

WELCOME
TO THE
M.S. CLINICAL PSYCHOLOGY
GRADUATE PROGRAM

I. INTRODUCTION

A. The Department Of Psychology

The Department of Psychology is one of the largest departments on the University of Alaska Anchorage (UAA) campus. It has over 400 undergraduate majors, approximately 30 current graduate students, 19 full-time faculty, numerous adjunct faculty, and 2 administrative assistants. The department runs its own psychology laboratory, has a computer lab classroom, and maintains an in-house mental health clinic - the Psychological Services Center - where students gain initial hands-on psychotherapy experience. Psychology is housed on the second floor of the Social Sciences Building with convenient access to the library.

1. Administration

The Department of Psychology is administratively housed within the College of Arts and Sciences. As such, it reports to and receives its budget allocations from that office. Psychology is a self-governed department that elects a department chair from among the full-time faculty every two years. In addition to the chair, the department also elects an Undergraduate Studies Coordinator and a Clinical Training Coordinator for the MS program. These positions are 2-year terms and those who are elected are responsible for carrying out decisions made by the full faculty or their respective committees. As such, the Undergraduate Studies Coordinator carries out the wishes of the Undergraduate Studies Committee while the Clinical Training Coordinator carries out the wishes of the Clinical Training Committee. The Director of the Psychological Services Center (PSC) also carries out the wishes of the Clinical Training Committee. Undergraduate affairs are reported to the Undergraduate Studies Coordinator and are handled by the Undergraduate Studies Coordinator and Committee. Graduate affairs are reported to the Clinical Training Coordinator and are handled by the Clinical Training Coordinator and Committee. PSC-related business is reported to the Psychological Services Center Director and is then handled by the Psychological Services Center Director and Clinical Training Committee. Budget and final signature authority is under the purview of the chair of the department (who consults with the departmental faculty), as is the hiring and firing of adjunct faculty, student workers, and department staff. Students are involved in departmental governance through their student representatives.

2. Mission

The mission of the Masters of Science Program in Clinical Psychology is to provide quality training to graduate students interested in mental health careers in diverse communities. The training seeks to produce graduates who are practitioner-scientists, prepared to address local behavioral health needs in a context that is culturally sensitive and community focused.

B. The Graduate Program

In existence since 1967, the Master's of Science in Clinical Psychology, in the Department of Psychology at the University of Alaska Anchorage, is dedicated to training work-ready graduate students interested in mental health careers. The Goal of the program is to provide students with a well-rounded education that includes an evidence-based background in the best practices

applicable to community mental health settings. The curriculum addresses local behavioral health needs in a context that is culturally sensitive and community focused.

With proper planning the program is designed to prepare students for national and state examinations that can lead to licensure for practice. Of special importance is the training of students to meet the mental health needs of Alaska. This includes an awareness of and sensitivity to the needs of Alaskan Natives. With proper planning the graduate program can also be designed for students who wish to pursue a doctoral degree in psychology by providing a strong background in applied research.

With these goals in mind, the program prepares students for professional practice in clinical psychology through skill development in psychotherapy, assessment, and research. Faculty members are actively involved with students and student progress is closely monitored through course work, hands-on practica, and the opportunity to collaborate with faculty on research. Students gain practical therapy and assessment experience under the supervision of licensed professionals at the university-based and community-based training clinics.

In terms of research, our program provides all students with an understanding of research methodology and experience designing and implementing a research project. This training allows students to be knowledgeable and critical consumers of the empirical literature in psychology. Students wishing to receive more specialized skills may work with faculty on independent research projects and may elect to produce an empirical thesis.

1. Purpose

The purpose of the M.S. degree in Clinical Psychology is to prepare graduates for a variety of mental health careers. The program requires at least two-years of study (48-credit hours) and is designed to provide the successful student with:

- skills in diagnosis, treatment planning, psychotherapy, and assessment
- supervised clinical experience in a variety of settings
- course work meeting licensing requirements for the LPA & LPC credentials
- the ability to critically evaluate research
- foundation skills for pursuing a doctoral degree in psychology

After completing the M.S. program, students typically pursue one of two options; either applied work in the clinical field or doctoral studies for a Ph.D. or Psy.D. Degree.

2. Faculty-Student Interaction

The faculty members of the Clinical Training Committee subscribe to a mentor-protégé approach to graduate education. When you enter the program, you are assigned a faculty advisor. This initial advisor may or may not be the optimal mentor for you. As such, we encourage you to take an active role in your education by proactively seeking out educational opportunities and developing a mentoring relationship with a faculty member who shares your interests. When you find such a faculty member, have this person become your formal advisor. If this person is not on the Clinical Training Committee, contact the Clinical Training Coordinator to make special arrangements.

Other proactive strategies to enhance your education could include:

- seeking out research or teaching assistantships
- seeking out opportunities to interact with faculty
- seeking out faculty with shared academic interests
- attending national, regional, or local conferences
- attending workshops in your areas of interest

- conducting independent research with a faculty supervisor
- providing feedback about the degree program, by either talking directly to faculty members, talking to the Clinical Training Coordinator, or by communicating through the Graduate Student Representative
- becoming involved in the Psychology Graduate Student Association (PGSA)
- becoming a student member within professional organizations in your areas of interest
- becoming involved with professional discussion groups on the Internet

II. The M.S. Degree Program at UAA

A. Program Requirements

1. Prerequisites

To ensure that all students have been exposed to the general content upon which the M.S. degree is built, it is necessary to have satisfactorily completed a number of departmental prerequisites. We require prerequisite undergraduate training in statistics, learning and cognition, clinical psychology, and testing and measurements. Following is a list of examples of UAA courses that meet these requirements and an indication of when they are generally offered at UAA.

Alternative courses and/or experiences will also be considered. Students may be admitted without all prerequisites completed, but if so the necessary courses are expected to be taken early in the MS program and are required prior to specific graduate courses. Students' advisors should be consulted for planning.

<i>Course</i>		<i>Semester generally offered</i>
PSY 260	Statistics for Psychology	fall and spring
PSY 425	Clinical Psychology	fall and spring
PSY 473	Psychological Testing	waived for this cohort
<u>EITHER</u>		
PSY 355	Learning and Cognition	fall
<u>OR</u>		
PSY 445	Strategies of Behavior Change	fall and spring

The departmental prerequisites described above must be completed before enrolling in practicum training (PSY 665B).

2. Credit Hours and Course Requirements

a. Number of Credits

A minimum of 48 total credit hours must be completed to qualify for graduation. All coursework must be completed with a **B grade or better** in order to be applied toward the degree and all degree requirements must be completed within five years of admission. Note, the M.S. degree in psychology has standards that are more stringent than the general university requirements. Specifically, we require a minimum grade of "B" rather than a cumulative GPA of 3.0 and we require you to complete your degree within 5 years rather than 7 years.

The M.S. curriculum was developed with the practitioner-scientist in mind. In developing the curriculum, we considered academic standards, state mental health needs, licensing requirements, and the input of students over the years. Overall, we believe the program will train professionals who will be well versed in clinical skills and research knowledge.

b. Coursework

All students must take the following required courses, which we believe represent the basic content and skills necessary for practicing psychotherapists and developing scientists.

- ◆ PSY 611 Ethics and Professional Practice
- ◆ PSY 612 Advanced Human Development
- ◆ PSY 614 Biological Bases of Behavior
- ◆ PSY 622 Multicultural Psychopathology
- ◆ PSY 623 Intervention Skills I
- ◆ PSY 624 Group Therapy
- ◆ PSY 626 Family Therapy
- ◆ PSY 627 Community Based Intervention Skills
- ◆ PSY 633 Psychological Assessment
- ◆ PSY 639 Research Methods
- ◆ PSY 654 Cultural Issues in Psychotherapy
- ◆ PSY 665B Psychotherapy Practicum
- ◆ PSY 670 Psychotherapy Internship (2 semesters)
- ◆ PSY 681 Substances of Abuse in Alaska
- ◆ PSY 682 Clinical Interventions for Substance Abuse
- ◆ PSY 683 Assessment and Treatment Planning for Substance Abuse

c. Curriculum Flexibility and Rigidity

Despite some flexibility, the overall program is fairly rigid. This format is based on information gathered from prior graduates and knowledge contributed by the faculty about the kind of academic background required to be a well-rounded and successful psychotherapist. In essence, we believe there are certain experiences and courses that should be part of every therapist's repertoire and believe these requirements are crucial to responsible training and preparation for licensure in the mental health field.

d. Elective Courses

At least 3 elective credits are required. These credits may consist of graduate level psychology elective courses, PSY699 Thesis, and/or **pre-approved** 400 level undergraduate courses (no more than 3 undergraduate credits are allowed). Independent study and independent research courses (**pre-arranged** through a faculty member) may also be taken as elective hours.

Following is a list of elective credit options that may be offered in a rotating schedule.

PSY A631	Cognitive Behavior Therapy	3
PSY A638	Child Clinical Psychology	3
PSY A645	Advanced Psychotherapy Skills	3

PSY A685	Quantitative Methods in Psychology	3
PSY A689	Advanced Psychological Assessment	3
PSY A699	Thesis (2 semesters)	6
COUN A632	Career Counseling*	3

*(Recommended for students pursuing LPC licensure)

If you are studying for licensure as a Psychological Associate (LPA) or Licensed Professional Counselor (LPC) you should become familiar with the academic requirements for each and plan accordingly. Please see the licensing requirements for each at www.dced.ak.us/occ/

*For the LPC exam you may also want a graduate course in career counseling as this is a component of the licensing exam. Student's can usually take this course through UAA's Department of Education.

Please note: Licensure as a Professional Counselor (LPC) involves continuing to accumulate credit hours after graduation from the MS program for a total of 60 credit hours of graduate level study.

If you are considering further graduate education in a Ph.D. program you may want to discuss, with your advisor, the advantages of doing an empirical thesis. This graduate student manual also includes a comprehensive guide to completing a thesis project, including step by step procedures and a Thesis checklist in the appendix.

3. M.S. Degree Project

All students must create a comprehensive written review of clinical skills and competencies gained during the program as their final graduate project. This does not require separate registration as it is a part of the regular syllabus for the two semesters of Psychotherapy Internship. However, students should be thinking about the project and collecting data for it throughout their time in the program. Some of the things students should keep for inclusion in the project are 1) all practicum and internship evaluations, 2) a cumulative bibliography of significant books and articles (including textbooks), and 3) records of training and workshop attendance that have contributed to competency as a therapist. It may be wise for the student to keep a journal of experiences along the way that have contributed to his or her development as a clinician. A complete description of the project can be found in **Appendix 3**. During the two semesters of internship each student will develop a statement of competency that will be reviewed by clinical faculty members as a final written comprehensive evaluation of the student's skill and competency as a psychotherapist.

4. Advancement to Candidacy

All students admitted to the M.S. program must apply to the Clinical Training Committee for Advancement to Candidacy before beginning internship (and before beginning a thesis, if elected). Advancement to Candidacy is a formal process that establishes a contract between you and the University regarding your degree. When you apply for Advancement to Candidacy, you create a Graduate Studies Plan with an exact list of the courses you will complete to earn your M.S. degree.

a. Prerequisites for Application

Advancement to candidacy is contingent upon:

- successful completion of: PSY611, PSY623 & PSY633
- successful completion of any departmental prerequisites

- consistent demonstration of professional and ethical conduct, as well as clinical readiness to proceed to Internship

b. Procedures for Application

Each student is responsible for petitioning the Clinical Training Committee for his or her Advancement to Candidacy. However, you should petition only after discussing your program of study with your advisor and receiving his or her signature. Remember, the Clinical Training Committee must approve your petition before you can begin internship. The CTC may ask for certain clarifications or revisions (for example, the student may propose an unrealistically demanding schedule) and they do not meet during the summer so proper planning of the time necessary to obtain Advancement to Candidacy status is important. Subsequently, you must complete two forms: 1) the *Application for Admission to Candidacy Form* and 2) the *Official Graduate Studies Plan*. Your advisor must sign them before you submit them to the Clinical Training Committee through the Clinical Training Coordinator. Examples of both forms can be found in **Appendix 2** and electronic forms should be requested by e-mail from the Clinical Training Coordinator or the MS Program secretary. Based on the prerequisite criteria outlined above, a final decision about advancement to candidacy is made by the full Clinical Training Committee and then formally communicated to the student. The application for advancement to candidacy materials are then forwarded to the Psychology Department Chair who has signature authority, to the Dean of CAS for final signature, and then to Enrollment Services.

c. Official Graduate Studies Plan

The *Application for Admission to Candidacy Form* and the *Official Graduate Studies Plan* serve as your commitment to a particular plan of study. After the Clinical Training Committee approves these forms, they are filed with Enrollment Services. Your *Official Graduate Studies Plan* will be used by Enrollment Services to track your progress toward graduation. It also is used to determine your eligibility for graduation. Thus, **if you make any changes to the curriculum outlined on your Official Graduate Studies Plan, a revision of your Graduate Studies Plan** must be approved by your advisor, the Clinical Training Coordinator, the Department Chair, and the Dean of CAS (who submits it to Enrollment services). Many students submit an application for graduation a semester or two before they intend to graduate to ensure Enrollment Service's audit of their program plan corresponds with their own. A copy of this audit should be given to your advisor, as well, so any problems can be addressed immediately. This is important. If your completed course work does not correspond to what was specified in your *Official Graduate Studies Plan*, you will not be allowed to graduate until the discrepancy is resolved.

5. Practicum

All students are required to complete one semester of practicum through the Psychological Services Center (PSC). This experience involves direct clinical contact with clients of various ages and backgrounds. The PSC is a professional setting that requires a high degree of commitment, ethical behavior, and professional conduct. The experience is time-consuming and often somewhat emotionally draining, especially if this is your first face-to-face contact with clients.

a. Time and Effort Involved in Practicum

On the average, the practicum will require 20 hours of work per week at the PSC. This includes time to write reports, to see clients, to receive supervision, to consult with others, and to prepare for therapy for an approximate total of 320 hours per semester. Practicum students will see a minimum of five individual clients per week, i.e., will have 80 hours of individual therapy

contact per semester. Students also have to provide time at the PSC for walk-in clients or emergency cases.

Practicum students will receive a minimum of one hour of individual supervision per week for individual therapy cases, i.e., 16 hours of individual supervision over the semester. Students also may receive supervision, as agreed upon at the outset of practicum, for couples, family, or child therapy cases. In addition, students will be required to participate in the weekly two-hour staff meetings. Informal and frequent peer consultation is also strongly encouraged. Case presentations in staff meetings will be scheduled, as will certain other activities that might be required from semester-to-semester.

If you plan to enroll for practicum in the summer you will work on a more intensive schedule. You will work more hours per week (expect about 27 to 32 hours per week) and your practicum will begin before the official start of summer session and may conclude after the official end of summer session. Typically, summer practicum is total of 12 to 14 weeks of experience in order to make it equivalent to the experience received during a regular semester.

Practicum begins with an orientation, which is typically offered during the first week of the semester or during the week prior to the start of the semester. This orientation is mandatory and will be conducted by the practicum teaching assistant and the clinic supervisors. It serves to familiarize students with clinic procedures and as an opportunity to provide you with videotapes, office supplies, mail boxes, schedules, and so forth. Plan your return from vacations accordingly. To maximize smooth functioning in the clinic and the transfer of cases, you may be asked briefly to meet clients that will be transferred to you prior to the official start of practicum. This is a very helpful element in the transfer process, so make it a top priority when asked.

b. Emotional Reactions During Practicum

Practicum can be an intense experience that may leave you feeling drained, anxious, depressed, and excited. Whether the feelings are positive or negative, they are often strong. Fortunately, your classmates will be having similar reactions. In the past, students have formally or informally met to discuss and process their experiences. This kind of mutual support is quite important and something all faculty members encourage because it is an integral part of the mental health training experience. You should also expect to discuss your reactions in group or individual supervision. Processing your reactions is an important way to attend to your personal needs. It is also a helpful way to discover similarities with your colleagues and to recognize when your personal reactions may be entering into the therapy you are doing with clients. Some students choose to participate in their own therapy and meet with a psychotherapist during this time to process personal issues that are stimulated by the work. The MS Clinical Psychology program and the Clinical Training Committee encourage students to do this as it fosters growth and competency as a therapist.

c. Taking Practicum More Than Once

At times, students feel like they would really benefit from some additional supervision, exposure, and training before going out on internship. To meet this need, practicum may be retaken for credit as an elective. At other times, a student may not pass practicum (i.e., may receive a grade lower than B). In such a situation, the student will be required to retake practicum, although these extra practicum credits will not count toward the 48 required for your degree. In general, you should consider retaking practicum if you receive a grade of B. This level of performance suggests areas of relative weakness that might be remedied by an extra semester of training and supervision. Doing so would help prevent or reduce problems that may arise during internship.

6. Internship

All students are required to complete a minimum of two semesters of internship at a community agency. Internship involves a minimum of 300 hours (roughly 20 hours per week) at your internship site where you have a designated supervisor from the facility overseeing your work. In addition you attend a weekly meeting with the Internship Coordinator from the M.S. program. Internship requires a strong professional commitment and it is generally not compatible with other full time work or being a Teaching Assistant, especially if you are also trying to complete a thesis and taking other classes. It is generally best to keep enrollment in other courses to a minimum during this time. If internship is taken during summer months, keep in mind that the 300 hours required take place in a somewhat compressed timeframe. The Director of the Psychological Services Center is in charge of Psychotherapy Internship during the summer semester.

Remember that you must be advanced to candidacy before you can start your internship. Also many sites require background checks, orientation, and paperwork that must be completed before client contact can begin. As you begin thinking about an internship, talk to students who are currently doing internships and ask them about their experiences. Also arrange to meet with your advisor and the internship coordinator to discuss schedules, support meetings and individual goals.

a. Issues involved in Internship

Like Practicum, Internship involves direct contact with clients under close individual and group supervision. Confidentiality and Ethics rules of the internship site apply to you as well as their paperwork, staff meetings and supervision requirements. The graduate student intern and internship site supervisor will set up a schedule together. The Internship Coordinator will monitor your experience during weekly internship class. Activities in the class include discussion of your experience, pinpointing and focusing on specific informational needs that develop in your internship, and developing your graduate project. You must keep the Coordinator advised of activities at your site, particularly if problems develop. The Coordinator is your advocate who facilitates and supervises the exchange between UAA and community agencies.

b. Sites for Internship

Internships vary greatly depending upon the site. Sites are selected based on availability and on your professional interests and goals. The Internship Coordinator serves as a clearinghouse of information about available sites and the training they offer. The Coordinator will work closely with you to select a site that optimizes your experience. The goal of Internship is to train students for a wide variety of jobs in the community. Private practices of community professionals are not considered for internship as they are not generally able to provide the level of individual supervision required for an internship experience. The Coordinator facilitates placement for interns by making the initial contact with the selected site and helping arrange interviews. Some sites used in the past include: Anchorage Community Mental Health Services, the Alaska Psychiatric Institute, Southcentral Foundation, Akeela House, and Providence Hospital.

c. Emotional Reactions During Internship

The emotions and needs that emerge for students during internship are largely identical to those that are discussed in the Practicum section of this handbook. However, in addition, interns often feel a bit more isolated because they are no longer working shoulder-to-shoulder with classmates or other students. This may make mutual sharing with your classmates more difficult. Nevertheless, internship also allows for an enriching exposure to colleagues with different backgrounds and levels of expertise.

Another additional problem that develops occasionally involves politics or ethical dilemmas at the internship site. These issues should *never* be handled by the intern alone. The UAA Internship Coordinator must be kept informed if situations arise and will provide direct help and intervention. Ethical questions or any situation that is uncomfortable or questionable should always be deferred to the site supervisor and Internship Coordinator immediately. Failure to do so may inadvertently put you in a situation that may threaten your academic standing as well as create legal repercussions.

Also, like the practicum experience, internship may involve personal challenges and emotional times. Being and becoming a psychotherapist often stimulates personal issues that must, ethically, be processed separately from the therapy sessions. The intern should bring these concerns to the site supervisor, peer consultants, their advisor and/or the internship coordinator. Some students choose to engage an external psychotherapist during this time to process personal issues that are stimulated by the work. The MS Clinical Psychology program and the Clinical Training Committee encourage students to do this as it fosters growth and competency as a therapist.

d. Graduate Project

Students are required to complete a graduate project as part of the MS Clinical Psychology degree program. This involves an accumulation of your observations and learning experiences in a statement of competency. The project is completed during PSY670 Psychotherapy Internship and is required for graduation. When you apply for graduation and receive an audit of your coursework from enrollment services it will refer to your final written examination. This is your graduate project. If you have subsequent coursework after psychotherapy internship, this can be submitted to the Internship Coordinator as an addendum to the graduate project you submit at the end of the second semester of Internship. This project will be reviewed by clinical faculty as a final measure of your competency as a clinician. Separate paperwork is then submitted by the Clinical Training Coordinator to the department chair, the dean, and enrollment services, which says you have completed your final written exams.

e. Internship interface with UAA/UAF Ph.D. program

This year the joint UAA/UAF PhD program in Psychology begins. Advanced PhD students may potentially be placed in Internships where they will supervise MS students. MS students in internship will be informed of these relationships and be given complete instructions and procedures as they develop.

7. Thesis

Once advanced to candidacy, students may elect to complete a thesis (PSY699) under the direction of a thesis advisor and committee. The program requires a traditional empirical thesis. Thesis topics can be wide-ranging and should accommodate your interests. PSY639 Research Methods is often a starting place for students to develop a thesis design or proposal so if you are interested in a thesis, plan to take this class early. Students electing to complete a thesis are required to take 6 hours of thesis credit in 1-3 credit increments. Because this may take more than 2 semesters to complete, you should consider enrolling for a single hour of credit during the first semester you are working on the project. All thesis credits will remain deferred until after the final oral defense. Remember, you must be advanced to candidacy before you can register for thesis credits.

a. Departmental Thesis Procedures (The Five Thesis Stages)

The department has developed specific steps for completing your thesis and it is your responsibility to ensure you have followed appropriate procedures. Thus, while you should

definitely discuss thesis issues with your advisor, you must be familiar with the thesis process and take responsibility to ensure the appropriate steps are taken at the appropriate times. The thesis process has five stages that gradually move from an informal to a very formal way of dealing with thesis credits. The time estimates for each stage are provided as a way of planning for the typical amount of time it takes to move through them. With proper planning this time could be overlapped in places and minimized. A Thesis Checklist can be found in **Appendix 4** to aid you in these steps.

1) Pre-Topic Selection Stage [1-3 months]

- Consider your interests and career goals and begin to think about topics that you would want to spend time and energy exploring in more depth.
- Discuss topics with faculty members that have an interest in similar areas and ask about their availability to chair your thesis committee.
- Select a faculty member to be your chair.
- Notify the Clinical Training Coordinator and request to have your thesis chair formally assigned as your advisor.

2) Preliminary Stage [12-16-weeks]

- Be sure you are advanced to candidacy.
- Select committee members in collaboration with the thesis chair.
- Decide if you would like to have an outside reader on your committee.
- Prepare a formal thesis proposal under the supervision of your thesis chair. This is one of the major undertakings of the thesis process. It requires several rounds of drafts submitted to your chair or committee with several weeks between revisions. Begin early and stay on track by arranging meetings with your chair to discuss progress. (Remember, the proposal must be approved by your entire committee and by the IRB before any data collection can proceed.)
- Upon approval by the thesis chair, distribute copies of the proposal to all committee members and schedule a time when all of you can meet to discuss your proposal (allow committee members at least one or two weeks to review your proposal before the meeting).
- Generally, during your proposal meeting, you will be asked to provide a verbal overview of your project and a rationale that explains the reasons why your topic should be approached in the manner you are proposing.
- Generally, committee members will make recommended changes during the meeting, so anticipate that the meeting will help shape your final product.
- The thesis chair will keep minutes of the proposal meeting and will ensure that you implement all suggested changes.
- After the proposal meeting, you must make revisions to your proposal based on the feedback you received. Once this is done, distribute a revised copy of your proposal to your committee members and have them sign the Thesis Proposal Committee Signature Form (**Appendix 5**). Next, a copy of the signed proposal must be given to your committee members and to the Graduate Secretary, who will place a copy in your file.
- If your thesis project changes you must revise your proposal and have all committee members sign off on the revised version. If your committee changes you must get a revised Signature form. This revised version must then be placed in your file.

In conducting a research project, you must obtain IRB approval after your committee has approved your proposal and before you begin collecting any data. **Appendix 8** provides current forms for working on your IRB proposal. The final draft of your proposal should be submitted electronically at <http://www.alaska.edu/swrisk/download/spliaf.pdf>

3) Research Stage [12-16 weeks]

- Collect data, analyze results, and prepare a final write-up.
- Maintain frequent contact with your thesis chair and consult with other committee members as necessary during this time.
- Since you are doing an empirical thesis, it would be wise to have a meeting of your committee after you write your Results section because this will allow the committee to give input about the final analyses prior to writing your Discussion section.
- The thesis chair will review and approve the final write-up before it is sent to the other committee members.

4) Final Stage [4-6 weeks]

- After your thesis chair approves your final draft, distribute your thesis to the committee members (and to the outside reader if you have one).
- Schedule a time for your oral defense. All committee members must be present at the defense (and be sure they have at least 2 weeks to read your thesis beforehand).
- **Provide public notice regarding your thesis defense.** At a minimum, you should display flyers in the Psychology Department and place announcements in faculty and graduate student mailboxes at least one week before the defense.
- During your defense you will be asked to provide a verbal overview of your project and a summary of the main findings and limitations of your work.
- Generally, committee members will recommend changes during the defense, so anticipate that the meeting will help shape your final product.
- The thesis chair will keep minutes of the thesis defense and subsequently will ensure that you implement all the suggested changes.
- After all changes have been implemented and your chair approves the final version of your thesis, you must again distribute copies to the rest of the thesis committee for approval.
- Work with the library representative to ensure your thesis has the proper formatting. The library has deadlines each semester for submission of material. (For format specifications, see the thesis format guidelines in **Appendix 6**).
- Note that you should not represent your research as an M.S. thesis in a public forum until after it has been defended and approved by your thesis committee.

5) Formal Completion Stage [2-3 weeks]

- The thesis cover sheet needs to be signed by all committee members (the thesis chair signs first).
- If you have an outside reader, he or she must read and approve the final document.
- Next, submit your thesis (with a Graduate Requirement Completion form from the Clinical Training Coordinator) to the College of Arts and Sciences Dean for review and signature.
- Schedule an appointment at the library for final approval of format (see **Appendix 6**).
- If all is correct, the Library Administrative Assistant will issue a receipt to be taken to the Office of Records. This receipt will allow you to graduate (assuming other degree requirements are met).
- Plan for each step in the reading and review process to take at least two weeks (i.e., pre-defense by your committee, post-defense by your committee, the Dean's office). At times it may take longer, particularly if new changes crop up or if it is during the summer.

b. Proposal Format and Traditional Thesis Format

Your thesis proposal will generally consist of an introduction, literature review, and methods section. Subsequently, these three sections will form the first three chapters in your final thesis. A traditional thesis typically has five chapters, as well as several appendices and indices. The typical outline is as follows:

Thesis Coversheet (i.e., Title Page)
Signature Sheet
Acknowledgments
Abstract
Table of Contents
List of Tables
List of Figures
Chapter One: Introduction
Chapter Two: Literature Review
Chapter Three: Method
Chapter Four: Results
Chapter Five: Discussion
References
Appendices

Note that while this is the traditional thesis format, it can be submitted in a variety of forms. Work with your committee to decide on the most appropriate style for your project. ***The UAA library has specific format requirements*** for many aspects of the thesis that are not always the same as APA Style (margins, coversheet, table of contents, lists of tables, fonts, paper quality, abstracts, etc.) and you must be familiar with these guidelines, which are reproduced in **Appendix 6**. Generally, for all formatting issues that are not covered by the library's guidelines, you should follow APA guidelines.

Even though you should be thoroughly familiar with proper APA format requirements at this point in your career, you should regularly refer to the Publication Manual while writing your thesis. If you encounter a problem with an APA formatting requirement, you should discuss this with your thesis advisor and committee.

While there is no required page length for a thesis, it is unlikely that the document will be less than 30 pages or more than 100 pages (including appendices). The library collection contains theses that have been produced by past M.S. students. You may wish to review these for ideas about appropriate topics and examples of length and format.

c. Thesis Choices: Advisor, Committee, and Topic

The most important choices in the thesis process are those involving your topic, chair, and committee members. Because the thesis is a significant commitment, you should put careful thought into your topic and the individuals you will be working with. These choices go hand in hand: once you have identified an interest area, you will find a faculty member who shares that interest or would be willing to work with you in that area. It is important to understand that finding an area of interest is not equivalent to choosing a topic. An area of interest is much broader than a topic, and leaves much flexibility. Once you have identified faculty members who share your interest, you choose one person to be the chair of your committee. Assuming there is more than one faculty who has expertise and interest in your area, you should choose a chair based upon personal comfort, compatible interpersonal styles, and compatible schedules.

Once you select a chair, he or she can help you focus your interests to a specific topic or project. Next, you and your chair should select other members of the thesis committee. In addition to the chair, you must have two (or more) Psychology Department faculty members sit on the committee. Individuals with affiliate status in the Department (which is not the same as adjunct status) also qualify to sit on a thesis committee.

Next, you must decide if you would like to have an outside reader on your committee. This person must be a faculty member in a department other than psychology. The role of the outside

reader is to ensure that your committee operates in a fair and impartial manner. In essence, their job is to protect your interests.

Choosing committee members is an important process that must be discussed with the chair so it can be done wisely. Not all people work equally well together and it is important to find individuals who can work with you and one another.

Choosing a specific topic for your thesis is important. You should keep two things in mind when making this choice:

- Choose a topic that will sustain your interest over the course of the project.
- Choose a topic that is feasible as far as time commitments, availability of subjects, and publication or presentation opportunities.

When sorting through what may sustain your interest, it is helpful to think about the things that attracted you to psychology in the first place, what you see yourself doing in five to ten years, what you would like to contribute to the field, and the topics in which you would like to develop expertise. Remember that the thesis is not designed to be a hurdle between you and your career. Rather, the topic should work for you as a vehicle that furthers your expertise and professional development. Thus, as much as possible, incorporate your passions into your project.

Feasibility is equally important, as you should be able to finish the project within a reasonable period of time and with a reasonable amount of effort. Keep in mind that while the thesis is a significant project, it is not fundamentally different from the kind of work you have already done in some of your courses.

d. Thesis Time-Line

While your thesis is not fundamentally different from other work you have done, it is work that is scrutinized by many different people. This makes the thesis process inherently longer than the other academic work you do in the program.

As you anticipate graduation, recall that your thesis needs to be read and approved numerous times, and each time revisions are common. After you have written your thesis, it must be approved at five or six distinct steps: 1) by your thesis chair prior to your defense; 2) by your thesis chair after the defense (who ensures all feedback was addressed); 3) by your other committee members following the defense; 4) by your outside reader, if you have one; 5) by the Dean's office; and 6) the library. Finally, Registration and Records must receive a receipt from the library for graduation. Each semester, both the library and the Dean's office post deadlines regarding when your thesis must be submitted to them in order to be processed for graduation that semester. The library should be contacted directly for this information, as it changes a bit from semester to semester.

If you assume that there are no major problems with your thesis and if you have the ability to write clearly with proper grammar, then revisions at each step in the thesis process should proceed smoothly (taking on average about two weeks at each step). If you want to be confidently on top of the thesis process in order to meet a graduation deadline, it would be a good idea to schedule your defense by mid-October for fall graduation or by mid-March for spring graduation. What this means is that most of your thesis work (e.g., literature review, data collection, data analysis, etc.) should be completed **before** your final semester. Allow your final semester to be devoted to writing. In general, students underestimate the amount of time that is involved in the thesis, so work closely with your advisor to come up with a sensible time-line.

Because a copy of your thesis is kept in the UAA library and because the quality of your work reflects upon the Department and the College of Arts and Sciences, the CAS Dean's office will examine your thesis in detail to evaluate the clarity of your writing. If you have trouble writing clearly, you should allow yourself plenty of time and seek editorial assistance (perhaps even from a paid editor-consultant) during thesis preparation.

e. Other Thesis Issues

The university provides you with the opportunity to copyright your thesis. This is not required and a fee is charged if you exercise this option. More information is available in the UAA library.

If you take thesis credits in one semester you won't actually finish your project during that semester, so you may receive a grade of Deferred (DF). This grade does not affect your grade point average, and merely indicates on the transcript that the project is too large to be completed in one semester. Grades of DF are standard for projects that span more than one academic term. If you are only working on your thesis and not enrolled in any other classes, however, you must maintain continuous enrollment, either by taking at least one credit hour of class or by extended registration. Please see the continuous enrollment policy below for more information.

While DF's are commonly given when a thesis extends to a second semester, a DF can affect your financial aid status. This is because the financial aid office treats a grade of DF as similar to an Incomplete (I). Thus, if a grade of DF is given, the credit hours involved are not applied toward your credit hour load for that semester. If this makes it so you have less than 9 completed credits for that term, you will lose your eligibility for financial aid and may have to repay any loans that had been secured for that semester. As a result, you must plan ahead when taking thesis credits. Specifically, you should do one of two things. First, ensure that your class load will not be below 9 credits hours, without counting your thesis hours. Second, you can choose not to take a loan for the semester when you will be completing thesis credits. If you cannot use either of these plans check with the financial aid office about options.

More information about theses can be obtained from the UAA library, the members of the Clinical Training Committee, the Clinical Training Coordinator, or other students in the department. The more information you can gather from these sources, the better prepared you will be for the thesis process. The library also has a booklet informing students of publication opportunities upon completion.

B. Curriculum Planning

As was mentioned above, early curriculum planning is important, as there are several milestones that have to be passed in the correct order for you to progress through the M.S. program. Curriculum planning is best done with your advisor during your first semester.

There are a few rules of thumb that apply:

- Always complete any undergraduate prerequisites you need as soon as possible.
- Always take PSY 623 and 611 in your first semester.
- Always take PSY 622 in the first semester possible (course is taught in Fall only).
- Always take PSY 633 in the first semester possible (course is taught in Spring only).
- Always complete any departmental admission requirements as soon as possible in order to become fully admitted to the program.
- In your first year decide if you will complete a traditional thesis. [Note: If you have thesis credits in a deferred status and then choose not to complete a thesis the thesis credits can ***NOT*** be removed from your transcript.]

- If you are completing a thesis, begin to think about and prepare for it as soon as possible (see Thesis Stages 1 and 2).
- Advance to candidacy as soon as possible.
- Try to save internship for last and complete as much of your course work as possible before starting internship.
- Remember that the degree must be completed within 5 years.

1. Sample Curricula for Full-Time Students

While this program is designed to be completed in two years, even highly motivated full-time students should consider allowing five semesters to complete the degree. In addition the Psychological Services Center cannot handle an entire cohort starting Practicum at the same time so some students may have to wait for a semester or two to start on the 3 semester practicum/Internship series. The sample curricula listed below contains 12-13 credits per semester and presumes the student would start practicum in their second semester.

If you have departmental prerequisites to satisfy, these should to be completed within the first year of the program and before you start practicum (PSY 665B). Remember, prerequisites will most likely extend the time required to graduate. When completing prerequisites, you must remember that almost all graduate courses are offered just once per year. As such, you will have to make wise choices about which graduate course(s) to postpone. For instance, PSY 633 is only offered in the spring semester. If you do not take it during your first year you will not be able to take it until spring of your second year. That can be problematic because this course must be completed before you can advance to candidacy and start internship. The bottom line is that students who have to complete prerequisites should talk to their advisor before making registration decisions.

Appendix 1 provides a list of all the courses in the M.S. curricula and indicates the semester in which each course is offered. This list is an essential resource for planning your studies, so please review it with your advisor carefully.

Sample I - a 5 -semester, two-year graduate curriculum, no prerequisites, no thesis)

- Year 1: Fall Semester (12 credits)
 - PSY 611: Ethics and Professional Practice (3 cr.)
 - PSY 622: Multicultural Psychopathology (3 cr.)
 - PSY 623: Intervention I (3 cr.)
 - PSY 626: Family Therapy (3 cr.)
- Year 1: Spring Semester (12 credits)
 - PSY 633: Psychological Assessment (3 cr.)
 - PSY 627: Community-based Intervention Skills (3 cr.)
 - PSY 639: Research Methods (3 cr.)
 - PSY 665b: Psychotherapy Practicum (3 cr.) Advance to Candidacy
- Year 1: Summer Session (3 credits)
 - PSY 670: Psychotherapy Internship (1) (3 cr.)
- Year 2: Fall Semester (9 credits)
 - PSY 614: Biological Bases of Behavior (3 cr.)
 - PSY 654: Cultural Issues in Psychotherapy (3 cr.)
 - PSY 670: Psychotherapy Internship (2) (3 cr.)
- Year 2: Spring Semester (12 credits)
 - PSY 612: Advanced Human Development (3 cr.)
 - PSY 681: Substances of Abuse in Alaska (1 cr.)
 - PSY 682: Clinical Interventions for Substance Abuse (1 cr.)
 - PSY 683: Assesmt&Treatmt Planning for Subst. Abuse (1 cr.)
 - PSY 624: Group Therapy (3 cr.)
 - 600-level Spring Electives (choose one) (3 cr.) *total credits=48*
 - COUN 632: Career Counseling (3 cr.)
 - PSY 631: Cognitive Behavior Therapy (3 cr.)
 - Other approved offerings such as PSY 690s

Sample II - a 7 –semester graduate curriculum, one prerequisite, Thesis)

- Year 1: Fall Semester (9 credits + 3 non-graduate)
 - PSY 611: Ethics and Professional Practice (3 cr.)
 - PSY 622: Multicultural Psychopathology (3 cr.)
 - PSY 623: Intervention I (3 cr.)
 - *PSY 425 Clinical Psychology (3 non-graduate credits)*
- Year 1: Spring Semester (12 credits)
 - PSY 633: Psychological Assessment (3 cr.)
 - PSY 627: Community-based Intervention Skills (3 cr.)
 - PSY 639: Research Methods (3 cr.)
 - PSY 624: Group Therapy (3 cr.) Advance to Candidacy
- Year 1: Summer Semester (3 credits)
 - PSY 699 Thesis (3 cr.)
- Year 2: Fall Semester (9 credits)
 - PSY 654: Cultural Issues in Psychotherapy (3 cr.)
 - PSY 665b: Psychotherapy Practicum (3 cr.)
 - PSY 681: Substances of Abuse in Alaska (1 cr.)
 - PSY 682: Clinical Interventions for Substance Abuse (1 cr.)
 - PSY 683: Assesmt&Treatmt Planning for Subst. Abuse (1 cr.)
- Year 2: Spring Semester (9 credits)
 - PSY 670 Psychotherapy Internship (3 cr.)
 - PSY 612: Advanced Human Development (3 cr.)
 - PSY 699 Thesis (3 cr.)
- Year 2 Summer Semester (3 credits)
 - PSY 670 Psychotherapy Internship (3 cr.)
- Year 3 Fall Semester (6 credits)
 - PSY 614: Biological Bases of Behavior (3 cr.)
 - PSY 626: Family Therapy (3 cr.) *total graduate credits=51*

2. Curricula for Part-Time Students

Because part-time students have very individualized needs, we do not present any example curricula. However, examining the full-time examples should help you to organize an appropriate part-time curriculum. Trim the semester loads in the full-time curriculum as needed in order to ensure that each semester will fit into your personal workload or schedule. Then

extend the overall time period that will be necessary for you to complete all of the required credits. Again, keep in mind that all course work must be completed within five years. Advisors should be consulted in planning individualized part-time curricula.

3. Elective Courses

Optimally, the elective will be chosen to fit with your career goals and personal interests. Taking additional clinical courses as electives will increase the attractiveness of your credentials to many employers. If your goal is to become a Licensed Professional Counselor more electives will also bring you closer to the 60 required for application. Taking additional semesters of practica (i.e., 665C) and internship (670) may further enhance your eligibility for professional positions because these classes increase the amount time in actual hands-on experience you have had with clients.

PSY 695 can also be an attractive option. Enrolling as a teaching assistant you gain experience by working closely with a faculty member to provide lectures, administer and grade exams, track grades, or similar activities. In general, this is an excellent opportunity to prepare for a career that includes teaching. Please note: although the university system will let you register, **you must pre-arrange with a faculty member to take PSY695.**

PSY 698 is an excellent elective if you are interested in research and/or doctoral study. It provides an opportunity to work closely with a faculty member on research. Often your effort will result in a conference presentation or published work. Further, this type of elective provides the basis for a mentoring relationship with a faculty member. Work conducted for PSY 698 can often lay the groundwork for your thesis. Please note: although the university system will let you register, **you must pre-arrange with a faculty member to take PSY698.**

C. Other Program Issues

1. Continuous Enrollment Policy

The University of Alaska Anchorage has a Continuous Enrollment Policy that requires students in graduate degree programs to be continuously enrolled until the completion of the degree. In other words, students must be enrolled every semester (except summers) until the day of graduation. This is true even if you are only completing your thesis. Noncompliance with this policy may result in dismissal from the degree program. If you have completed all of your course work, yet are still finishing internship or thesis, you must enroll in at least one credit to keep your status as a student. Generally, unless there is a class being offered that interests you, extended registration is an acceptable alternative way to maintain continuous enrollment. Extended registration can be done in person at the registration office.

2. Leave of Absence

Every now and then a student who has begun the M.S. program may need to take a break from her or his studies for personal or professional reasons. Because of the University's Continuous Enrollment Policy, the Clinical Training Committee must approve such a break. Unapproved absences for even one semester result in automatic dismissal from the Clinical Psychology program. To initiate a leave of absence, first discuss the matter with your advisor. Subsequently, submit a petition outlining your request to the Clinical Training Committee. Once the committee has made a decision, you will be notified in writing.

Leaves are usually granted for no longer than one year. If a longer absence is required, you will need to re-petition the committee after a year. A leave of absence will be noted in your file and reported to the Office of Student Records. A leave of absence *does not* affect the five-year completion rule, so even if you take a leave, you must complete the degree requirements within five years of admission to the program. Please note: Students newly accepted into the program can not be granted a leave of absence or deferment before beginning the program.

3. Departmental Prerequisites

If you have not met all the departmental prerequisites for admission to the M.S. program, you may receive a conditional admission, which requires you to complete all pending requirements within your first year. If your admission was conditional because of missing undergraduate course prerequisites, you must take the necessary courses in your first year.

Once you believe that you have satisfied all prerequisite and conditional admission requirements and that your status should be changed from conditional to full admission, you should discuss this with your advisor and then petition the Clinical Training Committee in writing to have your status formally changed. The committee will review your progress during the probationary period and determine whether you should be granted full admission. This vote is based not only upon your completion of any missing prerequisites and conditional admission requirements, but also upon your overall performance in the program to date. Thus, your overall GPA, ethical behavior and professionalism, and potential as therapist will all play a role in the Committee's decision about changing your status. You will be notified in writing of this decision.

4. Departmental Probation

Students are automatically placed on academic probation if their grade point average falls below 3.00. Should this happen, you can remain in the program on probation for one year, during which time you should ensure that you raise your GPA. If you fail to improve your grades during this time, you will be automatically dismissed from the program. ***Any courses that are completed with a grade of C or less cannot count toward the degree and must be retaken.***

In addition a grade of C in PSY 665B or PSY 670 is considered a failing grade and may be cause for dismissal or probation. If you receive a C in PSY665B or PSY670 your status will be reviewed by the Clinical Training Committee. If probation is designated rather than dismissal, the CTC will develop an academic remediation plan which will be supervised by your advisor, the PSC Director and/or Internship Coordinator, and the Clinical Training Coordinator.

Academic probation may affect your ability to receive financial aid. Also, teaching and research assistantships are not granted to students on academic probation. If you find yourself in this position and have concerns about how academic probation will affect you, consult the Financial Aid Office at UAA regarding student loans and grants.

4. Grades

Graduate courses are generally graded on an A to F basis unless otherwise specified. Grading for PSY 696, 697, and 698 can be determined individually by the student and faculty member setting up this experience. Most often, a letter grade is used.

As mentioned above, courses in which you receive a grade of C or less cannot count toward your degree and must be retaken. A grade of C in PSY 665B or PSY 670 is considered a failing grade and may be cause for dismissal. If you receive a grade of C or less in a class, you should immediately consult with your advisor and initiate a remedial course of action. An overall GPA of less than 3.00 will result in academic probation (as described above).

Deferred grades are often given for thesis credits that were not completed within the intended semester. Additionally, grades for Practicum or Internship may need to be deferred if extenuating circumstances make it impossible to achieve the required number of client contact hours during a semester. These deferred grades are very common and represent no shame. However, they may affect your financial aid status, as credits of DF do not count toward your course load for that semester. A student has a **maximum of two years to complete a DF**, before this becomes the permanent grade on your record. Incomplete grades (I) can be negotiated with individual instructors if you are unable to complete all course work within a given semester. However, the effect of an 'I' grade on financial aid is the same as that of a 'DF' (i.e., it may drop you below the minimum number of hours needed to retain your financial aid status). Incomplete grades can remain on your transcript for exactly one year. If you fail to complete the work within that time period, the instructor may assign an F, or the Office of Student Records turns the 'I' into a permanent grade. You may petition to receive an extension beyond 1 year for an Incomplete, as long as you have the approval of the course instructor to do so. This petition must be made to the Director of the Office of Student Records. Incomplete, Deferred, and Pass/No Pass grades do not affect your overall grade point average.

5. Liability Insurance

Although we hope you will never need it, the University provides inexpensive professional liability insurance for students. This insurance will cover you for any clinical work that you perform as part of your formal training in our program. To efficiently ensure coverage, a portion of your lab fees for PSY 623 (Psychotherapy Skills) is used to purchase liability insurance for a 2-year period. The graduate secretary and Clinical Training Coordinator will facilitate the completion of this form. A copy is provided in **Appendix 9**. The form can also be obtained directly from the UA Statewide Office of Risk Management web page <http://www.alaska.edu/swrisk/download/spliaf.pdf>

The time of coverage is two years (August to August). Any student continuing in the program beyond the initially covered 2-year period is responsible for contacting the departmental secretary or the Clinical Training Coordinator about to purchase additional liability insurance through UAA (at a very low cost).

III. Professional Development

To maximize options for post-graduate employment or doctoral study, consider engaging in activities that foster your professional development, such as becoming involved in professional organizations and student associations, doing research, seeking out clinically relevant volunteer work, and attending professional workshops. Getting involved in organizations can be as easy as signing up (see section VIII of this handbook). Other options take a little more effort on your part and are addressed here individually.

A. Clinical Work

Every student gains clinical experience in the M.S. program through practica and internships. Although the amount of clinical experience you gain is quite respectable as far as academic curricula go, additional experience is often helpful for the student who plans to apply for mental health service delivery jobs upon graduation. The easiest way to gain additional experience is through volunteer work in community agencies or through extra semesters of practicum in the Psychological Services Center. Some students also gain experience by seeking employment in mental health agencies. While this is a sensible approach to gaining experience, it can be a disadvantage when it requires a considerable time commitment. While completing your degree, part-time work is much more desirable than full-time work. Clinical settings that have offered students volunteer or part-time work experiences include: Anchorage Community Mental Health Services, North Star Behavioral Health Systems, BHRS, Alaska Psychiatric Institute, Providence Hospital, S.T.A.R., AWAIC, South Central Foundation, and Alaska Native Medical Center.

B. Research

There are several ways to become involved in research. At times, professors may offer students the option of conducting research as a term-paper requirement in a class. Second, many faculty members have ongoing research projects and would welcome your participation. Third, you can seek out individual faculty members to gain Independent Research credits by conducting a project that is of mutual interest to you and the faculty member.

Once a project is completed, its findings should be shared with the academic community. This can be accomplished through professional presentations at conventions and conferences, or through publication. Publication involves sending the manuscript to a journal for review. Often this process requires six months or more. The first time you attempt to publish a manuscript, it may be best to consult with a faculty member in order to learn the ins-and-outs of the submission process.

Professional presentations can be done at the local, state, regional or national level. UAA and the Department of Psychology offer two unique settings for students to begin to familiarize themselves with the presentation process. Every spring, there is a university-wide conference called the Student Showcase, wherein students can present their work (empirical or otherwise). Also every spring, the Department of Psychology organizes the Behavioral Science Conference of the North. This is another forum to present your work. These conferences, while smaller than regional or national conferences, are great places to gain experience and learn about professional presentations. All conferences require authors to submit their work by a certain deadline. The work is reviewed and the author is notified whether the work is accepted or rejected. Deadlines come long before the actual conference so pre-planning is necessary. Below are approximate deadlines and dates for some of the conferences that M.S. students have presented their research at in the past:

- Behavioral Science Conference of the North - usually held in late April; submission deadline is usually in early April; calls for papers are usually posted in February or March
- Student Showcase - usually held in the middle of April; submission deadline is usually in late March/early April; calls for papers are usually posted in February
- Western Psychological Association Convention - usually held in late April; submission deadline is usually in November; calls for papers are usually mailed in September or October
- Society for Personality Assessment Convention (see www.personality.org) - usually held in mid March; submission deadline is usually in early November; calls for papers are usually mailed in September.

- American Psychological Association Convention - usually held in the middle of August; submission deadline is usually in early December; calls for papers are usually published in the APA Monitor in October
- American Psychological Society Convention - usually held in early to middle June; submission deadline is late in the prior year or early in the same year; calls for papers are published two to three months in advance in the APS Observer

C. Workshops and Teaching

While the curriculum of the M.S. program has been carefully designed to maximize your learning experience, there is always more to learn. The Psychology Graduate Student Association (PGSA) has sponsored workshops in the past, as have the Department of Psychology and the Alaska Psychological Association (www.ak-pa.org). Other offerings in the community are posted by the graduate student mail folders or on the PGSA bulletin board outside the PSC and then placed in the “Workshop Notices” notebook near the student mailbox. Students are strongly encouraged to take advantage of these learning opportunities as they come up. Workshops are an excellent way to learn things that do not fit neatly into an academic curriculum or to expand upon skills that are only touched upon during your formal education.

Another excellent way to learn material thoroughly is to teach it. Thus, you are encouraged to seek out opportunities in which you can function as a teaching assistant and/or a guest lecturer. Most faculty members are more than happy to have students enroll in PSY 695, Teaching Practicum in Psychology. This experience can be particularly valuable if you plan to continue on in a doctoral program. Also, on occasion, there are opportunities for students to present professional workshops to the community. If you become aware of such an opportunity, you should pursue it, particularly because this is a way to develop a reputation in the local mental health community. Some agencies that have asked students to present workshops are Kids'Corp, HeadStart, UAA Student Health Center, and UAA Student Services. Clinical faculty can provide more information about these types of teaching opportunities.

IV. Ethics and Professionalism

A. APA Ethical Guidelines for Psychologists

The American Psychological Association has formulated a set of ethical guidelines for its members, and all students enrolled in the M.S. program must adhere to these principles. It is your responsibility to ensure you are quite familiar with these guidelines. The Ethical Principles of Psychologists address professional responsibility, competence, moral and legal standards, public statements, confidentiality, welfare of the consumer, professional relationships, assessment techniques, and research with human and animal participants. A complete copy of the guidelines can be found in **Appendix 7** of this handbook.

B. Professional Conduct

Professional conduct is required of all students enrolled in psychology courses. It includes adherence to the guidelines for ethical behavior outlined by APA, as well as adherence to the behaviors specified for students by the university, for practicum students by practicum sites, and for interns by internship sites. Thus, requirements may vary slightly depending on where you are working. For instance Anchorage Community Mental Health Services requires a specific computer program training for client records management. While placed at such a site, you would be expected to conform to that agency's guidelines. Although not exhaustive, a few obvious guidelines of professionalism include the following:

- Respect fellow students, staff, research participants, and faculty.
- Respect the privacy and confidentiality of others.

- Maintain honesty and integrity.
- Do not cheat on exams.
- Do not help other students cheat on exams.
- Do not plagiarize material for work that is done for a course
- Do not misrepresent the source of work that is done for a course.
- Do not use papers written for one course to satisfy requirements for a second course.
- Do not use departmental computers for personal pursuits.
- Deal directly and appropriately with a person you may have problems with or complaints about, including faculty (in other words, you should not talk about a person behind his/her back and you should follow specified procedures for appeals and grievances).
- Demonstrate respectful and appropriate behavior in a clinical setting (e.g., maintain quiet conduct in the waiting room of the Psychological Service Center; do not enter the PSC staff room without authorization; maintain client confidentiality at all times).
- Avoid sexual harassment at all times (this can include the mere use of sexist language, as sexual harassment is defined by the target of the behavior, not by the person engaging in it).
- Avoid prejudice or discrimination against others at all times.

C. Consequences of Violations of Ethics and Professionalism

In order to protect the public, state and national licensing boards review the behaviors of licensed psychologists and psychological associates and withdraw the license to practice for violations of the APA ethical guidelines. As faculty in a training program, the Clinical Training Committee of the M.S. program in Clinical Psychology at UAA may function as such a review board and reserves the right to dismiss or suspend any student who has violated APA standards for ethical or professional conduct. In fact, precedent for such action has been set successfully in the past. Unethical or unprofessional behavior confined to a single course may result in an immediate grade of F or NP for that course. Such an action is at the instructor's discretion, as long as due process is followed. If the violation within a single course was sufficiently severe, the student's action may also be reviewed by the Clinical Training Committee, which may suspend or dismiss the student from the program. If such a review occurs, the student will be given the opportunity to state her or his case with the instructor and/or the committee. The committee will also seek input from the Dean of Students and/or university legal counsel to ensure the student's rights are not being violated. If the student disagrees with the committee's decision, the student may file an academic appeal within 15 days of being formally notified (see below).

D. Dismissal, Suspension, and Probation

Admission into the M.S. program does not guarantee graduation. Violations of ethics and professionalism have already been discussed as causes for possible dismissal or suspension from the program. There are several other stages in the training program during which review of student progress may result in dismissal or probation. Dismissals, suspensions, and probations are always decisions made by the full Clinical Training Committee, never by an individual instructor.

This section of the handbook is not written to frighten or intimidate students, but rather to ensure you are as informed as possible about the times when your overall performance is reviewed and decisions are made about your suitability to continue training. Although it is very rare, all of the review stages outlined below may result in decisions regarding dismissal, suspension, or probation. If the Clinical Training Committee reaches such a decision and the student feels that decision was unjustified or unsupported by the evidence, the decision can be appealed through appropriate channels.

1. Conditional Status Review

When a student enters the program as a "conditional admission" pending the completion of certain prerequisites or departmental requirements, the student must have her or his conditional status reviewed by the Clinical Training Committee in order to be fully admitted into the program. At this time, a full review of the student takes place. Successful review leads to full admission; unsuccessful review leads to dismissal. The criteria used for review at this time include: 1) the prerequisites and requirements outlined in the letter of acceptance (which will vary from student to student), 2) the student's ethical and professional conduct, and 3) the student's development of clinical skills as evident from coursework, interactions with faculty, and feedback from others who have interacted with the student while in the program. Failure to meet any of these criteria will result in dismissal from the program.

2. Advancement to Candidacy Review

When a student is reviewed by the Clinical Training Committee for Advancement to Candidacy, several aspects of performance are reviewed. These include: 1) specific academic requirements, 2) ethical and professional conduct, and 3) the student's development of clinical skills as evident from course work, interactions with faculty, and feedback from others who have interacted with the student while in the program. Failure to meet any of these criteria will result in probation or dismissal from the program. The committee chooses probation if the problems are minor and if the committee believes the student can remedy them. Probation involves a remediation plan developed by the Clinical Training Committee. The committee chooses dismissal if the violations or problems are severe enough to warrant doubt that the student will be able to succeed in the program.

3. Practicum and Internship Grading and Review

Failure to pass practicum or internship may be cause for dismissal as described above. Ethical or professional violations during internship or practicum may result in a failing grade for that course, as well as formal dismissal from the program by the Clinical Training Committee.

E. Grievances and Complaints

Up to this point, this section of the handbook has dealt primarily with dissatisfaction on the part of the faculty with a student's ethics or professional behavior; however, it may also be the case that you will have a concern about these issues with a faculty or staff member. If so, there are steps that you can take to deal with the problem. Specifically, you may file an academic complaint or a grievance. These processes require a certain protocol, which is outlined below.

When a student has a grievance or complaint with a member of the faculty or staff, there are two distinctions that should be understood. First, if the complaint relates to an academic action (e.g., grades, dismissal from the program), the appeal process generally stops at the Dean's Office in the College of Arts and Sciences. Second, if the complaint deals with matters other than an academic grievance (e.g., sexual harassment), the process generally stops at the university-wide Grievance Council Committee.

However, for both types of complaints, students are encouraged to seek resolution of the complaint at the most informal level possible. That is, whenever possible, you are encouraged to deal directly with the faculty member or employee who is the source of your complaint. If you cannot obtain resolution dealing directly with this person, then your concerns should be taken to the Department Chair. If you cannot obtain resolution by dealing with the Department Chair, or if the Department Chair is the source of the problem, then you should take your complaint directly to the Associate Dean of Student Affairs in the College of Arts and Sciences.

1. Academic Appeals

All students have the right to appeal academic actions, such as grades or dismissals from the program. Because we hope any concerns can be addressed to your satisfaction at the most informal level possible, we encourage you to first to seek out the faculty member and try to gain some resolution to the problem. If this step is not satisfactory, we encourage you to contact the Department Chair as your next step. Whenever possible, the Chair will attempt to resolve the situation between you and the faculty member. If resolution is not possible at this level, we encourage you to make a formal appeal to the Associate Dean of Student Affairs in the College of Arts and Sciences as your third step. It is important to note, however, that you have the right to make a direct appeal to the Associate Dean at any time, without first discussing matters with the faculty member or the Chair.

When making a formal appeal, you must give a written request for appeal to the College of Arts and Sciences Associate Dean **no later than fifteen (15) working days** following notification of the action under review. The request must spell out clearly and concisely the action to be reviewed, the reason you think the action was inappropriate, and the corrective action you would like to see taken.

2. Grievances

Grievances are reserved for unethical and/or unprofessional behavior of the part of a faculty member or staff person (e.g., sexual harassment). As with the academic appeals discussed above, you are encouraged to first try to resolve the complaint informally, saving the formal grievance procedure as a last resort. Nonetheless, you can file a grievance directly to the Dean's office whenever you believe this step is in your best interest. The informal process for resolving a grievance is the same as that discussed above. When possible, first try to obtain resolution by dealing with the faculty member directly. If this is not successful, meet with the Department Chair to discuss the problem. If the Chair cannot generate a satisfactory resolution, you should then proceed to the Associate Dean of Student Affairs in the College of Arts and Sciences. If you still feel you have not achieved resolution to the problem at this level, the final step is to file a formal grievance. Grievance packets may be picked up from any members of the Grievance Council, the Vice Chancellor of Student Services, the Student Ombudsperson, the University Ombudsperson, the Affirmative Action Officer, or the Department Chair. When filing a formal grievance, you will need to document the informal steps you took in your effort to resolve the problem. The formal grievance must be filed **no later than sixty (60) calendar days** after the event that caused the grievance.

V. Legal Issues in the Mental Health Professions

The Alaska State Statutes govern graduates who work in the mental health field. These statutes regulate both the individuals who provide services and the agencies in which these services are rendered. The Statutes specify licensing requirements, supervision requirements of psychology interns, requirements of confidentiality of communication, and mental health law about reporting responsibilities, duty to warn, commitment to psychiatric hospitals, and other issues. Students in the M.S. program are expected to be familiar with and guided by these state Statutes. A full-length copy of the statutes is available in the Psychological Services Center,

The statutes regarding confidentiality and child protection are deemed of sufficient importance to be reproduced here. References in the confidentiality statute will also point you toward other Alaska statutes that you need to be familiar with as a professional. For laws governing the mandatory reporting of child abuse or neglect in other states please go to www.smith-lawfirm.com/mandatory_reporting.htm and scroll down to *Site Feature: [Mandatory Reporting of Child Abuse](#)*.

A. Alaska Confidentiality Statutes

The Alaska confidentiality statutes (Sec. 08.86.200) are as follows:

(a) A psychologist or psychological associate may not reveal to another person a communication made to

the psychologist or psychological associate by a client about a matter concerning which the client has

employed the psychologist or psychological associate in a professional capacity. This section does not

apply to

- (1) a case conference with other mental health professionals or with physicians and surgeons;
- (2) a case in which the client in writing authorized the psychologist or psychological associate to reveal a communication;
- (3) a case where an immediate threat of serious physical harm to an identifiable victim is communicated to a psychologist or psychological associate by a client;
- (4) disclosures of confidential communications required under Rule 504, Alaska Rules of Evidence; or
- (5) proceedings conducted by the board or the department where the disclosure of confidential communications is necessary to defend against charges that the psychologist or psychological associate has violated provisions of this chapter; information obtained by the board or department under this paragraph is confidential and is not a public record for purposes of AS 09.25.110 – 09.25.140.

(b) Notwithstanding (a) of this section, a psychologist or psychological associate shall report to the

appropriate authority incidents of child abuse or neglect as required by AS 47.17.020, incidents of elder

abuse as required by AS 47.24.010, and incidents of abuse of disabled persons disclosed to the psychologist

or psychological associate by a client. In this subsection "disabled person" means a person who has a

physical or mental disability or a physical or mental impairment, as defined in AS 18.80.300.

(Note: Breaches of confidentiality are clear ethical and legal violations that can result in dismissal from the M.S. degree program. If such breaches occur during a practicum or internship, they may result in a failing grade for the practicum or internship.)

B. Child Protection Law

The Alaska child protection statutes are as follows:

(8-05)

In order to protect children whose health and well-being may be adversely affected through the infliction, by other than accidental means, of harm through physical injury or neglect, mental injury, sexual abuse, sexual exploitation, or maltreatment, the legislature requires the reporting of these cases by practitioners of the healing arts and others to the department. It is not the intent of the legislature that persons required to report suspected child abuse or neglect under this chapter investigate the suspected child abuse or neglect before they make the required report to the department. Reports must be made when there is a reasonable cause to suspect child abuse or neglect in order to make state investigative and social services available in a wider range of cases at an earlier point in time, to make sure that investigations regarding child abuse and neglect are conducted by trained investigators, and to avoid subjecting a child to multiple interviews about the abuse or neglect. It is the intent of the legislature that, as a result of these reports, protective services will be made available in an effort to

- (1) prevent further harm to the child;
- (2) safeguard and enhance the general well-being of children in this state; and
- (3) preserve family life unless that effort is likely to result in physical or emotional damage to the child.

Sec. 47.17.020. Persons required to report.

(a) The following persons who, in the performance of their occupational duties, or with respect to (8) of this subsection, in the performance of their appointed duties, have reasonable cause to suspect that a child has suffered harm as a result of child abuse or neglect shall immediately report the harm to the nearest office of the department:

- (1) practitioners of the healing arts;
- (2) school teachers and school administrative staff members of public and private schools;
- (3) peace officers and officers of the Department of Corrections;

- (4) administrative officers of institutions;
- (5) child care providers;
- (6) paid employees of domestic violence and sexual assault programs, and crisis intervention and prevention programs as defined in AS 18.66.990;
- (7) paid employees of an organization that provides counseling or treatment to individuals seeking to control their use of drugs or alcohol;
- (8) members of a child fatality review team established under AS 12.65.015(e) or 12.65.120 or the multidisciplinary child protection team created under [AS 47.14.300](#).

(b) This section does not prohibit the named persons from reporting cases that have come to their attention in their non-occupational capacities, nor does it prohibit any other person from reporting a child's harm that the person has reasonable cause to suspect is a result of child abuse or neglect. These reports shall be made to the nearest office of the department.

(c) If the person making a report of harm under this section cannot reasonably contact the nearest office of the department and immediate action is necessary for the well-being of the child, the person shall make the report to a peace officer. The peace officer shall immediately take action to protect the child and shall, at the earliest opportunity, notify the nearest office of the department.

(d) This section does not require a religious healing practitioner to report as neglect of a child the failure to provide medical attention to the child if the child is provided treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by an accredited practitioner of the church or denomination.

(e) The department shall immediately notify the nearest law enforcement agency if the department

- (1) concludes that the harm was caused by a person who is not responsible for the child's welfare;
- (2) is unable to determine
 - (A) who caused the harm to the child; or
 - (B) whether the person who is believed to have caused the harm has responsibility for the child's welfare; or
- 3) concludes that the report involves
 - (A) possible criminal conduct under [AS 11.41.410](#) - 11.41.458; or
 - (B) abuse or neglect that results in the need for medical treatment of the child.

(f) If a law enforcement agency determines that a child has been abused or neglected and that

- (1) the harm was caused by a teacher or other person employed by the school or school district in which the child is enrolled as a student,
- (2) the harm occurred during an activity sponsored by the school or school district in which the child is enrolled as a student, or
- (3) the harm occurred on the premises of the school in which the child is enrolled as a student or on the premises of a school within the district in which the child is enrolled as a student, the law enforcement agency shall notify the chief administrative officer of the school or district in which the child is enrolled immediately after the agency determines that a child has been abused or neglected under the circumstances set out in this section, except that if the person about whom the report has been made is the chief administrative officer or a member of the chief administrative officer's immediate family, the law enforcement agency shall notify the commissioner of education and early development that the child has been abused or neglected under the circumstances set out in this section. The notification must set out the factual basis for the law enforcement agency's determination. If the notification involves a person in the teaching profession, as defined in [AS 14.20.370](#), the law enforcement agency shall send a copy of the notification to the Professional Teaching Practices Commission.

(g) A person required to report child abuse or neglect under (a) of this section who makes the report to the person's job supervisor or to another individual working for the entity that employs the person is not relieved of the obligation to make the report to the department as required under (a) of this section.

(h) This section does not require a person required to report child abuse or neglect under (a)(6) of this section to report mental injury to a child as a result of exposure to domestic violence so long as the person has reasonable cause to believe that the child is in safe and appropriate care and not presently in danger of mental injury as a result of exposure to domestic violence.

(i) This section does not require a person required to report child abuse or neglect under (a)(7) of this section to report the resumption of use of an intoxicant as described in [AS 47.10.011](#) (10) so long as the person does not have reasonable cause to suspect that a child has suffered harm as a result of the resumption

New 8-05

Sec. 47.17.068. Penalty for failure to report.

A person who fails to comply with the provisions of [AS 47.17.020](#) or 47.17.023 and who knew or should have known that the circumstances gave rise to the need for a report, is guilty of a class B misdemeanor.

Further details can be found at :

<http://www.legis.state.ak.us/cgi-bin/folioisa.dll/stattx04/query=47!2E17!2E010/doc/{@20036}?>

(Note: If you knowingly fail or refuse to report as required above, both to DFYS **and your clinic supervisor**, this may be grounds for dismissal from the M.S. degree program.)

VI. Certification and Licensure:

A. Alaska State Licensure and Certification

Alaska has four master's level mental health licenses and at least one certification. The licenses are as a Psychological Associate, a Professional Counselor, a Marriage and Family Therapist, and a Social Worker and the certification is as a Substance Abuse Counselor.

1. Licensed Psychological Associate

Alaska offers master's level licensure as a Psychological Associate. The UAA program is designed to meet the academic requirements of this license. Additional requirements include successfully passing a national written exam, a state essay exam and two years of supervised post-master's experience. For the two years of supervised experience to count a **plan of supervision must be approved before any supervision begins**. In addition the National Exam can be taken soon after graduation and, if passed, a temporary license (LTPA) can be issued while the supervision plan is being carried out. For further information, the best first step is to talk to the clinical faculty. In addition, you can obtain information and application materials from the state web site (www.dced.state.ak.us/occ/ppsy.htm) or by using the following contact information:

State of Alaska

Board of Psychologist and Psychological Associate Examiners

Division of Occupational Licensing

P.O. Box 110806

Juneau, AK 99811-0806

Telephone: (907) 465-3811

Fax: (907) 465-2974

2. Licensed Professional Counselor

Alaska also offers master's level licensure as a Professional Counselor. The UAA program, with appropriate choices made for electives, is one step in preparing you for this license. Other requirements include **additional postgraduate courses for a total of 60 credits** of graduate education, successfully passing a national written exam and state essay exam and two years of supervised post-master's experience. For the two years of supervised experience to count, the State Board requires you engage a professional who has been approved by the Board as an LPC supervisor. At this time, the supervised experience must be completed before the National Exam can be taken. Students interested in pursuing the LPC can obtain information and application materials directly from the state website (<http://www.dced.state.ak.us/occ/ppco.htm>) or by using the following contact information:

State of Alaska

Board of Professional Counselors

Division of Occupational Licensing

P.O. Box 110806

Juneau, AK 99811-0806

Telephone: (907) 465-2551

Fax: (907) 465-2974

3. Substance Abuse Counselor Certification

The State of Alaska offers a certification process for counselors working in the substance abuse field. There are three levels of certification: Level I, Level I Advanced, and Level II. All three certifications do not require a master's degree. For Level I, the following are required: one full year of substance abuse experience, or a minimum of 150 training hours specializing in substance abuse, or an acceptable combination of experience and training. For Level I Advanced: two full years of experience, or a minimum of 270 hours of training, or an acceptable combination of experience and training. For Level II: passing the Substance Abuse Counselor written exam, three years experience, minimum of 270 contact hours specializing in substance abuse in an approved training program, completion of a 300-hour practicum, and successfully passing an oral examination. For further information, talk to a clinical faculty member or contact the following:

Alaska Commission for Chemical Dependency Professionals Certification

3705 Arctic Boulevard, Room # 695

Anchorage, AK 99503

(907) 563-8505 - (907) 562-7948 – Fax

You can also contact the National Association of Alcoholism and Drug Abuse Counselors at www.naadac.org/.

B. Licensure and Certification in Other States

All 50 states have some form of master's level licensure or certification. For specific information see <http://www.asppb.org/handbook/handbook.aspx>. These licenses and certifications bring with them specific rights, which vary from state to state. For the most part, these licenses and certifications will allow you to conduct private practice, and, in many states, collect third party payments. The specific requirements for each state vary considerably. However, most require a master's degree, one to three years of post-master's supervised experience, and successful completion of an examination. While the credit hours required for master's degrees varies from 30 to 60 semester hours, most states require 45, 48, or 60 semester hours.

There are also three master's level national certifications that may be of interest. Most require a certain amount of professional, supervised experience, as well as satisfactory completion of an exam. These certifications provide documentation that you possess certain minimal qualifications and, as such, they have some intrinsic and extrinsic value. However, unlike licenses, obtaining a certificate does not grant you any additional legal coverage or rights.

1. Certification by the American Assoc for Marriage and Family Therapy

Requirements: A master's degree with major course work in Marital and Family Studies, Marital and Family Therapy, and Human Development; minimum of two years post-master's counseling experience under supervision of an AAMFT Approved Supervisor

2. National Counselor Certification

Requirements: Two years of post-master's professional counseling experience and satisfactory completion of National Counselor Examination

3. National Career Counselor Certification

Requirements: Three years of post-master's professional career counseling experience and satisfactory completion of National Career Counselor Examination

VII. Career Choices

Psychologists and psychological associates work in a variety of health care settings and often work in conjunction with other mental health professionals, such as psychiatrists, clinical social workers, psychiatric nurse practitioners, and paraprofessionals. Common settings include community mental health centers, outpatient clinics, psychiatric or general hospitals, rehabilitation centers, private or group practice, Veterans Administration mental health services, and residential treatment centers for various populations, including emotionally disturbed children, severely mentally ill persons, developmentally disabled individuals, substance abusing persons, juvenile offenders, and victims of abuse.

A. Master's Level Employment

The parameters of master's level employment depends on the state, as well as on the certificates and licenses a person holds. In states that provide master's level licensure, private practice is a possibility. In all states, master's level graduates can practice in residential settings, hospitals, community mental health agencies, and private mental health agencies. In general, graduates with a master's degree may not call themselves Psychologists. Although this title is regulated by individual states, it is formally reserved for individuals who hold a doctorate in psychology. Master's level graduates generally have the option to refer to themselves as counselors, therapists, Psychological Associates (if licensed at the master's level), or psychological assistants, or may use their official job title as provided by an agency or the state. Alaska has specified several types of positions and titles for persons with a master's degree in psychology:

- Mental Health Clinician I
- Psychological Counselor I
- Developmental Disabilities Program Specialist I

Common settings for employment at the master's level include community mental health centers; outpatient clinics; psychiatric or general hospitals; rehabilitation centers; private or group practices; Veterans Administration centers; and residential centers that treat various populations, including emotionally disturbed children, severely mentally ill persons, developmentally disabled individuals, substance abusing persons, juvenile offenders, and victims of abuse. Graduates from our program have found employment in these diverse settings, both in Alaska and elsewhere.

To provide an index of the Alaskan job market, in 2002 Psychology faculty members Bob Madigan and Karen Ward conducted a salary survey of 71 human service agencies in Alaska. They identified almost 1,800 jobs. The table below indicates the average salary for these jobs according to entry-level educational requirements.

2002 Survey of Human Service Agency Jobs in Alaska		
<i>Educational Level</i>	<i># of Jobs</i>	<i>Average Salary</i>
Doctorate	9	\$100,298
Master	208	\$42,519

Bachelor	459	\$31,616
Associate	557	\$25,862
No Degree	238	\$22,149

B. Continuing Your Academic Career

Some students decide to continue their education after graduation and may pursue several avenues to continue their academic career in psychology. The research track in our program has been designed to prepare students to pursue doctoral training. Doctoral programs may lead to a Ph.D., a Psy.D., or an Ed.D. in Clinical Psychology, Counseling Psychology, School Psychology, Counselor Education, Counseling, or another mental health fields. A useful resource is the APA publication *Graduate Study in Psychology and Associated Fields*, which provides an overview of programs and degree options.

1. Types of Doctoral Programs

Many Ph.D. programs in clinical psychology follow the scientist-practitioner model of the American Psychological Association, training students to do research, teach, and practice. These represent the most rigorous programs and tend to be the most respected in the professional community. Receiving a Ph.D. from a psychology program that is not accredited by the APA can present many problems. These programs do not always qualify the applicant for licensure and can make the application process extremely difficult.

The Psy.D. is a professional psychology degree that focuses less on research and more on practitioner skills. It has gained a fair degree of acceptance within the field of psychology, and the APA accredits many Psy.D. programs. Students considering this option should find an accredited program if they hope to gain licensure as a psychologist.

The Ed.D. degree is rarely an option if one wishes to receive a license in clinical psychology. However, Ed.D.'s are common in counseling and counselor education. These two fields can be closely related to mental health, though often they emphasize academic and career counseling.

2. Subjects of Doctoral Programs

The three most common mental health fields in psychology are clinical psychology, counseling psychology, and school psychology. Neuropsychology is quickly developing as a new specialty, but often remains subsumed under clinical psychology. While counseling and clinical programs are becoming more similar than dissimilar, some minor differences remain. Counseling Psychology programs often maintain a career or rehabilitation component and the typical student enters with a master's degree (though some exceptions are made). Many Clinical Psychology programs also reserve some of their admission slots for master's level applicants. Clinical and counseling psychology programs may include specialty tracks in the areas of career or vocational work, substance abuse, marriage and family interventions, or child psychology. School psychology is largely focused on preparation to work with children in a school setting, conducting psychological and psycho-educational assessments, and providing some therapy or other interventions. There are fewer school psychology programs than counseling and clinical programs, but success rates for applicants are quite good.

3. Applying to Doctoral Programs

The application process for doctoral programs is lengthy and involves planning and preparation. You should talk to people who have gone through this process, including professors, fellow students, and professionals in the community. Successful applicants often apply to as many as ten different programs, a decision that is not only time-consuming, but also expensive. The PGSA has organized workshops on this topic in the past, and can do so again if there is sufficient interest.

If you think you may apply to a doctoral program, you should carefully keep track of all your research, teaching, and psychotherapy activities so this information will be on hand when you complete your applications (and it is also required for your graduate project). You should also find a mentor who is willing to assist you with your preparations by steering you toward research and teaching opportunities. Unless you are planning to apply to a Psy.D. program, you should become actively involved in research, with a target of at least one publication and one or more presentations before applying. It would also help to gain some teaching experience by becoming a teaching assistant or offering to guest lecture in various courses.

VIII. Student Representation, Associations, and Organizations

You can foster your own professional development via several routes, including joining professional organizations that interface with the psychological community, joining associations that focus on academic curricula, or choosing to run for an elected office within a representative student body that influences local departmental policies.

A. Graduate Student Representation

Graduate students participate in setting and reviewing departmental policies and procedures by electing a student representative who attends and votes in departmental faculty meetings and Clinical Training Committee meetings. The entire graduate student body elects a representative in annual elections. The role of the student representative is to introduce and represent student concerns to the faculty, communicate pertinent information to the students, and act as a liaison between students and faculty. The representative should adhere to APA ethical standards in all activities associated with his or her role. Representatives are expected to maintain strict confidentiality regarding student/faculty identity and personal business discussed in departmental meetings that are not a matter of public record. The representative insures student input on curriculum, colloquium offerings, and budgetary concerns. The representative facilitates a flow of information between students and faculty on special programs and offerings such as workshops, conferences, and psychology related activities. The representative's activities are formally reported to the general graduate student body through PGSA meetings, which also posts minutes on the bulletin board outside the Psychology Office.

B. Student Associations and Honor Societies

1. Psychology Graduate Student Association (PGSA)

The PGSA acts as a representative body for psychology graduate students. It provides a forum for communication among students and functions as a liaison between students and faculty of the Psychology Department. The organization also represents students in voicing their concerns to the University administration and state legislative body. PGSA encourages and facilitates the professional development of students through participation in professional activities. These activities include PGSA sponsored workshops and seminars and the provision of monetary awards to students presenting papers at professional conferences. The PGSA also supports

students by providing new student orientations, serving as mentors, and organizing seminars to address student concerns, such as thesis planning and career development. PGSA membership is open to any student admitted to the M.S. degree program in Clinical Psychology or to any interdisciplinary master's degree that includes psychology as one of the disciplines. Students who have not yet joined this association may choose to do so by approaching one of the current officers or their faculty advisor.

The PGSA executive board, elected annually, consists of the president, vice-president, secretary, and treasurer. The organization selects a faculty advisor and a student to serve as University Club Council representative. Through this representative, the PGSA is politically active regarding university policies. The PGSA keeps abreast of statewide governmental issues that impact the university system and the profession of psychology, and addresses these issues by voicing concern in the form of letters and petitions. Although the PGSA is not a social organization per se, membership provides an opportunity for student interaction and student-faculty interaction on a social level. In the past, PGSA has organized several casual get-togethers throughout the year as well as an end of the year student-faculty party.

2. American Psychological Association of Graduate Students (APAGS)

APAGS is designed to: 1) promote high standards in the teaching, training, and practice of psychology in order to further the education and development of all students involved in the study of psychology; 2) represent, as well as facilitate the exchange of information and ideas among students from all specialties of psychology; 3) promote graduate student leadership by offering opportunities to participate in a national organization; and 4) establish and maintain channels of communication between APAGS and schools, universities, training centers, and other members of the psychological community. Membership is available to those who are currently graduate students or post-doctoral fellows in psychology. As long as you are a member of APA, you are automatically a member of APAGS. Members must pay an annual fee and agree to conform to the APA Code of Ethics.

3. Psi Chi National Honor Society in Psychology

Psi Chi offers membership in the national organization through the local University of Alaska Anchorage chapter. The purpose of Psi Chi is to encourage, stimulate, and maintain scholarship in psychology and to advance the science of psychology. To achieve these goals, Psi Chi offers a wide range of programs locally, regionally, and nationally. The local chapter programs are designed to augment and enhance the regular curriculum, afford opportunities for members to use their talents in roles that are meaningful, and promote interaction among fellow members, faculty, and other psychologists.

Membership is available to students and faculty whose academic concentration is in the field of psychology. Students who have attained and maintained a GPA of 3.0 overall and a GPA of 3.5 in psychology and who exhibit high standards of behavior are eligible to join. Because Psi Chi is an honor society it does not have open membership. Rather, membership depends upon invitation. It is a prestigious organization.

C. Professional Organizations that Offer Student Memberships

There are a number of professional organizations that accept student members, which can serve as an excellent introduction to the professional psychology field. Student members usually receive an organizational newsletter, discounts for journal subscriptions and books, and reduced rates for convention attendance. Students should see the Clinical Training Coordinator for details.

1. Alaska Psychological Association (AK-PA)

Benefits: Reduced rates at continuing education trainings

Address: www.ak-pa.org
P.O. Box 241292
Anchorage, AK 99524
(907) 243-7495

2. American Counseling Association (ACA)

Benefits: Free subscription to *Journal of Counseling and Development*, *ACA Guidepost*
Address: 5999 Stevenson Avenue
Alexandria, VA 22304
(703) 823-9800

3. American Psychological Association (APA)

Benefits: Free subscriptions to *APA Monitor* and *American Psychologist*, reduced rates for books and journals, membership in American Psychological Association of Graduate Students (APAGS)
Address: 1200 Seventeenth St., NW
Washington, DC 20036 (202)
www.apa.org

4. American Association for Marriage and Family Therapy (AAMFT)

Address: 1100 - 17th Street NW, 10th Fl.
Washington, DC 20036
(202) 429-1825

5. American Psychological Society (APS)

Benefits: Free subscriptions to *APS Observer*, *Psychological Science*
Address: 1511 K Street, Suite 345
Washington, DC 20090-0457
(202) 783-2077
www.psychologicalscience.org

6. Association for Advancement of Behavior Therapy (AABT)

Benefits: Free subscription to *The Behavior Therapist*, job placement assistance, and membership directory
Address: 15 West 36th Street
New York, NY 10018-7910
(212) 279-7970

7. Society for Personality Assessment

Benefits: Free subscription to the *Journal of Personality Assessment* and SPA's quarterly newsletter, the *SPA Exchange*
Address: 6109 H Arlington Blvd.
Falls Church, VA 22044
703-534-4772
web: www.personality.org

8. Western Psychological Association (WPA)

Benefits: Quarterly newsletter
Address: Department of Psychology
San Jose State University
San Jose, CA 95192-0189

9. Northamerican Association for Master's in Psychology (NAMPP)

Benefits: Quarterly newsletter, subscription to *Journal of Psychological Practice*
Address: Box 721270
Norman, OK 73070

IX. Finances and Financial Aid

A. Financial Aid Office

The Financial Aid Office is located in the University Center complex near 36th and Old Seward Highway (786-1585). This office can provide information and application forms for various grants, loan programs, scholarships, and employment opportunities. Be prepared to show your letter of admission to the M.S. degree program, complete a financial aid form (Anchorage code is 4896), complete a Student Aid Report, and satisfy other paperwork specific to the type of funding you are applying for. You will also need to bring and/or verify income tax returns, family size, and dependent status, as well as satisfactory academic progress. Many of the students in the M.S. program apply to the Alaska Student Loan Program, which has excellent terms and allows graduate students to borrow up to \$9,500 per year. For information about currently available scholarships call 786-1586 or check with PGSA officers who should routinely receive this information by mail from the Financial Aid or Student Services Office.

B. Paid Assistantships and Grader Support in the Psychology Department

The Department of Psychology does not receive a guaranteed budget from the College of Arts and Sciences for teaching and research assistantships. However, a limited number of paid assistantships are available. Currently, these assistantships follow a fixed formula. In exchange for working a certain number of hours per week, the student is provided with a certain amount of tuition waiver credits and a certain amount of stipend. For the current year, in exchange for working about 15-hours per week over the course of a semester, students are provided with 9-hours of tuition waiver and a \$1,500.00 stipend for the semester. If the student works fewer hours per week, tuition remission and stipends decline accordingly. Students interested in a research or teaching assistantship should discuss these prospects with their advisor or the Clinical Training Coordinator.

Occasionally, paid research assistantships are also available through faculty grants. These are generally offered to students who have been fully admitted and who have established a track record as a conscientious and dedicated student. Interested students should again discuss these possibilities with their advisor or the Clinical Training Coordinator.

Finally, funds are occasionally available to assist faculty with grading for large undergraduate courses. There are very few of these positions and they are generally not available until students are in their second semester. These positions range in pay and the type of work required, depending upon the course and the instructor. If you know a professor who regularly receives support for her or his classes (e.g., large sections of PSY A111 or A150), it is best to approach that professor directly about arranging a position. Otherwise students can speak to the Department Chair.

X. Faculty Members, Committees, and Offices for 2004-2005

A. Faculty

Currently the Department of Psychology has 19 full-time tenure track faculty members. Although there are several new faculty this fall and this list may not be comprehensive, a list of

faculty members and their areas of interest are provided in **Appendix 10**. You are encouraged to meet and introduce yourself to as many of the faculty as possible early in your career as a master's student, as you will probably encounter all of them at one time or another.

B. Relevant Committees

1. Clinical Training Committee (department level)

Six of the full-time faculty members serve on the Clinical Training Committee, which addresses programmatic issues related to the M.S. Program. The Graduate Student Representative is a voting member of this committee. The CTC members are:

Dr. Robert Boeckmann
 Dr. Christiane Brems
 Dr. Mark Johnson
 Dr. John Petraitis (Department Chair)
 Dr. Patricia Sandberg (Clinical Training Coordinator)
 Dr. Suzanne Strisik (PSC Director)
 (Graduate Student Representative)

2. Graduate Academic Board (university level)

The Graduate Academic Board is the university-wide committee that deals with all graduate issues, including, teaching and research assistantships, credit hours, new programs, policies, and procedures. The department has representation on this board through the representative for the College of Arts and Sciences.

C. Relevant Offices

There are several offices in the university, Department of Psychology, and student body that may have relevance to you as a student in the M.S. program. Following are the names of some of the people in these offices for the 2006-2007 academic year.

1. Relevant University Offices

UAA Chancellor	Dr. Maimon
UAA Provost:	Dr.
Dean of CAS:	Dr. James Liszka
Dean of Students:	Dr. Linda Lazzell

2. Relevant Department Offices and Department Secretaries

Department Chair:	John Petraitis
Clinical Training Coordinator:	Patricia Sandberg
Undergraduate Studies Coordinator:	Robert Boeckmann
Director, PSC:	Suzanne Strisik
Administrative Secretaries:	Katie **** (graduate, PSC, financial) Wendy Hope (everything else)

3. Student Association Officers and Representatives

Graduate Student Representative:	TBA
AKPA Representative:	TBA
Undergraduate Student Representative:	TBA
PGSA officers	TBA
PGSA Faculty Advisor:	Patricia Sandberg

Psi Chi Graduate President:	TBA
Psi Chi Undergraduate President:	TBA
Psi Chi Faculty Advisors:	Claudia Lampman Mari Ippolito

Appendix 1

Course Offerings For the M.S. Program by Semester

Prerequisites

PSY 260	Statistics for Psychology	fall and spring
PSY 425	Clinical Psychology	fall and spring
<u>EITHER</u>		
PSY 355	Learning and Cognition	fall
<u>OR</u>		
PSY 445	Strategies of Behavior Change	fall and spring

M.S. Courses

PSY	611	Ethics and Professional Practice	Fall
PSY	612	Advanced Human Development	Spring
PSY	622	Multicultural Psychopathology	Fall
PSY	623	Intervention I	Fall
PSY	624	Group Therapy	Spring
PSY	626	Family Therapy	Fall
PSY	627	Community Based Intervention Skills	Spring
	◆	PSY 633 Psychological Assessment	
	◆	PSY 639 Research Methods	
	◆	PSY 654 Cultural Issues in Psychotherapy	
	◆	PSY 665B Psychotherapy Practicum	
	◆	PSY 670 Psychotherapy Internship (2 semesters)	
PSY	631	Cognitive Behavior Therapy	Spring
PSY	633	Psychological Assessment	Spring
PSY	638	Child Clinical Psychology	Fall
PSY	639	Advanced Research Methods	Spring
PSY	645	Advanced Psychotherapy Skills	NRS
PSY	654	Cultural Issues in Psychotherapy	Fall
PSY	665a	Assessment Practicum	NRS
PSY	665b	Psychotherapy Practicum	Fall, Spring, & Summer
PSY	665C	Community Agency Practicum	Fall, Spring, & Summer
PSY	670	Internship	Fall, Spring, & Summer
PSY	681	Substances of Abuse in Alaska	Spring 1 credit
PSY	682	Clinical Interventions for Substance Abuse	Spring 1 credit
PSY	683	Assmnt & Trtmnt Planning for Subst Abuse	Spring 1 credit
PSY	685	Quantitative Methods in Psychology	Fall
PSY	685L	Quantitative Methods in Psychology Lab	Fall
PSY	689	Advanced Psychological Assessment	NRS
PSY	690	Selected Topics in Psychotherapy	NRS
PSY	695	Teaching Practicum (with pre-approval)	Fall & Spring
PSY	698	Individual Research (with pre-approval)	Fall, Spring, & Summer
PSY	699	Thesis	Fall, Spring, & Summer

NRS = Not regularly scheduled

APPLICATION FOR ADMISSION TO CANDIDACY

(*MS in Clinical Psychology*)

(Please Type or use electronic form and print)

All terms of conditional admission must be satisfied,
all prerequisites satisfied, and all academic deficiencies removed prior to Advancement to Candidacy.

Students must have completed 611, 622, 623 and one other graduate course.

Check here if this is a revision: _____

Name: _____
(Last) (First) (MI)

SSN: _____ Day Phone: _____

E-Mail Address: _____

Degree: Master of Science Major: Clinical Psychology

Date of graduate admission: _____ Catalog Year: _____

Expected date of graduation: _____ UAA Graduate Level GPA: _____

(Student Signature) (Date)

Admission to Candidacy Approved:

(CTC Coordinator) (Date)

(Department Chair) (Date)

(Advisor) (Date)

(Dean/Director) (Date)

Official Graduate Studies Plan

(Please use electronic form and print)

Name: _____ SSN: _____ Date: _____

E-Mail Address: _____

Degree: _____ Major: _____

This plan formally establishes the specific program requirements, which will, upon satisfactory completion, entitle you to receive your graduate degree. You are expected to complete all requirements listed on this program plan, and are subject to all Graduate General University Requirements and University Requirements for Graduate Degrees as published in the catalog.

Any changes to this plan must be submitted on a "revised" graduate studies plan to Enrollment Services through your graduate committee.

Graduate General University Requirements

(Individual graduate programs may have more stringent requirements)

- In 400 level courses, a minimum grade of "B" is required.
- Cumulative GPA of 3.00 in the courses on this program is required.
- UAA 100, 200, 300 and 500 level courses are not applicable.

of formal acceptance into the program or the student must reapply for admission and meet

- A minimum of 24 credits must consist of courses other than thesis and/or a research project.
- All courses must be completed within a consecutive 7-year period prior to graduation.
- A written or oral comprehensive exam or a thesis/project defense is required.
- A minimum of 9 credits must be completed at UAA.
- Degree requirements must be met within 7 years

requirements in effect at the time of readmission.

Courses To Be Transferred: (Excluding UAS/UAF)

(A maximum of 9 semester credits from a regionally accredited institution, not used toward any other degree or certificate, may be transferred.)

INSTITUTION	PREFIX	COURSE #	TITLE	CREDITS
	GRADE	SEM/YEAR		

- 1.
- 2.
- 3.

UAA/UAF/UAS Courses:

Campus	Prefix	Course #	Title	Credits	Grade
Sem/Year					
UAA	PSY	611	Ethics and Professional Practice	3	
	PSY	612	Advanced Human Development	3	
	PSY	614	Biological Bases of Behavior	3	
	PSY	622	Multicultural Psychopathology	3	
	PSY	623	Intervention I	3	
	PSY	624	Group Therapy	3	
	PSY	626	Family Therapy	3	
	PSY	627	Community Based Intervention Skills	3	
	PSY	633	Psychological Assessment	3	
	PSY	639	Research Methods	3	
	PSY	654	Cultural Issues in Psychotherapy	3	
	PSY	665B	Psychotherapy Practicum	3	
	PSY	670	Psychotherapy Internship	3	
	PSY	670	Psychotherapy Internship	3	
	PSY	681	Substances of Abuse in Alaska	1	
	PSY	682	Clinical Interventions for Substance Abuse	1	
	PSY	683	Assessment and Treatment Planning for Substance Abuse	1	
		Elective		3	
	PSY				
	PSY				

Total Credits in Program: _____ (at least 48 credits required for MS in Clinical Psychology)

(CTC Coordinator) (Date)

(Advisor) (Date)

(Department Chair) (Date)

(Dean/Director) (Date)

MS CLINICAL PSYCHOLOGY GRADUATE PROGRAM
UNIVERSITY OF ALASKA ANCHORAGE

Graduate Project Instructions

1. The student will include all mid-semester and end-of-semester supervisory evaluations from both practicum and internship semesters.

2. The student will detail all clinical experiences required by 665b, 665c & 670.

minimum requirements include:

45 hours of individual supervision

100 hours of group supervision, staff meetings, and case consultations

250 total hours of clinical contact:

Worksheet for clinical contact:

Hours of individual therapy: _____

Other clinical contact:

Hours of couple's therapy: _____

Hours of

_____:

Hours of group therapy: _____

Hours of

_____:

Hours of assessment: _____

Hours of

_____:

Hours of family therapy: _____

3. Over the two semesters of Internship and through the final academic semester the student will create a statement of competency across three areas: techniques, populations, and disorders. This statement documents clinical experiences, supervision, workshops or other training (if applicable), outside readings (with bibliography), and an organized description of the didactic or clinical experiences contributing to that competency. The statement will also elaborate a clinical specialty area and demonstrate a synthesis of educational and clinical experiences within the specialty area.

4. The student will present evidence of and mastery over clinical material by including (from PSC records) the following (without identifying information):

Two screening reports

Two intake reports

Two termination/transfer reports

Five case notes

5. The student will include a final copy of their research project from PSY639

6. The student will include a final copy of one Psychological Assessment from PSY633

Suggested Guidelines for Graduate Project/Competency Statement

Work experience

1. List each setting in which you have worked.
 - a. Describe the kind of setting (e.g., outpatient, inpatient, residential)
 - b. Describe the kind of therapy provided (family therapy, individual, group)
 - c. Describe the population to which each is geared (e.g., a certain demographic, culture or socioeconomic class).
2. Describe what was learned overall or in each setting that was of most value.
 - a. Describe personal or professional strengths or weaknesses discovered in the process and how they were developed or managed.
 - b. Describe attitudes or assumptions that changed or were reinforced.
 - c. What became most important? What was least important?
 - d. What was enjoyable or interesting, such as a supervisor or a system value?
 - e. Other thoughts relevant to the work experience.

Competency with populations, disorders, and techniques

1. For a **population** (gender, age, culture, disabilities, social class, and ethnicity).
 - a. What is interesting about this particular population sample?
 - b. What did you learn?
 - c. What about certain populations challenged you?
2. With which populations do you feel an affinity and feel qualified to work?
 - a. How do you know that?
 - b. What characteristics do you have or experiences have you had that make these particular groups a good fit for you?
 - c. What about these groups impressed you?
 - d. What did you address or, otherwise, how did supervision or consultation with peers increase your competency in working with certain populations?
 - e. How do you know you are effective?
 - i. What competencies have you developed to work with a particular population?
 - ii. What did you do on your own or under the direction of a supervisor to develop this competency?
3. With what populations do you know you are not prepared to work, either professionally or personally?
 - a. What is it about these groups that make you feel not competent or otherwise not ready?
 - b. What do you know about yourself, if anything, that limits your effectiveness?
4. List the types of **disorders** with which you have worked and become familiar.
 - a. With what kinds of disorders are you most comfortable and most competent? Describe what has prepared you and what feedback you've received.
5. In terms of techniques, what technique or set of techniques do you use and describe briefly the theory to which it is connected.
 - a. Is there a particular theory or school to which you have an affinity that organizes your personal "inventory" of techniques?
 - i. Describe any particular theory used for understanding a particular disorder or class of disorders.
 - b. If you did apply a set of techniques or a technique, was there any population with which it worked particularly well? Please describe.

THESIS CHECKLIST

Completed

STAGE I: Topic Selection

1. Choose a thesis topic _____
2. Select and invite a psychology faculty member to be your thesis chair _____
3. Contact the graduate secretary and formally make your thesis chair your advisor _____
4. Complete the advancement to candidacy form and the contractual program of studies form; have these approved by the CTC _____

STAGE II: Preliminary Thesis Preparation

1. Select thesis committee (and an outside reader, if desired) with input from your thesis chair _____
2. Prepare formal thesis proposal _____
3. Have thesis chair approve your thesis proposal _____
4. Distribute copies of the approved thesis proposal to thesis committee members (and the outside reader if you have one) _____
5. Schedule a room for a thesis proposal meeting (allowing time for committee to review the proposal) _____
6. Revise thesis proposal as needed following committee meeting input _____
7. Have revised/approved thesis proposal signed by all committee members (and outside reader) using Thesis Proposal Committee Signature Form _____
8. Submit copies of final, signed thesis proposal to committee members and graduate secretary _____

STAGE III: Research Stage

1. Complete IRB forms and forward them to IRB committee _____
2. Collect data and analyze results _____
3. Register for additional thesis credits _____
4. After consulting with thesis chair, distribute results section to committee members for input prior to writing discussion section _____

STAGE IV: Finalizing Thesis

1. Have final draft of thesis approved by thesis chair _____
2. Distribute copies of approved thesis to committee members _____
3. Consult with thesis committee members to schedule a time for the thesis defense. (All members must be present.) _____
4. Schedule a room for the thesis defense _____
5. Post notices of the thesis defense in CAS, distribute to all psychology faculty, graduate students, and committee members _____
6. Revise thesis based on comments from the defense _____
7. Submit final revisions to thesis chair for approval _____
8. Distribute copies of approved thesis to committee _____

STAGE V: Final Thesis Approval Process

1. Have Thesis Cover Sheet signed by all thesis committee members _____
2. Obtain completed Graduation Requirement Report from Clinical Training Coordinator _____
3. Submit Grade Change Form to your thesis chair to update any deferred (DF) or incomplete (I) grades for thesis credit _____
4. Submit thesis, with original signature sheet, to College of Arts & Sciences Dean for approval (check for deadlines at the end of each semester and allow a minimum of 2 weeks for approval) _____
5. Complete changes recommended by CAS Dean, if any, and obtain his/her signature _____
6. Submit thesis to library for final approval and receipt for records office _____

APPENDIX 5

Thesis Proposal

Committee Signature Form

**M.S. in Clinical Psychology, UAA
Thesis Proposal Committee
Signature Form**

Student's Name:

Thesis Title:

I have reviewed this thesis proposal, approve of it, and agree to serve on the committee for this project.

_____ Thesis Chair	_____ Date
_____ Committee Member	_____ Date
_____ Committee Member	_____ Date
_____ 	_____
_____ 	_____

This page should be inserted as the second page of your thesis proposal (i.e., after the title page). After all committee members have signed above, you must make copies of your full proposal (including this page) and distribute one to each of your committee members and to the Graduate Secretary so it can be placed in your permanent file.

If your committee changes, you must obtain a new set of signatures and distribute new copies of the proposal.

Appendix 6

Thesis Format Guidelines

(new guidelines available at www.lib.uaa.alaska.edu/webgroup/thesis.php3

please download to this file after September 1, 2006)

Appendix 7

APA's Ethical Principles of Psychologists and Code of Conduct (2002)

Ethical Principles of Psychologists and Code Of Conduct 2002

History and Effective Date Footnote

CONTENTS INTRODUCTION AND APPLICABILITY

PREAMBLE

GENERAL PRINCIPLES

*Principle A: Beneficence and
Nonmaleficence*

*Principle B: Fidelity and
Responsibility*

Principle C: Integrity

Principle D: Justice

*Principle E: Respect for People's
Rights and Dignity*

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

*1.02 Conflicts Between Ethics and
Law, Regulations, or Other
Governing Legal Authority*

*1.03 Conflicts Between Ethics and
Organizational Demands*

*1.04 Informal Resolution of Ethical
Violations*

1.05 Reporting Ethical Violations

*1.06 Cooperating With Ethics
Committees*

1.07 Improper Complaints

*1.08 Unfair Discrimination Against
Complainants and Respondents*

2. Competence

2.01 Boundaries of Competence

*2.02 Providing Services in
Emergencies*

2.03 Maintaining Competence

*2.04 Bases for Scientific and
Professional Judgments*

2.05 Delegation of Work to Others

*2.06 Personal Problems and
Conflicts*

3. Human Relations

3.01 Unfair Discrimination

3.02 Sexual Harassment

3.03 Other Harassment

3.04 Avoiding Harm

3.05 Multiple Relationships

3.06 Conflict of Interest

*3.07 Third-Party Requests for
Services*

3.08 Exploitative Relationships

*3.09 Cooperation With Other
Professionals*

3.10 Informed Consent

*3.11 Psychological Services
Delivered To or Through
Organizations*

*3.12 Interruption of Psychological
Services*

4. Privacy And Confidentiality

4.01 Maintaining Confidentiality

*4.02 Discussing the Limits of
Confidentiality*

4.03 Recording

*4.04 Minimizing Intrusions on
Privacy*

4.05 Disclosures

4.06 Consultations

*4.07 Use of Confidential
Information for Didactic or Other
Purposes*

5. Advertising and Other Public Statements

*5.01 Avoidance of False or Deceptive
Statements*

5.02 Statements by Others

*5.03 Descriptions of Workshops and
Non-Degree-Granting Educational
Programs*

5.04 Media Presentations

5.05 Testimonials

5.06 In-Person Solicitation

6. Record Keeping and Fees

*6.01 Documentation of Professional
and Scientific Work and
Maintenance of Records*

*6.02 Maintenance, Dissemination,
and Disposal of Confidential
Records of Professional and
Scientific Work*

*6.03 Withholding Records for
Nonpayment*

*6.04 Fees and Financial
Arrangements*

6.05 Barter With Clients/Patients

*6.06 Accuracy in Reports to Payors
and Funding Sources*

6.07 Referrals and Fees

7. Education and Training

*7.01 Design of Education and
Training Programs*

*7.02 Descriptions of Education and
Training Programs*

7.03 Accuracy in Teaching

*7.04 Student Disclosure of Personal
Information*

*7.05 Mandatory Individual or Group
Therapy*

*7.06 Assessing Student and
Supervisee Performance*

*7.07 Sexual Relationships With
Students and Supervisees*

8. Research and Publication

8.01 Institutional Approval

8.02 Informed Consent to Research

*8.03 Informed Consent for
Recording Voices and Images in
Research*

*8.04 Client/Patient, Student, and
Subordinate Research Participants*

*8.05 Dispensing With Informed
Consent for Research*

*8.06 Offering Inducements for
Research Participation*

8.07 Deception in Research

8.08 Debriefing

*8.09 Humane Care and Use of
Animals in Research*

8.10 Reporting Research Results

8.11 Plagiarism

8.12 Publication Credit

8.13 Duplicate Publication of Data

*8.14 Sharing Research Data for
Verification*

8.15 Reviewers

9. Assessment

9.01 Bases for Assessments

9.02 Use of Assessments

*9.03 Informed Consent in
Assessments*

9.04 Release of Test Data

9.05 Test Construction

9.06 Interpreting Assessment Results

*9.07 Assessment by Unqualified
Persons*

*9.08 Obsolete Tests and Outdated
Test Results*

*9.09 Test Scoring and Interpretation
Services*

9.10 Explaining Assessment Results

9.11. Maintaining Test Security

10. Therapy

10.01 Informed Consent to Therapy

*10.02 Therapy Involving Couples or
Families*

10.03 Group Therapy

*10.04 Providing Therapy to Those
Served by Others*

*10.05 Sexual Intimacies With
Current Therapy Clients/Patients*

*10.06 Sexual Intimacies With
Relatives or Significant Others of
Current Therapy Clients/Patients*

*10.07 Therapy With Former Sexual
Partners*

*10.08 Sexual Intimacies With
Former Therapy Clients/Patients*

10.09 Interruption of Therapy

10.10 Terminating Therapy

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical. This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

PRINCIPLE A: BENEFICENCE AND NONMALEFICENCE

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

PRINCIPLE B: FIDELITY AND RESPONSIBILITY

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

PRINCIPLE C: INTEGRITY

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

PRINCIPLE D: JUSTICE

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists.

Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. RESOLVING ETHICAL ISSUES

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. COMPETENCE

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies;

3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. HUMAN RELATIONS

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. PRIVACY AND CONFIDENTIALITY

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the

disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. ADVERTISING AND OTHER PUBLIC STATEMENTS

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. RECORD KEEPING AND FEES

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments,

and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. EDUCATION AND TRAINING

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. RESEARCH AND PUBLICATION

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal

or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

- (a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.
- (b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

- (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.
- (b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.
- (c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

- (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.
- (b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.
- (c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

- (a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
- (b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.
- (c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)
- (d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
- (e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
- (f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.
- (g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

- (a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)
- (b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

- (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)
- (b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.
- (c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

- (a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.
- (b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. ASSESSMENT

9.01 Bases for Assessments

- (a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)
- (b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)
- (c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

- (a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

- (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.
- (b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

- (a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.
- (b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)
- (c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. THERAPY

10.01 Informed Consent to Therapy

- (a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)
- (b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)
- (c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

- (a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)
- (b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

History and Effective Date Footnote

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989).

American Psychologist, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

Ethics Code 2002.doc 10/8/02

UNIVERSITY OF ALASKA ANCHORAGE INSTITUTIONAL REVIEW BOARD PROPOSAL

Date Submitted: _____

1. Title of Proposal _____

2. Principal Investigator(s) and Degree(s): _____

3. UAA campus location: _____ 4. UAA phone number: _____

5. Email address: _____ 6. Home or cell phone number: _____

6. (cont.) _____ Home address: _____

7. Thesis Project: Yes _____ No _____ Degree: _____

8. Research Supervisor (for thesis/student projects): _____
(Please provide Name, UAA Department, phone, and email)

The Supervisor's signature signifies that he/she has read and approved this IRB proposal submission.	Supervisor's Signature: _____
--	-------------------------------

9. List all other project personnel: Name, UAA address, phone number and email:

10. Proposed start/completion dates: _____ to _____

11. Will this study receive any direct or indirect Federal support? (If yes please attach 1 copy of proposal)

Agency: _____

12. Is another IRB reviewing this project? Yes _____ No _____ Name of IRB: _____

13. Check which review category you believe your application qualifies for (based on response to item #8, below):
Exempt _____ Expedited _____ Full Review _____

14. Have you included a Certificate of IRB Training for all PIs and researchers?

Principal Investigator Assurance:

On behalf of my co-investigators, associated students, staff and myself, I agree: To perform the research according to the ethical principles of the Belmont Report*, requirements of 45 CFR 46*, and the Principles for the Conduct of Research in the Arctic**; to strictly adhere to the research protocol as it relates to human subjects, and to ensure that no changes will be made in the activity without obtaining prior IRB approval (except that a change may be made to eliminate apparent immediate hazards to the subject); to comply with any contingencies upon which approval may be granted; to promptly notify any member of the IRB verbally (with written confirmation) of unanticipated problems involving risk to subjects or others and of any other adverse circumstances or reactions affecting the subjects that arise from the research.

(*See UAA IRB website at <http://www.uaa.alaska.edu/research/ric/irb/index.cfm>; ** see #9, below).

Principal Investigator: _____
Signature Date

IMPORTANT: A copy of the first page, containing an original signature must be sent to Joanne Thordarson, IRB Administrative Coordinator, Office of Academic Affairs, ADM 227H (786-1099 phone; 786-1021 fax; anjkt@uaa.alaska.edu).

IRB USE ONLY: Exempt Expedited Full
 No Revisions Required Revisions Required
 Approve Disapprove

IRB Chairperson Signature _____
Date _____

Subject to the following conditions:

Period of approval is one year.

Please provide answers to all of the following questions. **All applications submitted for review must be typed (no handwritten proposals accepted)**. Please keep answers brief and in “lay language.” Every question must be answered, even if “not applicable.” Questions answered “refer to proposal” are not acceptable. Submit application to Joanne Thordarson, IRB Administrative Coordinator, Office of Academic Affairs, ADM 227H, 3211 Providence Drive, Anchorage, AK 99508 or via e-mail at anjkt@uaa.alaska.edu. **Electronic submission is preferred.** Only **one copy** is required and will be retained for the UAA Institutional Review Board files. Type your answers in the area provided; highlight the {Overwrite answer here} and begin typing. **Please leave your answers in blue.**

1. **ABSTRACT.** *Explain in **lay language** (that can be understood by non-scientific IRB member) the proposed research project. The abstract must include: 1) A brief statement of the problem and related theory supporting the intent to study, and 2) a brief but specific description of the procedure(s) involving the human subjects. **Maximum 500 words.***
{Overwrite answer here}

2. **BRIEF RATIONALE AND OBJECTIVES.** *Explain in **lay language** (that can be understood by non-scientific IRB members) a brief overview of the design, rationale for the study grounded in previous literature, and the research questions or hypotheses. **Maximum 500 words.***
{Overwrite answer here}

3. **DESCRIPTION OF POPULATION**

a. Number of participants to be involved: {Overwrite answer here}

b. **Description of population to be recruited and rationale for their participation (indicate age range, gender, cultural background or if specific populations will be chosen: i.e. prisoners, pregnant women, Alaska Natives): {Overwrite answer here}**

c. **How are the participants being recruited (submit a copy of advertisement for approval, if applicable): {Overwrite answer here}**

d. What are the criteria for their selection: {Overwrite answer here}

- e. What (if anything) is planned to encourage the recruitment of minorities and women: {Overwrite answer here}
- f. Are there populations that you are intentionally excluding from the project?
{Overwrite answer here}

4. DESCRIPTION OF METHODOLOGY AND PROCEDURES

- a. Explain in **lay language** (that can be understood by non-scientific IRB members) a brief summary of the project's procedures. **Maximum 500 words.**
{Overwrite answer here}
- b. **Where will the project be conducted (room number or area; if not UAA location, site authorization allowing this research must be provided):**
{Overwrite answer here}
- c. How will the project be explained to the participants: (can insert "description" paragraph from consent form) {Overwrite answer here}
- d. If the participants are minors, how will assent be secured:
{Overwrite answer here}
- e. **How will you make it clear to the participants that their participation is voluntary and that they may withdraw from the study at any time they wish to discontinue participation:**
{Overwrite answer here}
- f. Will your project utilize (check all that apply):
 - QUESTIONNAIRES**
The introductory paragraph heading the questionnaire should provide the essential information as summarized above, followed by a statement that if the questionnaire is completed, consent for use of the information is granted. Please submit a copy of the questionnaire(s).
 - INTERVIEWS**
If your project utilizes interviews, please submit a copy of all questions.
 - OBSERVATIONS**
If your project utilizes observations, please submit a description of their nature, and state your role in the activities observed.
 - ARCHIVAL DATA/RECORDS REVIEW**
If your project utilizes academic, medical or other records, please submit a description of their use and evidence of official permission allowing you access to these files.
 - FOCUS GROUPS**
If your project will utilize focus groups, please submit a description that will be used to inform the participants of the project.

5. DATA

- a. Who will have access to the gathered data:
{Overwrite answer here}
- b. How will confidentiality of the data be maintained:
{Overwrite answer here}

- c. Will a Certificate of Confidentiality (through Federal agency) be utilized:
{Overwrite answer here}
- d. How will the data be recorded (instruments, notes, audio/video recordings, etc.):
{Overwrite answer here}
- e. What are the plans for retention of data (where will it be stored and for how long):
{Overwrite answer here}
- f. What are the plans for use of collected data: (i.e. publish in journal or equivalent, non-published written report, present data at conference or equivalent, archive only)

{Overwrite answer here}
- g. How will the data be destroyed and at what point in time:
{Overwrite answer here}
- h. Where will the signed consent forms be stored (list administrative office and room number):
{Overwrite answer here}

6. **BENEFITS, COSTS, RISKS, COMPENSATION**

- a. What are the potential benefits to the participants: (Excluding compensation, addressed below)
{Overwrite answer here}
- b. What may be revealed that is not currently known:
{Overwrite answer here}
- c. Will monetary or other compensation be offered to the participants:
{Overwrite answer here}
- d. What are the costs to the participants (monetary, time):
{Overwrite answer here}
- e. Describe any possible risks or discomforts to the participants (physical, psychological, sociological):

{Overwrite answer here}
- f. What approach will you make to minimize the risks or discomforts:
{Overwrite answer here}

7. **PARTICIPANT CONSENT**

If your project will utilize a written informed consent form and/or an assent form, insert a copy below web address; if oral, insert a summary of what will be said together with a short written consent form for the participant's signature indicating the basic elements of what has been presented orally. Each participant should be fully informed by a written or oral statement that indicates the purpose of the project, the benefits to be derived, risks to participants, a full description of the procedures to be carried out in which the participants are involved, and that any language barrier has been taken into account. In all cases, please indicate the amount of time; hours, and time-span; days, weeks, months, that is required of participants. **You can find guidelines and examples for consent/assent forms on the IRB website at <http://www.uaa.alaska.edu/research/ric/irb/index.cfm>.**

{Overwrite answer here}

8. TYPE OF IRB REVIEW

You must request one of the following types of IRB review:

1. Exemption from full IRB review (proposal is reviewed only by IRB Chair)
2. Expedited IRB review (proposal is reviewed by two IRB members)
3. Full IRB review (proposal is reviewed by entire IRB, please consult “Full IRB Review Operating Procedures” on the UAA IRB website)

Please carefully review the criteria below to determine if your proposal qualifies for an expedited review or exemption from full IRB review, and check the appropriate categories.

Categories of Research that Qualify for an Exemption from Full IRB Review (45 CFR 46.101)

___ Educational research Conducted in Educational Settings

Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

___ Studies involving surveys, interviews, observation of public behavior or educational tests

Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: a. information is obtained in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and b. any disclosure of the human subjects' responses could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

___ Studies involving surveys, interviews, observation of public behavior or educational tests NOT EXEMPTED IN ABOVE

Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior that is not exempt in (2) above may be exempt if: a. the human subjects are elected or appointed officials or candidates for public office; or b. the data contains personally identifiable information, but federal statutes require without exception that the confidentiality of that material must be maintained.

___ Studies involving review of existing data, documents or records

Research involving the collection or study of existing data, documents or records, pathological specimens or diagnostic specimens, if these sources are publicly available or if the information is recorded in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

___ Evaluation and demonstration projects of federal programs

Research and demonstration projects which are conducted by or subject to the approval of Department or Agency heads, and which are designed to study, evaluate or otherwise examine: (i) public benefit or service programs, (ii) procedures for obtaining benefits or services under those programs, (iii) possible changes in or alternatives to those programs or procedures, or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

Categories of Research that Qualify for Expedited IRB Review (45 CFR 46.110 and 21 CFR 56.110)

___ Recording data from subjects 18 years of age or older using noninvasive procedures routinely employed in clinical practice. This includes the use of physical sensors applied either to the surface of the body or at a distance and do not involve input of matter or significant amounts of energy into the subject or electrocardiography, electroencephalography, detection of naturally occurring radioactivity, diagnostic echography, and electroretinography. It does not include exposure to electromagnetic radiation outside the visible range (for example, x-rays, microwaves).

___ Collection of blood samples by venipuncture, in amounts not exceeding 450 milliliters in an 8-week period and no more often than two times per week, from subjects 18 years of age or older and who are in good health, and are not pregnant.

___ Moderate exercise by healthy volunteers.

___ The study of existing data, documents, records, pathological specimens, or diagnostic specimens. Note: If these sources are publicly available, or if the information is recorded in such a manner that subjects cannot be identified (directly or through identifiers linked to the subjects), the research may be exempt from IRB review. Please see the application for exemption from full IRB review.

___ Research on individual or group behavior or characteristics of individuals, such as studies of perception, cognition, game theory, or test development, where the investigator does not manipulate subjects' behavior, and the research does not involve stress to subjects. [Pertains to 45 CFR 46.110, but not to 21 CFR 56.110]

___ Collection of: hair and nail clippings, in a non-disfiguring manner; deciduous teeth; and permanent teeth if patient care indicates a need for extraction.

___ Collection of excreta and external secretions including sweat, uncannulated saliva, placenta removed at delivery, and amniotic fluid at the time of rupture of the membrane prior to or during labor.

___ Voice recordings made for research purposes such as investigations of speech defects.

9. PRINCIPLES FOR THE CONDUCT OF RESEARCH IN THE ARCTIC

Please explain how your research proposal is responsive to the NSF Principles for the Conduct of Research in the Arctic (if applicable – see <http://www.nsf.gov/od/opp/arctic/conduct.jsp>).
{Overwrite answer here}

10. HIPAA

If your research project involves the use of restricted private health information, please consult the HIPAA information at <http://www.uaa.alaska.edu/research/ric/irb/Resources.cfm>, and explain below how your proposal is responsive to these requirements.
{Overwrite answer here}

11. REQUIRED REPORTING OF CHILD ABUSE AND NEGLECT AND ABUSE OF VULNERABLE ADULTS

If your research has the potential to uncover actual or suspected cases of child abuse or neglect, please consult the appropriate Alaska statute (47.17 Child Protection) to determine requirements for reporting such information at <http://www.legis.state.ak.us>. Please indicate below how you will explain any requirements to report such cases to potential participants in consent or assent forms.
{Overwrite answer here}

Appendix 10

Psychology Faculty Members

Psychology Faculty Members

(* = faculty with a primary affiliation to the graduate program)

Christiane Brems*
Professor
UAA's PhD Director of
Clinical Training

Dr. Brems is a licensed clinical psychologist with extensive experience in therapy and assessment. She is one of three Alaskans psychologists to be Board Certified by the American Board of Professional Psychology. Dr. Brems' research focuses on mental health and substance abuse, treatment-related issues and policy development, and psychological assessment. She has published extensively in various professional journals and has written several books, including the best-selling *Comprehensive Guide to Child Psychotherapy* (now in its 2nd edition), *Psychotherapy: Processes and Techniques*, *Dealing with Challenges in Psychotherapy and Counseling*, *Basic Skills in Counseling and Psychotherapy*, and others. She is the co-principal investigator for several grants and contracts and co-directs the Behavioral Health Research and Services program (BHRS; <http://www.uaa.alaska.edu/bhrs/>), a research workgroup committed to applied, community-based research in the areas of mental health and substance abuse. Dr. Brems has received many honors and awards, including the Chancellor's Outstanding Service Award for Research and awards from the Alaska Psychological Association and the University of Oklahoma Health Sciences Center.

Robert Boeckmann
Associate Professor

Dr. Boeckmann's research interests are focused on understanding the social psychology of justice concerns. His primary area of investigation is focused on factors that contribute to judgments people make about how to respond when wrongdoing occurs - the psychology of Retributive Justice. In particular, using experimental and survey approaches he explores the relationship between social factors (i.e. social identification and the social implications of offenses) and the nature and severity of responses to wrongdoing. He also examines determinants of people's attitudes toward the legal system. Other projects include examining the role of fairness and social identification in: participating in collective endeavors, the role of fairness in relationship satisfaction, intrinsic motivation in education, and responding to racist speech.

Gloria Eldridge*
Associate Research
Professor

Dr. Eldridge is a clinical psychologist and Associate Research Professor with Behavioral Health Research and Services at UAA. She has 14 years of experience developing and evaluating prevention, counseling, and staff training programs for HIV/AIDS. She has worked with community-based organizations and universities in Kenya, Mississippi, and Alaska; substance abuse treatment programs; and correctional facilities. She has received research funding from NIDA and CDC. She is a Certified HIV/AIDS Regional Trainer for the American Psychological Association's Project HOPE (HIV Office for Psychology Education) and developed training materials for "HIV, mental health, and corrections" for APA. She is also certified by the University of Mississippi as a tobacco treatment specialist and has a particular interest in integrating nicotine cessation into substance abuse treatment.

Mari Ippolito
Associate Professor

Dr. Ippolito's research foci are writing problem-solving (creativity), factors related to psychological resilience in children and adolescents, the evolution of psychological research methods, and the history of psychology. She has extensive teaching experience in developmental psychology, statistics, research methods, and abnormal psychology..

Mark E. Johnson*
Professor

Dr. Johnson received his Ph.D. in Counseling Psychology from the University of California at Santa Barbara in 1985. He is a Professor in the Department of Psychology and is the Co-Director of Behavioral Health Research and Services (BHRS) at the University of Alaska Anchorage. Complementing his far-reaching research and evaluation experience, Dr. Johnson is a licensed psychologist with extensive clinical experience with couples, adults, and supervision. He has published widely in professional journals and has presented at many national and international conferences. In recognition of his research activities, Dr. Johnson was awarded the Chancellor's Outstanding Service Award for Research and is a past recipient of the APA/PSI Chi Award for Excellence in Research. For more details, visit the BHRS website at <http://bhers.uaa.alaska.edu>.

Bruno Kappes
Professor

Bruno Kappes, Ph.D. is professor of psychology and health science at the University of Alaska Anchorage. He is a licensed psychologist, certified biofeedback therapist, and certified medical psychotherapist. Teaching and research interests reflect extensive clinical and forensic experience with traumatic stress, chronic pain, insomnia, personal injury, custody, and criminal assessments. Dr. Kappes teaches for three UAA departments; College of Arts and Science, Department of Psychology; Biomedical Department; and Department of Distance Learning. He is also a 15-year member of the clinical faculty at University of Washington, School of Medicine in the WWAMI Program, which extends medical training to students in Washington, Wyoming, Alaska, Montana, and Idaho. Dr. Kappes is Director of the Anchorage Biofeedback Clinic and serves as a consultant to the Thermal Unit and Sleep Lab Team at Providence Hospital. He has presented his research and clinical work locally, regionally, nationally, and internationally including France, Germany, Sweden, Denmark, Australia, Canada, Russia, and Japan.

Claudia Lampman
Professor

Dr. Lampman's specialty is in social psychology. She is the Chair of UAA's Institutional Review Board and is actively involved in the Kids Count Alaska Project. Her current research interests involve the way images of male and female sexuality are portrayed in the media. She recently concluded a content analysis of sexuality in magazine advertisements and is currently working on a content analysis of sexual behavior and verbal sexual reference in the workplace as portrayed on television.

Gwen Lupfer-Johnson
Assistant Professor

Dr. Lupfer-Johnson received her Ph.D. in 2004 from Kansas State University. Her primary research area is investigating the social transmission of food preferences in rats, hamsters, and other species. She is also interested in feeding behavior systems and in environmental enrichment for captive animals. She is currently working with Ahpun, the Alaska Zoo's polar bear, documenting responses directed toward artificial prey items. This provides enrichment in the form of exercise and exposure to novel objects for Ahpun, and also affords an opportunity to describe the organization of innate predatory behaviors in polar bears.

Eric Murphy
Assistant Professor

Dr. Murphy is an experimental psychologist with research interests in three related areas: a) basic behavioral processes, including classical and operant conditioning, b) the behavioral pharmacology of drug abuse, and c) the physiological psychology of animal learning and behavior. He and his students are currently studying the variables that regulate alcohol consumption in laboratory rats.

John Petraitis
Professor
Department Chair

Dr. Petraitis' research focuses on substance use. He was a Principle Investigator on grants from the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Addiction to reanalyze data from longitudinal studies of adolescent substance use. Recently, he worked on a project to study the unusually high rates of smokeless tobacco use among rural Alaska Natives.

Rosellen Rosich
Professor

Dr. Rosich is Statewide Director of the Alaska Geriatric Education Center (AKGEC); a center funded through a grant from the U.S. Department of Human Services, Bureau of Health Professions, Health Resources and Service Administration (HRSA). The mission of the center is to advance access to quality health care for older Alaskans through training and education of health professions faculty, health care providers, and current and aspiring health care professionals. Dr. Rosich is an Associate Professor and is a life-span developmental psychologist. Her major research endeavors focus on gerontology, cognition and memory, personality, and ethnogeriatrics. She received her Ph.D. in Developmental (Life-Span) Psychology from West Virginia University, her MA in Developmental Psychology and a Certificate in Gerontology from the University of Nebraska Omaha, and her BA from Ohio State University.

Suzanne Womack
Strisik*
Assistant Professor,
Director, Psychological
Services Center

Dr. Strisik is a licensed psychologist and the director of the Psychological Services Center. She acts as faculty advisor for the ANPsych program (Alaska Natives into Psychology) and works on a suicide prevention project at UAA's Behavioral Health Research and Services (BHRS). Dr. Strisik has an undergraduate degree from University of Alaska Fairbanks (UAF) in Applied Linguistics, Alaska Native Languages and incorporates Alaska Native psychosocial issues and culturally relevant family therapies into her graduate clinical courses. She has published and presented in the areas of creativity, consciousness, emotion, Alaska Native Psychology, and the development of the therapist.

Patricia Sandberg*
Associate Professor,
Clinical Training
Coordinator

Dr. Sandberg is a licensed clinical psychologist with extensive experience providing treatment to individuals, families, and children. She is the Coordinator of Internship training in the M.S. Clinical Psychology program. Her primary interests are family therapy and Play Therapy for children with developmental and behavioral problems. She also is the Program Director for Raven's Quest Summer Institute.

Karen Ward
Professor

Dr. Ward is the Director of the Center for Human Development: University Affiliated Program. The Center employs many UAA students and conducts a variety of training activities, demonstration projects, and applied research investigations in the area of disabilities. Most recently, Dr. Ward has been developing a community-based model to treat individuals with cognitive disabilities who engage in deviant sexual behavior. Other research activities include outcome evaluation of interventions, risk assessment, and a national survey of service delivery options for this high-risk population.