors that start mid-year will be sent this Digital Folder as a welcome and onboarding packet.

### **Annual Clinical Review**

The Annual Clinical Review (ACR) is mandatory for every student in residence in the Psychological Center. The first step of the review involves meeting with the Director of the Clinic, Dr. Diana Punaes. During the meeting, students review with the Clinic Director the following:

- a. The quality of the student's participation in their Clinical Supervisory Teams.
- b. The attendance record (including lateness) to the Clinical Supervisory Teams.
- c. The performance and completion of their Desk Duty shifts.
- d. The chronological history and performance of psychological screens
- e. The completion of psychological intake/evaluations
- f. The completion of neuropsychological testing
- g. The result of their clinical chart auditing, current status of their electronic clinical charts and any remediation plan for missing documentation that needs to be implemented.
- h. The goals for treatment for each of their child and adult psychotherapy cases, group psychotherapy and family/couple psychotherapy cases.
  - i. A discussion of their internal and external supervisors' evaluations and current status of charts are examined with the students.
- j. A discussion of the student's evaluations of their supervisors.
- k. A discussion of the student's direct clinical intervention hours.
- l. A review of the student's caseload currently and for the past year including a discussion of the treatment goals for each patient that they are working with.
- m. A discussion on the fees that the student has collected from their patients and any outstanding fees owed, including any difficulties or challenges that the student may be experiencing in collection fees from their patients.

- n. A discussion regarding the student's plans for completion of their evidence-based treatment requirement.
- o. The student and their patients' participation in the clinical data collection conducted through The Psychological Center.
- p. A review and discussion of the student's self-evaluation regarding their clinical training to date.
- q. An identification and discussion of the student's areas of clinical strengths and areas for improvement.
- r. A review of the data obtained from their patients' OQ measures for the purpose of assessing patients' progress and treatment.
- s. A discussion of the student's clinical plans for the incoming training year.

Any materials handed in after the actual meeting will be considered late and will be reflected in the students' ACR report to their respective faculty advisor.

Additionally, during the ACR, students' completion of the following tasks is assessed: child abuse mandated reporter training, HIPAA training, electronic record keeping and ethical and multicultural competencies (See ACR Worksheet).

After successfully completing the ACR with the Director of the Psychological Center, the student therapist receives clearance to receive from with Associate Director, Dr. Rudenstine supervision assignments for the upcoming fall. Such assignments take into considerations the student's supervision needs, their clinical progress during the previous and current academic year and their year in the program. Dr. Rudenstine informs both students and supervisors about supervision matches. It is expected that if any issues or concerns arises with the supervisory assignments that the student will immediately inform Dr. Rudenstine.

All forms necessary for the ACR can be found on the Clinic website. Sample forms can be found in the Appendices as well.

Students must bring the following to their ACR:

- All active charts must be up-to-date in Titanium
- Supervisor and supervisee evaluations
- Supervision log and record
- Annual Caseload form and Clinical Tracking Form
- Self-evaluation survey
- Copies of mandated reporter training and HIPAA training (These trainings are required to be completed during the first year in the Program).

### **Overview of Psychological Testing Requirement**

Psychological testing is a bedrock skill in the training of clinical psychologists and as such is a staple requirement in our Program. Testing evaluations are conducted in person. *Students are required to complete a minimum of five full testing batteries **before they can apply to Internship.*** There is no substitute for the actual experience of testing. Students' five cases are a mix of child/adolescent and adult patients. No student can complete only adult evaluations or only child evaluations.

Students may request to have up to one testing battery conducted either in an NYNJADot affiliated externship or CUNY clinical fellowship count towards the Program's testing requirement. The student will need to apply for approval prior to beginning the testing as well as submit to the Clinic Directors a de-identified report from the external site so that the report can be evaluated. If the report is deemed satisfactory, the student will be granted credit towards the requirement and the report can be used as a substitute for an in-house testing. It may also be the case that particular components of the report are not an adequate substitute for in-house testing. In such cases, the student may be asked to carry out additional scoring and/or interpretation of specific assessment measures that were included in the report for training purposes. After successful completion of this material, the student will be given credit for the evaluation. We require that any of those assessments also include an attestation form signed by the supervisor of the testing affirming the adequacy of the work and that they are a licensed psychologist.

### *Ideal Testing Sequence*

Below is the ideal testing sequence that is required of students. Given the flow of testing referrals, the nature of clinical work, and the vicissitudes of graduate school life, this sequence will not always be followed; however, beginning with the 2022 cohort and later, students will be required to either follow this sequence, or get a waiver from the Clinic Director to alter it.

In the third semester in the Program (the Fall of the second year) each student completes their first battery as part of the Neuropsychological Assessment class. In their fourth semester (The spring of their second year), they will be required to complete an additional battery. The Clinic staff will focus on ensuring there will be sufficient cases and supervision during that time period for each student to complete this requirement. In the first semester of third year, students will complete their third battery. In the Spring semester of their third year, students will be required to complete the two remaining batteries. This frees students to work on their dissertations in the summer between third and fourth year and/or allows them to use that summer to finish any remaining test batteries that need completion. Setting the requirements this way allows all students to have completed their testing requirements, their Second Doctoral Examination and a huge proportion of their coursework before the start of the fourth year. This maximizes the time to work on their dissertation in the fourth year, thus allowing students to complete their thesis in its entirety should they go on Internship in Year 6 of the Program, which is the goal. It also does not preclude some students from applying for Internship during their fourth year if they so choose and are deemed ready across their other clinical and academic obligations.

### *Learning how to administer standardized test batteries*

Students learn to administer psychological tests in a graded sequence that begins with testing volunteer subjects during the first year of Psychodiagnostics I and Psychometric Methods. Psychodiagnostics I has a Teaching Assistant (TA)-led lab in which the students learn to practice scoring and administration. In addition, first-year students complete a year-long Testing Practicum. This is held for 2 hours, once per week during the fall and spring semesters. Led by an advanced student, first-year students learn how to administer the most commonly used, cognitive, achievement and neuropsychological testing batteries. At the end of the spring semester, students randomly select one of the testing batteries to administer to their TA. This is videotaped and then evaluated by the Faculty Testing Coordinator. Students must pass this

administration to be able to start seeing testing patients in the Clinic. Beginning in the fall of their second year, students who have passed the practical administration begin to test patients in the Clinic, under the supervision of a licensed clinical psychologist (who reviews interpretation and presentation of results).

### *Testing Supervision*

Testing supervision is carried out by both doctoral program faculty and external supervisors, who are all licensed psychologists. Testing supervision is held weekly in a group format, with each group comprising 3-8 students. The group format enables students to learn from many more cases than their own five evaluations. The testing supervisor is the supervisor of record for all batteries in the supervision group.

Students are assigned to a testing supervision group in the in the weeks prior to each testing cycle begins by the Associate Director of The Clinic.<sup>26</sup> Students must attend all supervisions and for the duration of the supervision, even if they do not have a current case. Students who do not attend regularly will be unable to test.

### *Testing Case Assignments*

Any patient who is referred for testing at the Clinic completes a screening assessment, carried out by one of the students in residence. Each week, testing screens are reviewed by the Directors of the Clinic and the Faculty Testing Coordinator to determine whether the case is suitable for the Clinic. For the first three cases, students are assigned cases based on the prospective patient's position on the wait list. For the fourth and fifth cases, students are able to request a case where the patient is at a particular developmental period so the student is able to ensure a diverse age range of cases for their internship applications.

### *Timelines for Case Completion*

Part of students' professional development and ethical responsibility to their patient is timely completion of the testing report and feedback with the patient and/or their family. To facilitate this, students must submit their scoring and write-up of the tests administered in the week prior to supervision to their supervisor before their weekly supervision (day of the week and time of submission is set by individual supervisors). The final draft is submitted to the supervisor no later than one week after the final testing session. The student must complete a disposition with the Clinic Director before feedback is provided to the patient and/or family. It is expected that feedback will be provided to the patient two weeks after the final testing session. The time frame for completion of each in-clinic testing is approximately 8-9 weeks in order to have the testing count towards the testing requirements (5 full batteries).

### *Evaluation of Testing Competence*

At the completion of the first required testing and then again after the final required testing, students are asked to submit a deidentified version of the final report to the Faculty Testing

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<sup>26</sup> There are 3 testing cycle each year (approximately September – November, January – March, and April – June)

Coordinator. Both reports will be evaluated using the *Psychological Assessment Report Rubric*. In addition, individual testing supervisors will complete the *Clinical Supervisor Evaluation form* at the end of the year or end of supervision period, whichever comes first. Supervisors' ratings of students' competence in testing will be based on: review of record forms/response booklets, observation of the student administering tests to a patient (live or via video), review of audio-recorded testing administration, report writing, supervision group participation, professional and ethical conduct during testing. All evaluations are also reviewed as part of the student's Annual Clinical Review process.

### **Clinic Supervisory Teams**

All students who treat patients at the Clinic are assigned to one of four clinic teams that meet weekly and are run by the Directors of the Clinic. Each team comprises a total of 10-12 student therapists with representation of students from each of the first four years, as well as any other students who are treating patients in the clinic beyond the fourth year. Students remain in that Clinic Team for the entirety of their residency (4-6 years).

There are four Clinic Teams; two are led by the Clinic Director (Dr. Puñales) and two are led by the Associate Director (Dr. Rudenstine). These weekly Team Meetings allow for the monitoring of all cases in The Clinic, as well as the monitoring of the development and progress of each individual student. Because they are conducted within a multi-cohort group setting, the format allows all students to learn from and consult with each other. Beginning students are placed in one of the four teams in the first week of their first year.

#### *Structure of Clinic Supervisory Teams*

Typically, meetings begin with dissemination of administrative information. This part of the Clinic Supervisory Team meeting discusses procedures about charting, the implementation of any new pilot research, reminders and clarifications about treatment updates etc. During this time, weekly changes in caseload and supervisor status for each student is recorded.

The second phase of the Clinic Team is a discussion of any clinical emergencies or concerns that arose during the week with patients. This phase allows for a proactive discussion of clinical concerns about current patients. Additionally, it allows for the gathering of incident reports and charting of emergency situations. Throughout the meeting, there will be space for students to weigh in on each other's cases, provide feedback to each other about their cases, to work collaboratively, and to essentially consult each other in a standard meeting. Student therapists in the Clinic Supervisory Teams also have the benefit of hearing and becoming familiar with 30-40 other cases over the course of an academic year. Attendance at these meetings is mandatory. Poor attendance and lateness are noted in the ACR and become part of the student's clinical record.

Over the course of their residency, students are expected to remain in their Clinic Supervisory Team to provide continuity of experience for themselves, as well as for their fellow students. Students are allowed to request to switch teams once during their residency. No one may treat patients at the Clinic without being part of a Clinic Team.



## Case Conferences

Case conferences are an important part of the clinical training of doctoral students in clinical psychology as these often serve as a turning point in the development of the clinician and/or treatment presented. As such, case conferences for the advanced students in residency at The Psychological Center will provide an opportunity to discuss the treatment plan and progress involved in a patient's care and to demonstrate an integration of theory and practice. The case conferences at The Clinic will provide a forum for advanced student therapists to demonstrate critical thinking and their development as psychologists in training. In this way, this experience serves as a capstone to the student's residency at The Psychological Center.

A critical part of having 4<sup>th</sup> year students engage in clinical case conferences is that student will be able to use the case writeup for their application for internships and will have a clinical case ready to discuss in internship interviews.

Thus, the case conference will serve several competency goals of training:

- Demonstrate how the student therapist gathers clinical data, organizes case formulations, structures appropriate interventions, and uses supervision in the treatment of the patient.
- Show how the students therapist creates and maintains the structure of psychotherapy and the nature of the relationship between therapist and patient.
- Evaluate ways of attributing meaning and constructing interpretation to transference-counter-transference events that seem both transformative and constitutive and that reflect vicissitudes in the psychodynamic clinical process.
- Explore questions critical to the treatment such as:
  - How does the student therapist psychodynamically conceptualize the patient and the formulate the treatment?
  - What are the primary defense mechanisms that the patient engages in and how have these impacted the patient's life and decision-making?
  - What are the implications of identity and positionality in the diagnosis and treatment?
  - How are patients diagnosed without over- or under-pathologizing them?
  - How should issues related to safety such as suicidality, homicidality, psychosis, major mood episodes, and child abuse be handled?
  - How are biological or organically based problems addressed such as organic mood, drug and alcohol problems, medications?
  - How does the student therapist work with other mental health professionals such as psychiatrists, social workers, childcare workers, case workers and other student therapists in the Clinic?
  - What are the considerations taken regarding self-disclosure, when is it useful and when is it potentially counter-therapeutic?

Case conferences will follow the guidelines below:

- Advanced students in year 4 of their residency in The Psychological Center will present in the Fall or Spring semesters of that year.
- 4<sup>th</sup> year students present during the Clinical Supervisory Teams
- The Clinical Case Conference is an hour long.

- The student therapist presents their case for approximately 20 minutes and the discussant will provide feedback for 20 minutes, after which the conference is open for other students in the Clinical Supervisory Team to ask questions and provide feedback.
- Discussants will be assigned to each case based on whether the case is an adult or a child from our Senior Faculty.
- In preparing for the clinical case conference, the student therapist will be in communication with the discussant no less than 2 months prior to present the case and pose a clinical question to the discussant. One month before the presentation, the student therapist submits to the discussant a 4-5 page writeup for feedback and edits. The writeup must include at least one clinical question that the student therapist will ask of the discussant during the actual presentation.
- Once the writeup is finalized by the student therapist and discussant, each student therapist will disseminate the clinical case writeup no less than 1 weeks before the presentation so that the Clinical Supervisory Team has the opportunity to read it and form questions/comments.
- Cases selected for clinical case conference by the student therapist presenting must be in treatment and have been in treatment for a minimum of 6 months.

Student therapists will be evaluated on 5-point Likert scale rubric that assesses their oral and written competencies in the following areas:

- Provide Identifying Information about the patient
- Elucidate the presenting problem and chief complaint
- Present the history of the presenting problem
- Provide original and updated diagnostic information
- Discuss the course of treatment
- Provide a case conceptualization
- Provide a clinically based question for the discussant

### **Treatment Modalities offered at the Clinic**

The Clinic provides patients with treatment in the following modalities: individual psychotherapy, group psychotherapy and couples psychotherapy for children, adolescents and adults. The clinic provides short- and longer-term empirically supported treatments which include: psychodynamic psychotherapy, Transference Focused Psychotherapy, Dialectical Behavior Therapy, Emotionally Focused Therapy, cognitive behavioral psychotherapy, Alliance Focused Psychotherapy (via the TAAP treatment team), and Motivational Interviewing. Student therapists who provide manualized treatment to patients do so in the context of participating in treatment and supervision teams for the respective treatments.

### **External Training Opportunities**

#### *Clinical Fellowships*

Students have opportunities for clinical fellowships within the CUNY system, including at the following sites:

- Baruch College Counseling Center
- BMCC College Counseling Center
- Bronx Community College Counseling
- Brooklyn College Counseling Center
- CCNY Counseling Center
- College of Staten Island Counseling Center
- GC Counseling Center
- Hunter College Counseling Center
- Hunter High School and Elementary School
- John Jay College Counseling Center
- Lehman College Counseling Center
- Macaulay Honors College
- Queens College Counseling Center

These fellowships offer our students the opportunity to treat patients in a counseling center setting and to increase the range of clinical experiences that they have while in the Program. It further provides another source of doctoral funding for them as these fellowships are available for up to two years, with an application needed for each year that the student is interested in applying. The Clinical Fellowships involve a stipend and health benefits and require the student to be at the site for approximately 15 hours per week. These external practicum sites provide students with training in individual and group psychotherapies, intakes, supervision by a licensed clinician, didactics and team meetings. On average, doctoral students are able to attain from 200-300 clinical hours annually at these sites.

All supervisors must complete our *Clinical Supervisor Evaluation Form* twice yearly and review with the clinical fellows the evaluation as part of our assessment of our students' clinical progress. These evaluations are also reviewed as part of the student's Annual Clinical Review process.

*Any student who does not hold any other CUNY or CCNY fellowships, are eligible to apply to do a fellowship in the third year and beyond. Students in the first two years are not permitted to do clinical fellowships.* The application process begins at the start of the Spring semester. Students receive the listing of sites that will be offering clinical fellowships for the incoming year and the student ranks these sites according to their preferences. The number of fellowships and the sites are determined by CUNY Central Office. Applications are submitted to the University Director of Student Mental Health and Wellness at CUNY Central Office and involve a letter of interest, a listing of references and the actual Clinical Fellowship Application. After students complete their interviews, both the students and the sites submit their ranked preferences. The Director of University Counseling announces the match to the student and site via email. Once a student accepts a Clinical Fellowship, they are bound to the site for the academic year. **Students may only have a fellowship for two years.**

### *Externships*

In addition to their responsibilities at the Psychological Center, students may wish to gain additional training experience through external externships. *Students must request permission from the Leadership Team to apply for such externships, and these externships are fully vetted, and their quality regularly assessed by the Clinic Director and Director of Clinical Training. Only students in good academic and clinical standing will be granted permission to apply. A student must have completed a minimum of 350 clinical hours at the Clinic in order to apply for externship.*

To apply for externships, students must first attend the information session conducted by the DCT and the Director of the Psychological Center held in the Fall Semester. After attending the information session and informing the DCT that they plan to apply, the student must submit their petition to apply for externship to the DCT and Director of the Psychological Center. A student's petition is reviewed by the DCT and Director of the Psychological Center. Once approved to apply, the student then will apply for externships adhering to the guidelines established by PSYDNYS (Psychological Directors of New York State) and NYNJDOT (NY and NJ Directors of Training). Students are encouraged to review available externships and their specific requirements by viewing:

[https://psychpracticum.apa.org/Main\\_Page](https://psychpracticum.apa.org/Main_Page)

All sites that students apply to need to be approved by the DCT and Directors of the Psychological Center. Supervisors must complete our Clinical Supervisor Evaluation Form twice yearly and review with the students on externship the evaluation as part of our assessment of our students' clinical progress. These evaluations are also reviewed as part of the student's Annual Clinical Review process.

## OVERVIEW OF RESEARCH & SCHOLARSHIP TRAINING

### Research & Scholarship Groups (RSGs)

Research & Scholarship Groups (hereafter, RSGs) are working groups led by each core faculty member (with the exception of Dr. Puñales, Dr. Tuber, Dr. Weinstein, Dr. Jurist, Dr. Cancelmo, and Dr. Wachtel) that comprise students from each of the first-, second-, and third-year cohorts. At the beginning of each academic year, core faculty describe their research in presentations to students who then rank order their preferences and are assigned to an RSG.<sup>27</sup> RSGs meet for a minimum of 1.5 hours 3 times per month. RSGs are designed to help students progress towards the dissertation by offering them consistent interactions over a multi-year period with both a faculty research mentor, as well as with student mentors from more advanced cohorts.

### Research & Scholarship Project (RSP)

The RSP includes:

1. The development of a research proposal and application for IRB approval of the study (if needed)
2. A poster presentation of the student's research at the Program's Research & Scholarship Day at the end of the fall semester of the second year
3. A final manuscript that is due at the end of the spring semester of the second year.

To enrich their research experiences, students are additionally encouraged to submit their RSP to either professional conferences (as a poster or paper presentation) or as a journal article. Thus, the RSP and poster presentation affords an opportunity to evaluate how well students have applied the research skills learned and developed in related coursework and in the RSG. The assessment tools used at this juncture are the *RSP Rubric* and the *RSG Participation Rubric*.

The Research and Scholarship Project (RSP) is an empirical study using qualitative and/or quantitative methods that culminates in a poster to be presented at Research and Scholarship Day in November of the 2nd year **and** paper due May 1st of a student's second year.

#### *RSP Advisement*

A student's RSP faculty supervisor is their RSG faculty leader.

#### *Timeline for the development of the RSP*

##### Year One, Second Semester

1. It is anticipated that most RSP's will be based on secondary data analyses. In the event that a student opts to conduct original data collection to complete their RSP, the faculty supervisor would need to be chosen by *November 1 of the first year*. The IRB application would also need to be submitted no later than February 1 of the *second semester of the first year*.

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<sup>27</sup> RSG overviews will be announced at the beginning of the semester. Descriptions are included in Appendix A

For students proceeding with secondary analyses, the Spring will be spent conducting a literature review to guide the development of RSP Research Question and related Hypotheses. Defined research questions and hypotheses are due May 1<sup>st</sup>. This will allow students to spend the summer defining a data analysis plan and preparing the data set.

#### Year Two, First Semester

2. Complete the data analysis plan by September 15
3. Analyses need to be completed by October 30th
4. RSP Poster to be presented at the Research and Scholarship Day

#### Year Two, Second Semester

5. Edit research project based on feedback received at Research Day in collaboration with your RSG Advisor.
6. Write the RSP manuscript, due May 1 of your second year

Writing projects completed prior to beginning the doctoral program are not accepted as a RSP (e.g., Master's thesis). You can use data collected before or outside the doctoral program for the RSP pending approvals from your advisor, the PI of the data set you wish to use, and, if necessary, the IRB.

### **Final Products**

- The abstract and poster prepared by the student will be evaluated based on a rubric by the faculty supervisor and an additional faculty member at the Research and Scholarship Day.
- Posters should include the following sections: Introduction/background, research question/hypothesis, study methods, data analysis plan, results, and clinical implications.
- The paper must be of peer-review journal quality [3000-4000 words, not including references, APA format] and will be reviewed by one faculty member based on a rubric.
- *Optional, but encouraged:* \*\* Students will have an opportunity to submit an abstract to a professional or scientific meeting and/or for publication in a peer-reviewed journal. This abstract must be accepted for a final grade with honors.

### **Grading**

The final grade will incorporate the evaluation of both the poster presentation and the written RSP paper. A final grade of with honors will **only** be awarded to individuals who have had their work accepted to a scientific meeting or for publication by a peer-reviewed journal.

Note, Students who have their work accepted by a scientific meeting and/or by a peer-reviewed journal after the RSP grade is granted can appeal for a grade change by submitting to the Director the following documents:

- 1) Your abstract submission to the scientific meeting/journal
- 2) Your RSP final products (poster and paper)
- 3) Proof of acceptance of your work

### **Late submissions or incomplete RSP**

- Poster assignments submitted late (including submission date for the poster) will disqualify that individual from receiving honors on the RSP assignment.
- Manuscripts submitted late will disqualify that individual from receiving a high pass or honors on the RSP assignment.
- RSP assignments which are not completed before September 1<sup>st</sup> of the following academic year will result in the student having to re-do the RSP assignment in its entirety (i.e., poster and manuscript)
- Successful completion of the RSP is a prerequisite for registering for Doctoral Dissertation Seminar, PSY 8033J in Spring of Year 3.
- Failure to complete the RSP assignment on two separate occasions will result in a failure of the RSP assignment and the student will not be eligible to continue in the PhD program due to poor academic standing.

### **First Doctoral Qualifying Examination (First Docs)**

The first doctoral examination is an open-book six-question written exam with each question provided by a faculty member who teaches a first-year required course. These essays are read by the Director and scored on a pass/fail basis. The first docs occur in the summer leading into year 2 of the program for students.

### **Second Doctoral Qualifying Examination (Second Docs)**

Students must take and pass the Second Doctoral Qualifying Examination (Second Docs) by the middle of their third year. Each student is assigned to a two-member Examination Committee appointed by the Director in the spring of the second year. The final written version of the paper is due by January 15 of the third year. The Second Doctoral Qualifying Exam requires an intensive examination of a case within the context of current theory, science and research, as well as the cultural assumptions that shape the experiences of both parties in the therapeutic enterprise. The goal is for students to produce high quality scholarship using case material to illustrate or illuminate crucial points of both theory and scientific research relevant to their work with a particular patient.

Students' progress is followed closely by the Examination Committee Chair. In late January or early February of the third year, students present their papers in a case conference format to a group that includes both the Examination Committee as well as students from the first through fourth years in the Program. Invitees to the second doctoral exam are determined and approved in advance by the Director. During the oral portion of the exam the student is expected to answer questions from both faculty and students concerning all aspects of their paper, including specific facets of their clinical work. Students are assigned a grade of Honors, High Pass, Pass, or Fail.

The Second Docs is a crucial milestone of the scholar-practitioner process that lies at the core of our program. It is a qualifying exam that assesses a student's mastery of the clinical abilities taught in the program at a level appropriate to their years of training. Simultaneously, it also serves as an examination of a student's ability to integrate clinical case material with the scholarly literature pertinent to the diagnosis and treatment process for a patient. Additionally, the exam is designed to assess a student's ability to communicate about this knowledge both in writing and orally. As an academic milestone, this qualifying exam signifies a student's preparedness to enter the final phase of doctoral training, culminating in the dissertation, technically, the third doctoral exam.

### *Description of the Contents of the Second Docs*

The Second Docs requires a student to write a document that focuses in depth on one clinical case that the student has treated in the Clinic. The case can be active or closed (of no greater than a termination of 6 months previously) of an individual adult, child, family, couple, or group; it can be on a short-term (minimum six months or 24 sessions) or longer-term therapy, although longer-term cases typically provide more material. The case can have been conducted based on any theoretical perspective – psychodynamic, family systems, cognitive-behavioral, or integrative. The document is to be no more than 35 – 40 pages in length and consists of three broad themes (often represented by three sections with headings and subheadings) that are to be integrated into one cohesive paper, roughly analogous in size and complexity to a publishable case study. While a student is expected to read widely in order to assimilate the extant theoretical literature, the written document should be a terse and focused distillation of the most relevant conceptual underpinnings of their clinical perspective, rather than an extensive or meandering review.

**Section 1: Case Presentation.** In this section, a case is described using a format that is fairly standard in clinic settings for treatment reports. The information included combines that of a comprehensive and full intake report and all treatment summaries up until the present. The format usually includes the following headings:

- Identifying Information
- Presenting Problem
- Background to the Problem
- Developmental History
- Initial Diagnosis (and revised diagnosis, if the diagnosis changed during the course of the therapy)
- Formulation (including as relevant psychodynamic, systems, cognitive –behavioral and neuropsychological concepts)
- Treatment Course (including both a detailed report of treatment process as well as a conceptualization of the prominent themes of the material)
- Current State of the Therapy and Patient's Functioning

After this first section of the paper is completed, it is reviewed thoroughly by the student's committee Chair and, when possible the Reader, (see below section on "The role of the committee"), so that the core diagnostic and treatment paradigms are agreed upon.



**Section 2: Academic Literature Relevant to the Case.** Once the student and Chair have agreed on the diagnostic formulation and confirmed the treatment approach used, the student delves into the academic literature, including theory and research that informs the diagnosis and choice of treatment as well as elucidating how the treatment themes articulated in Section 1 were addressed by the therapist. This part of the paper should also provide a compelling discussion of how others have understood and treated such patients, and how the work of others compares with the student's own conceptualization and approach.

**Section 3: Diversity and Culture.** The third theme of the paper is a review of the student's work with the patient through the prism of culture and related social locations (race, ethnicity, sexual orientation, gender, class, education, immigration history/status, age, ability/disability, and other dimensions of difference). The student is to address both:

- The contribution of the patient's and the therapist's social location and associated cultural context on their clinical presentation, as well as on their sources of competence and resilience.
- The role on the therapy relationship, especially aspects of transference and countertransference, of the patient's and the therapist's cultures of origin and their respective placement on dimensions of difference.

As it is not possible to cover all the dimensions of difference that inform people's life circumstances and experience or that affect the therapeutic relationship, the student will select a few dimensions that have been particularly central in the patient's life and in the therapy in consultation with their committee chair.

Please note, that although there are three sections to the overall document, the purpose of the project is to seamlessly integrate these sections into one comprehensive paper (subheadings are allowed). Although the three sections may be addressed separately, in consultation with the committee, the student may decide to organize the paper in the form that is most conducive for this integration.

### *Writing Format and Confidentiality Considerations*

- **Format:** The document should be prepared according to guidelines provided in the Publication Manual of the American Psychological Association. This manual provides guidance on: how to cite literature in text and how to format the References section, punctuation, and the organization and appearance of heading levels.
- **Confidentiality:** To preserve confidentiality, the name of the patient and people in the patient's life (family members, partners, friends), as well as any other identifying characteristics (e.g., place of employment, school/college attended, cities where the patient may have lived), discussed in the document, must be de-identified and changed.

### *The Role of the Committee*

Each student is assigned a Committee Chair and Reader. The Chair is responsible for providing initial feedback on all chapters and for supporting the student through the process. The Reader is available for consultation on the case throughout the process and can provide feedback on initial

drafts, when possible. We encourage students to speak directly to their Reader to understand in advance if they wish to comment on first drafts of each chapter or comment on the revised draft which is due December 1<sup>st</sup>. See below for full timeline.

### *Timeline*

Students begin writing their Second Docs in the summer after their second year. Here are the steps, and deadlines for each:

- June 1 of the second year: The Director assigns committees composed of two faculty members to each student. One faculty member serves as the Chair; the other as the Reader. The student works most closely on drafts of the document with the Chair; however, the reader is responsible for reading and providing feedback on every draft that the Chair approves. To insure a good fit between committee and student, each student is permitted up to three faculty they can “veto” to not be on their committee and up to three faculty that might want to be on their committee. The vetoes are always granted, the “wishes” are given every consideration with no guarantee.
- September 1 of the third year: The Case Presentation, Chapter 1, is submitted to the Chair. The Chair will provide timely feedback on this section so that the student may incorporate both committee members’ edits for their December 1 draft.
- October 1<sup>st</sup>, Chapter 2 which entails the review of the pertinent literature and research as it applies to the themes of treatment is due.
- November 1<sup>st</sup>, Chapter 3 on diversity and culture is due
- December 1: A revised draft of all three chapters is submitted to the Chair **and** Reader
- December 20: All drafts are returned with feedback and recommendations for revision by the Chair and Reader.
- January 15: Final versions of the 2<sup>nd</sup> Doctoral Examination papers are due to the Chair and Reader as well as to the students who will participate in the Orals (as announced by the Director of the Program).
- Late January – early February: Oral exams are scheduled.

### *Format of the Oral Examination*

During the Second Docs examination week in late Jan/early February, students in the third year will present their work to both their committee and a random selection of students in a small seminar format. The presentation will include both an in-depth presentation of the course and nature of their work, as well as an open discussion between students and faculty members of the case and its ramifications. Although input may be provided to students by all who attend the oral presentation, students are graded solely by their faculty committee. Separate assessments are made for the written document and the oral presentation.

### *Possible Outcomes of the Second Docs Oral Exam*

**Grade Reduction Policy:** Missing the above clearly specified deadlines (noted above) will result in an automatic grade reduction by one level per each missed deadline. For example, missing the November 1 deadline the student will no longer be eligible for Honors. Missing the November 1 and December 1 deadline will result in the student no

longer being eligible for High Pass. Missing the November 1, December 1, **and** January 15 deadline will result in the student no longer being eligible to Pass the written part of the Second Qualifying Exam.

**Pass:** At the sole discretion of the faculty committee, a student can receive a passing grade of Honors, High Pass, or Pass, based on a combination of both the student's written work, oral presentation and overall professional competence in relation to the patient, supervisor(s) and faculty committee. Honors can only be received if the student scores a 4 or 5 on all competencies assessed via the respective Rubric. Ratings of competencies in addressing diversity, integration of research and scholarship, and treatment of ethics will also be given.

- **All revisions are given to the student by the faculty committee before the oral defense. If the faculty committee submits more revisions after the defense but gives the student a passing grade, it is optional for the student to address these revisions.**
- **Fail:** There are three ways to fail:
  1. The committee concludes, even after revision, that the student's clinical work on the case does not constitute a reasonable degree of clinical acumen, professional decorum and ethical propriety. These deficiencies are deemed severe enough that written revision would not rectify the problems inherent in the clinical work.
  2. Even though the written work is deemed passable, the student's performance during the oral presentation is so substandard that the committee concludes that the student's overall grade has been reduced to a failure. The examination cannot be retaken.
  3. The failure to meet the clearly specified deadlines (noted above) **combined** with the not directly and proactively communicating with your Chair and the Program Director will result in failing this assignment. We will work supportively with any students who proactively communicates with their Chair.

Failing the Second Qualifying Exam will result an automatic expulsion from the Program.

We consider the second doctoral examination as a close faculty-student mentoring process regarding the development of critical clinical skills, the capacity to put those clinical skills into written and oral form, the demonstration of professional competence and the means to integrate clinical work with patients with the rich empirical and theoretical literatures in our field. Students have regularly experienced the process of this examination as being one of the highlights of their doctoral training and represents a significant developmental step in their training and identity as a clinical psychologist.

#### *Procedure for Students who take a Leave during the Second Doctoral Examination Process*

Students who take a family, medical or other leave from the program at a time that disrupts the Second Doctoral Examination timeline will complete the Second Doctoral Examination during the following cycle. For example, if a student takes FLMA starting October of the year they are working on their Second Doctoral Examination, their Examination process will be on hold until

the following Fall semester that they are again matriculated. Given this, the student will adhere to the timeline outlined above. If the clinical case initially chosen for their second doctoral examination terminated more than 6 months prior (as noted above) the student will need to either (i) select a new clinical case that meets the defined criteria to use for their Examination or (ii) delay starting their Examination process until after they begin with a new patient and meet the minimum criteria for the case to be used in the Examination (see above).

### **Dissertation<sup>28</sup>**

To formally begin the dissertation process, students must submit a *Topic Proposal Form* in order to advance to candidacy. Once the ***Topic Proposal Form*** has been approved, students submit the *Dissertation Proposal*<sup>29</sup> to their Dissertation Committee (selected by the student in consultation with their faculty mentor/advisor) for evaluation. The proposal consists of a statement of the problem to be investigated, critique of relevant conceptual and empirical literature, articulation of research questions or hypotheses, and exposition of the proposed dissertation's methodology, including participants, operationalization and measurement of variables, procedure, and data analytic plan. Students are not able to move forward with the dissertation until the Dissertation Committee approves the proposal.

Students must have completed an approved *dissertation proposal* (consisting of Introduction, the Literature Review and Methods chapters) before the faculty will allow them to apply for internship. Students who decide to apply for internship must submit their *dissertation proposal* to the committee by June 30<sup>th</sup> and defend the *Dissertation Proposal* by October 15<sup>th</sup> of the year they apply for internship. The assessment tool used at this point is the *Dissertation Rubric*.

Completion of the dissertation constitutes the final step in the academic sequence of our training Program. While the RSP must be empirical, dissertations must be empirical (quantitative, qualitative, or mixed method). The student works closely through the proposal, data collection, analysis, and completion stages of the dissertation with a three-member committee. This committee is typically made up of Ph.D. Program core faculty, although students may sometimes ask a research mentor from outside The Ph.D. Program to serve on the committee; the chair of the committee must be a full-time core Ph.D. Program member. Two outside readers, usually faculty or outside mentors with expertise in the field, review the dissertation along with the original committee members. 3 of the 5 members of the dissertation committee must be core faculty members of the Ph.D. program.

Completion of the dissertation is the capstone project by which we evaluate research and scholarship competencies. Students must demonstrate mastery of implementing an independent research or scholarly project, analyze the results independently, and integrate their results with the existing literature. The completed study is presented as a written document and as an oral presentation open to the community prior to graduation. The assessment tool used for the both the oral defense and the written dissertation, the *Dissertation Defense Rubric*.

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<sup>28</sup> Policies and forms may shift mid-year; please see the Program Website for up-to-date information about the dissertation process and related forms

<sup>29</sup> With the development of the *Doctoral Dissertation Seminar*, most students use the work created in this course as the basis for their Dissertation Proposals.

### *Structure of Dissertation*

Dissertations in clinical psychology may take as their focus any one of a broad range of topics and may utilize a wide variety of methods. Our commitment is to high-quality, disciplined inquiry in any mode that is appropriate for pursuing their research interest. The meaningful pursuit of clinically-relevant knowledge and understanding, rather than adherence to a particular methodology, is a shared goal of our students and faculty.

There are six formal steps in the dissertation process and they must be completed in sequence. They are as follows: Topic Proposal, Dissertation Proposal and Proposal Meeting, IRB Approval, Dissertation Approval, Dissertation Defense, and Depositing the Dissertation. In addition, students are advised to have regular meetings or at least ongoing email contact with their core committee to discuss their progress and to answer any specific questions they might have about literature, methodology, results, and conclusions. Each step is discussed in detail below in the “How To Do It” section.

### *When Is It Due?*

The Topic Proposal should be completed as soon as the student has identified their area of interest, thesis sponsor, and the two other core committee members. However, because the student must submit a complete draft of their dissertation proposal by June 30 prior to the fall semester when they plan to defend the proposal (by October 15th), they must submit the topic proposal no later than immediately after the end of the Spring semester (unless a student has completed all course requirements prior to that semester) before they will apply to internship.

The topic proposal can only be completed and approved after a student has completed all required coursework. Once the topic proposal is submitted and approved, the student moves to Level 3, also known as Advancing to Candidacy. To lower the tuition rate the student must have moved to Level 3/Advanced to Candidacy.

You cannot submit the topic proposal and officially begin work with a mentor on their dissertation unless you have registered for dissertation supervision: PSY 9000J. Students must register during the regular registration period in the spring before the Fall semester when planning to submit the topic proposal, or in the Winter registration period for the upcoming Spring semester. Failure to register in a timely fashion will disqualify the student from being able to submit their topic proposal and have the dissertation proposal orals in October, which in turn will disqualify them from applying to internship that Fall. The Dissertation Proposal and Proposal Meeting with the Dissertation Committee must be completed before you are allowed to apply for internship. This means that the proposal meeting must occur by the end of the second week of October, so that the student can obtain the letter from the program director that accompanies internship applications and which states that they are approved to apply for an internship.<sup>30</sup>

Dissertations are evaluated by the use of the *Dissertation Proposal* and *Dissertation Defense Rubrics*

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<sup>30</sup>Most Internship applications are due beginning in November.

For Institutional Review Board (IRB) Approval, students must have their project approved by the CCNY IRB before beginning to collect data. Keep in mind that the CCNY IRB meets once a month, and requires the student to submit materials at least 2 weeks prior to their scheduled meeting. Consult the CUNY website for the IRB to learn more about different levels of review (<http://www.gc.cuny.edu/About-the-GC/Resource-Services/Research-Sponsored-Programs/Human-Subjects-IRB>).

The university has created a central CUNY IRB, all forms and applications should be conducted through [www.irbnet.org](http://www.irbnet.org). More information on IRB approval follows in the next sections.

With respect to the actual Dissertation Approval, at minimum, students must provide a copy of their completed dissertation to their entire five-member Oral Examination Committee 4 weeks (depending on the member of the committee) prior to the date they wish to defend. It must go to their core (three-member) committee 8 weeks prior to the date the student wishes to defend, which allows the committee 2 weeks to read the dissertation and decide whether it is ready for the student to proceed to the oral defense. If all three core committee members believe that the dissertation is ready, they will sign the Dissertation Evaluation Form, and the student can then send the dissertation to their two readers (members 4 and 5 of their committee), who need at least 4 weeks to read the dissertation prior to the defense date. One of the readers must also sign the Dissertation Evaluation Form before the student submits it to the program administrator.

Thus, a minimum of 4 weeks prior to the scheduled dissertation defense, the Program Admin need to be provided with 3 of the 5 the signed **Dissertation Evaluation Forms** and the following information: (1) Name of the student; (2) Title of dissertation; (3) Dissertation Abstract, (4) Date, time, and place of the defense (including Zoom link if remote and/or hybrid). Our Program Administrator then sends an invitation to the community to join the proposal oral defense.

### *Dissertation Proposal and Proposal Meeting*

#### **Forms Needed: Dissertation Proposal Approval Form**

The Dissertation Proposal is a detailed description of the research to be conducted. Included in it are such things as a review of previous research in the area, a statement of the hypotheses advanced and their rationale, and a description of the research design, including an account of the procedures to be employed, the measuring instruments to be used, and the planned statistical analysis of the data. Thus, the proposal essentially constitutes the literature review, study introduction, hypotheses and methods section of the dissertation itself. The Proposal and the completed Dissertation must be written in APA style. Consult the current Publications Manual of the APA for guidance on punctuation, references, tables, and more.

**Dissertation Proposal Approval Form:** When the dissertation proposal is approved by the Core Committee (after at least one meeting of the committee), it is signed by the three members and given to the Program Administrator.

The Dissertation Proposal is often thought of as a “contract” between the student and the Committee in terms of the scope and aims of the dissertation project. Thus, once it is approved,

the Committee cannot “change its mind” and require major changes in the project. This is one reason why an approved Dissertation proposal early in the dissertation process is necessary.

As was noted in the section entitled *When Is It Due?*, the Dissertation Proposal and the Proposal Meeting with the Committee must be completed (and proposal defense successfully passed) before a student can apply for internship.

### *Assembling The Committee*

**Forms Needed:** Dissertation Committee Selection (see section below on **Topic Proposal Form**)

There are two types of Committee Members: Although we often refer to the “Dissertation Committee” as a single unit, there are actually two types of committee members: the Core Committee, and the Oral Examination Committee. The Core Committee will evaluate and sign off on the topic proposal, and meet with you periodically to guide you in the dissertation process. You must first assemble the three members of the Core Committee, including the Thesis Sponsor (also known as the Chair) and two other members. The Chair must be a member of the core doctoral program faculty. The Oral Examination Committee includes the three Core Committee members as well as two Readers. You may select the two additional readers later in the process, but must do so prior to the step of approving the Dissertation.

**Creating a Usefully Diverse Committee:** In choosing committee members, it is desirable for committee members' expertise to complement, rather than overlap, each other. For instance, you might select a few members with expertise in the particular topic, and one or more member with expertise in the methodology or theoretical approach you plan to use. You may also select as a member someone with little background in either the topic or methods, but whose clinical, research, or theoretical expertise you believe will add an interesting, useful perspective to developing and/or evaluating their work.

**Requirements for the Committee Members:** Three of the five committee members must be CCNY doctoral program core faculty. Two of the committee members may be CUNY faculty and/or have a different academic affiliation. Individuals who are not adjunct or full-time CCNY faculty must have a doctoral degree and must have an academic affiliation at CUNY or another institution. Adjunct status is acceptable. Committee members who are not CCNY faculty members must provide a CV and a request form must be completed for approval by the Director.

### *Topic Proposal*

**Forms Needed: Dissertation Topic Proposal Form**

The Dissertation Topic Proposal and Dissertation Committee Selection Form is a one-page description of the proposed research and has spaces for the names of their Dissertation Committee Chair as well as two other individuals who together make up their three-person Dissertation Committee.

Both the topic description and the proposed Committee members must be approved by the Committee Chair and then submitted to the Director. If the Director approves the dissertation

topic and proposal, the process can proceed. If the student's dissertation project changes substantially, a new Topic Proposal must be submitted and approved in the same manner.

### *IRB Approval*

#### **Forms Needed:** Several

All research involving human participants must be approved by the CUNY-wide Institutional Review Board. Final approval involving a letter and date-stamped consent form, when relevant, must be obtained before research commences. Sometimes students want to collect pilot data before finishing their dissertation proposal. This is fine and often encouraged, BUT IRB approval must be received before piloting commences. The student must obtain IRB approval even if they are not collecting new data as part of their dissertation but instead are analyzing pre-collected, “archival” data. When the archival data come from a faculty member’s larger program of research and that research has current IRB approval, the student may qualify for an Expedited Review.

The university has recently switched to an online review application; this has made for a more complex process, and it is crucial that students begin the process as soon as they have a formulated proposal. IRB reviews usually take about 4-6 weeks but can take much longer, especially if there are revisions. Please consult CUNY’s HRPP site for detailed descriptions of policies, the investigator’s manual, application forms, IRB meeting dates and links to other relevant sites.<sup>31</sup> The application can be filled out at <https://cuny.my.irbmanager.com/>. Students may also contact the Human Subjects IRB administrator at CCNY at 212-650-7902. As noted previously, the university created a centralized CUNY IRB but there may be places on various websites that haven’t yet been updated.

As part of the application a student must complete the computer-based Training in Human Subject Research Procedures for Behavioral and Social Sciences and Responsible Conduct of Research (<http://cuny.edu/research/compliance/Responsible-Conduct-of-Research.html>). The website for the two training programs is [www.citiprogram.org](http://www.citiprogram.org). This training is required by the federal government. You will be asked to submit a certificate of completion for this training with their IRB proposal, so be sure to complete it before the IRB submission deadline that you are trying to meet. All students are required to do this by the end of their first year. Compliance with this training is evaluated as part of the ACR.

### *Approving the Dissertation and Arranging the Defense Date*

#### **Forms Needed: Dissertation Evaluation Form** (one per committee member)

See section on “When Is It Due?”

### *Dissertation Defense*

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<sup>31</sup> <https://www.cuny.edu/research/research-compliance/human-research-protection-program/hrpp-policies-procedures/>



## Forms Needed: Report of Final Examination

The dissertation defense may take place at any time (Beginning Fall semester/September – July; defenses will not take place during the August break). However, in order to receive the Ph.D. in June, one must deposit the revised dissertation in the Library and pay all fees by about **April 30<sup>32</sup>**. [Note that a student also must have completed Internship in order to deposit the dissertation, receive their degree by June]. Other scenarios: (i) Students who complete their dissertation by about April 30 and are set to complete their internship by June 30 or Aug 31 of that year can walk at graduation in June but will have their degree conferred Sept of that year. (ii) Students who do not successfully defend their dissertation (including revisions) by about April 30<sup>th</sup> but who do so by Aug 15<sup>th</sup> and who finish their internship by that June 30<sup>th</sup> or August 31 will receive their degree September 1<sup>st</sup> but will have to wait until the following year to walk in graduation.

Other considerations: If a student has defended their dissertation, but have not finished internship, the earliest date they can deposit their dissertation is the last day of your internship. This means that the Oral Defense must be scheduled well before that time so that all required revisions can be made and a final typed copy of the dissertation can be ready by the deadline. If a student completes the requirements after the deadline, they will receive the degree the next time it is awarded. To receive a February or September degree, the thesis must be in the Library and the fees paid by approximately 1 month before the graduation date. It is also important in planning when to get drafts to committee members to keep in mind that faculty are technically “off duty” from June until September, and during the winter break (December 23 through to the first week of Spring semester classes). That is, unless a student makes specific arrangements with faculty to read their materials during these times, they are under no obligation to do so.

The oral examination is an **open defense**. An invite is sent to the whole clinical program community, as well as any family members and friends the student would like to be there. At the oral defense, the dissertation sponsor serves as chair of the examining committee. At City, the oral defense is a pivotal opportunity for the student to defend their dissertation and show their committee and community members who attend their command and expertise with the topic that they have conducted the research for their dissertation. Although it is an exam, we like to conduct the defense as a conversation among colleagues about a piece of important work – yours! The committee chair/thesis sponsor and student should discuss what will be expected to present, but generally, students provide a 20-minute summary of the dissertation – the importance of the research or theoretical question, rationale for the study, methods, results, and conclusions, including a discussion of the study’s limitations and clinical applications. Outside readers are then invited to ask questions, followed by members of the Core Committee.

After the discussion, the student will be asked to leave the room while the committee discusses their work and their presentation, and the student will then be invited back in to hear the decision of the committee. In most cases, students are asked to make at least minor revisions, and rarely, more major ones. The committee may decide to pass the student on the defense with the understanding that the student and their chair will complete the suggested revisions.

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<sup>32</sup> depending on the academic calendar specifics for a given year

The committee may submit any of the following recommendations:

- We certify that the candidate has passed the Final Examination. We accept the dissertation as presented.
- We certify that the candidate has passed the Final Examination. We will consider the dissertation acceptable after minor revisions are approved by the chair.
- In our judgment, the candidate's dissertation requires major revisions. It must be re-submitted for approval by the chair and two members of the examining committee.
- We certify that the candidate has failed the Final Examination, and make the following recommendations:

The results and recommendations of the oral defense are decided by a majority vote of the five members.

## INTERNSHIP

Students are required to complete a year-long APA-accredited internship in Clinical Psychology before graduating from the Program, typically in the sixth year, although the timing of the internship is usually based on the student's pace of finishing other requirements, and completion of the dissertation proposal, as well as other personal considerations. The Program has an outstanding record of acceptances to highly competitive APA-approved internships in the New York Metropolitan Area. These internships typically involve rigorous training in a range of clinical competencies, some of which are new to students but at which they typically excel. Virtually all internships involve work with diverse populations and many are located in the inner city.

### Eligibility to Apply for Internship

The programmatic criteria to make a student eligible to apply for internship are outlined in the Programmatic and Clinical requirements to be Approved to Apply for Internship" form, which must be signed by the student, their academic advisor, the Clinic Director, and the DCT.

*For students who entered the program **before** August 2021*

DOMAI N	Recomm ended (REC) or Required (REQ)	CRITERIA	NOTES
Academi c	REQ	Level III and/or on track to complete 90 credits no later than May prior to <b>starting</b> internship	Month/Year 90 credits completed:  If incomplete, how many credits below 90 are you short: _____  Courses remaining towards 90 credit requirement: 1. 2. 3. 4. 5.
	REQ	Successful completion of second doctoral exam	Date of completion (Month/Year): _____
Dissertat ion	REQ	Dissertation proposal submitted to	Date submitted:

		Chair no later than <b>June 30</b> prior to Internship Season (Fall)	
	REQ	Successful defense of dissertation proposal no later than <b>October 15</b> of the Internship Season (Fall)	Date of defense:
<b>Clinical</b>	REQ	As per most recent ACR, on track to complete the minimum of 500 direct service hours at The Psychological Center by the end of your 4th year <sup>33</sup>	Provide hours completed by Sept 1 the year you intend to apply:
	REC	Completed 750 hours (includes internal and external practicum) by the time you submit your internship application	Numbers of completed hours by the time of applying:
	REQ	Evidence Based Treatment completed before the start of internship	(Note which EBT completed and duration of training/hours completed in that modality) 1. 2. 3.

<sup>33</sup> Note the number of direct service hours for individuals applying for internship nationally is 600-800 (low average), 1200 (average), 2000 (high average), 3000+ (outlier). Students attending our NYC competitor programs (i.e. New School and Yeshiva) have on average 1200 hours at the time that they apply for internship.

		**If completed at an external site, EBT attestation form needs to be submitted to Clinic Administration	
	REQ	Successful completion of at minimum 4 ACRs (or 3 if you apply in your 4th year)	Years successfully completed clinical annual review: 1. 2. 3. 4.
	REC	Please report any formal clinical training outside of The Psychological Center <sup>34</sup>	Note name of every institution, year, and title/position you held (i.e. Beth Israel Medical Center, Extern; CCNY Wellness Center, Clinical Fellow): 1. 2. 3. 4.
	REC	Completion of at least 4 testing and initial psychosocial interview + patient fee deposit for 5th testing prior to submitting internship applications	# testings completed at The Psychological Center: _____ Child; _____ Adult ( <i>minimum of 1 complete testing is required</i> )# testings completed at external sites: _____ Child; _____ Adult ( <i>testing attestation forms for each testing report + the respective deidentified testing report needs to be submitted to Diana, Steve, and Sarah prior to applying for internship</i> )
	REQ	Completion of at minimum 5 testings prior to be allowed to start internship	

*For students who entered the program **after** August 2021*

<sup>34</sup> Data from recent years among our students applying for internship shows that clinical experience in addition to The Psychological Center, especially that which is hospital-based, increases the percent of interviews received as well as the chance of matching during Phase I.

DOMAI N	Recomm ended (REC) or Required (REQ)	CRITERIA	NOTES
Academi c	REQ	Level III and/or on track to complete 90 credits no later than May prior to <b>starting</b> internship	Month/Year 90 credits completed:  If incomplete, how many credits below 90 are you short: _____  Courses remaining towards 90 credit requirement: 1. 2. 3. 4. 5.
	REQ	Successful completion of second doctoral exam	Date of completion (Month/Year): _____
Dissertat ion	REQ	Dissertation proposal submitted to Chair no later than <b>June 30</b> prior to Internship Season (Fall)	Date submitted:
	REQ	Successful defense of dissertation proposal no later than <b>October 15</b> of the Internship Season (Fall)	Date of defense:
Clinical	REQ	As per most recent ACR, on track to complete the minimum of 500 direct	Provide hours completed by Sept 1 the year you intend to apply:

		service hours at The Psychological Center by the end of your 4th year <sup>35</sup>	
	REQ	Completed 1000 hours (includes internal and external practicum) by the time you submit your internship application	Numbers of completed hours by the time of applying:
	REQ	Evidence Based Treatment completed before the start of internship **If completed at an external site, EBT attestation form needs to be submitted to Clinic Administration	(Note which EBT completed and duration of training/hours completed in that modality) 1. 2. 3.
	REQ	Successful completion of at minimum 4 ACRs (or 3 if you apply in your 4th year)	Years successfully completed clinical annual review: 1. 2. 3. 4.
	REC	Please report any formal clinical training outside of The	Note name of every institution, year, and title/position you held (i.e. Beth Israel Medical Center, Extern; CCNY Wellness Center, Clinical Fellow): 1. 2.

<sup>35</sup> Note the number of direct service hours for individuals applying for internship nationally is 600-800 (low average), 1200 (average), 2000 (high average), 3000+ (outlier). Students attending our NYC competitor programs (i.e. New School and Yeshiva) have on average 1200 hours at the time that they apply for internship.

		Psychological Center <sup>36</sup>	3. 4.
	REQ	Completion of at least 5 testing prior to submitting internship applications  Including the submission of 2 “short form” testing reports	# testings completed at The Psychological Center: _____ Child; _____ Adult ( <i>minimum of 3 complete testing is required to be conducted at The Clinic</i> ) # testings completed at external sites ( <i>up to 2 are allowed to be completed off site</i> ): _____ Child; _____ Adult ( <i>testing attestation forms for each testing report + the respective deidentified testing report needs to be submitted to Diana, Steve, and Sarah prior to applying for internship</i> )

### General Notes about the Internship Application Process

For students who are interested in learning more about internship, a lunch panel is held every year on during the Fall Research and Scholarship Day (typically the week after Thanksgiving). Former students who are currently on internship are invited to speak about their experience. Additionally, a general information session on the Internship Application process is held every Fall for any member of the community interested in learning about the process and every spring for those students who intend to apply for internship during the upcoming Fall Semester. Most applications are due starting in the beginning of November. Applicants need to check specific deadlines for each internship.

While we all would wish it to be otherwise, students need to be entirely engaged in, preoccupied, and consumed by this process of applying for internship from approximately September through February.

Students need to have completed their 90 credits of coursework, have passed their Second Docs, advanced to level III by submitting their dissertation topic proposal to City College by June 1st, submitted a complete draft of their full dissertation proposal (not just the topic but the literature review and research design) to their Chair for review by June 30th, and have their defended dissertation proposal approved by all three committee members by October 15th of the year they are intending to apply.

All students applying to internship must adhere to the timeline set forth by Drs. Puñales, Rudenstine, and Tuber, who together comprise the Faculty Internship Review Committee

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<sup>36</sup> Data from recent years among our students applying for internship shows that clinical experience in addition to The Psychological Center, especially that which is hospital-based, increases the percent of interviews received as well as the chance of matching during Phase I.



(FIRC). In addition, students are required to participate in mock interviews to help prepare for internship interviews.

Remember that obtaining an internship is partially about probabilities. Students have direct control over the quality of their essays and application form, and over the number of places they apply, as well as how well they prepare for the interview process. When thinking about where to apply, think about match: inpatient vs. outpatient, population, small vs. large, physical environment, resources, commute, hours, supervision. The analogy to keep in mind is what students have learned when working with supervisors at City, that is, it is about fit; a student may not like a supervisor that comes highly recommended by someone in the class ahead, so they need to consider what is important to them as individuals.

If a student is in their fourth year and will be starting internship during their fifth year, they must see their patients through the end of April irrespective if they matched with an internship whose start date is July or September. Students accepted to an internship in their 5<sup>th</sup> year or may transfer or terminate with patients at the end of their 4<sup>th</sup> year as long as the required 500-hour requirement is met or may choose to keep working with their patients beyond the fourth year. All students in their 5<sup>th</sup> year and above and who are starting internship July or September must end residency by April 15 of the respective year. If they want to transfer a patient or are terminating with a patient, the student must schedule a meeting with the Clinic Director as soon as possible to discuss an appropriate case disposition plan. This meeting should occur no less than three months before their planned end date. The idea that the student must terminate/transfer all their patients or continue with all of them during internship year is a myth. Bringing a patient to internship is a complicated proposition and we urge students to consider all aspects of it very carefully. As students find out about their placement at the end of February, students have ample time to discuss continuing or ending with a given patient as the earliest that internships start is July 1st. All students ending treatment with patients must meet with the Clinic Director to arrange for appropriate disposition of the care of the specific patient as well as to arrange for the exit interview. All patients that are to be transferred within the Clinic need to terminate by May 1 for students in year 5 and above and June 1 for students in their 4<sup>th</sup> year to allow the patient and new therapist begin working together prior to the August closing.

### **INTERNSHIP APPLICATION PROCESS CHECKLIST 2024-2025**

(Spring/Summer before application season + application Fall; dates updated annually)

Completed	Date	What's Due
	February 1, 2024	Express intent to apply to internship the following Fall via email to Internship Review Committee (IRC) <sup>37</sup>

<sup>37</sup> IRC: Diana Puñales, Sasha Rudenstine, & Steve Tuber

	June 30	Dissertation Proposal Draft Due – Introduction, Literature Review, and Methods
	June 30	Email confirmation to the IRC that you are applying for internship the upcoming Fall
	July 15 (approx)	APPIC internship portal opens (begin reviewing internship sites and overall information) <sup>38</sup>
	July 15	Draft of the following in 1 word sent to our CCNY emails +from your CCNY email <ol style="list-style-type: none"> <li>1. Essays</li> <li>2. Cover letter (we will review one per person)</li> <li>3. CV</li> <li>4. List of LOR writers</li> </ol> <p><i>*Feedback will be provided by August 1<sup>st</sup></i></p>
	August 1	Request Letters of Reference (LORs) from key recommenders (at minimum 3)
	September 1	Provide IRC complete list of sites you are applying to ( <i>must apply to a minimum of 15 sites</i> ) <sup>39</sup> <p><i>*Feedback will be provided by September 15<sup>th</sup></i></p>
	September 1	APPIC Hours (estimate of completed hours by November 1, 2024) <p><i>*Feedback will be provided by September 20<sup>th</sup></i></p>
	September 15	Check-in/Confirm with LORs

<sup>38</sup> APPIC INTERNSHIP PORTAL: <https://www.appic.org/Internships/AAPI#APP>  
COST OF APPLICATIONS: APPIC: \$50.00 for the first application submitted, \$32 for applications 2-15; \$60 for each additional application above 15. Total for 15 = \$498

<sup>39</sup> Data shows that students who apply to less than 15 sites are more vulnerable to not matching. NYC as a region recommends applying to at minimum 15-18 sites.

	September 15- September 20	Sign up for 2 mock interviews (see sign-up sheet)
	October 1 - October 30	Attend 2 mock interviews
	October 7	1. Request verification of internship eligibility and readiness through the APPIC portal  2. Notify via email Steve, Diana and Sasha that the above has been completed
	October 8 and 10	Dissertation Proposal Defenses
	October 15	Submit <b>Final Internship Readiness GoogleForm</b> (link to be provided closer to the date). Upon receiving this, Steve will submit your letter of good standing to apply for internship
	October 15	Send in final list of sites you are applying to

**The Match Program** (see <http://www.natmatch.com/psychint/>)

The APPIC Internship Matching Program (the "Match") provides an orderly process to help applicants obtain positions in psychology internship programs of their choice, and to help internship programs obtain applicants of their choice. Similar matching programs are in use in many other health professions, including medicine, dentistry, pharmacy, podiatry, optometry and others.

The Association of Psychology Postdoctoral and Internship Centers (APPIC) is responsible for establishing the policies of the Match and for monitoring the implementation of the Match. The Match is administered by National Matching Services Inc. (NMS) on behalf of APPIC.

With the Match, applicants must still apply directly to internship programs they are interested in, and applicants and programs interview and evaluate each other independently of the Match. However, no offers are made by programs during the interview period. Applicants and programs can evaluate each other fully before the programs must decide on their preferences for applicants, and before applicants must decide on their preferences for programs. After all interviews are completed, each applicant submits a Rank Order List on which the applicant lists the desired programs, in numerical order of the applicant's preference (first choice, second choice, etc.). Similarly, each internship program submits a Rank Order List on which the program lists the desirable applicants, in order of the program's preference. Each program also indicates the number of positions the program has available.

The Match then places individuals into positions based entirely on the preferences stated in the Rank Order Lists. An example and description of how the matching process is carried out is provided in on the match website. The result of the Match is that each applicant is placed with the most preferred internship program on the applicant's Rank Order List that ranks the applicant and does not fill all its positions with more preferred applicants. Similarly, each program is matched with the most preferred applicants on its list, up to the number of positions available, who rank the program and who do not receive positions at programs they prefer.

Since all offers, acceptances, rejections and final placements occur simultaneously, the Match is an effective and fair means of implementing a standardized acceptance date. It allows programs and applicants to evaluate each other fully before determining preferences, thus alleviating the pressures to make premature decisions based on incomplete information. Furthermore, the Match alleviates many common adverse situations from the recruitment process, such as applicants hoarding multiple offers, and applicants or programs reneging on a prior acceptance in order to accept a more preferred program or applicant that has subsequently become available. Also, a program can be assured that it will not be matched with more applicants than it has available positions.

In the Match, both applicants and internship programs should list choices in order of preference, without consideration for how they will be ranked by the other party. Decisions by applicants and programs regarding rankings can be based on the applicants' and programs' true preferences for each other, without the need to speculate on the likelihood of subsequent offers being made or accepted. The algorithm looks at applicants' ranks first so there is no benefit in trying to rank

strategically; students should rank the sites in the order of their preference, not based on some idea of what the sites will do.

Applicants and internship programs do NOT receive information about the rankings submitted by other applicants and programs. Each applicant is given only the final result the applicant obtains in the Match. Each program is provided only with the names of the applicants that it obtains in the Match, as well as the results of the Match for the other applicants ranked by that program.

### **Phase I & Phase II of the Match**

The Match will be conducted in two Phases. All eligible applicants and internship sites that intend to participate in the Match must register for the Match prior to the Rank Order List deadline for Phase I of the Match. The two Phases of the Match will then proceed as follows:

- **Phase I:** All applicants and programs must submit their Rank Order Lists by the Rank Order List deadline for Phase I of the Match. The matching process will be carried out using those Rank Order Lists to place applicants into positions. The results of Phase I of the Match will then be distributed; applicants who submitted ranks will be told whether or not they matched and to which program they matched, and internship training directors will be informed of which applicants matched to their program. The list of programs with unfilled positions in Phase I of the Match will be provided on this website beginning shortly after the distribution of the results of Phase I of the Match.
- **Phase II:** Programs with positions available will offer those positions to applicants in Phase II of the Match. Applicants who register for the Match prior to the Rank Order List deadline for Phase I of the Match and who do not obtain a position in Phase I, e.g., those who withdraw or remain unmatched, will be eligible to participate in Phase II. Those applicants may apply to programs that are participating in Phase II. All applicants and programs must submit their Rank Order Lists by the Rank Order List deadline for Phase II of the Match. A second matching process will be carried out using those Rank Order Lists, and the results of Phase II of the Match will then be distributed.

It is possible that, after completion of both Phases of the Match, some programs will be left with unfilled positions and some applicants will remain without internship placements. APPIC will operate a Post-Match Vacancy Service for unplaced applicants and programs with unfilled positions, which will begin operation shortly after the distribution of the results of Phase II of the Match.

For the APPIC Internship Matching Program to function successfully, all participants must adhere to the complete Schedule of Dates listed on the APPIC website.

<https://natmatch.com/psychint/aboutdates.html>

Detailed information on the Internship application process is found on the Internship Manual found on the Program Website and which is distributed in the Internship meeting in June.

## Important and Helpful Websites for Internship Application Process

<http://www.appic.org>

This is where you download the generic application, get access to the internship directory, and sign up for Listservs. This also includes information about the clearinghouse, etc.

<https://www.natmatch.com>

This is where you register for the match and get your ID and password to access the rank order site; where you download the form you need to send in with your fee in order to register (see form below)

<http://www.apa.org/ed/accreditation/programs/index.aspx>

This APA site has a listing of all accredited sites by state. It is a quick reference as opposed to navigating through the sites on APPIC.

<http://www.psychzone.com>

This site has downloadable spreadsheets to help organize and calculate your hours. It also has a helpful timeline.

<https://education.uky.edu/edp/wp-content/uploads/sites/4/2014/11/APPIC-Guide-for-Counting-Hours.pdf>

This site lists the APPIC application breakdown of clinical hours

## EN-ROUTE MASTERS

### **The requirements that doctoral students must meet for an En-Route Masters are:**

1. A minimum of 45 GPA credits with no grade less than a “B-“, (Transfer Credits do not qualify for the 45 credit requirement for the En-Route Masters.)
2. Passing the First Doctoral Exam
3. Completion of the major research paper called the RSP (Research-Scholarship Project)
4. Being in good standing regarding their clinical work with patients as judged by the Leadership Team of the Program

Students who have a Master's Degree in Psychology from another institution are not eligible for an En-Route Master's Degree.

### **To Apply for the En-Route Master's<sup>40</sup>**

1. Submit the Completed Form - The form must be signed by three Faculty Members who have read and approved the major paper.
2. Submit the associated Major Research Paper
3. The Completed Form and associated research paper must be submitted to the Program Email Address (clinicalpsychphd@ccny.cuny.edu) in one email

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<sup>40</sup> You will be granted an MA in Psychology

## **GRADUATION: DATES & PROCESS TO APPLY TO GRADUATE**

The Ph.D. degree is considered completed when: (i) 90 credits have been achieved; (ii) your dissertation has been deposited in the Library; and (iii) you have completed a 1-year full-time APA-accredited internship. Students can be provided with documentation by the Registrar at this time attesting to the fact that they have completed all the requirements for the degree. The degree (including diploma) is awarded four times each year: February 1, Commencement Day in June (the only time students can “walk” in a graduation ceremony), July 1, and September 1.

### **Commencement**

Folks on internship will be allowed to walk at commencement as long as certain requirements are met:

1. Internship is completed June 30th or August 30th
2. The dissertation is **deposited by May 15th** and proof of deposit is sent to the program administrator + program director on or before May 15th.

### **Degree conferral**

To have the degree conferred in **June** the student must deposit their dissertation by **May 15** AND have their letter of completion from their internship. Proof of deposit must be sent to the Program Administrator + the program director on or before May 15th.

To have the degree conferred in **July** the student must deposit their dissertation by **June 15** AND have the letter of completion from your internship in hand on June 30 (and send that day to the Program Administrator and Program Director).

To have the degree conferred in **September** the student must deposit their dissertation by **August 15** AND have their letter of completion from their internship in hand on August 30 (and send that day to the Program Administrator + the Program Director).

To have the degree conferred in February the student must deposit their dissertation by **January 15** AND have their letter of completion from their internship previously sent to the Program Administrator + Program Director).

Anyone who completes their internship **BUT** has not deposited their dissertations by the above timeline will not be eligible to have their degree conferred until a future degree conferment date.

Students must file to have their degree conferred via CUNYFirst by the date specified in CCNY's Academic Calendar.

### **Applying for Graduation**

Please be sure to apply for graduation in CUNYfirst. To do so, log in to CUNYfirst and select Student Center from the main menu. Under Academics, click on My Academics and select "Apply for Graduation." Click on the "Apply for Graduation" link located next to your current



CCNY degree program. You will be prompted to select a graduation term. Students filing for the February degree date should select the preceding Fall term; students filing for the May/June degree should select the current Spring term; students filing for the September degree should select the Summer term. This will notify various offices at CCNY, including the Library and the Dean's Office, that you plan to deposit a dissertation for the next degree date. Students can "View Graduation Status" to see when each program has been applied, approved (all degree requirements met), or awarded (degree has been conferred).

**APPENDIX A**

**REMEDIATION PLAN TEMPLATE**

*To be adapted for each student and situation*

DATE

Please note the remediation plan below for STUDENT NAME which will be implemented with immediate action upon approval by all parties involved:

<b>Area of Concern</b>	<b>Objectives</b>	<b>Strategic Actions</b>	<b>Inclusive Dates</b>	<b>Personnel/Source Involved</b>	<b>Success Indicators</b>
1. Ethical and Legal Standards:					
2. Professional Values, Attitudes and Behaviors:					
3. Communication and Interpersonal Skills:					
4. Supervision:					
5. Consultation and Interprofessional and Interdisciplinary Skills:					
6. Self-awareness of actions and ability to reflect upon actions:					
7. Other					

Signatures:

Date Signed:

\_\_\_\_\_  
(Doctoral Student)

\_\_\_\_\_

(Advisor and Dissertation Chair)

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(Director, The Psychological Center)

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(Associate Professor & Associate Director)

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(Program Director and DCT)

## Appendix B

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### *Research and Scholarship Groups*

Research and Scholarship Groups (RSGs) have been developed by the Program Faculty to introduce students to both the research endeavors of the faculty as well as provide a means to get hands-on research experience from the start of their clinical training. Students at the beginning of each academic year are able to sit in on these faculty-student meetings and then rank order their preferences for the RSG they would like to become a member of. Listed below are the ongoing RSGs of each faculty member.

*Time Commitment: All RSGs require 5 hours of time in addition to the program scheduled RSG meetings.*

**Faculty lead:** Sasha Rudenstine ([www.intersectccny.org](http://www.intersectccny.org))

The INTERSECT Lab is a clinical and epidemiological research program that examines the intersection of trajectories of well-being and the urban functioning poor. What are extraordinary events for many individuals are daily experiences in the lives of this population. And yet, while such stressors may become commonplace, they affect daily functioning and arguably long-term health outcomes. The INTERSECT Lab adopts a multi-level approach and ecological framework to understanding the cumulative effect of these chronic and yet quotidian experiences on well-being. We aim to examine and reassess frequently used terms such as trauma, health, family systems, and poverty to reflect the experiences that are relevant and specific to an urban marginalized population with the aim of promoting appropriate and targeted interventions and policies. In this vein, we are redefining “extraordinary” life course phenomenon.

The INTERSECT Lab aims to examine three distinct dimensions of health as well as points of intersection:

1. *Well-being among marginalized urban populations*
2. *Daily stressors over the life course*
3. *Clinical care: Access to, utilization, and long-term outcomes*

**Faculty Lead:** Eric Fertuck

Normal and pathological personality characteristics are influenced by many factors: social, emotional, cognitive, psychodynamic, and neurobiological. At Social Neuroscience and Psychopathology (SNAP) lab, we integrate these multiple levels to investigate the mechanisms of psychological disturbance and their treatment. Our lab advances a collaborative program of research at the interface of the clinical and research understanding of Borderline Personality Disorder (BPD), a condition characterized by intense concerns about abandonment, confusion about the self, emotional instability, and, for some, self-destructive and suicidal behaviors. What is unique about our team is that we harnesses these multiple perspectives to advance our understanding of the mechanisms of psychopathology and its treatment.

**Faculty Lead:** Sarah O’Neill

Attention-Deficit/Hyperactivity Disorder (ADHD), a neurodevelopmental disorder that for many emerges early in childhood. Although some children who show high levels of inattention and/or hyperactivity during preschool do not go on to develop ADHD, many do go on to receive an ADHD diagnosis at school age; for the majority of these children, ADHD persists through adolescence and adulthood with varying degrees of severity. For college students who have high levels of ADHD behaviors, academic life can be more challenging as they try to manage demanding workloads and the experience of greater autonomy in managing their learning. The Attention and Neuropsychological Development (ATTEND!) Lab investigates the interaction of neuropsychological and environmental factors in affecting risk for ADHD, and severity of clinical trajectory in children and college students. In collaborations with other ADHD researchers, our lab is involved in developing and testing effectiveness of evidence-based interventions for the disorder.

**Faculty Lead:** Diedre Anglin

This research group focuses on the intersection between culture and psychosis risk. Namely, most members of Dr. Anglin's RSG are involved in one of several projects designed to determine social and environmental risk factors for attenuated psychotic symptoms in racial and ethnic minority young people, and the clinical meaning of such symptoms. Student members of this RSG can also participate in experimental studies designed to determine the physiological and psychological stress response associated with social exclusion.

**Faculty Lead:** Megan Finsaas

Dr. Finsaas is a clinical psychologist whose research focuses on separation anxiety in adulthood. Historically, separation anxiety was considered a problem of childhood. But recent research suggests that 1 in 15 people will experience separation anxiety *in adulthood*, many of them for the first time (as opposed to as a continuation from childhood). When experienced in adulthood, separation anxiety is associated with poorer treatment outcomes and impaired functioning, making it an important area of study with clear clinical value.

Dr. Finsaas' research on adult separation anxiety covers three areas:

1. *Relationship dynamics in adult separation anxiety.* This work aims to identify common characteristics in the ways that adults with separation anxiety relate to others, particularly romantic partners, as well as common characteristics in relationships with early caregivers. This work is grounded in psychoanalytic object relations theory with particular focus on feelings of incompetence, ambivalence, tendencies toward aggression and somatization, and concerns about harm.
2. *Attentional-representational processes in adult separation anxiety.* Previous work suggests that adults with separation anxiety have higher levels of the personality characteristics of absorption or transcendence, traits that can be understood as indexing styles of attending to objects, and other stimuli, in the environment. This work aims to explore how these attentional-representational tendencies relate to the difficulties that adults with separation anxiety experience upon or in anticipation of separation events.
3. *Measurement of adult separation anxiety.* This work aims to further validate an existing measure of adult separation anxiety (ASA-27) in clinical and diverse samples, and to extend it to include items that reflect common modern ways of relating and regulating distance/closeness in relationships, namely, texting and social media use.

In addition, Dr. Finsaas conducts research on statistical methods, specifically on non-additive effects (interactions) in linear regression. She has developed two Shiny web applications that make her and her collaborator's work available for practical use by researchers. She also uses factor analysis and structural equation modeling in her work and is generally interested in questions of statistical measurement.