

# **Doctoral Student Handbook 2018-2019**

## **The University of Kansas Clinical Psychology Doctoral Training Program**



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## **THE CLINICAL SCIENCE PROGRAM AT THE UNIVERSITY OF KANSAS**

Welcome to the University of Kansas Clinical Psychology Program. The Clinical Psychology Graduate Training Program was established in the mid-1940s, and was represented at the original Boulder Conference in 1949. That same year the program was accredited by the American Psychological Association, and was, in fact, among the first wave of clinical programs to be accredited by the APA. The program has been continuously accredited since. The Clinical Program is a member of the *Council of University Directors of Clinical Training*, the *Council of Clinical Health Psychology Training Programs*, and the *Academy of Psychological Science*. Our Clinical Training Program has produced hundreds of graduates who have spread the Kansas influence throughout the world. Welcome to the long and proud tradition of Jayhawk Clinical Psychology.

As you participate in our Program, you should be mindful that we are part of a much larger institution. The University of Kansas was established in 1865 with three faculty members and 55 students. Two years later the first recognizable psychology course, “mental philosophy”, was taught by newly named chancellor John Fraser. It is fitting that the Department of Psychology is currently located in Fraser Hall. Psychology was part of the Department of Philosophy until 1916 when the Department of Psychology was formed, although the first clinical course, “psycho-therapy” was offered in 1910. In 1929 two University of Kansas psychology students, Edwin B. Newman and Frederick H. Lewis, conceived of the (now) international honor society, Psy Chi. Today the Department of Psychology has more than 1000 majors, over 30 faculty members, and offers Doctoral Programs in several areas. The University has grown to its present faculty of almost 2,000 with approximately 28,000 students, over 6,000 of whom are in the Graduate School. Accredited by the North Central Association of Colleges and Schools, the University also belongs to the select American Association of Universities, which reflects quality graduate education and research. Also, because of its emphasis on graduate education and research, the University is rated as a Carnegie I Research University.

### **Clinical Science Training Model**

The program adheres to a clinical science model of training. We believe that competent clinical practitioners must understand, appreciate, and apply the science associated with effective clinical interventions, and that competent clinical researchers must have first-hand experience with clinical disorders that is both broad and in-depth. Accordingly, we aim to produce professionals who demonstrate mastery of knowledge in the field of scientific psychology and who will have (1) the ability to generate new scientific knowledge and theory related to the field of psychology, and (2) can make independent contributions to the evolving base of skills and scientific knowledge required for clinical practice. We thus strive to prepare students who can advance knowledge that promotes psychological well-being and health, and who are prepared to be leaders in the field who can influence psychological clinical science through research, practice and policy. Moreover, our objective is to train graduates who approach all their work from a strong ethical foundation.

### **THE STRUCTURE OF THE CLINICAL PSYCHOLOGY PROGRAM**

The Clinical Program is composed of the General Program and the Clinical Health Track (i.e., Major Area of Study in Clinical Health Psychology). The Director of Clinical Training oversees the entirety

of the clinical program, and administers the policies and procedures approved by the Clinical faculty. The Program Director delegates various responsibilities, including committee appointments, to one or more members of the Clinical faculty and graduate student body. The Program Director consults with the faculty and student representatives about matters ranging from advising and colloquia to curricular decisions. Issues involving Program policy decisions are discussed in meetings of the entire Clinical faculty and the graduate student representatives. Graduate student representatives also participate on all major committees in the Program. Committee memberships are announced by the Program Director at the beginning of each fall semester.

It is important to note that the Clinical Psychology Doctoral Training Program at the University of Kansas values cultural and individual diversity in all their manifestations (e.g., age, disability, ethnicity, sex, gender identity, national origin, race, religion, culture, sexual orientation, and socio-economic status). Not only does the program not discriminate in any aspect of educational training, it also does not restrict any aspect of program access or completion of the program based on cultural or individual diversity. Indeed, the program strongly welcomes diversity of all types.

#### *Residency Policy*

The clinical program requires that students spend a minimum of 3 full-time academic years of graduate study in residence at the University of Kansas, Lawrence.

#### **Major Area of Study in Clinical Health Psychology**

Clinical health psychology is concerned with the contributions that psychologists can make to understanding health and illness, frequently in collaboration with other health professionals, including physicians. The Major Area of Study in Clinical Health Psychology at the University of Kansas is designed to be completed in conjunction with the requirements for the clinical program. A number of faculty members, located within the Department of Psychology and other departments at the Lawrence campus and the University of Kansas Medical Center, provide the teaching and supervisory support for the health area. Practicum in clinical health psychology, conducted during the third and fourth program year is obtained at the University of Kansas Medical Center and other locations specializing in health service delivery. Additional coursework is also available through the Department of Preventive Medicine and its Master's program in public health at the University of Kansas Medical Center. The Student Handbook for the Major Area of Study in Clinical Health Psychology is located in Appendix E.

#### WHERE TO FIND INFORMATION: BLACKBOARD AND BEYOND

Blackboard (abbreviated Bb) is an online course management system that is used by instructors as a source for online tools and resources for teaching. Instructors frequently use blackboard to post lecture materials, assignments, announcement, grades, and other class materials. The Clinical Program maintains a Blackboard site that contains the proseminar schedule, master's theses, dissertations, various forms, and other relevant material (<https://courseware.ku.edu>). Additionally, once you enroll in a class, if your instructor is using a Blackboard site you will be able to access it at (your online ID and password are needed to sign in). More generally, a guide to resources and getting started at the University of Kansas is included in Appendix A.

## PEOPLE

**Graduate Academic Advisor**

Kirsten Hermreck, M.A.

**Main Campus Core Clinical Faculty**

Core Clinical Faculty members supervise research and develop, modify, and approve program policies and procedures. In addition, the program benefits from a number of affiliated faculty members who may supervise clinical work and/or research and who participate in the program to differing degrees. Affiliated faculty members are located in a variety of different settings that include the KU Medical Center, the main campus, and a number of other sites.

- Tamara Baker, Ph.D., Professor (Penn State University, 2001)
- Tera Fazzino, Ph.D., Assistant Professor (University of Vermont, 2014)
- Kelsie Forbush, Ph.D., Associate Professor, (University of Iowa, 2011)
- Nancy Hamilton, Ph.D., Associate Professor, Coordinator, Health Psychology (Arizona State University, 2001)
- Steve Ilardi, Ph.D., Associate Professor (Duke University, 1995)
- Rick Ingram, Ph.D., Professor; Director, Clinical Program (University of Kansas, 1983)
- Sarah Kirk, Ph.D., ABPP, Director KU Psychological Clinic; Assistant Director, Clinical Program (University of Kansas, 1998)
- Charlene Muehlenhard, Ph.D., Professor (University of Wisconsin, 1981)
- Amber Watts, Ph.D., Assistant Professor (University of Southern California, 2009)
- Richard Yi, Pd.D., Professor (Stony Brook University, 2002)

**Main Campus Clinical Supervisors**

- Cyd Schnacke, Ph.D., Instructor
- Alex Williams, Ph.D., Instructor
- Lauren Spears, Ph.D., Instructor

**KU Medical Center Faculty**

*Faculty who regularly supervise students' research or clinical activities*

- Martha Barnard, Ph.D., Clinical Associate Professor, Behavioral Pediatrics, KU Medical Center
- Christy Befort, Ph.D., Assistant Professor, KU Medical Center, Department of Preventive Medicine & Public Health
- Lisa Sanderson Cox, Ph.D., Research Assistant Professor, Preventive Medicine & Public Health, KU Medical Center
- Ann McGrath Davis, Ph.D., MPH, ABPP, Assistant Professor, Behavioral Pediatrics, KU Medical Center
- Meagan Dwyer, Ph.D., Clinical Assistant Professor, Cancer Center KU Medical Center
- Jessica Hamilton, Ph.D., Clinical Assistant Professor, Cancer Center KU Medical Center
- Jennifer Klemp, M.P.H, Ph.D., Clinical Psychologist/Cancer Risk Counselor; KU Medical Center; Program Manager, Breast Cancer Survivorship Center
- Monica Kurylo, Ph.D., ABPP Clinical Assistant Professor, Psychology and Rehabilitation, Psychology and Neuropsychology, KU Medical Center

- Laura Martin, Ph.D., Assistant Professor, Preventive Medicine and Public Health, KU Medical Center
- Eve-Lynn Nelson, Ph.D., Assistant Director of Research, Center for TeleMedicine & TeleHealth, KU Medical Center
- Nicole Nollen, Ph.D., Assistant Professor, Preventive Medicine & Public Health, KU Medical Center

### PROGRAM REQUIREMENTS

For students entering the program with a B.A. degree, the Clinical program is designed to be completed in 5 to 6 years, including a one year predoctoral internship. For a variety of reasons, sometimes students take longer to complete the program. It is important to note that the Program requires that all degree requirements be completed by the end of the student's **8th year** in the program. The Graduate School also sets a limit on the number of semesters that a student may receive GTA funding. The chart below illustrates the expected date for various program requirements, along with the deadline in which they *must* be completed.

Please note that, except for courses that are graded on a Satisfactory/Fail basis, all courses must be passed with grades of B- or higher. Courses graded C+ or less must be re-taken and passed with grades of B- or higher. Receiving grades of C+ or less in two or more courses is potential grounds for dismissal from the program.

#### Expected Completion Dates and Deadlines

The following deadlines are set for successful completion of the doctoral training process:

	COMPLETION EXPECTED	COMPLETION DEADLINE*
<b>Master's Thesis &amp; Oral Defense</b>	Year 2 (by the end of the summer term)	Year 4 (by the end of the summer term)
<b>Comprehensive Oral Exam</b>	Year 4 or 5 (by the end of the summer term)	Year 7 (by September 15)
<b>Dissertation &amp; Final Oral Defense</b>	Year 5 or 6 (by the end of the summer term)	Year 8 (by the end of the summer term)
<b>All Program Requirements (Including Internship*)</b>	Year 6 (by the end of the summer term)	Year 8 (by the end of the summer term)*

*\* The Program ordinarily requires that all degree requirements will be completed by the end of the student's eighth year in the program, but recognizes that internships that begin in the fall semester of year 8 cannot be completed until the summer or fall semester of year 9.*

The Program stays informed regarding students' progress via the Program's annual (spring) advising and student evaluation process, and informs students in writing if they are in danger of missing deadlines for completing aspects of the curriculum. Students who fail to meet a completion deadline are considered on an individual basis, with Program Faculty reserving the right to exercise the option deemed most appropriate for the given case. Students are informed, in writing, of missed deadlines and the associated consequences. In unusual circumstances, missed deadlines may be extended, but students should anticipate that the more common outcome is dismissal from the Program. As with all adverse decisions affecting them, students terminated from the program or otherwise sanctioned for

missing a deadline have the right to appeal (see section below entitled: “Student Appeal and Grievance Rights and Procedures”).

### **Students Entering the Program with a Master’s Degree**

Students who are admitted into the Clinical Program with a Masters Degrees are nonetheless required to fulfill all program requirements. If the student completed an empirical thesis for his or her MA program, the thesis may be submitted to the Program Director for an evaluation of its equivalency to theses that are performed by students in our program. The Program Director submits the thesis to a subcommittee of program faculty who evaluate it. If the thesis is judged to be equivalent, the student is credited for having completed the program’s empirical thesis requirement. If the thesis is not judged to be equivalent, or if the student did not do an empirical thesis, the student is required to complete an empirical thesis as a part of our program. In such a case, the same Master’s Thesis and Oral Defense deadlines above apply.

Likewise, if MA students have completed graduate coursework that they believe is the equivalent of the Clinical Program’s required courses, they may receive up to 30 credits for this coursework. Each course substitution must be approved by the instructor of the comparable KU course; the comparability of the courses must be documented in a manner that is satisfactory to the course instructor. Course instructors may also consider the grade the student received.

Students wishing to receive credit for previous courses, and the Master’s degree, should use the *Course and Master’s Thesis Waiver and Substitution form* to obtain the necessary faculty signatures and submit to the Program Director. These can be found on Blackboard.

## CURRICULUM

The objectives of the KU Clinical Psychology Program are to educate students about the content issues that presently define the scientific knowledge base in clinical psychology and the processes of learning and problem-solving that may be used across the span of students’ subsequent professional careers.

The curriculum proceeds from core courses providing an educational foundation to more specialized topics geared toward students’ individual interests. Although students, depending on their prior experience (e.g., those entering with an MA degree) sometimes take courses in a different order, typically during the first year of the program, students complete courses aimed at ensuring basic knowledge in psychopathology, research methodology and statistics, psychological assessment, and psychotherapy. Also during the first year, students begin attending colloquia and other professional issues-related presentations designed to acquaint them with current research in the field, to orient them to current ethical and professional issues in the field, and to further the process of professional enculturation.

During their second year, students begin seeing clients in the KU Psychological Clinic, having been prepared for this by a comprehensive clinic orientation during the summer of their first year. Second-year students should be working on completing their master’s theses, as well as taking other core psychology and clinical psychology courses.

The “task requirement” is a central feature of the third year. The Task may take the form of a literature review, documentation of a clinical intervention, or a program evaluation project. Course

work during the third year comprises both elective and required classes, and students continue their practicum training in the KU Psychological Clinic (or the KU Medical Center for students in the Clinical Health Track).

Fourth-year students generally have completed most of their course work and their required practica, and focus on the doctoral dissertation. Also, during the fall of the fourth (or fifth) year, most students complete the application process for the predoctoral internship, thereafter spending their final year in the program at an internship site.

Coursework and program requirements are composed of General Core Requirements for Clinical Psychology, Clinical Course Requirements, Electives, Research Requirements, the Task, and the Internship. Some of these requirements are met in a different fashion for Health students. These are noted as they apply to the description below, and in the following and in the description of the Major Area of Study in Clinical Health Psychology Handbook in Appendix E.

### **Discipline-Specific Knowledge and Profession-Wide Competencies**

The Clinical Program is generally organized around Discipline-Specific Knowledge and Profession Wide Competencies.

#### *Discipline-Specific Knowledge (DSK)*

According to the APA, “Discipline-specific knowledge serves as a cornerstone of identity as a psychologist and orientation to health service psychology. Therefore, all students in accredited doctoral programs shall demonstrate knowledge in the discipline of psychology, broadly construed.” Discipline-specific knowledge encompasses the following categories:

#### **Category 1: History and Systems of Psychology**

- History and Systems of Psychology, including the origins and development of major ideas in the discipline of psychology

#### **Category 2: Basic Content Areas in Scientific Psychology**

- Affective Aspects of Behavior
- Biological Aspects of Behavior
- Cognitive Aspects of Behavior
- Developmental Aspects of Behavior
- Social Aspects of Behavior

#### **Category 3: Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas**

Graduate-level scientific knowledge that entails integration of multiple basic discipline-specific content areas identified in Category 2 (i.e., integration of at least two of: affective, biological, cognitive, social, or developmental aspects of behavior).

#### **Category 4: Research Methods, Statistical Analysis, and Psychometrics**

- Research Methods
- Statistical Analysis
- Psychometrics



Course requirements that count toward DSK are noted in the description of the curriculum. It is important to note, however, that even though these count toward DSK, they do not necessarily in and of themselves fulfil these requirements; DSK requirements are generally fulfilled by a variety of training experiences in the program.

*Profession-Wide Competencies  
(PWC)*

The APA requires “that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology”.

Expected competencies in the following areas/topics encompass:

- I. Research
- II. Ethical and legal standards
- III. Individual and cultural diversity
- IV. Professional values and attitudes
- V. Communication and interpersonal skills
- VI. Assessment
- VII. Intervention
- VIII. Supervision
- IX. Consultation and interprofessional/interdisciplinary skills

As with DSK competencies, courses that count toward fulfillment of these requirements are noted in the description of the curriculum, and likewise these experiences typically do not in and of themselves completely fulfill these requirements. Moreover, not every program course or experience corresponds directly with a DSK or PWC requirement.

## COURSE REQUIREMENTS AND OPTIONS

### **General Course Requirements for Clinical Psychology**

#### **A. Quantitative Analysis of Behavior** (DSK category 4)

Completion of **two** courses:

PSYC 789: Psychological Statistics: Foundations and Applications

**Or**

PSYC 790: Statistical Methods in Psychology I

**AND**

Completion of **one** of the following:

PSYC 790: Statistical Methods I (only if not counted above)

PSYC 791: Statistical Methods in Psychology II

EPSY 810: Regression Analysis

EPSY 811: Statistical Methods II

PSYC 879: Applied Nonparametric Statistical Methods

PSYC 887: Factor Analysis

PSYC 892: Test Theory

PSYC 893: Multivariate Analysis

PSYC 894: Multilevel Modeling  
PSYC 895: Categorical Data Analysis  
PSYC 896: Structural Equation Modeling

**B. Cognitive Bases of Behavior** (DSK category 2)

Completion of *one* of the following courses

PSYC 723: Advanced Cognitive Psychology  
PSYC 870: Cognitive Development  
EPSY 807: Theories and Research in Human Learning  
PSYC 925: Seminar in Cognitive, Affective and Social Bases of Psychology

**C. Social Bases of Behavior** (DSK category 2)

Completion of *one* of the following courses:

PSYC 774: Advanced Social Psychology I  
PSYC 775: Advanced Social Psychology II - Current Issues  
PSYC 956: Social Neuroscience  
PSYC 925: Seminar in Cognitive, Affective and Social Bases of Psychology

**D. Developmental Bases of Behavior** (DSK category 2)

Completion of *one* of the following courses:

PSYC 870: Cognitive Development  
EPSY 705: Human Development Through the Lifespan

**E. Affective Bases of Behavior** (DSK category 2)

Completion of *one* of the following courses:

PSYC 956: Social Neuroscience  
PSYC 925: Seminar in Cognitive, Affective and Social Bases of Psychology

**F. Biological Bases of Behavior** (DSK category 2)

Completion of *one* of the following courses

ABSC 857: Biological Bases of Behavior  
PSYC 961: Biological Foundations of Psychopathology

**G. Advanced Integrative Knowledge in Scientific Psychology** (DSK category 3)

Completion of *one* of the following courses:

PSYC 870: Cognitive Development  
PSYC 956: Social Neuroscience  
PSYC 925: Seminar in Cognitive, Affective and Social Bases of Psychology

**Clinical Course Requirements**

**A. Diversity**

Completion of *one* of the following courses: (PWC category III)

PSYC 888: Diversity Issues in Clinical Psychology

**Or**

EPSY 875: Cross Cultural Counseling

## **B. History and Ethics**

Completion of *three*\* of the following:

1) PSYC 810: History and Ethics in Psychology (DSK category 1 and PWC II)

**Or**

1) EPSY 998: History of Psychology (DSK category 1)

**Or**

1) ABSC 921: The History and Systems of Psychology (DSK category 1)

**AND** (\*unless PSYC 810 is taken)

2) EPSY 880: Legal, Ethical, and Professional Issues (PWC II)

**Or**

2) PSYC 975: Professional & Ethical Problems in Psychology (PWC II)

**AND**

3) Attendance at at least one biyearly ethics workshop.

## **C. Psychopathology**

Completion of:

PSYC 960: Advanced Psychopathology

## **D. Assessment** (DSK category 4 and PWC category VI)

Completion of:

PSYC 850: Assessment I: Foundations of Psychological Assessment

PSYC 855: Assessment II: Integrative Psychological Assessment

## **E. Psychotherapy** (PWC category VII)

Completion of the following two courses

PSYC 946: Theories and Methods of Psychotherapy

PSYC 950: Supervision and Consultation: Theory and Research

## **F. Supervision and Consultation** (PWC category VIII & IX)

Completion of:

PSYC 950: Supervision and Consultation: Theory and Research

## **G. Clinical Practicum Requirements for Clinical Psychology**

The program requires at least 450 clinical contact hours. The primary training site for students is the KU Psychological Clinic. General students must complete at least 275 hours in the clinic, while the remaining 175 hours can be completed in the clinic or in another approved community or university setting. Health students must complete 125 hours in the clinic and at least 150 hours in a KUMC practicum. For the remaining hours, health students are required to enroll in health related practicum experiences – see Handbook in Appendix C.

The practicum requirement of 450 hours needs to be fulfilled by completion of at least five courses: (PWC categories VI & VII)

PSYC 964: Clinical Practicum I -- One fall semester of supervised practicum experience within the KU Psychological Clinic.

PSYC 965: Clinical Practicum II -- One spring semester of supervised practicum experience within the KU Psychological Clinic.

PSYC 966: Clinical Practicum III -- One summer semester of supervised practicum experience within the KU Psychological Clinic.

**AND**

PSYC 969: Clinical Practicum IV -- One fall semester of advanced supervised practicum within the KU Psychological Clinic

**OR**

PSYC 835: Clinical Practicum IV: Health -- One fall semester of advanced supervised clinical health practicum at the KU Medical Center.

**AND**

PSYC 970: Clinical Practicum V -- one spring semester of advanced supervised practicum experience within the KU Psychological Clinic

**OR**

PSYC 836: Clinical Practicum V: Health-- one spring semester of advanced supervised clinical health practicum at the KU Medical Center.

## **H. Professional Issues and Ethics**

The Clinical Program maintains an active proseminar series aimed at exposing students and faculty alike to historical, current, and emerging professional issues in clinical and clinical health psychology. This proseminar series consists of a variety of presentations and activities including such things as faculty colloquia, visiting speakers, student research presentations, etc. Such activities are planned to occur, on average, approximately once every two weeks during the academic year.

Students are expected to present their first-year research projects during the Spring semester of their first year.

Students *enroll in one hour* of **PSYC 898: Professional Issues in Clinical and Health Psychology** *in each of 6 different semesters* and are expected to attend a minimum of 75% of scheduled proseminar activities in *each* of those semesters. Beyond these requirements, students are encouraged to attend as many proseminar activities as possible.

Additionally, students are required to attend at least one bi-yearly ethics workshop.

### *Ethical Principles*

Our program is bound by the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct. In addition, we are bound by other ethical and professional principles promulgated by APA. Any breach of any part of these principles is grounds for dismissal from the program without further qualification. All students receive a copy of the ethical principles when they enter the program. Additionally, the ethical principles can be found online at: <http://www.apa.org/ethics/code/index.aspx>

In our APA-accredited program, we are committed to a training process that ensures graduate students develop the knowledge, skills, and professional competencies to work effectively with

members of the public who have varying demographics, attitudes, beliefs, and values. When graduate students' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmental training approach that is designed to support the acquisition of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all clients/patients. For some trainees, integrating personal beliefs or values with professional competence in working with all clients/patients may require additional time, training, and faculty support. Ultimately, however, to complete our program successfully, all graduate students must be able to work with any client/patient placed in their care in a beneficial and non-injurious manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, graduate students do not have the option to avoid working with particular client populations or refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values and may not discriminate against clients/patients based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law or University policy

### **I. Electives**

In consultation with their advising committee, students are required to take a minimum of 6 credit hours of elective credits.

### **J. Research Requirements**

The research minimum requirements fall into three categories: (1) coursework, (2) the Master's thesis (6 hours), and (3) the dissertation (12 hours) (PWC I and DSK 4)

**Note**, any thesis or dissertation document must be distributed to committee member no later than 10 days before the scheduled meeting. However, individual faculty members may require a longer period of time and thus it is the responsibility of the student to check with each committee member on the lead time required.

#### *Research Coursework*

Students must complete:  
PSYC 968: Research Methods in Clinical Psychology

#### *First Year Project*

All students must complete a first year research project. Although students may gather data to partially fulfill this requirement, it is more usually the case that they will work with an existing data set typically provided by their advisor. Students are expected to present their project in the Spring semester of their first year and do so through their enrollment in *PSYC 898: Professional Issues in Clinical and Health Psychology*

#### *Master's Thesis*

All students are required to complete an empirical Master's Thesis and to defend it in an oral defense. The final document can be written in a form suitable for journal submission. The thesis is expected to be completed by the end of the second year, and unless the faculty judge that there is a compelling reason, cannot be completed after the end of the student's fourth year in the program.

Students must establish a 3 member thesis committee composed of their advisor and two additional faculty members from the Department of Psychology. Once this committee is established, the student and faculty members sign the Thesis Committee Membership Form and the student turns it in to the Director of Clinical Training.

### *Thesis Proposal*

The thesis advisor assists the student in preparing a thesis proposal and in selecting the other two faculty members comprising the Master's Thesis Committee. Once the thesis advisor judges the thesis proposal to be sufficiently developed, the student schedules a meeting of the thesis committee to review the proposal and to ensure that it is acceptable to the committee members. Only after the thesis proposal has met with the committee's approval can the student proceed to conduct the thesis research.

### *The "Thesis Rule"*

Given that our program encourages students to begin the thesis process in the first year of the program, they generally are expected to complete the thesis no later than October 1 of the third year. The "thesis rule" states that a student who has not completed the oral defense of the master's thesis by October 1 of his or her third year in the program may only enroll in thesis-related or specifically required practicum coursework in subsequent semesters until such time as the thesis has been successfully defended. The intent of the rule is to encourage students to make steady progress toward completion of the thesis. If the thesis has not been defended by October 1, the student must petition for an extension of the program's "Thesis Rule" if he or she wishes to enroll in non-thesis related coursework in the subsequent spring and summer sessions.

Successful petitions for extension of the "thesis rule" typically involve extenuating circumstances related to equipment needs or procuring research participants. The progress of students both receiving and not receiving thesis rule extensions for the third year of the program is reviewed each subsequent semester until the thesis has been defended. Students whose petition requests for the third year are granted must petition again if the thesis has not been defended by the beginning (August 15) of their fourth year in the program if they wish to continue enrolling in non-thesis supporting hours. Students should consider, however, that thesis rule extensions for the fourth year in the program are unlikely to be granted. Failure to complete and defend the thesis by the beginning (August 15) of the student's fifth year in the program is considered grounds for dismissal from the program.

### *The Thesis Defense*

Once the thesis project is completed, it is defended in a two-hour Thesis Defense Oral Exam. The three members of the oral exam committee are the members of the thesis committee. Should the student not pass the oral defense, the exam committee may require a new thesis project, may require the student to make specified improvements in the thesis write-up before being allowed to sit for a second (and final) thesis defense, or may recommend that the student be dismissed from the program. Once the thesis has been successfully defended, the student is awarded the M.A. degree.

### *Post-MA Thesis Defense Evaluation*

Regardless of the thesis defense outcome, at the first regularly scheduled faculty meeting after a student stands for the oral defense of the master's thesis, the Clinical Program faculty reviews all aspects of the student's performance (including academic, clinical, research and interpersonal dimensions). (Evaluation forms can be found in Appendix D). The faculty evaluates the student's

potential for completion of the Ph.D. degree at an expected high level of quality in all domains such that the student would be able to receive positive recommendations for internships, postdoctoral fellowships, and employment positions. The faculty will provide feedback to the students about the outcome of the evaluation, which will include a decision about the students' continuation in the program leading to doctoral candidacy and the Ph.D.

#### *Dissertation*

The dissertation is expected to be a substantial empirical project that should make a contribution to the literature. In undertaking this project, students work closely with their dissertation chairperson who provides constructive feedback as the student prepares the formal dissertation proposal document and orally defends the dissertation.

#### *Composition of the Dissertation Committee*

The Dissertation Committee chairperson must specifically be authorized to chair dissertations. Additionally, at least two members of the dissertation committee must be from the Clinical Program graduate faculty. When a Clinical Program doctoral student's potential dissertation chairperson is from a department other than Psychology, or does not have at least a 50% appointment within the Department of Psychology, the potential chair must either be specifically approved by the clinical program, or the student must have a co-chairperson from within the clinical program. In those instances where a clinical program co-chairperson is required, the clinical program co-chairperson will be the chairperson of record (i.e., the person who signs a "Do-All" form certifying the exam outcomes). Please note that students seeking program approval for a dissertation chairperson who is not a psychology department faculty member should contact the Director of Clinical Training.

#### *Comprehensive Oral Exam/Dissertation Proposal*

From the KU Policy File:

*When a doctoral aspirant has completed the major portion of the course work at a level satisfactory to the graduate degree program and school and met all other program, school, and general requirements prerequisite to the comprehensive oral examination, including the research skills requirement as appropriately applied and established for the student's particular program, the degree program must request the Graduate Division of its school to schedule the comprehensive oral examination. It should be determined that the student is in good academic standing (3.0 or higher grade-point average) before scheduling the examination. The examination request must be submitted in advance of the examination date by at least the period specified by the Graduate Division, normally a minimum of two weeks. The Graduate Division ascertains whether all pertinent requirements have been satisfied and if reports of any previously scheduled comprehensive oral examinations have been properly submitted and recorded.*

*The committee for the comprehensive oral examination must consist of at least five members, all of whom must be members of the Graduate Faculty. Its members are appointed by the Graduate Division of the school or college on the basis of nominations submitted by the graduate degree program. At least one member must be from a department other than the aspirant's major department. This member represents Graduate Studies and must be a regular member of the Graduate Faculty. The Graduate Studies representative is a voting member of the committee, has full right to participate in the examination, and reports any unsatisfactory or irregular aspects of the examination to the committee chair, department chair, Graduate Division, and Graduate*

*Studies. The examination may be scheduled provided that at least five months have elapsed from the time of the aspirant's first enrollment at KU.*

*The comprehensive oral examination covers the major field and any extradepartmental work for which the program wishes to hold the aspirant responsible. For every scheduled examination, the degree program reports a grade of Honors, Satisfactory, or Unsatisfactory. If the aspirant receives a grade of Unsatisfactory on the comprehensive oral examination, it may be repeated on the recommendation of the degree program, but under no circumstances may it be taken more than three times. In any case, the examination may not be repeated until at least 90 days have elapsed since the last unsuccessful attempt.*

Beyond the policy outlined above, the Clinical Program Policy is that, should the student not pass the Comprehensive Oral Exam, the exam committee may fail the student and require a totally new dissertation project. The committee may require the student to make specified improvements in the dissertation proposal before being allowed to sit for a second (and final) Comprehensive Oral exam, or it may recommend to the program that the student be dismissed from the program. If a student fails the initial Comprehensive Oral Exam but is not recommended for dismissal from the program, he or she may schedule another (and final) Comprehensive Oral Exam date no sooner than 60 days following the original exam date. Failure to pass a second comprehensive Oral Exam results in dismissal from the program, that is, the program will not support a petition to attempt the exam a third time.

#### *Advancing to Doctoral Candidacy*

The Clinical Psychology Training Program at the University of Kansas enrolls students with the intent that they complete the Ph.D. However, students do not officially become doctoral candidates until they are advanced to doctoral candidacy." Once a student passes the Comprehensive Oral Exam, he or she is advanced to doctoral candidacy. Students may enroll in dissertation credits during the semester they anticipate completing the Comprehensive Oral Exam requirement.

#### *Final Oral Exam*

Although the graduate school requires only a three-member dissertation committee, students typically continue with the 5 faculty members who formed the oral exam committee. This committee is responsible for evaluating the student's write-up and oral defense of the dissertation during a required two-hour Final Oral Exam (i.e., the dissertation defense).

#### *The 18-hour Rule*

The "18-hour rule" is a graduate school requirement relating to post-comprehensive (oral) exam enrollment. Once a person has passed the comprehensive oral exam, she or he must be continuously enrolled, including summer sessions, until all degree requirements have been completed. During this time, until all degree requirements have been completed or until 18 post-comprehensive exam hours have been completed (whichever comes first), the candidate must enroll for a minimum of 6 hours per semester and 3 hours per summer session. After the 18-hour requirement has been satisfied (and until all degree requirements have been met) the individual must be continuously enrolled, but may enroll in whatever number of hours is deemed appropriate, given their level of use of university resources. Because of this rule, many students, especially those expecting to be on internship during the next academic year, find it useful to enroll in as many dissertation (or other) hours as possible during the semester in which they plan to schedule their comprehensive oral exam. The reason for



this is that all hours taken during the semester of the comprehensive oral exam count toward the 18-hour rule.

### **K. Comprehensive Exam: The Task Requirement**

In lieu of traditional written comprehensive exams, each student in the Clinical Program must propose and demonstrate competency in one task or project. Tasks are intended to be substantial work products that demonstrate both independence and competence. Ideally, the task should be completed in the student's third year, following completion of the MA thesis. The task must be completed before the student's Comprehensive Oral Exam can be scheduled. Tasks may be in one of three areas: (A) Clinical Demonstration, (B) Research/Methodology, or (C) Program Evaluation. Students must submit a "Task Appropriateness form" (found on Blackboard). Students are encouraged to work closely with their advisors in generating a task idea and in developing their task appropriateness proposal. Once the proposal is approved, no further input or review is permitted in writing the task by anyone. Task manuscripts should be written in APA style.

Student should consult Appendix B for additional information on the task system and requirements.

### **L. Internship**

Students are required to complete an American Psychological Association (APA) approved pre-doctoral clinical psychology internship. Students should enroll in PSYC 974 for 1 credit hour in each for three consecutive semesters, including one summer. Although students may enroll for the summer they start their internship or the summer they finish, they are encouraged to enroll in the first summer. Doing so will make it more likely to be able to participate in graduation activities (e.g., the Spring Hooding Ceremony). Note that the KU Financial Aid Office regards one hour of internship enrollment (PSYC 974) to be full-time enrollment for loan repayment deferral purposes. Note also that because virtually all internships finish in the summer students will normally continue on internship until into the next summer semester. If they chose to enroll in the first summer, students will receive a Spring grade with the assumption that they will successfully complete the internship. If they do not, the grade will be changed, possibly to an F depending on the circumstances of non-completion.

In order to apply for internships, students must pass their Oral Comprehensive Exam (dissertation proposal defense) by **September 15** of the year they intend to apply. This means that the students will have completed all program requirements, save their final dissertation defense and internship, prior to applying for internship.

So that you can begin the exam scheduling process and talk about post-comps policies, students are strongly encouraged to meet with the department's Graduate Academic Advisor (Kirsten Hermreck) approximately two months prior to the intended exam date. Students planning to have their oral exam by the September 15 deadline **must** meet with Kirsten no later than August 1.

If a student is unable to schedule his or her comprehensive oral exam by September 15 because of scheduling difficulties associated with getting all members of his or her dissertation committee together, exceptions can be made. Except in extremely rare circumstances, such schedule-induced delays should never extend beyond one week past September 15. Delays that are due to the student's failure to have the dissertation proposal ready to defend are not eligible for exception.

The Clinic Director coordinates internship matters to help students prepare for the internship application process. In yearly workshops, every aspect of applying for internships is covered, including role-plays of potential interview situations that students might encounter. Students also are counseled individually about their particular needs regarding internships. Additionally, current or former interns often conduct a workshop for our aspiring interns to give their first-hand impressions about the application, recruitment, and selection process, as well as what it is like to be on internship (e.g., the hours, types of assignments, etc.). Although students typically obtain one of their top internship choices in recent years obtaining a good internship has become a more competitive process, and we encourage students to start thinking about internship well ahead of the actual application time.

**Although it is not a program rule, the faculty strongly believes that students are best served by completing the dissertation, including the final oral defense, prior to beginning the internship.** Taking this approach enables students to concentrate on maximizing the internship experience and makes it unlikely that students will fail to complete their degree in a timely manner. If students have not completed their dissertation by the time they start their internship they are required to be enrolled in at least one dissertation credit until they have successfully defended the dissertation, including the semester in which they defend.

Because students on internship will no longer be employed (e.g., as a GTA or AI) by the state of Kansas, the credits are billed at out-of-state rates (unless the student is a resident). **Not completing the dissertation before internship thus doubles out-of-state tuition fees.**

### **M. Responsible Scholarship Requirement**

Satisfying this requirement includes completing :

PSYC 968: Research Methods in Clinical Psychology

**AND**

PSYC 810: History and Ethics in Psychology

**OR**

EPSY 880: Legal, Ethical, and Professional Issues

**OR**

PSYC 975: Professional & Ethical Problems in Psychology

**AND** completing

An online tutorial for Responsible Scholarship from Research and Graduate Studies

An online tutorial for IRB (institutional Review Board)

An online tutorial for HIPAA data (completed annually)

### A SAMPLE SEQUENCE OF PROGRAM REQUIREMENTS 2018-2019

The following represents **one example** of a set of courses reflecting the previous description. It is just one example of a sequence.

<b>1st YEAR</b>	<b>Credits</b>
<u>Fall Semester</u>	
•PSYC 790: Statistical Methods in Psychology I	4
•PSYC 850: Assessment I: Foundations of Psych. Assessment	3

- PSYC 898: Professional Issues in Clinical & Health Psychology 1
- PSYC 960: Advanced Psychopathology 3
- PSYC 968: Research Methods in Clinical Psychology 3

Spring Semester

- PSYC 791: Statistical Methods in Psychology I 3-4  
(Or an alternative to satisfy the quant analysis requirement.)
- PSYC 855: Assessment II: Integrative Psych Assessment 3
- PSYC 961: Biological Foundations of Psychopathology 3
- PSYC 898: Professional Issues in Clinical & Health Psychology 1
- PSYC 946: Theories and Methods of Psychotherapy 3

Summer Semester

- PSYC 899: Thesis 0-1
- Elective (PSYC 977-Prep for beginning practicum) 0-1

**2nd YEAR**

**Credits**

Fall Semester

- PSYC 898: Professional Issues in Clinical & Health Psychology 1
- PSYC 964: Clinical Practicum I 3
- PSYC 899: Thesis 2-3
- PSYC 925: Seminar in Cognitive, Affective and Social Bases of Psychology 3
- Psychology General Core Requirement and/or Clinical Course Requirement, and/or Electives 3-6

Spring Semester

- PSYC 810: History and Ethics in Psychology 3
- EPSY 875: Cross Cultural Counseling 3
- PSYC 898: Professional Issues in Clinical & Health Psychology 1
- PSYC 965: Clinical Practicum II 3
- PSYC 899: Thesis 2-3
- Psychology General Core Requirement and/or Clinical Course Requirement, and/or Electives 3-6

Summer Semester

- PSYC 966: Clinical Practicum III 3
- PSYC 899: Thesis 0-2

**3rd YEAR**

**Credits**

Fall Semester

- PSYC 969: (or PSYC 835) Clinical (Health) Practicum IV 3
- PSYC 898: Professional Issues in Clinical & Health Psychology 1
- Psychology General Core Requirement and/or Clinical Course Requirement, and/or Electives 3-6

Spring Semester

•PSYC 898: Professional Issues in Clinical & Health Psychology	1
•PSYC 950: Supervision & Consultation: Theory & Research	1
•PSYC 970: (or PSYC 836) Clinical (Health) Practicum V	3
•PSYC 999: Dissertation	3-6
•Psychology General Core Requirement and/or Clinical Course Requirement, and/or Electives	3-6

Summer Semester

•PSYC 999: Dissertation	3
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**4th YEAR**

**Credits**

Fall Semester

•PSYC 999: Dissertation	3-6
*Clinical Health Students – enroll in PSYC 848 Clinical Health Practicum	3
•Psychology General Core Requirement and/or Clinical Course Requirement, and/or Electives	3-6

Spring Semester

•PSYC 999: Dissertation	3-6
*Clinical Health Students – enroll in PSYC 849 Clinical Health Practicum	3
•Psychology General Core Requirement and/or Clinical Course Requirement, and/or Electives	3-6

Summer Semester

•PSYC 999: Dissertation	0-3
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**5th YEAR**

**Credits**

\*Fall, Spring, & Summer Semesters

•PSYC 974: Internship (one credit hour per semester)	3
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\*Plus one dissertation credit per semester if the dissertation is not complete

MINOR OPTIONS

We currently offer a minor in Quantitative Psychology.

**Quantitative Minor**

A minor in quantitative psychology is offered for graduate students in any of the department's major programs. The quantitative minor is an addition to the regular program and does not replace any existing or future requirements of the student's major program.

The minor consists of advanced course work in statistics, measurement, and methodology. The quantitative minor provides the student with elevated levels of quantitative expertise and requires several courses in quantitative methodology beyond PSYC 790. The classes normally are taken in the department, but can come from other departments with approval of the Quantitative Program Director. Advanced Topics in Quantitative Psychology seminars with varying topics. Currently available courses include Categorical Methods, Nonparametric Statistics, Multivariate Methods,

Multilevel Modeling I, Structural Equation Modeling I and II, Test Theory, Factor Analysis, and regularly offered.

### TEACHING

Most students will serve as a Graduate Teaching Assistant (GTA) during their time in the program. GTAs are assigned to a faculty member and specific class, and duties and responsibilities are determined by the faculty member. GTA assignments are considered half time jobs and are thus funded for 20 hours a week. GTAs should expect to work 20 hours a week, and while efforts will be made to minimize conflicts between student class schedules and classes to which they are assigned, ultimately students must be available during those classes.

Applications for GTAs are distributed in the Spring semester and students are encouraged to complete these application by the posted deadline. If a student misses this deadline he or she may not receive a GTA assignment.

Students may also serve as an Assistant Instructor (AI). AIs independently teaching their own class with faculty supervision. **Students wishing to serve an AI must have completed their Master's degree by the start of the semester in which they will teach.**

### ADVISING AND EVALUATION

Our goal is for each student to succeed in obtaining the Ph.D. degree. Students are evaluated and must meet performance standards, of course, but we want our students to be successful and try to help in whatever way is best suited to the individual student's needs. This supportive stance does not preclude dismissing students from the program if their performance warrants it.

#### Advisor

Our model is mentor system in which each student is matched to an advisor upon admission to the program. Students should expect to meet with their advisor on a regular basis. We attempt to match students to advisors, but sometimes interest change and, by mutual agreement, students may change major advisors.

#### Advisory Committee

All students must form an advising committee by February 15 of their first year in the program. This committee consists of two or three members of the clinical faculty or contributing faculty (at least one member must be a clinical program faculty member) and is commonly, but not always, chaired by the student's thesis advisor. Advising committee members are typically selected from among those faculty who are most closely associated with the student's academic, research and professional interests. The advising committee must meet at least yearly with the student for both advising and ongoing evaluation. Once the committee is selected the student should submit an Advising Committee Membership form.

#### Changing Advisors

In consultation with their advising committee chair, students may change any members of the committee, including the chair, when appropriate. To make an advising change, students must submit a Change of Advising Committee Membership Form.

### **Student Evaluations**

During the latter half of each spring semester, the clinical program faculty meet to evaluate all students who have not yet applied for and been accepted for internship. In preparation, the Program Director sends a memo to students and faculty alerting them to the upcoming evaluations and instructing students to begin preparing by meeting with their advising committees. Students then meet with their advising committee and submit a current curriculum vita, an updated ARTS form (i.e., unofficial transcript), an updated GAPS form (a form for recording one's academic progress), an updated record of their clinical practicum contact hours, and a summary of their program related activities over the past year. Students are welcome to attend the program meeting in which their performance is evaluated by the program faculty, but they are not required to do so. In this meeting they are represented by their advising committee. Following the program evaluation meeting, the student receives feedback from the meeting via a completed Annual Evaluation Form. A copy of the completed form is placed in the student's file. (Evaluation forms are in Appendix D).

A summary of some of the key issues in evaluations may help to give you an overall sense of what we expect from our students. The evaluations take into account students' grades, research progress, clinical performance, response to supervision, ethical and professional and peer relations, and general progress through the program. Although there are no absolute markers for evaluation feedback, and the faculty members consider many aspects of the student's performance in providing feedback, the student generally is expected to (1) maintain mostly A grades and relatively few B grades; (2) have few or no incompletes; (3) make timely progress and achievement on the master's thesis and dissertation; (4) demonstrate satisfactory clinical skills and judgment in working with clients (including issues related to ethical and diversity matters); (5) maintain appropriate interpersonal relationships; (6) abide by the current APA code of ethics; and (7) maintain close contact with the advisory committee, the research mentor, and the faculty more generally so that a thorough sense of progress, openness to feedback, and personal demeanor may be accurately assessed.

### **Post-MA Thesis Defense Evaluation**

As noted in the thesis description, at the first regularly scheduled faculty meeting after a student stands for the oral defense of the master's thesis, the Clinical Program faculty reviews all aspects of the student's performance.

### **Internship Evaluations**

Students receive formal feedback while on internship. Internship directors and supervisors deliver quarterly or semi-annual feedback about the student's progress. Although our students routinely are evaluated positively, there may be rare instances where the student's internship performance raises serious concerns about deficiencies in skill or professional conduct. On such occasions, the clinical program meets to review input from all parties involved, with the goal of developing an appropriate course of action.

### **Special Student Evaluations**

Any time sufficient concerns are raised about a student's performance, special Clinical Program meetings may be scheduled, sometimes with the student attending, to discuss the student's status in the program and possible remediation. In the past, remediation plans have included, first-and-foremost, intensified and/or additional advising relationships and specific skill remediation experiences. On occasion, one- or, perhaps, two-year leaves of absence are recommended in order for students to address personal or health problems.

If the concerns arising from any student evaluation are such that the faculty does not regard remediation as adequate or appropriate, the student is notified of his or her termination from the program, both in person (if possible) and via a formal letter from the Program Director. Through that letter, the student is also informed that she or he can request a reconsideration of the termination decision. In such an appeal meeting, the student may attend, may bring supporting written information, and may speak as to why the decision should be reversed. If the Clinical faculty does not support the appeal, the student is so notified (by letter and in person, if possible), and is given information about the next level of appeal (if appropriate).

#### GRADUATION

Students who will finish the internship by August, **and** who have completed the dissertation should file for August graduation. Students filing for August graduation can petition the DCT to participate in the end of Spring (i.e., May) Graduation ceremonies (e.g., doctoral hooding). If the dissertation is complete and progress on internship has been satisfactory such petitions are usually granted.

Students who do not graduate in August will graduate at the end the Fall Semester (i.e., December). Employers typically require individuals to have obtained their PhD. Before they can start employment. However, almost without exception potential employers will accept a letter from the Program Director stating that, once the internship has been completed (and the final copy of the dissertation has been submitted), the student will have (or has) completed all degree requirements. In effect, the official graduation date is a formality. This is not a problem that is unique to our program, so most potential employers have encountered it before.

#### LEAVE OF ABSENCE

On occasion it is necessary for a student to take some time off from the direct pursuit of the KU degree. When this happens, it is important that the student take a "leave of absence" rather than simply "dropping out." There are at least two compelling reasons for this. First, a person who is on leave does not have to reapply for admission into the program in order to resume his or her degree pursuit. Second, the "clock stops" insofar as university and graduate school rules regarding the maximum number of years a student may take to complete his or her degree program are concerned. A student who takes a 1-year leave of absence during his or her time at KU will have an additional year beyond the maximum allowed years. Leaves of absence are granted for a maximum of 1 year at a time. Once a student has had 5 consecutive years of leave, she or he must reapply for admission to the program in order to resume his or her studies.

LOA petition forms can be obtained from the Psychology Department Graduate Secretary or from the College Graduate Office. Submit the completed form to the Program Director. If the program approves the appeal the student's academic advisor and the Program Director sign the appeal form and forward it to the College Graduate Office. So long as the program approves the request, it is pretty much a "done deal" insofar as the College Graduate Office is concerned. Leaves of absence are approved for no more than one year at a time unless there are extraordinary circumstances. It is possible for a student to return before the end of the requested leave period.

#### POLICY ON PUBLIC PROFESSIONALISM AND ELECTRONIC MEDIA

As communication channels proliferate, the lines between public and private information blur. Personal websites, blogs, email signature lines, cell phone messages, Twitter, Facebook (and even

Newspapers and Television interviews), afford numerous avenues for personal expression and increasingly call for discretion and good judgment in how they are used. **As a doctoral student, you represent both the University of Kansas and the KU Clinical Training Program.**

Consider that:

- Internship programs may conduct web searches on applicants' names.
- Prospective clients may conduct web-based searches on potential therapist names.
- Clients often approach therapists via networking sites and email.
- Employers conduct on-line searches prior to interviews and job offers.
- Legal authorities review personal websites for evidence of illegal activities.

When program members reveal information about themselves or the program in various media outlets, this information becomes part of their program- and profession-related behavior and may be used in student evaluations. In particular, information relating to unethical or unprofessional behavior (e.g., disclosing confidential client or research information), will factor into program decisions regarding student probation, remediation or termination.

Students are encouraged to carefully review and monitor their use of all electronic media. Particular attention should be addressed to what they reveal about themselves in these forums, and whether there is personal information they would not want program faculty, clients or future employers to view. What happens on the Web stays on the Web forever. A good rule of thumb is that of you do not want to see it in the headlines of a newspaper, don't post it.

#### STUDENT APPEAL AND GRIEVANCE RIGHTS AND PROCEDURES

Whenever the Program makes decisions regarding a student's progress, the student is encouraged to talk with the Program Director and the student's advisory committee. Students have the right to appeal any adverse decisions and to ask the Clinical faculty to reconsider. The student is informed that he or she can attend the appeal meeting and present his or her material orally, in writing, or both. If a student's appeal is not upheld at this stage, the student is informed in person (if possible) and via letter of the decision and the reasons for it. Such students also are informed of their next level of appeal. This usually involves contacting the University Ombudsman, although the student may choose to immediately move to a higher appeal level.

If the Ombudsman is recruited by the student, the Ombudsman reviews the case and speaks with those who may be involved. The role of the Ombudsman is to find solutions that are agreeable to both the student and the Program. If no compromise can be reached, the student is informed by the Program Director that an appeal may be made to the Psychology Department Chairperson. The specific procedure for that appeal can be obtained from the Clinical Program Director or the Psychology Department Chairperson. Descriptions of these procedures, in the form of this program description, are given to all graduate students when they first enter the program. Basically, the Psychology Department Chair establishes a special committee formed of uninvolved Psychology Department faculty. If the decision of this Committee is adverse to the student, the Psychology Chairperson apprises the student of the reasons for the decision and the subsequent appeals procedures that may be available. (A full exposition of students' rights and responsibilities is contained in each semester's university timetable of classes.)



To summarize, the steps available to students who appeal academic decisions made about them are:

- (1) If the Clinical Psychology faculty makes a decision about a student, that student is apprised of the decision and any available appeal process in both written form and in person by the Program Director.
- (2) The student can present an appeal in person, via a written document, or both, to a full meeting of the Clinical Psychology Faculty members. The student can attend that meeting.
- (3) If the student's appeal at the Clinical Program level is not upheld, the student is informed of the reasons (in writing and in person) and of the next step in the appeal process -- mediation by the University Ombudsman. The student may bypass this step and go directly to step #4.
- (4) If mediation is unsuccessful or is not pursued, the student may appeal to the Psychology Department Chairperson who appoints an appeals committee comprised of uninvolved faculty from other programs in the Department.
- (5) The Psychology Department Appeals Committee conveys its written decision to the student. If the decision is adverse, the student is informed of appeal steps available at the University level.

In the instance of other grievances brought by students, the steps outlined in the Department of Psychology Grievance Procedure would be taken. If students are dissatisfied with the outcome of this process, or wish to move immediately to a higher level, they may file a grievance with the College of Liberal Arts and Sciences. Psychology and CLAS Grievance procedures are contained in Appendix E.

## STUDENT SUPPORT SERVICES

The first line of students' support comes from their advisors, course instructors, and Clinical Program Director. At the Program level, there is a fund that can provide modest amounts of financial assistance to help students defray such expenses as thesis and dissertation costs, travel expenses for conferences.

For students who might seek psychotherapy, here are some available resources in the community and at KU that students have utilized in the past:

KU Office of Student Success (<http://www.vpss.ku.edu/vpss.shtml>). Strong Hall, Rm. 113. Phone: 785-864-4060.

Counseling and Psychological Services (CAPS; <http://www.caps.ku.edu/>) at Watkins Health Center--864-2277 (students must have paid the student health fee and be enrolled).

Bert Nash Community Mental Health Center (<http://www.bertnash.org/>)--843-9192.

In addition to these resources, the Clinic Director, Dr. Sarah Kirk, maintains a list of local private practitioners who have been willing to work with our students on a sliding fee basis.

The KU Endowment Association also will supply short-term, no-interest loans to our students. For students with disabilities, the Office of Services for Students with Disabilities offers assistance in an attempt to level the playing field so that persons with disabilities can succeed more readily. Support services available on campus include:

- Career Counseling

- Child Care
- Commuting Assistance
- Computer Help
- Computer Labs
- Counseling & Psychological Services
- Edna Hill Child Development Center
- Educational Testing and Evaluation
- Emily Taylor Resource Center (women's issues)
- English Proficiency Assistance
- Ermal Garinger Academic Resource Center
- Financial Aid
- Foreign Study Programs
- Gay, Lesbian, Bisexual & Transgender Services
- Graduate School Office
- Health Insurance
- Housing/Family Student
- International Student Services
- KU Alumni Association
- KU on Wheels (Bus service, lift van)
- KU Student Government
- KU Veterans Service
- KU Writing Center and Roosts
- Legal Aid
- Mediation
- Domestic Violence and Rape Victim Support
- Recreation Services
- Resume Writing
- SAFE Ride
- Stress Management
- Typing Services
- Schiefelbusch Speech-Language-Hearing Clinic
- Office of Multicultural Affairs
- Student Union Activities

#### FINANCIAL AID

Various types of financial assistance are available to students in the Clinical Program. These include University Fellowships administered through the Graduate School, and teaching assistantships funded through the Department of Psychology, and research assistantships. Although the Clinical Program has been able to offer financial assistance to all of its entering students and nearly all of its continuing graduate students in recent years, we cannot guarantee this in the future. However, it is expected that a reasonable supply of paid, part-time positions of a psychological nature in various programs of the University and surrounding areas will be available for advanced students, along with research assistantships on faculty grants. Students are encouraged to explore other sources of financial aid for their graduate education as well.

## Appendix A

### Resources and Getting Started at the University of Kansas

#### *Creating a KU Online ID*

In order to access online services at KU, such as email, online class resources, and enrollment, you will need to create an online ID. Go to this website, <http://technology.ku.edu/personal-accounts>, and click on “Create New Online ID.” You will need to know your 7-digit student ID number that was assigned to you when you first were accepted; if you do not know this number, call the Registrar’s office at 785-864-4423. After creating your KU online ID you can then add online services, such as personal web site space, your non-KU email address, and email aliases. Go to <https://myidentity.ku.edu/services> to manage these services.

#### *Enrolling in Classes*

You will need your online ID before you are able to enroll in classes. If you wish to browse the list of open classes before enrolling, view the Schedule of Classes at <https://classes.ku.edu>. Check the enrollment calendar at [www.registrar.ku.edu](http://www.registrar.ku.edu) and Enroll and Pay at <https://sa.ku.edu> to see when you are allowed to enroll. To enroll, go to the Enroll and Pay system at <https://sa.ku.edu> and sign in with your KU online ID. Click on “Enrollment” and then “Add Classes,” and you will be prompted through the process of enrollment. Additional information about enrollment can be found at the new Student Enrollment page at <http://www.registrar.ku.edu/enrollment/new.shtml>.

#### *Getting Your Student ID*

Your Student ID card is your official identification card at the University of Kansas. Your card can be used to check out library books, be admitted to University events, accessing health and legal services, access newspapers, and load and use for food purchases. Your card should be carried with you at all times while on campus.

You must enroll in classes before you can be issued a student ID card. You can obtain your card at the KU Card Center which is located at the Union on the fourth floor. Bring a valid, government-issued photo ID. One of the following will be accepted (no exceptions): driver's license, passport, military ID or State ID.

#### *Using Blackboard*

Blackboard (abbreviated Bb) is an online course management system that used by instructors as a source for online tools and resources for teaching. Instructors frequently use blackboard to post lecture materials, assignments, announcement, grades, and other class materials. Once you enroll in a class, if your instructor is using a Blackboard site you will be able to access it at <https://courseware.ku.edu/> (your online ID and password are needed to sign in). In addition, the Clinic Program maintains a Blackboard site that contains the pro seminar schedule, master’s theses, dissertations, various forms, and other relevant materials. You can find more information about Blackboard at <http://ids.ku.edu/content.php?layer=2&page=bb>.

#### *Where to Get Keys*

Keys are needed in order to access your office, clinic rooms, as well as in order to get into Fraser on the weekends. Please check with the main Psychology Office, Fraser 426. Each key requires a \$10 deposit.

#### *Psychology Office Services*

The main Psychology Office, located in Fraser 426, offers numerous services, including photocopying requests, printing and scanning requests, mailing services, package pickup, faxes, office supplies, storage

of class and research materials, and media checkout. See [http://psych.ku.edu/resources/grad\\_student\\_resources/](http://psych.ku.edu/resources/grad_student_resources/) for more details.

#### *Parking and Transportation*

The main options in Lawrence for transportation are driving and bus service. A parking permit is required to park on campus. Parking is restricted based on the specific parking pass you buy. The most common parking permits bought in our program are for the Yellow lots and for the Mississippi Street parking garage. Permits are also need for motorcycles and scooters. Parking permits can be bought online In order to buy a parking permit, go to the KU Portal at <http://portal.ku.edu> and click on “Services” and then “KU Parking Permits.” Your permit will be mailed to you. You can find more information about parking, including a map of lots, at [www.parking.ku.edu](http://www.parking.ku.edu).

The second option for transportation on campus is take the bus. Bus service on campus is free with your student ID card. Check here for more information and for routes: [www.kuonwheels.ku.edu](http://www.kuonwheels.ku.edu). The KU bus system works in conjunction with the Lawrence transit system to coordinate routes. The Lawrence transit system is also free for KU students with a valid KU card. Information about the Lawrence public transit system can be found at <http://www.lawrencetransit.org/>.

#### Services on Campus

##### *Health Services*

Student health services are provided by Watkins Memorial Health Center, located on campus. Watkins offers a wide variety of services, including general medicine, lab services, pharmacy, mental health services, and many more. General appointments during business hours are free for students who pay their student fees.

When you first come to KU you will be asked to provide your vaccination records to Watkins Memorial Health Center. Failure to provide your records will prevent you from enrolling for subsequent semesters. For more information, or if you need vaccinations, please contact the Student Health Center. Visit its website, [www.studenthealth.ku.edu](http://www.studenthealth.ku.edu) for more information.

Watkins Health Center also offers student insurance. For more information on KU student health insurance, visit Watkins Health Center’s website.

##### *Exercise Services*

KU provides a wide variety of recreational services on campus, which are primarily located at Ambler Student Recreation Fitness Center and Robinson Center Gym. Services provided include cardiovascular and resistance training equipment, racquetball courts, basketball and volleyball courts, aerobics and martial arts studios, a suspended walking/jogging track, pools, and a 42 foot rock climbing wall. There is also an Intramural Sports program and numerous Sports Clubs. The Student Recreation Center is free to students who pay their student fees. Visit the KU Recreation Services website at <http://recreation.ku.edu/> for more information.

## APPENDIX B

### Task Information, Guidelines, and Requirements

In lieu of traditional written Comprehensive Examinations, students must demonstrate professional competency in one of three areas of professional activity. This is known as the Program's "Task Requirement."

Tasks may be in one of three areas: Area A: **Clinical Demonstration**, Area B: **Research/Methodology**, or Area C: **Program Evaluation**. Tasks are intended to be substantial work products that demonstrate both independence and competence.

Consistent with the philosophy behind the task system, it is recommended that tasks be planned and conceptualized prospectively in the educational setting. Although certain tasks may be carried out in areas where students are employed, work products from another setting are unlikely to be suitable. Such products typically lack the comprehensive scope and detailed documentation that must characterize a successful task. Once the task proposal is approved, no further input or review is permitted for the task. Task manuscripts should be written in APA style.

#### Considerations in Choosing and Completing a Task

*Clinical Demonstration Tasks:* Students proposing clinical demonstration tasks should inform their prospective clinical supervisor(s) of the activities that they wish to use as a task, and should offer to provide a formal task proposal for the supervisor should he/she want one. The supervisor should determine at the outset whether the proposed task would be an appropriate one, in terms of both its content and the student's ability to perform the task "independently". A statement to the effect that the clinical supervisor agrees that the proposed task represents a feasible and appropriate demonstration should accompany the task proposal that is submitted to the Program Director.

*Program Evaluation Tasks:* Students proposing program evaluation tasks should seek the approval of any agency or organization that will be involved in or affected by the prospective task's activities or outcomes. Statements of approval and support from any affected agency or organization administrators should accompany the task proposal that is submitted to the Program Director.

*Research/Methodology Tasks:* The Research/Methodology task should be a work of synthesis, which provides the context for the student's own investigations. In the literature review, students should clarify their understanding of the field, evaluate the results of previous research, define key concepts, theories, and ideas, identify relevant methodological issues, and identify research in related areas that is generalizable or transferable to the topic. Writing a literature review also provides practice in critical thinking and allows students to develop their own theoretical perspective. Students proposing literature reviews for their tasks are required to demonstrate that the planned review is sufficiently distinct from the MA Thesis literature review that its completion will significantly enhance their breadth of scholarship. This demonstration will entail the student's securing an attestation from his or her MA Thesis advisor to the effect that the proposed task literature review is not merely derivative of the MA Thesis and is sufficiently distinct that it represents a different area of scholarship.

#### Task Appropriateness

Student must submit a “Task Appropriateness form (found on Blackboard). Students are encouraged to work closely with their advisors in generating a task idea and in developing their task appropriateness proposal. Using the form and attachments, the student indicates the type of task being proposed, provides the requisite certifications/attestations and provides a summary and/or outline of the task’s nature and scope. Students are advised to provide thorough descriptions so that the task review committee will not need to seek additional elaboration.

Once the Task Appropriateness Form has been completed, the student submits it to the Program Director in electronic form (Microsoft Word), along with any supporting documentation (e.g., the certifications & attestations described above, also in electronic form if possible). The Program Director distributes proposals to a two-person task review committees. Task review committees are ordinarily asked to render their appropriateness judgments within 2 weeks of receiving a request. Notice of task review committees’ decisions are returned to the student through the Program Director.

Once a task proposal is approved, the approval will apply irrespective of the subsequent composition of the task review committee. Whenever possible, however, the committee members who approved the proposal will also review the completed task. If a proposed task is not approved, it may be modified and resubmitted, depending on the committee's recommendation. Copies of all documents pertaining to a particular task and the initial approval or disapproval regarding appropriateness (including the Task Appropriateness Form) are retained in the student's file.

### **Submitting Completed Task Manuscripts for Review**

Although, as noted above, students often consult with a supervisor or advisor during the planning and, for clinical demonstrations and program evaluations, the implementation stages of a task, the task manuscripts themselves are to be the independent work of the student. Program faculty are not allowed to be involved in writing, reviewing or editing task manuscripts prior to their submission. When the manuscript is completed, it is submitted electronically (as a Microsoft Word document) to the Program Director, along with a "statement of independence" from any faculty consultant who was involved with the task. When they are appropriate, these statements describe the nature of the advisor's or supervisor's input (if any) into the final product. Task reviewers are ordinarily asked to provide their evaluations of tasks within one month of receiving them. If the committee members render a "split" decision regarding a task's acceptability, the Program Director will advise the student about the steps needed to resolve the disagreement. No task proposal will be approved for execution without the approval of two task evaluators.

Because tasks are conceived as demonstrations of competence rather than as iterations in a process of successive approximations to mastery, task reviewers typically provide summary judgments rather than detailed feedback regarding the acceptability of completed tasks. Accordingly, students may expect to receive the reviewers’ summary judgments and comments (if any), along with a statement from the Program Director indicating the review committee's decision.

Students whose tasks are judged to be unacceptable, insofar as satisfying the program's task requirement are concerned, may either petition the faculty to be allowed to prepare a revision, or may prepare a different task for submission. If the student elects to prepare a different task, he or she will need to re-initiate the task appropriateness approval process described above. Only one resubmission (or different task submission) is possible. A second decision is the final decision.

It should be noted that, at the Program Director's discretion, even manuscripts that are judged to satisfy the program's task requirement may be returned to the author for minor editing or corrections (e.g., grammatical or typographical errors) prior to final acceptance.

PDF copies of all tasks are made available to program members on the Clinical Program Blackboard web site.

### **Task Requirements and Guidelines**

#### *Area A: Clinical Demonstration*

A client intervention demonstrating a particular theoretical model and its application:

A written document is required describing the introduction, progress, and summary of treatment outcome. The written document must also contain the most relevant and up to date reviews of the chosen approach from peer reviewed journals and appropriate book chapters. The review should provide a brief historical overview, definition of theory and approach, and review of outcome literature regarding approach. The written documentation should be approximately 15-20 pages of text written in APA style (page count does not include Figures, Tables, Appendices or References) and be modeled after case studies that appear in various journals (See Dr. Kirk for examples).

Students should submit videotape footage of the entire application. Footage length may vary depending on the application but should be at least 4 sessions in length and no longer than 12 sessions. Additionally, one copy of the original signed informed consent statement indicating that the client is aware that his/her sessions are being recorded for purposes of the therapist's satisfying a program requirement, and that the tapes will be reviewed at least two clinical faculty members before being erased. (This consent statement will be separated from the task write-ups by the Clinic Director and retained securely until the task review is completed. Once the task review is completed, the Program or Clinic Director will destroy both the DVD's and the consent statement copy. Only the de-identified write-ups are retained on file for clinical demonstration tasks.

#### *Area B: Review Paper Demonstration*

The student will prepare a review article about a topic directly relevant to clinical psychology. The review article should be of the form and quality of those suitable for submission to Psychological Bulletin, Psychological Review, or to one of the more specialized journals that also accept review. The focus of the paper may be empirical, theoretical, or methodological. Students proposing literature reviews for their tasks are required to demonstrate that the planned review is sufficiently distinct from the MA Thesis literature review that its completion will significantly enhance their breadth of scholarship. This demonstration will entail the student's securing an attestation from his or her MA Thesis advisor to the effect that the proposed task literature review is not merely derivative of the MA Thesis and is sufficiently distinct that it represents a different area of scholarship. Students, however, may use the task as the basis for their dissertation introduction and discussion.

The final review is to be prepared in APA style, approximately 20-30 pages in length (not including Figures, Tables, or References).

The completed manuscript should be submitted for review to the Program Director in electronic form (Microsoft Word).

#### *Area C: Program Evaluation Demonstration*

Develop or expand a clinical or community program of service. This project would entail program development for the clinical community and the associated outcome evaluation. This may involve the KU Psychological Clinic or another agency or community.

The reports include an analysis of the community need (why the program is needed) and the relevant literature regarding the particular program development. The reports further include a description of the program and process of implementation. Outcome data are required to be collected and reported. The report should also include (in Appendices) outcome measures used.

The written documentation should be approximately 20 pages of text written in APA style (page count does not include Figures, Tables, Appendices, or References) and be modeled after program evaluation studies that appear in various journals (See Dr. Kirk for articles/examples).

The completed manuscript should be submitted to the Program Director in electronic form (Microsoft Word).



**Appendix C**

**Evaluation Forms**

**ANNUAL PROGRAM REVIEW OF STUDENT PROGRESS**

**Student Name:** \_\_\_\_\_

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

**1. MA Thesis (PSYC 899):**     *Thesis Completed*     *Progress Satisfactory*     *Problems Noted\**  
 (6 cr. hrs. minimum)

**2. Coursework:**

**Stats/Methods**     *Requirements Completed*     *Progress Satisfactory*     *Problems Noted\**  
 PSYC 789 and/or 790  
 PSYC 791,795,879,887,892,893,894,895,896, EPSY 811

**Core distribution**     *Requirements Completed*     *Progress Satisfactory*     *Problems Noted\**  
 Cognitive: PSYC 723,725,800,831,863,870 or EPSY 807  
 Social: PSYC 774,775,777,825 or 956  
 Developmental: PSYC 825,863,870 or EPSY 705

**Clinical Core**     *Requirements Completed*     *Progress Satisfactory*     *Problems Noted\**  
 History: PSYC 810 or PSYC 810: History and Ethics in Psychology or  
 EPSY 998: History of Psychology or ABSC 921: The History and Systems of Psychology

Assessment: PSYC 850 & 855  
 Diversity: PSYC 888 or EPSY 875  
 Clinical Content: PSYC 946,950,960,961 & 968  
 Ethics/Professional Issues: PSYC 810 or PSYC 975 or EPSY 900  
 Proseminar (PSYC 898-six semesters req): Sem #1 \_\_\_\_\_ Sem #2 \_\_\_\_\_ Sem #3 \_\_\_\_\_ Sem #4 \_\_\_\_\_ Sem #5 \_\_\_\_\_  
 Sem #6 \_\_\_\_\_

**Health Core**     *Requirements Completed*     *Progress Satisfactory*     *Problems Noted\**  
 *NA*  
 PSYC 833, 834  
 6 hrs from the following (counts toward electives): PSYC 838,839,840,841,842, ABSC 705, PRVM 800

**Electives**     *Requirements Completed*     *Progress Satisfactory*     *Problems Noted\**  
 General Program--6 credit hrs.  
 Health Specialty --6 credit hrs.

**3. Task:**     *Task Completed*     *Progress Satisfactory*     *Problems Noted\**     *NA*

**4. Practicum: (450 Contact Hrs Minimum)**

**Psych. Clinic**     *Requirements Completed*     *Progress Satisfactory*     *Problems Noted\**  
 *NA*  
 General Program: PSYC 964,965,966,969 & 970  
 Clinical Health: PSYC 964,965 & 966  
 (125 contact hrs. minimum)

**Clinical (Hlth)**       *Requirements Completed*     *Progress Satisfactory*     *Problems Noted\**

*NA*

Clinical Health : PSYC 835, 836, 848 & 849

**Other**       *Progress Satisfactory*     *Problems Noted\**

**5. Oral Comps:**       *Orals Completed*     *Problems Noted\**     *NA*

**6. Dissertation (PSYC 999):**     *Dissertation Completed*     *Progress Satisfactory*     *Problems Noted\**

*NA*

(12 cr. hrs. minimum)

**Dissert Defense**       *Defense Completed*     *Problems Noted\**     *NA*

**7. Professional Development:**     *Progress Satisfactory*     *Problems Noted\**

*\* Briefly explain "Problems Noted." Continue below or on page 2 as needed.*

**Student Name:** \_\_\_\_\_

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

**PROGRAM DECISIONS REGARDING STUDENT STATUS:**

\_\_\_\_ Continuation--in good standing

\_\_\_\_ Concerns noted (*Describe remediation recommendations.*)

\_\_\_\_ Continuation--concerns noted (*Describe remediation recommendations.*)

\_\_\_\_ Recommend a #\_\_\_\_ semester or #\_\_\_\_ year (*complete one*) Leave of absence (*Describe remediation recommendations below.*)

\_\_\_\_ Require a #\_\_\_\_ semester or #\_\_\_\_ year (*complete one*) Leave of absence (*Describe remediation recommendations below.*)

\_\_\_\_ Recommend \_\_\_\_ or require \_\_\_\_ (*check one*) other action (*describe below*).

\_\_\_\_ Terminate from Program effective \_\_\_\_\_ . (*reasons below*)  
*(describe date or condition)*

**REMARKS/COMMENTS/EXPLANATIONS (Continue on back or attach pages as needed):**

**Program Director:**

\_\_\_\_\_

Name

Signature

Date



**Post-Thesis Progress Toward Competency Review:**

Student Name: \_\_\_\_\_ Faculty Rater: \_\_\_\_\_

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

This student has recently completed his/her thesis. Please use the following scale to rate progress toward competency (if in the rater's judgment the student is competent in an area, use "3")

**NB = No Basis; 1 = Concerns about progress; 2 = Adequate progress; 3 = Competent**

**Breadth of Training**

\_\_\_\_\_ 1. Progress toward entry-level competence and knowledge base regarding *Biological Aspects of Behavior*

\_\_\_\_\_ 2. Progress toward entry-level competence and knowledge base regarding *Cognitive Aspects of Behavior*

\_\_\_\_\_ 3. Progress toward entry-level competence and knowledge base regarding *Affective Aspects of Behavior*

\_\_\_\_\_ 4. Progress toward entry-level competence and knowledge base regarding *Social Aspects of Behavior*.

\_\_\_\_\_ 5. Progress toward entry-level competence and knowledge base regarding *History and Systems of Psychology*.

\_\_\_\_\_ 6. Progress toward entry-level competence and knowledge base regarding *Individual Differences in Behavior*.

\_\_\_\_\_ 7. Progress toward entry-level competence and knowledge base regarding *Human Development*.

\_\_\_\_\_ 8. Progress toward entry-level competence and knowledge base regarding *Issues of Cultural and Individual Diversity*.

\_\_\_\_\_ 9. Summary: Progress toward overall entry-level competence and knowledge base regarding the broad field of *Psychology*.

\_\_\_\_\_ 10. Summary: Progress toward overall entry-level competence and knowledge base regarding the field of *Clinical Psychology*.

**Academic/ Research Training Objectives:**

\_\_\_\_\_ 1. Progress toward entry-level competence and knowledge of data analytic concepts and procedures

- \_\_\_ 2. Progress toward entry-level competence and knowledge of major research designs and approaches
- \_\_\_ 3. Progress toward entry-level competence and ability to write an integrated summary of literature and research.
- \_\_\_ 4. Progress toward entry-level competence in the ability to generate and test research hypotheses
- \_\_\_ 5. Progress toward entry-level competence and knowledge regarding the role of human diversity in clinical research settings
- \_\_\_ 6. Progress toward entry-level competence and knowledge of ethical considerations involved in research with human subjects

**Assessment Training Objectives:**

- \_\_\_ 1. Progress toward entry-level competence in the use of major tests of intelligence, achievement, and ability
- \_\_\_ 2. Progress toward entry-level competence in the use of major objective measures of personality
- \_\_\_ 3. Progress toward entry-level competence in the use of diagnostic strategies to assess and diagnose dysfunctional behavior
- \_\_\_ 4. Progress toward entry-level competence in the use of clinical interviews for assessment purposes
- \_\_\_ 5. Progress toward entry-level competence in knowledge of ethical considerations in assessment
- \_\_\_ 6. Progress toward entry-level competence in and knowledge of ethnic, cultural, linguistic and sexual diversity as they relate to psychological assessment

**Intervention Training Objectives:**

- \_\_\_ 1. Progress toward entry-level competence in the ability to conceptualize clients' problems and resources for coping and to design appropriate therapeutic interventions
- \_\_\_ 2. Progress toward entry-level competence in individual therapy
- \_\_\_ 3. Progress toward entry-level knowledge of empirically supported therapeutic intervention techniques and strategies

- \_\_\_ 4. Progress toward entry-level competence in consultation and intervention with referral sources, agencies and social systems
- \_\_\_ 5. Progress toward entry-level competence in case presentation
- \_\_\_ 6. Progress toward entry-level competence in knowledge of ethical considerations in therapeutic interventions
- \_\_\_ 7. Progress toward entry-level competence in and knowledge of ethnic, cultural, linguistic and sexual diversity as they relate to therapeutic interventions

**Personal Fitness Training Objectives:**

- \_\_\_ 1. Thus far demonstrates freedom from behavioral and/or personal problems that limit the ability to function effectively as a clinical psychologist.
  - \_\_\_ 2. Demonstrates ability to maintain professional behavior consistent with APA ethical standards
  - \_\_\_ 3. Progress toward developing commitment to, maintenance and enhancement, across time, of professional standards of career development, skill and knowledge.
  - \_\_\_ 4. Progress toward developing attitudes essential for lifelong learning, scholarly inquiry, and professional problem-solving
- 

**PROGRAM DECISIONS REGARDING STUDENT STATUS:**

- \_\_\_ Continuation--in good standing
- \_\_\_ Continuation--Concerns noted (*Describe remediation recommendations.*)
- \_\_\_ Continuation--probationary status (*Describe remediation recommendations.*)
- \_\_\_ Recommend a # \_\_\_ semester or # \_\_\_ year (*complete one*) Leave of absence (*Describe remediation recommendations below.*)
- \_\_\_ Require a # \_\_\_ semester or # \_\_\_ year (*complete one*) Leave of absence (*Describe remediation recommendations below.*)
- \_\_\_ Recommend \_\_\_ or require \_\_\_ (*check one*) other action (*describe below*).
- \_\_\_ Terminate from Program effective \_\_\_\_\_. (*reasons below*)  
(*describe date or condition*)

**REMARKS/COMMENTS/EXPLANATIONS for “Concerns Noted” or Probationary Status”**  
(Continue on back or attach pages as needed):

## **Evaluation of Internship Candidate Competence and Readiness**

Student Name: \_\_\_\_\_ Faculty Rater: \_\_\_\_\_

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

The above named student has indicated his/her intention to apply for internship. Please use the following scale to rate this internship candidate on the listed training objectives:

**NB = No Basis;      1 = deficient;      2 = marginal;      3 = competent**

**A. Fundamental understanding and knowledge base regarding the *broad field of psychology.***

\_\_\_\_ 1. Demonstrates entry-level competence and knowledge base regarding *Biological Aspects of Behavior.*

\_\_\_\_ 2. Demonstrates entry-level competence and knowledge base regarding *Cognitive Aspects of Behavior.*

\_\_\_\_ 3. Demonstrates entry-level competence and knowledge base regarding *Affective Aspects of Behavior.*

\_\_\_\_ 4. Demonstrates entry-level competence and knowledge base regarding *Social Aspects of Behavior.*

\_\_\_\_ 5. Demonstrates entry-level competence and knowledge base regarding *Developmental Aspects of Behavior.*

\_\_\_\_ 6. Demonstrates entry-level competence and knowledge base regarding *History and Systems of Psychology.*

\_\_\_\_ 7. Demonstrates entry-level competence and knowledge base regarding *Individual Differences in Behavior.*

\_\_\_\_ 8. Demonstrates entry-level competence and *advanced integrative knowledge of Basic Discipline –Specific Content Areas* (e.g., in at least two areas – Biological, Cognitive, Social Affective or Developmental).

\_\_\_\_ 9. In sum, demonstrates a fundamental understanding and knowledge base regarding the *broad field of psychology.*



**B. Fundamental Understanding of Research, Statistical Analyses, and Psychometrics**

- \_\_\_ 1. Demonstrates entry-level competence and knowledge base regarding psychological measurement and psychometrics.
- \_\_\_ 2. Demonstrates entry-level competence and knowledge of data analytic concepts and procedures.
- \_\_\_ 3. Demonstrates entry-level competence and knowledge of major research designs and approaches
- \_\_\_ 4. Demonstrates entry-level competence and knowledge of ethical considerations involved in research with human subjects.

**C. Knowledge and Skills in Clinically Relevant Research**

- \_\_\_ 1. Demonstrates entry-level competence and ability to write an integrated summary of clinically relevant literature and research.
- \_\_\_ 2. Demonstrates entry-level competence in the ability to generate and test clinically relevant research hypotheses.
- \_\_\_ 3. Demonstrates entry-level competence and knowledge regarding the role of human diversity in clinical research settings.
- \_\_\_ 4. Overall, demonstrates the substantially independent ability to formulate and conduct research that is of sufficient quality and rigor to potentially contribute to the clinical scientific knowledge base.

**D. Ethical and Legal Standards**

- \_\_\_ 1. Demonstrates knowledge of the APA ethical principles and laws relevant to psychology.
- \_\_\_ 2. Conducts self in an ethical manner in all professional activities.
- \_\_\_ 3. Demonstrates freedom from behavioral and/or personal problems that limit the ability to function effectively as a clinical psychologist.

**E. Individual and Cultural Diversity**

- \_\_\_ 1. Demonstrates an understanding of how his/her own personal/cultural history, attitudes, and biases may affect understanding, and interact with, people from different individual and cultural backgrounds.
- \_\_\_ 2. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.

\_\_\_ 3. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles

\_\_\_ 4. Demonstrates the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in professional work.

**F. Professional Values and Attitudes**

\_\_\_ 1. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

\_\_\_ 2. Engages in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness

\_\_\_ 3. Actively seeks and demonstrates openness and responsiveness to feedback and supervision

\_\_\_ 4. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training

**G. Communication and Interpersonal Skills**

\_\_\_ 1. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services

\_\_\_ 2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts

\_\_\_ 3. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

**H. Clinical Assessment**

\_\_\_ 1. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors,

\_\_\_ 2. Demonstrates entry-level knowledge of the major facts and theories, and knowledge base of psychopathology.

\_\_\_ 3. Demonstrates the ability to interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations

\_\_\_ 4. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

- \_\_\_ 5. Selects and applies assessment methods that draw from the best available empirical literature and that reflects the science of measurement and psychometrics
- \_\_\_ 6. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- \_\_\_ 7. Demonstrates entry-level competence in the use of major tests of intelligence, achievement, and ability, and the major objective measures of personality
- \_\_\_ 8. Demonstrates entry-level competence in and knowledge of ethnic, cultural, linguistic and sexual diversity as they relate to psychological assessment

**I. Clinical Intervention**

- \_\_\_ 1. Establishes and maintain effective relationships with the recipients of psychological services.
- \_\_\_ 2. Develops evidence-based intervention plans specific to the service delivery goals.
- \_\_\_ 3. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. This includes knowledge of empirically supported therapeutic interventions.
- \_\_\_ 4. Demonstrate the ability to apply the relevant research literature to clinical decision making.
- \_\_\_ 5. Modifies and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- \_\_\_ 6. Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.
- \_\_\_ 7. Demonstrates entry-level competence in case presentations.

**J. Supervision**

- \_\_\_ 1. Demonstrates knowledge of supervision models and practices.
- \_\_\_ 2. Demonstrates entry-level competence in supervision skills.

**K. Consultation and interprofessional/interdisciplinary skills**

- \_\_\_ 1. Demonstrate knowledge and respect for the roles and perspectives of other professions.
- \_\_\_ 2. Demonstrates entry-level competence in consultation and intervention with referral sources, agencies and social systems.

**G. OVERALL of CLINICAL COMPETENCIES**

- \_\_\_ 1. Demonstrates overall entry-level competence, knowledge base, and skills in the field of Clinical Psychology.

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**Overall, based on my familiarity with this student, I judge him / her to be:**

**Ready for Internship**

**Not Ready for Internship**

**Comments/Remarks:**



## Appendix D

<http://www.policy.ku.edu>

CATEGORY: Grievance and Appeals

POLICY STATUS: Active

<b>POLICY TITLE:</b>	<b>Department of Psychology Grievance Procedure</b>
<b>POLICY PURPOSE:</b>	To articulate the procedure for hearing grievances arising within the Department of Psychology
<b>APPLIES TO:</b>	Faculty, staff, and students within the Department of Psychology

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<b>POLICY STATEMENT:</b>	<p>Pursuant to Article XIV of the University Senate Code and Articles V and VI of the University Senate Rules and Regulations of the University of Kansas, Lawrence, the Department of Psychology establishes the following procedure to hear grievances arising within the Department. Appeal of a grievance heard at a subordinate unit level is to the Judicial Board, not to the College. This procedure shall not be used to hear disputes assigned to other hearing bodies under USRR Article VI, Section 4.</p> <p>For disputes involving alleged academic misconduct, see the College of Liberal Arts and Sciences' policy on academic misconduct. For alleged violations of student rights, the initial hearing normally will be at the unit level. There is an option to hold an initial hearing at the Judicial Board level if both parties agree, or either party petitions the Judicial Board chair to have the hearing at the Judicial Board level and the petition is granted. The petition must state why a fair hearing cannot be obtained at the unit level; the opposing party has an opportunity to respond to the petition (USRR 6.4.3.1).</p> <p>Except as provided in USRR 6.5.4, no person shall be disciplined for using the grievance procedure or assisting another in using the grievance procedure.</p> <p>The Department of Psychology shall provide a copy of this procedure to anyone who requests it.</p> <ol style="list-style-type: none"> <li>1. To start the grievance process, the complainant must submit a written grievance to the Chairperson of the Department of Psychology. The complaint shall contain a statement of the facts underlying the complaint and specify the provision(s) of the Faculty Code of Conduct, University Senate Code, the University Senate Rules and Regulations, the Code of Student Rights and Responsibilities, or other applicable rule, policy, regulation, or law allegedly violated. The complaint shall also indicate the witnesses or other evidence relied on by the complaining party, and copies of any documents relevant to the complaint shall be attached to the complaint.</li> </ol>
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2. At the time the complaint is submitted to the Department of Psychology, the complaining party shall provide a copy of the complaint, with accompanying documents, to the respondent(s).
3. Upon receipt of the complaint, the Department shall contact the respondent to verify that the respondent has received a copy of the complaint and to provide the respondent with a copy of these procedures.
4. Pursuant to University Senate Code 14.2.d, a respondent has the privilege of remaining silent and refusing to give evidence in response to a complaint. The respondent also has the right to respond and give evidence in response to the complaint.
5. The respondent shall submit a written response to the Department within 14 calendar days of receiving the complaint. The response shall contain the respondent's statement of the facts underlying the dispute as well as any other defenses to the allegations in the complaint. The response shall also identify the witnesses or other evidence relied on by the respondent and shall include copies of any documents relevant to the response. The respondent shall provide a complete copy of the response to the complaining party.
6. Upon receipt of the response, the Department shall contact the complaining party to verify that a copy of the response has been provided.
7. Upon receiving the complaint and response, or if the respondent fails to respond within the 14-day time period, the Department Chairperson shall appoint a faculty committee selected from the current members of the Department to consider the complaint. The committee members shall be disinterested parties who have not had previous involvement in the specific situation forming the basis of the complaint.
8. Pursuant to USRR 6.8.4.2, the chair of the committee may contact other hearing bodies within the University to determine whether a grievance or complaint involving the underlying occurrence or events is currently pending before or has been decided by any other hearing body.
9. Time limits. To use this procedure, the complainant must file the written complaint with the Department within six months from the action or event that forms the basis of the complaint. The six-month time period shall be calculated using calendar days (including weekends and days during which classes are not in session).
10. Upon receiving the complaint, if the chair of the committee determines that any of the following grounds exist, he or she may recommend to the Department Chairperson that the complaint be dismissed without further proceedings. The grounds for such dismissal are: (a) the grievance or another grievance involving substantially the same underlying occurrence or events has already been, or is being, adjudicated by proper University procedures; (b) the grievance has not been filed in a timely fashion; (c) the Department Chairperson lacks jurisdiction over the subject matter or any of the parties; (d) the grievance fails to allege a

violation of a University rule; (e) the party filing the grievance lacks standing because he or she has not suffered a distinct injury as a result of the challenged conduct and has not been empowered to bring the complaint on behalf of the University; or (f) the party filing the grievance has been denied the right to file grievances pursuant to USRR 6.5.4.

11. If the chair of the committee determines that a grievance on its face properly should be heard by another body, the chair will recommend that the Department Chairperson send the grievance to the appropriate hearing body without further proceedings in the Department of Psychology. The Department Chairperson will send a copy of the referral to the complainant(s) and any responding parties.
12. Prior to scheduling a hearing, the parties shall participate in mediation of the dispute unless either party waives mediation. Mediation shall be governed by USRR 6.2.3.
13. If mediation is successful, the mediator will forward to the Department Chairperson, the committee chair, and all parties a letter describing the outcome of the mediation and the terms upon which the parties have agreed to resolve the dispute. This letter shall be a recommendation to the Department Chairperson. The Department Chairperson will notify the mediator, the committee chair, and the parties that the recommendation has been accepted, modified, or rejected.
14. If mediation is not successful, the mediator will notify the Department Chairperson, the committee chair, and the parties that mediation has terminated. If mediation is not successful, or if it is waived by either party, the grievance committee will schedule a hearing no later than 30 calendar days from the written submission of the complaint. The 30-day period may be extended for good cause as determined by the chair of the committee. The 30-day period shall be suspended during the mediation process. The hearing will be closed unless all parties agree that it shall be public.
15. Each party may represent himself or herself or be represented by an advisor or counsel of his or her choice.
16. Each party has the right to introduce all relevant testimony and documents if the documents have been provided with the complaint or response.
17. Each party shall be entitled to question the other party's witnesses. The committee may question all witnesses.
18. Witnesses other than parties shall leave the hearing room when they are not testifying.
19. The chair of the committee shall have the right to place reasonable time limits on each party's presentation.
20. The chair of the committee shall have the authority and responsibility to keep order, rule on questions of evidence and relevance, and shall

possess other reasonable powers necessary for a fair and orderly hearing.

21. The hearing shall not be governed by the rules of evidence, but the chair of the committee may exclude information he or she deems irrelevant, unnecessary, or duplicative. Statements or admissions made as part of the mediation process are not admissible.
  22. The committee will make an audiotape of the hearing but not of the deliberations of the committee. The audiotape will be available to the parties, their authorized representatives, the committee and the Department Chairperson. If a party desires a copy of the audiotape or a transcript of the tape, that party will pay for the cost of such copy or transcript. In the event of an appeal, the audiotape will be provided to the appellate body as part of the record of the case.
  23. After the presentation of evidence and arguments, the committee will excuse the parties and deliberate. The committee's decision will be a written recommendation to the Department Chairperson. The committee shall base its recommendations solely upon the information presented at the hearing.
  24. The committee will send its written recommendation to the Department Chairperson and the parties as soon as possible and no later than 14 calendar days after the end of the hearing.
  25. Within 14 calendar days of receiving the committee recommendation, the Department Chairperson will notify the parties of the acceptance, modification, or rejection of the recommendation. The Department Chairperson will advise the parties of the procedure available to appeal the decision.
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## POLICY LIBRARY

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CATEGORY: CLAS: Grievance &  
Appeals

POLICY STATUS: Active

<b>POLICY TITLE:</b>	Grievance Procedure for the College of Liberal Arts and Sciences
<b>POLICY PURPOSE:</b>	To articulate the procedures for hearing grievances arising within the College of Liberal Arts and Sciences.
<b>APPLIES TO:</b>	Faculty, staff and students within the College of Liberal Arts & Sciences

### POLICY STATEMENT:

Pursuant to Article XIV of the University Senate Code and Articles V and VI of the University Senate Rules and Regulations of the University of Kansas, Lawrence, the College Office establishes the following procedure to hear grievances arising within the College of Liberal Arts and Sciences. Certain subordinate units that report to the College must establish unit grievance procedures. Other subordinate units may do so. If a subordinate unit has a grievance procedure, grievances arising within the subordinate unit or its subunits must be heard under the subordinate unit's grievance procedure unless exceptional circumstances, as determined by the College, make it more appropriate for those grievances to be heard at the College level. Appeal of a grievance heard at a subordinate unit level is to the Judicial Board, not to the College. This procedure shall not be used to hear disputes assigned to other hearing bodies under USRR Article VI, Section 4.

For disputes involving alleged academic misconduct, see the College of Liberal Arts and Sciences policy on academic misconduct. For alleged violations of student rights, the initial hearing normally will be at the unit level. There is an option to hold an initial hearing at the Judicial Board level if both parties agree, or either party petitions the Judicial Board chair to have the hearing at the Judicial Board level and the petition is granted. The petition must state why a fair hearing cannot be obtained at the unit level; the opposing party has an opportunity to respond to the petition (USRR 6. 4.3.1).

Except as provided in USRR 6.5.4, no person shall be disciplined for using the grievance procedure or assisting another in using the grievance procedure.

The College Office shall provide a copy of this procedure to anyone who requests it.

1. To start the grievance process, the complainant must submit a written grievance to the College Office. The complaint shall contain a statement of the facts underlying the complaint and specify the provision(s) of the Faculty Code of Conduct, University Senate Code, the University Senate Rules and Regulations, the Code of Student Rights and Responsibilities, or other applicable rule, policy, regulation, or law allegedly violated. The complaint shall also indicate the witnesses or other evidence relied on by the complaining party, and copies of any documents relevant to the complaint shall be attached to the complaint.

2. At the time the complaint is submitted to the College, the complaining party shall provide a copy of the complaint, with accompanying documents, to the respondent(s).

3. Upon receipt of the complaint, the College Office shall contact the respondent to verify that the respondent has received a copy of the complaint and to provide the respondent with a copy of these procedures.

4. Pursuant to University Senate Code 14.2.d, a respondent has the privilege of remaining silent and refusing to give evidence in response to a complaint. The respondent also has the right to respond and give evidence in response to the complaint.

5. The respondent shall submit a written response to the College Office within 14 calendar days of receiving the complaint. The response shall contain the respondent's statement of the facts underlying the dispute as well as any other defenses to the allegations in the complaint. The response shall also identify the witnesses or other evidence relied on by the respondent and shall include copies of any documents relevant to the response. The respondent shall provide a complete copy of the response to the complaining party.

6. Upon receipt of the response, the College Office shall contact the complaining party to verify that a copy of the response has been provided.

7. Upon receiving the complaint and response, or if the respondent fails to respond within the 14-day time period, the Dean shall appoint a faculty committee selected from the current members of standing committees of the College to consider the complaint. The committee members shall be disinterested parties who have not had previous involvement in the specific situation forming the basis of the complaint.

8. Pursuant to USRR 6.8.4.2, the chair of the committee may contact other hearing bodies within the University to determine whether a grievance or complaint involving the underlying occurrence or events is currently pending before or has been decided by any other hearing body.

9. Time limits. To use this procedure, the complainant must file the written complaint with the College Office within six months from the action or event that forms the basis of the complaint. The six-month time period shall be calculated using calendar days (including weekends and days during which classes are not in session).

10. Upon receiving the complaint, if the chair of the committee determines that any of the following grounds exist, he or she may recommend to the Dean that the complaint be dismissed without further proceedings. The grounds for such dismissal are: (a) the grievance or another grievance involving substantially the same underlying occurrence or events has already been, or is being, adjudicated by proper University procedures; (b) the grievance has not been filed in a timely fashion; (c) the Dean lacks jurisdiction over the subject matter or any of the parties; (d) the grievance fails to allege a violation of a University rule; (e) the party filing the grievance lacks standing because he or she has not suffered a distinct injury as a result of the challenged conduct and has not been empowered to bring the complaint on behalf of the University; or (f)

the party filing the grievance has been denied the right to file grievances pursuant to USRR 6.5.4.

11. If the chair of the committee determines that a grievance on its face properly should be heard by another body, the chair will recommend that the Dean send the grievance to the appropriate hearing body without further proceedings in the Dean's Office. The Dean will send a copy of the referral to the complainant(s) and any responding parties.

12. Prior to scheduling a hearing, the parties shall participate in mediation of the dispute unless either party waives mediation. Mediation shall be governed by USRR 6.2.3.

13. If mediation is successful, the mediator will forward to the Dean, the committee chair, and all parties a letter describing the outcome of the mediation and the terms upon which the parties have agreed to resolve the dispute. This letter shall be a recommendation to the Dean. The Dean will notify the mediator, the committee chair, and the parties that the recommendation has been accepted, modified, or rejected.

14. If mediation is not successful, the mediator will notify the Dean, the committee chair, and the parties that mediation has terminated. If mediation is not successful, or if it is waived by either party, the grievance committee will schedule a hearing no later than 30 calendar days from the written submission of the complaint. The 30-day period may be extended for good cause as determined by the chair of the committee. The 30-day period shall be suspended during the mediation process. The hearing will be closed unless all parties agree that it shall be public.

15. Each party may represent himself or herself or be represented by an advisor or counsel of his or her choice.

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17. Each party shall be entitled to question the other party's witnesses. The committee may question all witnesses.

18. Witnesses other than parties shall leave the hearing room when they are not testifying.

19. The chair of the committee shall have the right to place reasonable time limits on each party's presentation.

20. The chair of the committee shall have the authority and responsibility to keep order, rule on questions of evidence and relevance, and shall possess other reasonable powers necessary for a fair and orderly hearing.

21. The hearing shall not be governed by the rules of evidence, but the chair of the committee may exclude information he or she deems irrelevant, unnecessary, or duplicative. Statements or admissions made as part of the mediation process are not admissible.

22. The committee will make an audiotape of the hearing but not of the deliberations of the committee. The audiotape will be available to the parties, their authorized representatives, the committee and the Dean. If a party desires a copy of the audiotape or a transcript of the tape, that party will pay for the cost of such copy or transcript. In the event of an appeal, the audiotape will be provided to the appellate body as part of the record of the case.

23. After the presentation of evidence and arguments, the committee will excuse the parties and deliberate. The committee's decision will be a written recommendation to the Dean. The committee shall base its recommendations solely upon the information presented at the hearing.

24. The committee will send its written recommendation to the Dean and the parties as soon as possible and no later than 14 calendar days after the end of the hearing.

25. Within 14 calendar days of receiving the committee recommendation, the Dean will notify the parties of the acceptance, modification, or rejection of the recommendation. The Dean will advise the parties of the procedure available to appeal the decision.

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**CONTACTS:**

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