



Northern Illinois University

Department of Psychology

Clinical Psychology Program Handbook

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TABLE OF CONTENTS

INTRODUCTION	5
OVERVIEW OF THE PROGRAM	5
EDUCATIONAL PHILOSOPHY AND TRAINING MODEL	6
CLINICAL PSYCHOLOGY PROGRAM: ANTIRACIST GUIDING PRINCIPLES AND ACTIONS	7
GUIDING PRINCIPLES	8
ANTIRACIST ACTION	8
PSYCHOLOGY DEPARTMENT	9
THE UNIVERSITY AND THE COMMUNITY.....	9
ADMISSION REQUIREMENTS AND PROCEDURES	10
DEPARTMENT AND UNIVERSITY ASSISTANTSHIP SUPPORT.....	11
PH.D. PROGRAM REQUIREMENTS.....	13
DEPARTMENTAL AND CLINICAL FOUNDATION REQUIREMENTS	13
REQUIRED CLINICAL COURSES	13
PSYCHOLOGICAL RESEARCH (PSYC 690).....	14
RESEARCH TOOL REQUIREMENT	14
CLINICAL PRACTICUM AND EXTERNSHIP EXPERIENCES	14
M.A. THESIS	15
CANDIDACY EXAMS.....	16
DISSERTATION.....	16
PREDOCTORAL INTERNSHIP	17
PROFESSION-WIDE COMPETENCIES	18
EXAMPLE PH.D. PROGRAM OF STUDY	22
PRE-INTERNSHIP CLINICAL TRAINING.....	23
ONGOING STUDENT ACTIVITIES AND INVOLVEMENT.....	26
ADVISEMENT	26
RESEARCH	26
COMMUNICATION	26
COHORT MEETINGS	27
INPUT TO FACULTY.....	27
PROFESSIONAL INVOLVEMENT.....	27
TEACHING EXPERIENCE	28
PARTICIPATION IN PROGRAM ACTIVITIES	28
PROFESSIONAL APPEARANCE	29
STUDENT SUPPORT SERVICES	31
SELF-CARE	31
ADMINISTRATIVE PROCEDURES.....	31
PREVIOUS GRADUATE COURSEWORK.....	31
PROGRAM OF COURSES	32
THESIS AND DISSERTATION COMMITTEES	32
TEACHING EVALUATIONS FOR STUDENT FILES.....	32
REGISTRATION FOR PRACTICUM AND LEARNING AGREEMENTS.....	33
CLINICAL COMPETENCIES EVALUATION FORM AND RECORDING OF HOURS	34

PROTECTING CONFIDENTIALITY OF CLIENT INFORMATION IN PUBLIC FORUMS.....	35
ANNUAL REPORT OF OUTSIDE EMPLOYMENT	36
APA ANNUAL REPORT.....	36
REPORTING ON PSYC 690 EXPERIENCES.....	36
PREFERENCES FOR CLINICAL TEAM ASSIGNMENTS	37
PREFERENCES FOR ASSISTANTSHIP ASSIGNMENTS.....	37
TRAVEL MONEY ALLOCATIONS	37
EXIT PROCEDURES.....	38
ACADEMIC INTEGRITY	38
STUDENT ASSESSMENT	39
ANNUAL EVALUATION	39
ASSESSMENT OF ADEQUATE PROGRESS.....	39
OTHER ASSESSMENT OF PROGRAM AND PROFESSIONAL DEVELOPMENT.....	41
FORMAL FEEDBACK AND REMEDIATION PROCEDURE.....	42
PROCEDURES FOR VOICING CONCERNS AND GRIEVANCES	42
PROGRAM AND DEPARTMENT FACULTY.....	45
CLINICAL PSYCHOLOGY FACULTY	45
AFFILIATED RESEARCH FACULTY.....	52
OTHER DEPARTMENT FACULTY.....	53
APPENDIX A: COSTS ASSOCIATED WITH PROGRAM	56
APPENDIX B: CHILD CLINICAL-DEVELOPMENTAL PSYCHOPATHOLOGY FOCUS	58
APPENDIX C: TRAUMA PSYCHOLOGY FOCUS	60
APPENDIX D: CLINICAL COMPETENCE EVALUATION.....	62
APPENDIX E: CLINICAL AREA “AT RISK” POLICY.....	67
APPENDIX F: CLINICAL AREA CANDIDACY EXAMINATION	71
APPENDIX G: CUDCP INTERNSHIP REQUIREMENTS	73
APPENDIX H: INTERNSHIP CHECKLIST.....	75
APPENDIX I: TELESUPERVISION POLICY	78
APPENDIX J: NIU YEARLY EVALUATION FORM	79
APPENDIX K: CAMPUS AND COMMUNITY RESOURCES	83
NIU GENERAL SERVICES.....	83
<i>Child Development and Family Center.....</i>	83
<i>Disability Resource Center (DRC).....</i>	83
<i>Counseling and Consultation Services.....</i>	83
<i>Community Counseling Training Center (CCTC)</i>	84
<i>The Couple and Family Therapy Clinic of NIU</i>	84
<i>Financial Aid Office</i>	85
<i>Northern Illinois University Health Services</i>	85
<i>Students’ Legal Assistance</i>	85
<i>University Libraries.....</i>	86
<i>Department of Police and Public Safety.....</i>	86
<i>NIU Speech-Language-Hearing Clinic.....</i>	86
<i>University Writing Center.....</i>	87
CAMPUS DIVERSITY RESOURCES	87

<i>The Office of Academic Diversity, Equity, and Inclusion</i>	87
<i>Asian American Center</i>	87
<i>Center for Black Studies</i>	88
<i>Latino Resource Center</i>	88
<i>Gender and Sexuality Resource Center</i>	88
<i>International Student and Scholar Services (ISSS)</i>	89
<i>Military and Post-Traditional Student Services (MPTSS)</i>	89
<i>NIU Muslim Student Association</i>	89
COMMUNITY RESOURCES	90
<i>Braden Counseling Center</i>	90
<i>DeKalb County Housing Authority</i>	90
<i>Family Service Agency, Center for Counseling</i>	91
<i>Living Rite</i>	91
<i>Safe Passage, Inc.</i>	91

Introduction

The purpose of this handbook is to provide clinical psychology students with information about the procedures, regulations, and requirements for completing the doctoral degree in the Department of Psychology. When used with other departmental and university literature (e.g., Graduate Student Manual, Graduate School Catalog), this handbook is designed to facilitate your progress through the program. It is important, therefore, that you read all sections of the handbook so that you are thoroughly familiar with the program and department.

If you have any questions regarding the program, department, or university, please contact your faculty mentor or the director of clinical training (DCT). We hope that your educational career at Northern Illinois University is exciting, challenging, and educationally profitable.

Overview of the Program

The area of graduate study in clinical psychology is designed to be completed in six years of full-time study, including a one-year internship. Part-time applicants are not accepted. Thirty semester hours beyond the baccalaureate degree must be taken for the master's degree. Of these, 15 hours will consist of basic courses, six hours will be thesis credit, and the additional hours are made up of elective courses. For the doctoral program, the university requires 90 semester hours beyond the baccalaureate degree, including at least 18 hours of dissertation credit. The program requires each student to complete at least three academic years of full-time graduate study at NIU and a 12-month internship prior to awarding the doctoral degree.

The clinical psychology program at NIU first received full American Psychological Association (APA) accreditation in 1972. We completed our most recent accreditation cycle in 2018 and received full accreditation; our next accreditation site-visit will occur in 2028. Any questions regarding the accreditation of the program should be addressed to the Office of Program Consultation and Accreditation of the American Psychological Association; Address: 750 First St. NE, Washington DC 20002-4242; Phone: 202-336-5979.

The primary purpose of the program is to train professional psychologists to work in universities and colleges, medical settings, government agencies, and clinical practice. The clinical program is a generalist program; however the research interests of the faculty allow students to focus on more specialized areas of clinical psychology, including developmental psychopathology, anxiety, and trauma. Graduates of the program are prepared to function in research and teaching professions as well as multiple practitioner roles that include treatment, assessment, and consultation modalities.

To that end, the training program has established the following aims for students in the clinical psychology program:

Aim 1: Graduates will have broad knowledge of psychological theory and research relevant to work in both clinical and research settings in the scientist-practitioner tradition.

Aim 2: Graduates will be able to apply scientific methods to answer theoretical and applied questions.

Aim 3: Graduates will be prepared for entry into the practice of clinical psychology.

Educational Philosophy and Training Model

The Department of Psychology offers the Ph.D. degree. The doctoral program places a strong emphasis on the scientist-practitioner model of training. The faculty believes a clinical psychologist is distinguished from other helping professionals by the knowledge and ability to bring a scientific approach to the study, assessment, and treatment of human behavior. The dual emphasis of the scientist-practitioner model is more important than ever in this era of changing roles for clinical psychologists, and it is the aim of the program to provide rigorous training in both of these important roles. Completion of the Ph.D. program entails training in the basic content areas of scientific psychology as well as specialized training in the applied areas of clinical psychology. Through the integration of coursework, practicum, and other program related experiences, the curriculum provides a synthesis of theory, empirical research, and clinical applications.

The scientist role is emphasized throughout the program in multiple ways through a series of sequenced, cumulative, and integrated experiences and processes. Being housed within a comprehensive doctoral level of the Department of Psychology, the clinical psychology program provides its students with rigorous, research-based training not only in the core areas of clinical psychology, but also in the content areas that provide the psychological foundation for the practice of clinical psychology. Students work closely with faculty mentors and advisors on the completion of a master's thesis and doctoral dissertation that make a substantial contribution to scientific knowledge. Less formally, students participate in multiple activities throughout the academic year that directly facilitate and model the scientist role. These include participation in ongoing faculty research projects, participation as both attendees and presenters at a variety of departmental colloquium series (e.g., Child Brown Bags, Center for the Study of Family Violence Meetings, Anxiety Research Topics Meetings), as well as participation in local, state, and national conferences and workshops.

Training in the practitioner role emphasizes the development of skills in assessment, intervention, and consultation and the importance of evaluating the methods we use in

practice. As beginning practitioners, students are encouraged to utilize empirically supported clinical methods and to conceptualize clinical work within the framework of empirically supported theories. Clinical training is sequential and cumulative and is integrated with coursework and research throughout the program. Initial practicum training takes place in the departmental Psychological Services Center (PSC) where students are supervised by clinical faculty members who help students integrate coursework, research experience, and professional practice. After students complete their basic clinical training in the PSC, they complete at least one 9-12 month externship in a clinical setting prior to applying for internship. Toward the end of their training, students enroll in a course covering models of supervision and consultation and are afforded the opportunity to supervise beginning students under faculty supervision.

In accordance with the scientist-practitioner model, students are continuously encouraged to integrate research and practice in their professional conduct. Our program attracts students with a variety of career aspirations in research, practice, and teaching. The scientist-practitioner model allows our students to obtain broad training while maintaining a high degree of individual focus consistent with their chosen roles in the profession. Moreover, the diversity of student career paths and interests promotes dialogue among students and faculty on the integration of science and practice. The clinical psychology program is dedicated to the principles of respect for and understanding of cultural and individual diversity throughout all aspects of training. These principles are reflected in nondiscriminatory policies and operating conditions in the recruitment and retention of students and faculty, coursework, research, mentoring, and practicum experiences. The program tries to meet the needs of all students in a sensitive manner, including those who bring diversity to the program through their gender, ethnicity, or other characteristics.

While the doctoral program in psychology is structured with respect to course content and sequence, the specific courses and training experiences are shaped by ongoing program evaluation. To promote student input into this process, students are actively involved in decision-making concerning the clinical area. Students are involved in recruiting and orienting incoming students, evaluating candidates for positions on the clinical faculty, and providing input to the clinical faculty regarding area revisions.

Clinical Psychology Program: Antiracist Guiding Principles and Actions

Following the unjust killing of George Floyd, Breonna Taylor, Ahmaud Arbery and many other Black women and men and the protests led by Black Lives Matter, in 2020 we formed a taskforce committed to dismantling institutional and systemic racism in the NIU Clinical Program and in the structures in which the program is embedded. Through these actions, we strive to support the ongoing identification and eradication of racist ideas and practices within clinical psychology and academia, recognizing the impacts of these actions on society at large.

Guiding Principles

The Clinical Psychology Training Program is embedded within a society and larger culture that includes values, beliefs, biases and practices that routinely advantage some individuals and disadvantage others. Members of the Program, individually and collectively, explicitly disavow discriminatory treatment of people on the basis of race, ethnicity, nationality, gender, gender identity, sexual orientation, class, religion, levels of abilities/disabilities, and other factors that are often prejudged by the larger culture.

Individual members of our Program community are not immune to the effects of these pernicious influences of the larger culture. We are, of course, imperfect. We sometimes act in ways that are contrary to our professed values of equal treatment, respecting all people, and fostering a diverse and multicultural community. Although we at times do or say things that are hurtful (e.g., sexist or racist), we are also committed to grow, change and improve. We invite feedback, and we strive to support, protect and applaud those who give voice to concerns related to bias, especially bias that is reinforced by institutional power. We engage in reflection and discussion. We recognize that sometimes the most impactful experiences are marked by missteps that can leave one feeling uncomfortable or embarrassed. We strive to be better and support each other's growth. We also strive to hold each other and ourselves accountable in ways that facilitate understanding and forgiveness, and disavow actions that lead to division, shame and/or silence.

The Program has similar expectations for all members of our community. We do not expect perfection from ourselves or from others. We do expect that each of us listens to other members of the Program community, other colleagues, our clients, and members of the larger community; treat each other with respect; act in ways that build trust; honor the trust placed in us; and allow for perspectives that are different from our own. We seek to reengage and repair relationships; and grow. We believe that openness to feedback, earnest reflection and honest and open relationships within our program and with the larger community will promote our personal and professional development.

Antiracist Action

The program strives to have students in the clinical psychology program learn to have a broad understanding of the multifaceted nature of diversity. This includes opportunities to learn to identify one's own conscious and unconscious biases, coupled with ongoing experiential activities intended to broaden students' knowledge of diverse groups and learn to self-challenge biases. Additionally, the program attempts to integrate diversity and cultural sensitivity throughout student coursework to support continued learning. On clinical supervision teams, students are encouraged to take a stance of cultural humility in considering their clients' experiences and to strive toward respectful, open-minded collaboration with clients. Students are taught to consider the damaging effects of a historical lack of diverse representation in the field of psychology and work to

combat these effects by considering the fit of a treatment to an individual client based on their unique characteristics whenever possible. In research, students are taught to mindfully consider sample composition, and how the racial, ethnic, sexual, gender, religious and other identities of participants may affect study findings in addition to how the researcher's conscious and unconscious biases impact research. In this way, the program is committed to preparing psychologists to serve diverse populations in a variety of roles.

In the context of our country's history of systemic oppression, the program aims to think critically about the ways in which we teach students about diversity. Faculty and students work collaboratively to identify areas for improvement in our handling of diversity and diversity-related topics. Further, faculty members are committed to creating spaces where open conversations can occur related to these issues and mentoring students of all backgrounds towards meeting their professional goals. Faculty within the program actively work to refine mentoring styles, teaching, clinical supervision, and research to be anti-racist and uplift diversity rather than suppress it.

Psychology Department

The Department of Psychology is housed within the College of Liberal Arts and Sciences (CLAS) and consists of four major curricular areas: (a) Cognitive/Instructional, Developmental, School Psychology; (b) Clinical; (c) Neuroscience and Behavior; (d) Social/Industrial-Organizational. The department is located in a modern building which provides ample research, clinical, and office space for faculty and student use. The department also administers PSC, an on-site clinic facility designed to provide both training for departmental students and service to the community. The PSC is equipped with extensive audio and video recording capabilities, observation facilities, and rooms designed for both assessment and intervention.

The University and the Community

NIU maintains its 460-acre main campus in the city of DeKalb, Illinois, a community of approximately 43,000 persons, located about 65 miles directly west of Chicago. Of the over 17,000 students at NIU, approximately 4,000 are pursuing studies at the graduate level. While university housing is open to graduate students if timely applications are made, most graduate students live off campus and many share apartments with other graduate students. Housing and living costs are substantial, but generally less than larger metropolitan centers. NIU offers a variety of sporting, recreational, and cultural events. A number of specialized support groups are available for minority and foreign students. While most needs can be met locally, there are a number of major shopping centers and services within a half hour's drive, and downtown Chicago is a 75-minute drive away.

Admission Requirements and Procedures

Students applying to our program must submit the following materials to the NIU Graduate School by **DEC. 1**:

- Graduate School application and fee.
- Three letters of recommendation.
- Official transcripts of all undergraduate and graduate work.
- Graduate Record Examination (GRE) scores (only the General Test is required).
- A statement of career goals and research interests.

For strongest consideration for admittance into NIU's Clinical Psychology Program, our candidates typically:

- Have a B.A. or B.S. in psychology, although other related majors are considered.
- Have earned a strong undergraduate GPA.
- Have strong GRE scores.
- Have strong letters of recommendation.
- Have relevant research experiences and interests.

The Department of Psychology admits **only full-time students**. We encourage students with cultural and individual diversity to apply to the program. Students with strong credentials are invited to the Interview Day. Attendance at the Interview Day is by invitation and is not required for admission, although applicants should arrange phone or online interviews if they are unavailable. Applicants report attending the Interview Day is very helpful in their decision making. The Interview Day is usually held in February (the date for each year is available at niu.edu/psychology/academics/graduate/clinical/admissions-process.shtml) and allows promising applicants to visit the university, meet the faculty and students, and tour the facilities. We admit students to work with specific faculty members, although students may choose to work with another faculty member if the initial match is not satisfactory. Students should make their research interests clear in their applications. Students are notified of our admissions decisions by April 15th. Typically, six to eight students are accepted into the program each year. Assistantship assignments are made following admissions decisions.

When applicants have completed some graduate training at another institution, their graduate record will be considered in the admission process. Applicants should be aware that prior graduate coursework will not be transferred automatically for credit at NIU and we expect all students to take the required clinical courses in our program (see Ph.D. Program Requirements on Page 10 of this handbook). Thesis projects completed at other universities will be reviewed by a committee of clinical faculty to evaluate

whether the project and thesis document meet the program expectations for an empirical thesis.

Student admissions, outcomes, and other data are available online at niu.edu/psychology/academics/graduate/clinical/outcomes.shtml.

Department and University Assistantship Support

As with any graduate program, there are costs that go along with the diverse training experiences in the Clinical Psychology Program. (For information on typical program expenses, see Appendix A.) To help with these and living expenses, graduate students in the department may receive financial support from a number of sources within the university community. Listed below are the three most common sources of support for clinical psychology students.

1. **Graduate Assistantships**: The department of psychology awards a large number of full- and part-time graduate teaching and research assistantships each year. Teaching assistantship duties include classroom teaching under appropriate levels of faculty supervision and assisting with undergraduate laboratory sections and graduate courses in assessment and statistics. Teaching assistants are also assigned to support the research of faculty members, primarily through overseeing undergraduates in PSYC 485 (Independent Study), where undergraduates gain research experience working on faculty research. Research assistantships are also occasionally available on faculty research grants and contracts. Clinical assistantships (placements in the PSC) and externships (placements in community settings) are available typically after the third year in the program.
 - **Stipends**: Most students receive a full-time assistantship with expectations of working 20 hours per week. Depending on the availability of funds, assistantships may be awarded on a half-time basis, with a corresponding reduction in hours and stipend amounts. Assistantships are typically for a nine-month period; however, externship assignments (see information on Pre-Internship Clinical Training) are usually for 12 months. All assistantships include tuition remission for the academic year plus a summer session. Students are responsible for the payment of fees and necessary insurance. Historically, the clinical program has supported all first-year students with the vast majority of our students in good standing continuing to receive full funding until they depart for internship.
 - **Summer Support**: Limited financial support is available during the summer months. Students may apply for funding from the CLAS and the Graduate School, which is available from May 16 through June 30 (six weeks) for either full-time (20 hours) or part-time (10 hours) students. Priority is given to students who are making adequate progress in the program. First-year

students are sometimes funded. Students who are employed at externship sites receive funding for the summer months that are covered by their contracts.

2. Fellowships: The Graduate School offers a limited number of fellowships awarded on a university-wide competitive basis to graduate students whose performance has been outstanding. These awards include University Fellowships for students working on the M.A. degree and Dissertation Completion Fellowships.

3. Additional sources of support for minority students: The Graduate School provides funds on a matching basis with the department for a number of Rhoten Smith Assistantships for minority students. These assistantships carry stipend levels and duties consistent with other assistantships in the department. Because of the cost-sharing with the Graduate School, students receiving the Rhoten Smith Assistantship have priority funding during the summer months. Other programs are available to support minority students. The Diversifying Higher Educational Faculty in Illinois (DFI) is a state-supported program that provides one year of support that can be renewed for up to three years. The Carter G. Woodson Scholars Program (CGWSP) is funded locally by NIU and is reserved for doctoral level students with expressed interest in academic careers. The maximum length of tenure for the CGWSP is two years. All of these fellowships are competitive and open to minority students in all graduate departments. In addition to access to these special funds, minority students are eligible for the usual financial assistance available in the department. More information can be found at niu.edu/grad/funding/fellowships.shtml.

Ph.D. Program Requirements

Departmental and Clinical Foundation Requirements

Students must complete all of the courses listed below with a grade of B or higher. These courses meet the departmental foundation requirements and are consistent with the expectations for professional training put forth in the Guidelines and Principles for the Accreditation of Programs in Professional Psychology. Students should consult the Graduate Student Manual for additional information on the department foundation requirements. Students must complete both PSYC 604 and PSYC 606 during their first year in the program. Students must complete at least three (3) department foundation courses (i.e., PSYC 603, PSYC 611, PSYC 620, PSYC 641) as part of their master's degree requirements.¹

- PSYC 603 Biopsychology
- PSYC 604 Analysis of Variance and Hypothesis Testing in Psychological Research
- PSYC 606 Correlation and Regression Analysis in Psychological Research
- PSYC 611 Cognitive Psychology
- PSYC 620 Experimental Social Psychology
- PSYC 641 Psychopathology
- PSYC 676 Social-Personality Development

Required Clinical Courses

Doctoral students in the clinical program are required to complete the courses listed below with a grade of B or higher.²

- PSYC 528 History of Psychology³
- PSYC 608 Clinical Research Methods
- PSYC 640 Theory and Assessment of Intellectual Functioning
- PSYC 641 Psychopathology
- PSYC 642 Personality Assessment or
- PSYC 646 Psychological Assessment of Children
- PSYC 643 Theories of Psychotherapy
- PSYC 644 Cognitive-Behavioral Theory and Techniques
- PSYC 645 Developmental Psychopathology
- PSYC 649 Ethics and Professional Issues in Psychology
- PSYC 651 Externship in Clinical Psychology (minimum two semesters)
- PSYC 654 Practicum in Clinical Psychology (minimum five semesters)
- PSYC 655 Internship in Clinical Psychology (12 months)
- PSYC 659 Advanced Professional Issues in Clinical Psychology

¹ See the Administrative Procedures section for how students may request previous graduate coursework being substituted for these required courses. Note that PSYC 641: Psychopathology will not be substituted.

² Students interested in pursuing the child clinical-developmental psychopathology or Trauma Psychology foci should review Appendix B or C, respectively, to learn specific expectations for these areas.

³ This course can be satisfied by receiving an A or B in a similar course at the undergraduate level. See the Administrative Procedures section for more details.

Psychological Research (PSYC 690)

In addition to content-related courses and required clinical practicum, students are required to enroll in PSYC 690 (Psychological Research) during each semester (excepting summers) prior to the approval of a dissertation proposal. PSYC 690 is designed to develop students' research and professional skills related to their areas of specialization, and the course is graded on a satisfactory/unsatisfactory basis.

All students registered for PSYC 690 are required to spend at least nine hours each semester attending meetings, presentations, workshops, seminars, or other training experiences. A minimum of three hours must be spent in *each* of the following domains:

- Activities that enhance students' knowledge and skills for evidence-based clinical practice.
- Activities that enhance their understanding of the interface between science, theory, and practice, and explicitly address how science informs practice and how practice informs science.
- Activities that enhance their capacities to contribute to knowledge and skills in the profession (i.e., research training).

In addition, students are also expected to engage in two activities that enhance their understanding of diversity issues in clinical psychology practice and research. Students typically register for one credit hour, but may select to register for up to three credit hours. The requirements for PSYC 690 are the same for students registered for one, two, or three credit hours. The syllabus for PSYC 690 and the End of Semester Survey for the course are available in the shared clinical student OneDrive folder (accessible through NIU).

Research Tool Requirement

Students must specify the means by which they intend to satisfy the doctoral research tool requirement (this is typically done through two additional statistics courses beyond PSYC 604 and PSYC 606). Successful completion of four of these courses with a grade of A or B will satisfy the Graduate School's requirements regarding a research tool. Courses used to satisfy the tool requirement must be approved by the student's advisor, the director of graduate studies, and the office of the dean of the Graduate School. A list of approved courses can be found in the Graduate Student Manual, and the tool request approval form can be obtained from the director of graduate studies. Completion of these four courses is necessary prior to appointing the student's dissertation chair.

Clinical Practicum and Externship Experiences

Students complete a graduated sequence of practicum training that includes, at minimum, one semester of pre-practicum, one summer session of assessment

practicum (during the first summer in the program), and four semesters of practicum in the Psychological Services Center. All of these semesters require completing a Learning Agreement with the clinical supervisor and registering for PSYC 654 for an appropriate number of credit hours. Students are also encouraged to take one semester of supervision practicum (also PSYC 654), in which they supervise a more junior student on an actual clinical case. These experiences provide students the opportunity to integrate and apply theory, research, and clinical skills in an applied setting. Student clinicians are expected to perform at a level commensurate with their training/experience and to progress in their development of clinical and professional skills/abilities over the course of each semester. Students should be familiar with the Clinical Competencies Evaluation Form (found in Appendix D) that describes the skills, attitudes, and behaviors on which students will be evaluated in practicum. If students are not at the expected level on all domains (i.e., broad categories) assessed by the Clinical Competence Evaluation Form in their last semester in the PSC, they will be expected to continue training in the PSC until they are performing at expected levels. Students are also required to complete two semesters of Clinical Externship (many students complete multiple externship experiences). Students must complete a 651 Externship Agreement with their external clinical supervisor and register for PSYC 651 for the appropriate number of credit hours for each semester in the placement. Similar to the practicum expectations, if students are not at levels on all domains assessed during the last semester on externship, they will not be allowed to apply for internship. More information about clinical practicum procedures and expectations can be found in the Pre-Internship Clinical Training section of this handbook, as well as in Appendices D and E.

M.A. Thesis

An essential aspect of the doctoral program is completion of the M.A. thesis and Ph.D. dissertation. Both the thesis and dissertation are research-based projects that represent a substantial contribution to the field. The completion of these projects provides students the opportunity to pursue in-depth study in an area of specialized professional interest.

Students are required to submit an empirical thesis in partial fulfillment of the requirements of the master's degree. We expect students to complete and defend their thesis research within the first three years of graduate study. Students become engaged in thesis work early in the program. During their first semester, students register for one credit hour of PSYC 685 (Independent Study) and work with their faculty mentor on readings related to their shared research interests and development of their thesis ideas. During the second semester, students in the first-year cohort take a research methods course which is designed to promote students' early involvement in the scientific enterprise and to facilitate the development of the thesis project. Many students are close to proposing their thesis at the end of this course. Students entering with a B.A. or B.S. degree are expected to begin to develop their thesis research as part of the Clinical Research Methods course; students entering with a completed M.A. or

M.S. thesis are expected to develop another research project as part of the course. Appendix E of the Department of Psychology Graduate Student Manual provides a list of the steps and procedures to be followed in completing the thesis-based M.A. degree.

An approved thesis proposal is expected to be on file by May 1 of the second year of the program while the thesis must be completed by the end of the third year for the student to maintain good standing in the program. If either of these deadlines is missed, the student and the chair of their committee must compose a letter to the full clinical faculty explaining why the deadline was not met and propose a way to remediate the problem. Continued delays in making progress will jeopardize standing in the program and continued financial support.

Candidacy Exams

All students in a doctoral program within the Psychology Department are required to pass an extensive candidacy examination that includes a written component. The doctoral candidacy examination samples the student's knowledge and ability to integrate theory and research relevant to the student's area of concentration. To that end, students must prepare a portfolio, for review by the clinical faculty, demonstrating their abilities in the three following categories: (1) Research Productivity; (2) Engagement in the Broader Professional Community; and (3) Clinical Competence in Assessment and Psychotherapy. Evidence of Research Productivity involves the submission of two manuscripts, one as a first author. Evidence of Engagement in the Broader Professional Community involves attending and presenting three conference posters. Evidence of Clinical Competence in Assessment and Psychotherapy is shown through successfully completing their required PSC training, as evidence of being *at expected level* on all broad domains covered in the clinical competence evaluation in their last semester in the PSC.). Students should start working on material for their portfolio when entering the program, but portfolios may not be reviewed until after their master's thesis has been defended. In addition, the candidacy exam portfolio needs to have been passed before the student proposes their dissertation. More information on the candidacy exam procedures can be found in Appendix F.

Dissertation

All candidates for the doctoral program are required to submit an empirical dissertation which has the potential to make a substantial contribution to the field of psychology. The dissertation represents the original work of the student, with advisement rather than direct assistance from the faculty advisor. Appendix E of the Department of Psychology Graduate Student Manual provides a list of the steps and procedures to be followed in completing the prerequisites for the dissertation and the dissertation research.

An approved dissertation proposal must be on file by Sept. 1 of the year a student intends to apply for internship. In addition, an approved dissertation proposal is expected to be on file by Sept. 1 of the sixth year of the program and completed by Aug. 15 at the beginning of the eighth year for the student to maintain good standing in the program. If either of these deadlines is missed, the student and the chair of their committee must compose a letter to the full clinical faculty explaining why the deadline was not met and propose a way to remediate the problem. Continued delays in making progress will jeopardize standing in the program and continued financial support.

Predoctoral Internship

The predoctoral internship is the culminating experience in the predoctoral training of clinical psychologists. Students are eligible to apply for internships following (a) anticipated completion of all required coursework and practica, (b) successful defense of the dissertation proposal, (c) demonstration that all dissertation data can reasonably be collected prior to leaving for internship, and (d) approval from the clinical faculty to apply for internship. Students are expected to meet the minimum requirements of internship eligibility set forth by the Council of University Directors of Clinical Psychology (see Appendix G) in order to be most competitive in the application process. Students are expected to apply for APA- or CPA-accredited internships. Specific components of the application process for internship can be found in Appendix H. Information on the application process is available at the following website: www.appic.org.

If a student does not “match” with an internship through the first application cycle, the student will be expected to apply again the following year. In collaboration with the faculty, the student should try to assess the reasons they failed to “match” and take steps to improve the likelihood of a positive outcome during the second round of applications. This could include, among others, completing the dissertation, gaining additional clinical experience, improving the quality of the written application, and changing the number, types, and/or locations of internship sites to which applications are submitted. Students may petition the faculty to apply to sites that are not APA- or CPA-accredited in the second application process. If a student does not “match” through the second application cycle, the student can petition the faculty to construct an internship experience outside of a structured internship setting. The full clinical faculty will review this request and determine whether there are exceptional circumstances that merit construction of this type of experience.

While on internship, students must enroll for 1 credit hour of PSYC 655 each semester during the academic year. If the internship starts during summer session, students should register for the first summer semester of their internship. If their internship has a late start (i.e., after Aug. 1), they should register for internship for the fall, spring and final summer session. To maintain the continuous nature of the internship experience, students will receive grades of “I” (Incomplete) at the end of each semester, which will be changed to a letter grade at the start of the next semester. To remove the final

“Incomplete,” the DCT will need a letter from the internship director of training stating that the student has completed all of the requirements for the internship. Internship training directors are also encouraged to share their final evaluations with the program.

Students cannot graduate before the official end-date of the internship and receipt of the letter of completion from the internship Director of Training. A request to “walk” in the May graduation ceremony can be made to the Graduate School prior to the completion of a student’s internship; however, a dissertation defense must be scheduled for this request to be granted. If a student’s clinical internship is completed after the August graduation date, they may request the DCT to ask the Graduate School to add to their transcript a statement indicating the date that all degree requirements were met. This note on the transcript is recommended as it should be sufficient for licensing boards to verify the start of the student’s postdoctoral hours.

Profession-wide Competencies

Students must meet expectations in the specific nine competencies that are identified as needed to enter the field of health service psychology by the APA. The nine competencies are listed below with the key elements that are evaluated as part of students’ training as outlined in the APA’s Standards of Accreditation.

1. Research

- a. Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- b. Conduct research or other scholarly activities.
- c. Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

2. Ethical and legal standards

- a. Be knowledgeable of and act in accordance with each of the following:
 - i. The current version of the APA Ethical Principles of Psychologists and Code of Conduct.

- ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
 - iii. Relevant professional standards and guidelines.
 - b. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
 - c. Conduct self in an ethical manner in all professional activities.
- 3. Individual and cultural diversity
 - a. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
 - b. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
 - c. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
 - d. Demonstrate the requisite knowledge base and ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.
- 4. Professional values, attitudes, and behaviors
 - a. Behave in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
 - b. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
 - c. Actively seek and demonstrate openness and responsiveness to feedback and supervision.

- d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

5. Communication and interpersonal skills

- a. Develop and maintain effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- b. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- c. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

6. Assessment

- a. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- b. Interpret assessment results by following current research and professional standards and guidelines in order to inform case conceptualization, classification, and recommendations while guarding against decision-making biases by distinguishing the aspects of assessment that are subjective from those that are objective.
- c. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

7. Intervention

- a. Establish and maintain effective relationships with the recipients of psychological services.
- b. Develop evidence-based intervention plans specific to the service delivery goals.
- c. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

- d. Demonstrate the ability to apply the relevant research literature to clinical decision making.
 - e. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
 - f. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
8. Supervision
- a. Demonstrate knowledge of supervision models and practices.
9. Consultation and interprofessional/interdisciplinary skills
- a. Demonstrate knowledge and respect for the roles and perspectives of other professions.
 - b. Demonstrates knowledge of consultation models and practices.

Example Ph.D. Program of Study

Although each student's final program of courses will be individualized, a sample Ph.D. program is provided below.

Year	Fall	Spring	Summer
1	<ul style="list-style-type: none"> • PSYC 604: ANOVA • PSYC 640: Cognitive Assessment • PSYC 641: Psychopathology • PSYC 685: Independent Study (Thesis Readings) • PSYC 690 (see Section III of Program Requirements for more details) 	<ul style="list-style-type: none"> • PSYC 606: Correlation and Regression • PSYC 608: Clinical Research Methods • PSYC 632: Traumatology (if trauma-focused & entered in an even year) • PSYC 642: Personality Assessment (if adult-focused & entered in an even year) • PSYC 646: Child Assessment (if child-focused) • PSYC 649: Ethics and Professional Issues (if entered in an odd year) • PSYC 654: Pre-Practicum • PSYC 690 	<ul style="list-style-type: none"> • PSYC 654: Assessment Practicum
2	<ul style="list-style-type: none"> • PSYC 620: Social Psychology • PSYC 644: CBT • PSYC 645: Developmental Psychopathology • PSYC 654: Practicum • PSYC 633: Assessment and Treatment in Trauma (if trauma-focused & entered in an even year) • PSYC 699: Thesis • PSYC 690 	<ul style="list-style-type: none"> • PSYC 611: Cognitive Psychology • PSYC 643: Theories of Psychotherapy • PSYC 654: Practicum • PSYC 642: Personality Assessment (if adult-focused & entered in an odd year) • PSYC 649 Ethics and Professional Issues (if entered in an even year) • PSYC 647: Child and Family Intervention (if child-focused) • PSYC 632: Traumatology (if trauma-focused & entered in an odd year) • PSYC 699: Thesis • PSYC 690 	<ul style="list-style-type: none"> • PSYC 699: Thesis
3	<ul style="list-style-type: none"> • PSYC 603: Biopsychology • Course to fulfill Tool requirement • PSYC 654: Practicum • PSYC 633: Assessment and Treatment in Trauma (if trauma-focused & entered in an odd year) • PSYC 699: Thesis • PSYC 690 	<ul style="list-style-type: none"> • PSYC 676: Social-Personality Development • PSYC 654: Practicum • PSYC 528: History of Psychology (if entered in odd year) • PSYC 699: Thesis • PSYC 690 	<ul style="list-style-type: none"> • PSYC 699: Thesis
4	<ul style="list-style-type: none"> • Course to fulfill Tool requirement • PSYC 651: Externship • PSYC 799: Dissertation 	<ul style="list-style-type: none"> • PSYC 659: Advanced Professional Issues • PSYC 651: Externship • PSYC 528: History of Psychology (if entered in even year) • PSYC 799: Dissertation 	<ul style="list-style-type: none"> • PSYC 799: Dissertation
5	<ul style="list-style-type: none"> • PSYC 651: Externship • PSYC 654: Supervision Practicum • PSYC 799: Dissertation 	<ul style="list-style-type: none"> • PSYC 651: Externship • PSYC 799: Dissertation 	<ul style="list-style-type: none"> • PSYC 655: Internship • PSYC 799: Dissertation
6	<ul style="list-style-type: none"> • PSYC 655: Internship • PSYC 799: Dissertation 	<ul style="list-style-type: none"> • PSYC 655: Internship • PSYC 799: Dissertation 	

Pre-Internship Clinical Training

The clinical training component of our program consists of graduated levels of clinical exposure and experience. The training includes an introduction to clinical procedures through coursework, intensive supervision on cases that increase in number over two years of on-site practicum, exposure to a range of cases and procedures through vertical teams and clinic meetings, and extensive experience with select populations through externship assignments.

Students are required to complete a pre-practicum and four semesters of general practicum in the PSC during the first three years of the program. The first-year pre-practicum, which takes place during the second semester, introduces students to clinical procedures and teaches interviewing skills. In the summer after their first year, students are encouraged to be in the PSC where they would be assigned one assessment case as part of a small assessment supervision team. In subsequent semesters, students are assigned to vertical teams that include four to six students at different levels of training. Clinical teams are usually supervised by core faculty members. Students enrolled in practicum function as staff in the PSC and contribute to diagnostic and therapeutic activities in a manner consistent with their levels of training and experience. Caseloads become larger as students progress through their training. All clinical work conducted by students is either audio or video recorded to facilitate supervision. Students enrolled in practicum in the PSC also attend a weekly clinic meeting where case conferences and clinical issues are presented by students, faculty, and community professionals. If students face unusual circumstances that would lead to missing a clinic meeting, they must discuss the situation with their supervisor as well as the PSC director **before** the meeting.

After receiving the M.A. degree, students are expected to gain clinical experience on an externship prior to going on predoctoral internship. Externship placements currently include a residential and outpatient facility for adults with intellectual disabilities; the local probation office; a low-income school district; a private practice specializing in children, adolescents and families; a private practice specializing in neuropsychological assessment, a private practice specializing in providing services to children with selective mutism, a trauma service program at a VA, a private practice specializing in providing services to adults with anxiety and obsessive compulsive disorders; and the Trauma Services Clinic in the PSC. Although experiences available at the externship sites differ, opportunities exist among the group of placements to refine skills in consultation, assessment, prevention, and individual and group therapy. The externships are typically paid positions and are between nine and twelve months in duration.

Additional unpaid clinical opportunities are often available, either for a few hours per week during the academic year or during the summer months. When such opportunities become available, the DCT (or other faculty designated as liaison) will inform students, who should discuss the advisability of the additional time commitment with their

advisor given their progress in the program. With the advisor's approval, students may apply for such clinical opportunities. Advisors will not approve students taking on these additional clinical opportunities if they have a Support Stage Committee in place because they are not meeting program milestones in a timely fashion (see pp. 39- 41 for more details). If students believe a new clinical opportunity may be available either at a new site or one with whom we have an existing relationship, they should consult with their mentor of the advisability of pursuing the opportunity. With their approval, the student should approach the DCT to discuss the possibility of initiating this new clinical opportunity. The DCT, in consultation with any faculty member with existing relationships with the clinical site, will approach the site to learn more about the clinical opportunity, including student responsibilities and provision of supervision, and will determine if the opportunity is appropriate for clinical training. All unpaid clinical opportunities need to be approved by the DCT and have a Practicum/Externship Agreement in place to ensure the quality of the training experience meets the expectations of the program. For these hours to count on APPIC internship applications, supervision needs to be provided by a doctoral level psychologist and an evaluation form must be completed and submitted to the DCT once per semester. Across all program clinical opportunities, the majority of supervision is expected to be provided in person, with telesupervision (i.e., supervision by phone or teleconferencing) only being used when in-person supervision is not feasible. See Appendix I for the program's telesupervision policy).

Advanced students are provided with training in supervision and consultation in PSYC 659 (Advanced Professional Issues in Clinical Psychology) which includes both didactic and experiential components. This course can be taken any time after the completion of the basic practicum and typically will be in year four or five of the program. After the completion of this didactic course, students are encouraged to take the supervision "practicum" where they gain experience supervising less advanced students while being supervised by a clinical supervisor in the PSC.

Students are expected to develop basic clinical competencies during their practicum training in the PSC. If the faculty believes a student is not making satisfactory progress in the development of their clinical skills, that student may be designated "at risk" for termination from the program. In order to remediate deficiencies, "at risk" students are helped with additional supervision and training. The full "At Risk" Policy is available in Appendix E.

Each semester students are required to turn in documentation of hours related to practicum work including externships and any additional approved clinical training. Specifically, students must divide these hours into the following categories: intervention, assessment, and supervision.

Registration for practicum hours (PSYC 651 and PSYC 654) requires permission from the department. All students who plan to be on a supervision team in the PSC should

complete a 654 Learning Agreement. All students who plan to do other clinical training experiences, either on formal externships or more informal arrangements (e.g., running groups at a private practice), should complete, in conjunction with their clinical supervisor, the 651 Externship/Practicum Agreement form. Students are responsible for getting the appropriate signatures on these forms and presenting them to office personnel who will register the student for practicum through MyNIU. Further instructions for completion of these forms are saved with the forms on the clinical area webpage.

Ongoing Student Activities and Involvement

Advisement

Program faculty members maintain an open door policy, and students are strongly encouraged to schedule meetings with their faculty mentor, instructors, and supervisors as needed. Questions about administrative issues (e.g., paperwork, courses to take) should be directed toward the DCT and/or the graduate secretary, who is located in the psychology office (room 400).

Research

Throughout their program, students should be actively involved in a wide variety of research-related activities. These activities are important to the development of rigorous, scientifically-based problem solving that is the basis of the scientist-practitioner model. The Department of Psychology offers a wide variety of research-related activities including course-based projects, research assistantship assignments, thesis projects, dissertation projects, independent study projects, departmental colloquia, informal brown-bags, and ongoing discussions with faculty and student colleagues. Students are expected to attend presentations offered by the department and the curricular area. Students are expected to present posters, papers, or workshops at regional, national, or international professional conferences or meetings as well as to be authors or co-authors on manuscripts submitted for publication (see details in Appendix F).

Students may enroll for Independent Study credit when working on special projects or readings. Students are expected to discuss their plans for the semester when enrolling for PSYC 685 credit and should be prepared to present documentation of their progress at the end of the semester. Grades for PSYC 685 will reflect the student's success in meeting the goals established for the semester.

During summer semesters, each student is expected to maintain focus and make progress on the thesis or dissertation. Summers provide a break from typical classroom demands; students should devote this time to required and/or extra research.

Communication

Much of the communication on matters related to the program occurs via the clinical Listserv. Students should check email messages **at least** once a day except during times the university is formally closed, when less frequent monitoring is acceptable. It is expected that students will also be available by phone except when the university is formally closed. If students plan to be away from the university, and/or out of phone or email contact for an appreciable length of time, it is expected that students will discuss their absence with the DCT, their instructors, research supervisors, and clinic

supervisors. Students are not to be absent from the university for nonessential personal reasons while classes are in session.

Cohort Meetings

Cohort meetings are held each fall and spring with the DCT. These mandatory meetings are intended to provide an exchange of information between the students in each class and the program. The meetings provide a forum for students to ask questions related to training and administrative issues and share perceptions of training needs. Expectations related to research, clinical training, and coursework are discussed. A student cohort representative, who represents the cohort in formal interactions with the DCT and clinical faculty, is identified at the meeting. Students also have informal meetings throughout the year with their cohort faculty mentor, a faculty member who serves as an informal support throughout their time at NIU.

Input to Faculty

Each year one student representative per cohort is identified to facilitate communication between the faculty and students. Prior to each clinical faculty meeting, students should inform the DCT of any concerns or comments that they would like to be raised with the clinical faculty. If students do not want to be identified, they may pass along their concerns through a cohort representative. Through this mechanism, the DCT will share concerns at the faculty meeting and, if appropriate, invite one or more of the cohort representatives to come to the faculty meeting to more explicitly discuss raised issues. The faculty may also request information from the students through the cohort representatives.

Professional Involvement

During the academic year, students are strongly encouraged to attend a variety of department-sponsored activities, such as brown-bag seminars, open lab meetings, and department colloquia. These activities are viewed as an important aspect of students' development as scientist-practitioners. During these activities, students will have opportunities to informally discuss topics relating to the program and profession with other students, faculty, and members of the professional community.

It is important for students to become involved in the profession of psychology during their graduate training. Students are encouraged to join and be active in professional organizations such as the APA, the Association for Behavioral and Cognitive Therapies (ABCT), the Association for Psychological Science (APS), the International Society of Traumatic Stress Studies (ISTSS), and the Society for Research on Child Development (SRCD). Each of these organizations offers student memberships, special activities, and unique opportunities for students. Students are also encouraged to attend and/or present at local, state, and national conferences. Funds are available from various

sources to support graduate student travel for presentation at conferences. Please see the section of this handbook on Travel Money Allocations on page 35 for more information on travel funding.

Teaching Experience

Teaching is an important component of the professional activities of many psychologists, and the faculty believes it is helpful for students to obtain supervised experience in the teaching role during their training. Consistent with this belief, we try to assign students to at least one teaching assistantship while they are in the program.

Participation in Program Activities

Social Events: The area and department often come together socially. Near the beginning of each fall semester, all clinical graduate students and faculty are invited to attend a picnic, usually held at a local park. The picnic provides an opportunity for new students to begin to get to know faculty and other graduate students. Each year, we have “Bowl-a-rama” where the three primary areas (i.e., Anxiety, Child, and Trauma) compete for a trophy and bragging rights for the year. In addition, at the end of the spring semester, students and faculty gather to celebrate accomplishments, especially any graduating students from the program. Students are also encouraged to attend the occasional social activities held by either the clinical area or the psychology department. [Note that in 2020-2021 many of these in-person activities will not occur. However, alternative virtual or smaller in-person events are being planned.]

Recruitment of Students: Each February, prospective graduate students are invited to interview and to learn more about the program. Current students, especially those in their first year, help with the planning and organization of this event. All students, regardless of their year in the program, are expected to attend the lunch and open lab meetings on Interview Day unless teaching, research, or clinical obligations make attendance impossible. They are also strongly encouraged to attend the graduate student/applicant social event on the first night following the faculty dinner (typically held at Fatty’s) and to host applicants one night in their homes. [Note that in 2020-2021, these activities are likely to be different and primarily virtual. However, students’ involvement in recruitment activities will continue to be imperative to help prospective students see what a wonderful group of students are already here.]

Faculty Hires: All students are expected to participate in the interview process for new faculty appointments as their views on candidates will inform the program’s hiring decision. Students should plan to attend at least one candidate’s research presentation and one candidate’s student meeting, although they are encouraged to attend as many of these as they can. Some students will also be asked to help escort the faculty candidate to appointments on campus. Students will be asked to provide feedback on

the candidates to the faculty through written evaluation forms; feedback will be better informed with greater student interaction with the candidates.

Professional Appearance

Graduate school is a time of transition from the role of student to that of a professional. In addition to all of the other skills students need to learn to successfully make that transition, they must understand how their appearance can impact the range of professional roles they fill both during and after graduate school. Some people make inferences about other people's level of competence, trustworthiness, dependability, and other professional and personal attributes on the basis of attire and other aspects of appearance. At times, it may even influence the degree of respect others have for an individual or impact therapeutic alliance. Others' reactions to a person's appearance can impact an individual's effectiveness and ability to adequately represent themselves or the program.

As a graduate student in clinical psychology, please reflect upon what your appearance may convey to others about your professionalism and competence in your different roles (e.g., clinician). Clinicians have stimulus value to their clients, which includes the effect of the clinician's appearance on the client. As beginning clinicians, graduate students are learning how to build rapport with new clients, become proficient in administering various assessments, and implement a variety of therapeutic skills and techniques. It is to the beginning clinicians' benefit, as well as their clients', that they lower their stimulus value as much as possible, particularly when working with new clients and supervisors.

Guidelines

The following are guidelines to assist students in selecting proper attire for their professional role as a clinician. Note that some practica, internship, or other work settings may have varied dress codes that clinicians must follow. Be thoughtful about what is considered professional appearance from the perspective of a broad range of individuals with whom you may interact in your professional roles. The following are examples of professional attire (note, this is not intended to be an exhaustive list of examples):

- Blazers, suits (full or as separates)
- Dresses and skirts that are of sufficient length to not be too revealing when either standing or sitting
- Dress slacks, khakis, Capri pants, casual pants that are not "jean-like"
- Sweaters, dress tees, polo shirts, button-up shirts and blouses
- Ties, dress scarves
- Dress shoes, dress boots, loafers, oxfords, dress sandals

You may make a poorer, less professional impression when wearing articles of clothing that are overly casual, revealing, or are in bad condition, including: shorts, leggings (unless under a skirt that is of sufficient length), sweatshirts or work-out clothing, athletic shoes or flip-flops, clothing that might reveal undergarments or body parts typically covered by undergarments, and any clothing with words or symbols prominently displayed (including those of a political nature).

You are encouraged to consider variable circumstances in making appropriate attire selections. For example, it may be better to dress more conservatively than typical when going on an interview, interacting with a client for the first time, or when working with those that are significantly older than you are. Discussions about navigating these various dimensions of attire/appearance are appropriate and can occur in individual or group meetings. However, due to the variability across professional situations, students who have teaching or research assistant positions should consult with their supervising faculty regarding appropriate attire for the position.

Social and Cultural Considerations

In your considerations about this complex issue, it may be helpful for you to conceptualize professional appearance as involving several potential dimensions. One dimension might be characterized as casual vs. formal – this would involve your considerations about wearing jeans vs. not, for example. Another dimension might be characterized as body adornment/modification and could involve your considerations about having visible tattoos, piercings, or colorfully dyed hair. Finally, a dimension that almost exclusively impacts women (cisgender or transgender) is one we might call provocative (revealing/sexy) dress – this would involve considerations about visible areas of the body that are typically covered by undergarments, clothing closely fitted to one's body, or fabrics such as leather and lace, for example. This is a particularly challenging dimension with which to interact due to the inherent sexism of this dimension (for additional information, see Johnson, Lennon, and Rudd [2014] who summarize some of the literature related to negative attributions toward women when they are viewed as higher on the provocative dress dimension of appearance).

With regard to the body modification/adornment dimension, in general, covering tattoos with clothing will contribute to clients, students, and research participants viewing you more, rather than less, professionally. In addition, extensive piercings that could be distracting, controversial (e.g., nose or lip piercings or rings, large numbers of earrings), or a safety hazard should be considered in terms of potential perceptions of others before being worn. In general, covering tattoos with clothing and limiting piercings may lower your stimulus value as a beginning clinician.

It is important to acknowledge that how others perceive you on these dimensions could be influenced by their sexism, racism, sizeism, classism, etc. Acknowledging others

potential biases about how we are perceived does not mitigate the potential impact of your appearance on others' views of your professionalism in any given context (e.g., being viewed negatively on an internship interview on the basis of your choice of attire).

Students who have questions about professional dress and appearance or who have specific questions related to their personal circumstances are encouraged to consult with their clinical supervisor, research mentor, the Director of the PSC, or the Director of Clinical Training.

Student Support Services

Northern Illinois University provides an exceptionally supportive environment for faculty and graduate students alike. Student support services are a priority for the university. Thus, NIU's support services are not only comprehensive in scope but also user friendly and competently run. A selection of services that are particularly relevant to clinical psychology graduate students can be found in Appendix K. This selection also includes the active centers and commissions on campus that are available to provide services and support related to issues of diversity. NIU has an active and productive interest in diversity issues on campus, resulting in a culture of appreciation and success for all students.

Self-care

Graduate training in clinical psychology is both exciting and demanding. Students in clinical programs face a number of challenges including high workloads; multiple roles (you may be a student, a teacher, and a therapist all in one semester); performance anxiety and frequent evaluations; management of both professional and personal relationships; and emotional distress and fatigue associated with clinical work. Although students may feel that seeking counseling or other assistance is a sign of weakness, the opposite is true. Taking care of yourself is a good habit for development and a sign of professional maturity. We encourage students to take an active approach in caring for themselves during their training. Self-care issues are an appropriate topic to address in clinical supervision or in meetings with research advisors. Students are also encouraged to seek out their faculty cohort mentor for guidance with professional development issues (e.g., how to juggle multiple roles, time management).

Administrative Procedures

Previous Graduate Coursework

Students who have received a grade of B or higher in graduate courses at other institutions that cover the same material as NIU's research tool (i.e., PSYC 604, PSYC 606, or other research tool courses listed in the Department Graduate Program Manual) or departmental foundation courses (i.e., PSYC 603 Biopsychology; PSYC 611 Cognitive

Psychology; PSYC 620 Experimental Social Psychology; and PSYC 676 Social-Personality Development) may request a transfer of credit to fulfill these requirements. To do this, students must send a copy of the syllabus to the DCT after admission to the program. The DCT will facilitate review by the appropriate instructor on record. If approved, students must obtain appropriate paperwork from the graduate secretary which will need to be signed by the NIU instructor of the equivalent course and the DCT.

Students who have received a grade of B or higher in an undergraduate course covering the history of psychology should request waiving taking PSYC 528 (History of Psychology). To have this considered, students should send a copy of their course's syllabus as well as an unofficial copy of their undergraduate transcript for review. If the course material is comparable to what is taught in NIU's current course, the student will have met expectations in this discipline-specific knowledge area. The materials submitted for review will be kept in the student's file to note their completion of requirements in this domain, but no paperwork is required for the Graduate School.

Students are required to take all clinical coursework, including the full practicum series. On rare occasions, PSYC 640 (Theory and Assessment of Cognitive Functioning) may be substituted, if all aspects are covered by the previous graduate coursework.

Program of Courses

Students should familiarize themselves with the deadlines for filing the M.A. Program of Courses and the Ph.D. Program of Courses. This information is available in Appendix E of the Graduate Student Manual.

Thesis and Dissertation Committees

Typically, a clinical faculty member serves as the chair of clinical students' thesis or dissertation committees. A student may petition the clinical faculty to request a faculty member outside the clinical area be designated as chair, sharing the rationale for such an appointment. This can be done at the point of admission as well as later in the program. Faculty members outside the clinical area can serve as co-chairs of a thesis or dissertation committee without petitioning the clinical faculty. Thesis committees include three members and dissertation committees include four members, one of whom must be outside the clinical area (see the Department Graduate Student Manual for more details). In addition, at least one clinical faculty member should be on all thesis committees and at least two clinical faculty members should be on all dissertation committees. Again, the student may petition the clinical faculty for lower representation on these committees, providing adequate information about the rationale for the make-up of the proposed committee.

Teaching Evaluations for Student Files

Students who hold advanced TA positions must provide copies of their syllabi and the numeric teaching evaluations to the DCT for inclusion in their clinical area files. These materials will be used in annual evaluations and, more importantly, will provide an empirical basis for letters of recommendation that relate to teaching skills. Students should provide a copy of their syllabus at the beginning of each semester in which they teach. Teaching evaluations should be provided when they become available after the close of the semester.

Registration for Practicum and Learning Agreements

Students register for practicum hours through two mechanisms. Students register for PSYC 654 when they are on a supervision team in the PSC. Second-year students register for two credit hours while third-year students (or beyond) register for three credit hours. Students choosing to see clients in the PSC over the summer need to register for PSYC 654 and should consult with their clinical supervisor and the DCT to determine the appropriate number of credit hours of registration.

Students who are pursuing additional clinical training experiences outside the PSC supervision teams should register for PSYC 651. To do this, students need to complete an Externship/Practicum Agreement form with their supervisor prior to registration. As indicated on this form, students with a full time (16+ hours) clinical externship should register for 3 credits of PSYC 651. Students with a part-time clinical externship (i.e., 10-15 hours) should register for 2 credits of PSYC 651. Students whose clinical experiences are less than 10 hours per week (e.g., running groups at the Myket practice, doing clinical evaluations for research) should register for one credit of PSYC 651. Students may have multiple training experiences occurring in a given semester. An agreement needs to be in place for each of them. The maximum number of credit hours students can enroll in a given semester is three. Please consult with the DCT regarding the appropriate allocation of credit hours across the Externship/Practicum Agreements as needed.

All students who enroll for practicum are responsible for obtaining the appropriate signatures to complete the learning agreement and practicum/externship and submitting it to the graduate secretary. The graduate secretary will then register the student for practicum using the MyNIU system.

Learning Agreements and Externship/Practicum Agreements **must** be on file by the first day of classes of the semester covered by the agreement. This means Learning Agreements for externships beginning on July 1 should be on file by the first day of the summer semester. **Supervised clinical work done without a 654 Learning Agreement or 651 Externship/Practicum Agreement in place is not considered to be program-sponsored and may NOT be counted on internship applications.**

Clinical Competencies Evaluation Form and Recording of Hours

The program requires that students' clinical work be evaluated, whether the work is part of the practicum in the PSC, an externship placement, or extra work arranged by the student and covered by an Externship/Practicum Agreement. Evaluations should be provided by the primary clinical supervisor, using the Clinical Competencies Evaluation Form found in Appendix D of this handbook or on the shared Clinical Student OneDrive folder. Students should discuss the evaluation with their supervisors and respond in writing if they disagree with the evaluation. Clinical Competencies Evaluations for PSYC 654 are due in the main office before the last day of classes each semester for PSC teams. Evaluation forms for externships (i.e., PSYC 651) are due in the main office at the end of the experience when the experience is less than six months. For year-long experiences, evaluation forms are due at the end of the fall semester and at the end of the experience.

Students are responsible for recording their practicum and externship hours on the evaluation form using four categories: intervention, assessment, support, and supervision. Because of the importance of accurately reporting clinical hours, activities, and client characteristics, students should familiarize themselves with the AAPI (APPIC Application for Psychology Internship) categories early in their training and begin recording their clinical experiences during the first practicum experience. Students are responsible for ensuring that clinical supervisors are aware of the expectations of completing and turning in the clinical evaluation forms. Students should consult with the DCT if they are having difficulty getting their evaluation form completed by their clinical supervisor.

To increase accuracy, students are expected to record clinical hours as they are accrued, using the Time2Track software. Time2Track is a web-based program that uses the format of the AAPI and allows faculty to monitor student hours as they progress through the program. Students enroll in Time2Track using subscription codes purchased by department personnel supported by the fees assessed with enrollment in PSYC 654.

Students will receive an "In progress" grade for continuous training in PSYC 654 until they have completed the practicum. At the end of the spring semester of their third year, if students are "At Expected Level" on all broad domains of the Clinical Competencies Evaluation form, they will complete this level of training and receive a "Satisfactory" grade for PSYC 654. Similarly, for externship placements (i.e., PSYC 651) that are more than one semester in length, "in progress" grades will be given at the end of each semester that the placement continues. Then, based on receipt and indication of being "At Expected Level" on all broad domains of the Clinical Competencies Evaluation form, students will receive a "Satisfactory" grade for PSYC 651.

Protecting Confidentiality of Client Information in Public Forums

One of the goals of doctoral training programs in clinical psychology is to provide professional development opportunities in which students learn to integrate the science and practice of psychology. Such professional development opportunities may include making presentations in courses, delivering a case conference, or providing training or consultative services at an external site. In other cases, doctoral students may be required to submit clinical work samples as part of the application materials for internships or jobs. Clinical students are encouraged to use clinical case material in a variety of contexts (when appropriate) to develop these skills of integrating the science and practice of clinical psychology. The context in which clinical work might be discussed or presented may range from formal presentations in class to less formal discussion of case examples as part of a classroom activity. In less formal classroom discussions, it is assumed that students and faculty will be mindful of the need to reveal only the information absolutely necessary. Special care should be taken in classes in which there are students from non-clinical programs. In groups composed of only clinical faculty and students, it is assumed that all present will be aware of the confidential nature of material discussed; however, even in those contexts, it is wise to remind all present of the ethical obligation to protect clients' rights to confidentiality.

To protect the confidentiality of client materials, students must take the following steps before presenting formally any material in a relatively public forum (e.g., a class, a professional presentation, or internship application). These steps are not necessary for presentation of client materials in venues that include only members of the clinical and school programs, including group supervision and practicum, PSC meetings, and core program courses that include only clinical and school faculty and students.

1. Consult the APA Ethical Principles of Psychologists and Code of Conduct (2002), and whatever documents (at the particular clinical site) pertain to the protection of confidentiality and client rights (e.g., the Work Sample section of the manual for the Psychological Services Center).
2. Advise the on-site supervisor that you are planning to use case material in a class or other forum and ascertain whether the clinical site has specific procedures for this situation.
3. Prepare a document for your university supervisor that includes:
 - a. A copy of the assignment from the syllabus or purpose of the presentation (if not a class), and the likely composition of the audience;
 - b. The steps you will take to de-identify information for your presentation;
 - c. The instructor's name;
 - d. The course title, or location or occasion of the presentation;
 - e. The semester in which the course is being taken, or the date of presentation if it is to be made outside of class;

- f. The client's initials.
4. Contact your university supervisor and discuss your plan.
5. Obtain your university supervisor's signature on the "plan" document.
6. Sign the plan
7. File the plan with the DCT.

Annual Report of Outside Employment

Students are required to have a statement on file with the clinical program describing any employment outside the department which involves the provision of social services, teaching, or other professional activities. The letter should describe the title and responsibilities of the employment and indicate explicitly that the employer has been informed of the student's training status in the graduate program. The letter should be signed by the employer and must be renewed annually. Letters should be on file by Oct. 1 each year. Students who take new positions during the school year are responsible for providing the letter at the time of initial employment.

APA Annual Report

Accredited professional programs in psychology are required to file annual reports with information on faculty and student activities. Students will be asked to complete a questionnaire near the end of the spring semester related to their accomplishments for the year and related to required information that needs to be reported to the APA. Students may also be asked to provide information at other times related to accreditation requirements. It is important that this information be provided promptly and that students pay careful attention to the accuracy of the information they provide.

Reporting on PSYC 690 Experiences

Each semester, students who are registered for PSYC 690 must report the ways in which they met the requirements for the course via an end-of-semester survey as well as write a reflection on one of their diversity experiences. These must be completed each semester and returned to the personnel in the main office by the **last day of classes**. This form can be found in the Clinical Student OneDrive folder. If a student does not return the survey by the deadline, the student will receive a grade of "U" (Unsatisfactory) in the course.

Preferences for Clinical Team Assignments

Students will be surveyed prior to each semester regarding their preferences for clinical supervisors in the PSC. The faculty will try to honor these preferences whenever possible; however, numerous other factors enter into team assignments including schedules, student training needs, and balance of experience among the students on the team. Students should be aware that the goal of the PSC training is to provide broad experiences with a variety of supervisors and a broad range of presenting problems. This is the opportunity to not specialize, although students will be assigned to a team that matches their particular training interest (e.g., child, trauma) at least once during their time in the PSC.

Preferences for Assistantship Assignments

Assignment of assistantships will proceed in two phases: (1) paid clinical externships (in February/March), and (2) all other departmental assistantships (in March/April). In Phase 1, any student in good standing who will be in year three or above may apply for paid clinical externships. Externship sites may require an application and interview. After any interviews are conducted by the externship site, both students and externship sites will submit their preferences. These preferences along with the students' training needs will be used by the clinical faculty to make decisions.

After Phase 1 is complete, preferences for departmental assistantships will be solicited by students not assigned a paid clinical externship. As in Phase 1, students should discuss their preferences with their advisors and list assignments that will contribute maximally to their professional development. In both Phase 1 and 2, the faculty will try to honor students' wishes whenever possible; however, numerous other factors enter into assistantship assignments including the training needs of each student and the needs of the department. Typically, all assignments are determined by early May.

Travel Money Allocations

Graduate students receive a travel allocation of \$300 per fiscal year from the department, if they *are presenting the work* (funds allocated from department may vary year to year; students do not need to be the first author to be reimbursed). Additional funding is typically available from the CLAS and the Graduate School, which is updated each year. The Director of Graduate Studies will update students when new information is received. Instructions for applying for these funds for 2022-2023 can be found at <https://www.niu.edu/grad/pdf/graduate-student-travel-grant-rfp-application.pdf> and the application itself can be found at <http://go.niu.edu/GradTravelGrantForm>.

After travel, fill out a department travel reimbursement request, found at niu.edu/psychology/academics/graduate/forms.shtml. Students will need to provide original receipts, including itemized receipts for meal reimbursement. The university

does not reimburse for alcoholic beverages. If students share hotel rooms, they should ask the hotel to separate the charges if at all possible.

The Dr. Gary Coover Travel Fund for Graduate Students, a competitive award through the Department of Psychology, is another possible source of support for travel to professional meetings. Information on this award can be found on the Psychology Department webpage: niu.edu/psychology/resources/scholarships/index.shtml.

Exit Procedures

Departure for internship is a very busy and exciting time. It is sometimes hard for students to remember to attend to the important administrative tasks that must be completed before departure. The list below is a reminder of the required exit procedures for the program. All students embarking for internship should consult this list and complete the tasks before they leave:

- Provide new contact information to the graduate secretary.
- Discuss data management and IRB issues with their research advisor.
- Return keys to the main office.
- Arrange for an exit interview with the DCT (once dissertation is completed).

Academic Integrity

Students are expected not to engage in any form of academic dishonesty, including plagiarism and cheating in any way on examinations, written assignments, theses, and dissertations. If you are not sure if something is academically dishonest, ask. Plagiarism and other forms of cheating are serious issues within an academic setting and will be dealt with in a manner that reflects this seriousness and threat to the integrity of the clinical program, the department, and the university. The following statement is taken from the NIU Graduate Catalog:

“Good academic work must be based on honesty. The attempt of any student to present as his or her own work that which he or she has not produced is regarded by the faculty and administration as a serious offense. Students are considered to have cheated, for example, if they copy the work of another or use unauthorized notes or other aids during an examination or turn in as their own a paper or an assignment written, in whole or in part, by someone else. Students are guilty of plagiarism, intentional or not, if they copy material from books, magazines, or other sources without identifying and acknowledging those sources or if they paraphrase ideas from such sources without acknowledging them. Students guilty of, or assisting others in, either cheating or plagiarism on an assignment, quiz, or examination may receive a grade of F for the course involved and may be suspended or dismissed from the university” (available at catalog.niu.edu/content.php?catoid=49&navoid=2374).

Student Assessment

Annual Evaluation

The clinical faculty meets in May to evaluate the progress of each student. Before the meeting, students are requested to provide a list of accomplishments and current curriculum vitae to their advisors and the DCT. Students are also encouraged to discuss their progress with their advisors prior to the annual evaluation faculty meeting. The evaluation of student performance is comprehensive, considering all profession-wide competencies. As such, the faculty completes the yearly evaluation form indicating whether each student is below expected levels, at expected levels, or at exceptional levels based on the year in the program, for all profession-wide competencies (see earlier in Handbook for these APA delineated domains), and performance on their assistantship (see Appendix J for form). Students need to be “At Expected Level” on all domains before leaving for internship.

Students receive a written evaluation based on the annual review of their progress. Students may request a reconsideration of their annual evaluation. Such requests should be made in writing to the DCT within 30 days of receipt of the evaluation. Students may also provide a written response to the annual evaluation for inclusion in their file.

Assessment of Adequate Progress

The following goals and deadlines have been established to help students complete the program in a timely fashion, consistent with APA accreditation expectations. Aspirational goals are listed to provide students realistic timelines that will allow them to complete the program in six years. In addition, deadlines are outlined that trigger further conversations with faculty in order to enhance students’ likelihood of success. When students miss one of the deadlines, they will first be put into the Support Stage, where they will work with faculty to identify what has contributed to the delay (e.g., personal situations, faculty contributions, competing demands, any competence areas that are below expected levels) and problem-solve ways in which contributing factors can be addressed, including considering changes to workload. Specifically, when students miss a deadline and the faculty mentor does not anticipate completion of the task within the next month, students will need to sign up for a meeting that will be set during the week before the start of fall semester, the week before the start of spring semester, or finals week of spring semester. The faculty committee will include the DCT, the students’ research mentor, and a third member of the clinical faculty, who the students will identify (e.g., committee member, cohort mentor). A document will be created after the meeting to ensure there is clear communication about expectations and ways in which challenges are being addressed. While students are in the Support Stage, the committee will be updated about progress and meetings may be convened if further support seems needed. Further, once per semester the full clinical faculty will be

updated about students' progress and steps being taken to support success on the program milestone. At the completion of the milestone, the committee will determine if there is a need to adjust future deadlines (e.g., after a late thesis proposal, adjusting the thesis defense for one year after the proposal completion) and whether efforts to foster specific competence areas should be maintained.

If students miss the final stated deadline, despite efforts made during the Support Stage, the full clinical faculty will discuss the recommendation for placement on probation. Probation is something that may need to be acknowledged on the internship application, with documentation indicating how the problems leading to probation have been resolved. Students may appeal to the faculty to not be placed on probation at this time; however, students are responsible for providing a compelling argument for their likelihood of success toward program goals. At this point, or at any point when a student is on probation, the faculty may decide to terminate the student from the program if they are not showing anticipated progress on a task or if concerns related to a profession-wide competence are not responding to remediation efforts.

Goals and Deadlines for Students Who Enter with a Bachelor's Degree

M.A. thesis proposal on file

Aspirational Goal: Fall of second year

Entrance into Support Stage: May 1st of second year

Probation Consideration Deadline: May 1st of third year

Defend final M.A. thesis

Aspirational Goal: Fall of third year

Entrance into Support Stage: Beginning (August 16th) of fourth year

Probation or Termination Deadline: April 15th of fourth year

Submit and pass candidacy exam portfolio

Aspirational Goal: Fall of their 4th year

Entrance into Support Stage: December faculty meeting of their 5th year

Probation Consideration Deadline: April faculty meeting of their 5th year

Propose dissertation on file

Aspirational Goal: Summer after fourth year

Entrance into Support Stage: Beginning (September 1st) of sixth year

Probation Consideration Deadline: April 15th of sixth year

Defend dissertation

Aspirational Goal: Spring of fifth year

Entrance into Support Stage: End (August 15th) of seventh year

Probation Consideration: End (August 15th) of eighth year

Complete internship

Aspirational Goal: End of summer after sixth year

Entrance into Support Stage: End of summer after seventh year

Probation Consideration Deadline: End of summer after eighth year

Goals and Deadlines for Students Who Enter with a Thesis-Based Master's Degree*Submit and pass candidacy exam portfolio*

Aspirational Goal: Submit by the April faculty meeting of their 3rd year

Entrance into Support Stage: Submit by the December faculty meeting of their 4th year

Probation or Termination Consideration

Propose dissertation

Aspirational Goal: Summer after the third year

Entrance into Support Stage: Beginning of fifth year (September 1st)

Probation Consideration Deadline: April 15th of fifth year

Defend dissertation

Aspirational Goal: Spring of the fourth year

Entrance into Support Stage: End of summer (August 15th) after sixth year

Probation Consideration Deadline: End of summer (August 15th) after seventh year

Complete internship

Aspirational Goal: End of summer after fifth year

Entrance into Support Stage: End of summer after sixth year

Probation Consideration Deadline: End of summer after seventh year

Other assessment of program and professional development

In addition to the goals and deadlines listed above, students' progress in their professional development as clinical psychologists is monitored closely by faculty throughout the program. This includes formal assessment procedures such as course grades, exams, research projects, and annual evaluations. It also includes less formal observation of students' performance during activities such as assistantships, presentations, and interactions with both NIU and other professional colleagues. Faculty members providing university supervision for externships and extra clinical experiences also communicate with external supervisors through written evaluations and discussion of student progress. Should serious concerns arise about a student's professional development, these concerns will be identified and communicated to the student as part of the annual evaluation or in a letter to the student at any time. If program faculty believe that more systematic feedback, remediation, and monitoring is necessary, the following procedures will be followed:

Formal feedback and remediation procedure

1. The DCT and at least one other program faculty member (e.g., practicum supervisor, research supervisor) will meet with the at-risk student to understand the nature of the student's difficulties, explore options, specify identified weaknesses, and develop goals and strategies for remediation.
2. An individualized plan will be developed, and approved by the clinical faculty, that will specify student activities, expected levels of performance, methods of faculty monitoring, and schedule of evaluation. The student's research advisor or other appointed member of the clinical faculty will be responsible for tracking the plan and evaluating the student's progress. The responsible faculty member will provide feedback on the student's progress each month at the regular clinical faculty meeting.
3. The student will be provided written feedback about their performance on a scheduled basis. The timeline for feedback will be included in the individualized plan.
4. At the conclusion of the remediation period, the clinical psychology faculty will determine whether (a) sufficient progress has been made for the student to no longer be considered "at risk," (b) to continue or modify the remediation plan, or (c) to terminate the student from the program. The faculty's decision will be communicated to the student in writing.
5. The student may appeal the faculty's decision to the department chair, who will review the recommendations with the student, DCT, and other relevant parties. If the decision is unchanged, the chair will inform the student of the process for further appeal.
6. If a student is dismissed from the program, a final meeting should be initiated by the DCT to provide help or referrals for academic counseling, personal counseling, status of future letters of recommendation, and any other issues of concern to the student.

Procedures for Voicing Concerns and Grievances

Several procedures and guidelines are in place to ensure that student complaints or grievances are handled effectively and fairly.

There are informal procedures that students are encouraged to utilize in order to handle program complaints or grievances. Students are encouraged to bring the complaint to the attention of the program via the DCT, the department chair, their cohort mentor, or their assigned faculty mentor. All student concerns and grievances will be treated fairly and kept confidential, to the degree that is appropriate. Disclosure of some information might require the faculty member to act (e.g., ethical violations, mandated reporting

requirements). Faculty aspire to respond by listening and helping to process the concerns, potentially sharing alternative perspectives that may help the student increase their understanding of actions or events. When students raise concerns related to other faculty members or staff, they will be encouraged to share their concerns directly, either independently or with support, as holding difficult conversations is a professional skill we think is important to foster in developing professionals. However, if students do not want to be identified, faculty will also be open to serving only as a sounding board; however, this will limit their ability to address the concern.

Students may elect instead to formally bring complaints to the department or university. Within the Psychology Department, students may contact the director of graduate studies (DOGS) or the Graduate Student Advisory Committee regarding concerns. See the Department of Psychology's Graduate Student Manual for information on the formal departmental grievance procedures and for information on appealing course grades.

Students are encouraged to familiarize themselves with NIU's Student Code of Conduct available at niu.edu/conduct/student-code-of-conduct/index.shtml

In addition, grievance procedures for students are detailed in the Constitution and Bylaws of Northern Illinois University (Article 12, Grievance Procedures for Students): niu.edu/u_council/constitution/bylaws/article12.shtml.

Finally, three of the most relevant university resources for students regarding grievances are listed below:

- **The NIU Ombudsperson, 815-753-1414, Ombuds@niu.edu, niu.edu/ombuds/.**
The university ombudsperson is independent of the university's formal administrative structure and will consider all sides of an issue in an impartial and objective manner. The ombudsperson cannot impose solutions, but will identify options and strategies for resolution.
- **The Ethics and Compliance Office, 815-753-5560, niu.edu/ethics-compliance/index.shtml.**
Any student who experiences and/or witnesses possible acts of discrimination, harassment, or retaliation has the right to report this activity to the Ethics and Compliance Office (ECO) at <https://www.niu.edu/ethics-compliance/complaints/discrimination.shtml>. All complaints and/or allegations of discrimination will be examined in a reasonable, objective, confidential, and expedient manner, and in accordance with applicable federal and state employment laws. This is also the office which oversees Title IX complaints. Complaints can be filed at niu.edu/ethics-compliance/title-ix/file-complaint.shtml.

- **Office of Academic Diversity, Equity, and Inclusion, 815-753-8399,**
niu.edu/diversity/
NIU is committed to safeguarding individual's constitutional rights to free speech and assembly and addressing incidents of bias that may negatively affect individuals and/or communities. If anyone in the NIU community feels belittled, disrespected, or isolated based on their identity such as race, sex, age, religion, physical ability or any other factor unrelated to academic qualifications, this office has a mechanism for reporting incidents. Incidents can be reported at niu.edu/diversity/resources/bias-incident.shtml

Program and Department Faculty

The research interests of the primary faculty and staff currently associated with the program are summarized below. Students also may wish to work with other faculty in the department.

Clinical Psychology Faculty

David J. Bridgett (Ph.D., Washington State University)

Email: dbridgett1@niu.edu

Website: niu.edu/emotionreg/

Consistent with my interests and program of investigation, research within the Emotion Regulation & Temperament Laboratory at NIU focuses on identifying contributors (e.g., family factors and contextual stress) to young children's emotion regulation, attention and executive functioning, and how these individual differences are transmitted across generations. We also consider factors that contribute to other aspects of young children's temperament (e.g., negative affect) and to their adaptive (e.g., language) and maladaptive outcomes (e.g., internalizing and externalizing difficulties, and health outcomes, such as BMI) within a developmental psychopathology framework. Given the importance of family dynamics, such as parenting, for children's health and well-being, we also examine how parent individual differences, such as maternal executive functioning, affect family dynamics and how family dynamics affects children's stress response. Other lines of ongoing work are focused on understanding factors (e.g., behavioral, cognitive, and physiological) that affect how high and low risk samples of parents and non-parents respond to infant distress cues (e.g., crying), and on the similarities and differences between aspects of self-regulation (e.g., effortful control, emotion regulation and executive functioning). Since 2011, research within the Emotion Regulation & Temperament Laboratory, and other on campus collaborations, has been funded by multiple NIH grants, enhancing the scope and impact of the ongoing work within the lab.

Recent Publications:

Lelakowska, G., Kanya, M. J., Balassone, B., Savoree, S., Boddy, L. E., Power, T. G., & Bridgett, D. J. (in press). Toddlers' impulsivity, inhibitory control, and maternal eating-related supervision in relation to toddler BMI: Direct and interactive effects. *Appetite*.

Bridgett, D. J., Ganiban, J. M., Neiderhiser, J. M., Natsuaki, M. N., Shaw, D. S., Reiss, D., & Leve, L. D. (2018). Contributions of mothers' and fathers' parenting to children's self-regulation: Evidence from an adoption study. *Developmental Science*, *21*, e12692.

- Nolvi, S., Uusitupa, H., Bridgett, D. J., Pesonen, H., Aatsinki, A., Kataja, E., Korja, R., Karlsson, H., & Karlsson, L. (2018). Human milk cortisol concentration predicts experimentally-induced infant fear reactivity: Moderation by infant sex. *Developmental Science, 21*, e12625.
- Bridgett, D. J., Kanya, M. J., Rutherford, H. J. V., & Mayes, L. C. (2017). Maternal executive functioning as a mechanism in the intergenerational transmission of parenting: Preliminary evidence. *Journal of Family Psychology (Special Section), 31*, 19-29.
- Holzman, J. B. & Bridgett, D. J. (2017). Heart rate variability indices as bio-markers of top-down self-regulatory mechanisms. *Neuroscience & Biobehavioral Reviews, 74*, 233-255.
- Bridgett, D. J., Burt, N. M., Edwards, E. S., & Deater-Deckard, K. (2015). Intergenerational transmission of self-regulation: A multidisciplinary review and integrative conceptual framework. *Psychological Bulletin, 141*, 602-654.

Michelle M. Lilly (Ph.D., University of Michigan)

Email: mlilly1@niu.edu

Website: tmhrlabniu.weebly.com/

Recent Publications:

My research focuses on the exploration of mental health outcomes following trauma. I am particularly interested in the ways in which world views, emotion regulation, and coping affect posttraumatic functioning, as well as the recovery process. A second line of research in the lab focuses on the mental and physical health of emergency responders, particularly 9-1-1 telecommunicators and law enforcement. This work examines factors that enhance the risk for poor health in this population, as well as development of individual and system-level interventions to reduce stress and psychopathology. In addition, I conduct trainings for first responders across the country on the topic of mental health, wellness, resilience, and peer support.

Reffi, A. N., Laman-Maharg, B., Pawirosetiko, J. S., & Lilly, M. M. (2021). Measuring mindfulness in emergency telecommunicators: A preliminary study of a revised observing construct. *Mindfulness, 12*, 2339-2353. doi: <https://doi.org/10.1007/s12671-021-01708-3>

Valdez, C. E., London, M. J., Gregorich, S. E., & Lilly, M. M. (2021). Development and validation of the trauma-related cognitions scale. *Plos One, 16*(4), e0250221. doi: [10.1371/journal.pone.0250221](https://doi.org/10.1371/journal.pone.0250221)

Dadouch, Z., & Lilly, M. M. (2020). Post-trauma psychopathology in journalists: The influence of institutional betrayal and world assumptions. *Journalism Practice*, Advance online publication. doi: 10.1080/17512786.2020.1755606

Lilly, M. M., Calhoun, B., Painter, I., et al. (2019). Destress 9-1-1: Efficacy of an online mindfulness-based intervention in reducing stress among 9-1-1 telecommunicators. *Occupational and Environmental Medicine*, 76, 705-711. doi: 10.1136/oemed-2018-105598

Lim, B. H., Hodges, M. A., & Lilly, M. M. (2019). The differential effects of insecure attachment on posttraumatic stress: A systematic review of the extant findings and explanatory mechanisms. *Trauma, Violence, & Abuse*, 1. doi: 10.1177/1524838018815136

Sherrill, A. M., Kurby, C. A., Lilly, M. M., & Magliano, J. P. (2019). The effects of state anxiety on analogue peritraumatic encoding and event memory: Introducing the stressful event segmentation paradigm. *Memory*, 27, 124-136.

Holly K. Orcutt (Ph.D., SUNY Buffalo)

Email: horcutt@niu.edu

Website: <https://www.niu.edu/horcutt/research-lab/index.shtml>

I am broadly interested in the areas of traumatic stress, posttraumatic stress disorder, and psychological flexibility. My student's thesis and dissertation topics are available on my webpage and illustrate a range of projects under this umbrella. I am particularly interested in whether or not there are emotion regulation strategies in response to painful experiences that are more or less predictive of suffering (i.e., pathological anxiety, PTSD) and risk, particularly with regard to issues of acceptance (e.g., mindfulness, forgiveness) vs. avoidance (e.g., experiential avoidance). More recently, my lab is developing projects in the area of racial trauma. Additionally, I have a current grant examining fear physiology (e.g., laboratory fear, potentiated startle to a fear conditioned cue, fear discrimination and fear extinction) and neurobehavioral interventions.

Recent Publications:

Himmerich, S.J., & Orcutt, H.K. (2021). Examining a brief self-compassion intervention for emotion regulation in individuals with exposure to trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13, 388-395. doi: 10.1037/tra0001110

Reffi, A. N., Ellis, R. A., Darnell, B. C., & Orcutt, H. K. (2021). Mental health service utilization following a campus mass shooting: The role of pre-shooting emotion

dysregulation and posttraumatic cognitions. *Psychological Trauma: Theory, Research, Practice, and Policy*. . doi.org/10.1037/tra0001036

Orcutt, H. K., Reffi, A. N., & Ellis, R. A. (2020). Experiential avoidance and PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (pp. 409–436). San Diego, CA: Elsevier. doi:10.1016/B978-0-12-816022-0.00014-4

Hannan, S. M., & Orcutt, H. K. (2020). Emotion regulation in undergraduate students with posttraumatic stress symptoms: A multi-method study. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. doi: 10.1037/tra0000577

Boykin, D. M., Himmerich, S. J., Pinciotti, C. M., Miller, L. M., Miron, L. R., & Orcutt, H. K. (2018). Barriers to self-compassion among female childhood maltreatment survivors: The roles of fear of self-compassion and psychological inflexibility. *Child Abuse & Neglect*, 76, 216-224.

Laura Pittman (Ph.D., University of Connecticut)

Director of Clinical Training

Email: lpittman@niu.edu

Website: niu.edu/pittmanlab/

My research is in the area of developmental psychopathology where I consider how family factors are linked to psychological outcomes in children and adolescents, taking into account the context of the family (e.g., poverty status, cultural background, single parenthood) and other stressors (e.g., community violence, exposure to natural disasters). Family factors considered include parenting behaviors (e.g., warmth/rejection, behavioral control, ethnic socialization), involvement of grandparents, family conflict, and co-parenting. Understanding how these family factors may buffer the risk associated with the family context as well as the complex mechanisms that explain the ways family processes are linked to child outcomes are commonly examined.

Recent Publications:

Shelleby, E., Pittman, L. D., Bridgett, D. J., Keane, J., Zolinski, S., & Caradec, J. (in press). Associations between COVID-19 pandemic stress and financial concerns and parent and child functioning. *Journal of Family Psychology*.

Kochanova, K., Pittman, L. D., & McNeela, L. (2021). Parenting stress and child internalizing and externalizing problems among low-income families: Transactional associations. *Child Psychiatry & Human Development*. <https://doi.org/10.1007/s10578-020-01115-0>

- Ioffe, M., Pittman, L. D., Kochanova, K., & Pabis, J. (2020). Parent-adolescent communication influences on anxious and depressive symptoms in early adolescence. *Journal of Youth and Adolescence*, *49*(8), 1716-1730. <https://doi.org/10.1007/s10964-020-01259-1>
- Pittman, L. D., Cutright, N. H., McNeela, L., Awada, S., Pabis, J., & Shelleby, L. (2020). Coping strategies and psychological symptoms among children on St. Thomas in the aftermath of Hurricanes Irma and Maria. *Journal of Traumatic Stress*, *33*, 151–160. doi: 10.1002/jts.22471
- Pittman, L. D., Ioffe, M., & Keeports, C. (2016). Young adults' perceptions of living with their grandparents during childhood. In M. H. Meyer & Y. Abdul-Malik (Eds.), *Grandparenting in the United States* (pp. 185-206). Amityville, NY: Baywood.
- Gummadam, P., Pittman, L. D., & Ioffe, M. (2015). Ethnic identity, school belonging, and psychological functioning among ethnic minority college students. *Journal of Experimental Education*, *84*, 289-306. doi: 10.1080/00220973.2015.1048844

Elizabeth Shelleby (Ph.D., University of Pittsburgh)

Email: eshelleby@niu.edu

My research is informed by a developmental psychopathology perspective and focuses on the development of child disruptive behavior problems, preventive interventions for at-risk populations, parenting practices, early child emotion regulation, and the influence of contextual stressors on child mental health. My work on preventive interventions explores intervention moderators and mechanisms of change. One line of inquiry I have pursued in the area of contextual stressors focuses on the intersection between family economic stress and children's behavioral development.

Recent Publications:

- Shelleby, E.C., Pittman, L.P., Bridgett, D.B., Keane, J., Zolinski, S., Caradec, J. (2022). Associations between local COVID-19 case rates, pandemic-related financial stress and parent and child functioning. *Journal of Family Psychology*. Advance online publication. DOI: <https://doi.org/10.1037/fam0000996>
- Awada, S.R. & Shelleby, E.C. (2021). Increases in maternal education and child behavioral and academic outcomes. *Journal of Child and Family Studies*, *30*(7), 1813-1830. DOI: <https://doi.org/10.1007/s10826-021-01983-7>
- Shelleby, E.C. & Ogg, J. (2019). Examining associations between ADHD symptoms, parent involvement, and child achievement. *Journal of Attention Disorders*. doi: 10.1177/1087054719859075

- Shelleby, E.C. Economic stress in Fragile Families: Pathways to parent and child maladjustment (2018). *Journal of Child and Family Studies*, 27, 3877-3886. doi: 10.1007/s10826-018-1232-z
- Shelleby, E.C., Shaw, D.S., Dishion, T.J., Wilson, M.N., & Gardner, F. (2018). Effects of the Family Check-Up intervention on reducing growth in conduct problems from toddlerhood through school age: An analysis of moderated mediation. *Journal of Consulting and Clinical Psychology*, 86, 856-867. doi: 10.1037/ccp0000337
- Shelleby, E. C., Votruba-Drzal, E., Shaw, D. S., Dishion, T. J., Wilson, M. N., & Gardner, F. (2014). Income and children's behavioral functioning: A sequential mediation analysis. *Journal of Family Psychology*, 28, 936-946.

David Valentiner (Ph.D., University of Texas, Austin)

Email: dvalentiner@niu.edu

Website: davidvalentiner.weebly.com

My research examines cognitive and emotional factors related to anxiety, anxiety disorders, and change in anxiety during treatment and during the natural recovery following trauma, addressing questions such as, "what are the mechanisms of change in effective therapies for anxiety disorders?"; "what are the implications of these mechanisms for how we understand the psychopathology, including etiology and maintenance?"; and, "how can treatment and prevention be improved based on what we learn about mechanisms of change?"

Recent Publications:

- Despotes, A. M., Darnell, B. C., Lee, S. R., & Valentiner, D. P. (2021). Past adversity and obsessive-compulsive symptoms: The mediating roles of posttraumatic cognitions and posttraumatic stress symptoms. *Journal of Obsessive-Compulsive and Related Disorders*, 28, 100613.
- Valentiner, D. P., Kingzette, A., & Snyder, A. E. (2020). Reassurance seeking and spoiled answers on academic tests. *Anxiety, Stress, & Coping*, 1-9.
- Darnell, B. C., & Valentiner, D. P. (2020). Performance on the multisource interference task moderates the relationship between trauma exposure and posttraumatic stress symptoms. *Clinical Psychological Science*, 8, 351-358.
- Holzman, J.B., Valentiner, D.P., Hannan, S.M., Wallace, D. G., & Orcutt, H. K. (2017). High dose alcohol consumption predicts less reduction in post-traumatic stress symptoms after a campus mass shooting. *Anxiety, Stress, & Coping*, 30(6), 609-618.

Valentiner, D.P., Skowronski, J.J., Mounts, N.S., & Holzman, J.B. (2017). Social anxiety and relationship formation during the college transition: Self-verification, self-image and victimization. *Journal of Cognitive Psychotherapy*, 31, 136-148.

Renner, K. A., Valentiner, D. P., & Holzman, J. B. (2017). Focus-of-attention behavioral experiment: an examination of a therapeutic procedure to reduce social anxiety. *Cognitive Behaviour Therapy*, 46(1), 60-74.

Kevin D. Wu (Ph.D., University of Iowa)

Email: kevinwu@niu.edu

Website: wuniu.weebly.com

My research focuses on dimensional models of psychopathology in which symptoms generally exist on a continuum rather than as qualitatively discrete entities. Primary work addresses issues related to obsessive and compulsive experiences, focusing on experimental methods and targeting cognitive-behavioral models of their development and maintenance. My graduate students conduct research relevant to this domain and bring their own targeted interests. All co-authors below either are current or former NIU graduate students in clinical psychology.

Recent Publications:

Cares, S. R., Younce, J. A., Mangen, K. H., Winder, J. R., Fergus, T. A., & Wu, K. D. (in press). I am worried: Do the PSWQ and PSWQ-R display measurement invariance across four racial groups? *Assessment*.

Cares, S. R., Mangen, K. H., & Wu, K. D. (2022). An Examination of the Sentence Task Through In-Person and Online Administrations. *Journal of Obsessive-Compulsive and Related Disorders*, 32. <https://doi.org/10.1016/j.jocrd.2021.100703>

Younce, J. A., & Wu, K. D. (2020). Examining the relationship between religion and thought-action fusion in a protestant sample. *Journal of Obsessive-Compulsive and Related Disorders*, 27. <https://doi.org/10.1016/j.jocrd.2020.100591>

Conley, S. L., Lee, S. R., Martyn, H. F., & Wu, K. D. (2019). Facets of experiential avoidance differentially predict engagement in a contamination-based behavioral approach task. *Journal of Obsessive-Compulsive and Related Disorders*, 22. <https://doi.org/10.1016/j.jocrd.2019.100453>

Lee, S. R., & Wu, K. D. (2019). Feelings of incompleteness explain symptoms of OCD and OCPD beyond harm avoidance. *Journal of Obsessive-Compulsive and Related Disorders*, 21, 151-157.

Conley, S. L., & Wu, K. D. (2018). Experimental modification of dysfunctional interpretations in individuals with contamination concerns. *Journal of Behavior Therapy and Experimental Psychiatry*, 59, 56-64.

Affiliated Research Faculty

Julie Crouch (Ph.D., Northern Illinois University)
Director, Center for the Study of Family Violence and Sexual Assault
Email: jcrouch@niu.edu

My research focuses on understanding the causes and consequences of child physical abuse and intimate partner violence. My recent work focuses on applying social cognitive paradigms as a means of understanding why some parents physically abuse their children. Also, I am conducting research and evaluation projects examining innovative interventions designed to promote positive parenting practices.

Nina S. Mounts (Ph.D., University of Wisconsin-Madison)
Professor, Developmental Psychology Program
Email: nmounts@niu.edu

Broadly, my research focuses on parent-child and peer relationships during adolescence across ethnically diverse groups. My lab is examining the way in which parents are involved in the peer relationships of adolescents. We are especially interested in examining the way in which parental involvement in peer relationships (i.e. harsh and supportive approaches), is related to social anxiety and several aspects of peer relationships including aggressive behavior, prosocial behavior, and friendship quality. My research also includes a consideration of social-cognitive and physiological processes that contribute to the linkages between parenting and adolescents' peer relationships.

Bradford H. Pillow (Ph.D., Stanford University)
Associate Professor, Developmental Psychology Program
Email: bpillow@niu.edu

My research examines social cognitive and metacognitive development during the preschool and elementary school years. I have investigated (a) children's ability to infer another person's knowledge, beliefs, or visual experience, (b) children's explanations of interpersonal events, (c) children's understanding of cognitive processes such as attention, inference, comprehension, and memory, and (d) children's monitoring of their own cognitive activities. Although my research emphasizes normative age-related developmental changes, individual differences in social cognitive and metacognitive abilities may be related to outcomes in both the social and academic domains. Social cognitive abilities are related to children's social behavior and the quality of their social relationships, whereas metacognitive abilities are important for performance on many

academic tasks. In addition, I also have studied young children's reasoning about social categories. Current research focuses on children's attribution of motives to others to explain social behavior.

Douglas G. Wallace (Ph.D., Kent State University)
Associate Professor, Neuroscience and Behavior Program
Email: dwallace@niu.edu

My research uses navigational tasks in multiple species (humans and rodents) at different scales (manipulatory vs. ambulatory) to investigate the impact of neurodegenerative processes on spatial orientation. For example, I have used rodent models of Alzheimer's disease to understand the cue processing deficits associated with wandering behavior. This work has prompted a series of human studies that demonstrate the importance of self-movement cue processing in maintaining spatial orientation. One active line of research uses manipulatory scale tasks to investigate the impact of several factors (aging, adolescent binge drinking, and exercise) on changes in spatial orientation observed across the lifespan. Future work will examine the impact of interventions to ameliorate spatial deficits associated with a history of adolescent binge drinking.

Other Department Faculty

Cognitive Psychology

M. Anne Britt

Advanced literacy skills; argument comprehension, production, and evaluation skills; integration of information from multiple sources; enhancing learning and understanding through use of computer-aided instruction.

Katja Wiemer

My main research focuses on mental representations and language processing. Ongoing research projects explore our understanding of abstract concepts (like "process", "freedom" or "argument"), with research addressing the content of these concepts as well as how they relate to each other (with a focus on causal relations) and how they are categorized in memory; perceptual bases of concepts (i.e. to what extent is our knowledge grounded in perceptual experiences); and scientific explanations and the ability to evaluate explanations produced by others as well as by ourselves. I have conducted some language processing work on cognitive distortions (i.e., we developed a system that automatically identified maladaptive thoughts by analysis of linguistic features). Apart from my active research, I have theoretical interests related to the clinical area (i.e., areas I read but do not actively conduct research in), which include health psychology, codependency, and Adult Children of Alcoholics (ACOA) symptoms related to narcissistic abuse.

*Neuroscience and Behavior***Angela Grippo**

Interactions among social behavior, stress, and the heart; association of depression and heart disease; and animal models of psychological disorders and stress.

*School Psychology***Michelle K. Demaray**

I have spent over a decade focused on the measurement of social support and the relations among perceived social support in youth and positive and negative outcomes. I also conduct research on bullying and victimization in schools. This research includes cyber-bullying and cyber-victimization and the role of bystanders in the bullying situation. I am also interested in both research and clinical practice issues relevant to Attention-Deficit/Hyperactivity Disorder (ADHD). More broadly, I am interested in social-emotional issues in schools, including social emotional screening.

Christine K. Malecki

School psychology; social support perceived by children and adolescents; curriculum-based measurement; innovative school psychology delivery services.

Julia Ogg

I am interested in how symptoms associated with Attention-deficit/Hyperactivity Disorder (ADHD; i.e., inattention, hyperactivity, and impulsivity) relate to classroom behavior and academic achievement. I am particularly interested in studying this relationship in children starting kindergarten, as well as how these relationships change as children progress through school. I also study parenting attitudes and behaviors that support the development of academic enabling classroom behaviors (e.g., engagement, prosocial skills) in children with symptoms of ADHD.

Kara Styck

Research interests include the measurement of individual differences in cognitive and affective factors that impact success in school. Kara is currently a statistical and methodological advisor for the Journal of School Psychology.

*Social and Industrial/Organizational Psychology***Amanda M. Durik**

Factors that promote optimal motivation (interest and performance) in achievement situations; achievement goals; and the development of interest.

Lisa M. Finkelstein

Age and generation identification; the role of age and generation differences in newcomer socialization, mentoring, and inaction in workgroups; and stereotyping and discrimination in the workplace.

Randy McCarthy

Social-cognitive contributors to aggression, spontaneous trait inferences

Brad J. Sagarin

Attitude change; resistance to persuasion; deception, jealousy and infidelity; evolutionary psychology; human sexuality; and statistical approaches to missing data and non-compliance.

Alecia M. Santuzzi

Interpersonal appraisals and evaluations; metaperceptions (knowing what others think of you); social stigma in work-related situations; social interaction in face-to-face and virtual groups; and virtual organizations.

APPENDIX A: COSTS ASSOCIATED WITH PROGRAM

Year One		
Program Activity	Estimated Amount	How Often
Student Fees (\$139.04/credit hour)	\$1,500-\$1,800 \$1,500-\$1,800 \$150-\$300	Fall Spring Summer
Books and Supplies	\$400 per semester	Fall and Spring
Membership Dues	Varies	Annually
Conference Registration and Travel	\$400	Annually
Parking Pass (Optional but typical)	\$92	Annually
Student Liability Insurance	\$35	Annually
Student Health Insurance (Optional)	\$1,039 per semester	Fall & Spring
Professional Clothing	Varies, typically \$100-\$200	Annually
Year Two and Three		
Program Activity	Estimated Amount	How Often
Student Fees (\$139.04/credit hour)	\$1,500-\$1,800 \$1,500-\$1,800 \$150-\$300	Fall Spring Summer
Books and Supplies	\$100-\$400 per semester	Fall and Spring
Thesis/Research Expenditures (e.g., copying, participant payments)	Varies	As needed
Membership Dues	Varies	Annually
Conference Registration and Travel	\$500-\$750	Annually
Externship Expenditures (if applicable)	Varies	As needed
Parking Pass (Optional but typical)	\$92	Annually
Student Liability Insurance	\$35	Annually
Student Health Insurance (Optional)	\$1,039 per semester	Fall and Spring
Professional Clothing	Varies, typically \$100-\$300	Annually
Year Four and Beyond (on campus)		
Program Activity	Estimated Amount	How Often
Student Fees (\$139.04/credit hour)	\$800-\$1,800 \$800-\$1,800 \$300-\$800	Fall Spring Summer
Books and Supplies	\$100-\$300 per semester	Fall and Spring
Dissertation/Research Expenditures (e.g., copying, participant payments)	Varies	As needed
Membership Dues	Varies	Annually
Conference Registration and Travel	\$100-\$500	Annually

Externship Expenditures (e.g., gas, drug tests)	Varies, typically \$400 - \$1,000	As needed
Internship application fees and travel expenses	Varies, typically \$2,500-\$4000	Year prior to internship
Parking Pass (Optional but typical)	\$92	Annually
Student Liability Insurance	\$35	Annually
Student Health Insurance (Optional)	\$1,039 \$1,039	Fall Spring
Professional Clothing	Varies, typically \$100-\$300	Annually
Internship Year		
Program Activity	Estimated Amount	How Often
Student Fees (\$139.04/credit hour)	\$140 \$140 \$140	Fall Spring Summer
Dissertation/Research Expenditures (e.g., copying, participant payments)	Varies	As needed
Membership Dues	Varies	Annually
Conference Registration and Travel	\$100-\$500	Annually
Student Liability Insurance	\$35	Annually
Student Health Insurance (Optional)	\$1,039 per semester	Fall and Spring
Professional Clothing	Varies, typically \$100-\$300	Annually

APPENDIX B: CHILD CLINICAL-DEVELOPMENTAL PSYCHOPATHOLOGY FOCUS

The clinical area of the Psychology Department at Northern Illinois University offers a focus in Child Clinical-Developmental Psychopathology for students with strong research and/or clinical interests in child development and developmental psychopathology. The focus area is based on the premise that the understanding of normal developmental processes and outcomes is essential for understanding and treating abnormal behavior in children and adolescents. That is, psychologists establish a deeper understanding of both normal and abnormal development when each is viewed in the context of the other. Students receive broad training in theory and research in both clinical and developmental psychology. Applied work with children, in both clinical and school settings, is also available. Students in the Child Clinical—Developmental Psychopathology focus can prepare themselves for academic careers in clinical and developmental psychology as well as careers in clinical work with child and adolescent populations. We have joined the recently formed Clinical Child and Pediatric Psychology Training Council (CCaPPTC, clinicalchildpsychology.com/clinical-child-and-pediatric-psychology-training-council/) which will keep us abreast of changes in the field.

The Child Clinical-Developmental Psychopathology focus offers students a broad range of courses, research opportunities, and practicum experiences. Specialized child clinical courses include developmental psychopathology, child assessment, and child and family therapy. Students also take clinical courses in intellectual assessment, personality assessment, ethics and professional issues, cognitive-behavior therapy, and adult psychopathology. For students who are interested, a course on school-based consultation is available through the school psychology program in the department, and family therapy courses are occasionally available both within and outside the department. Students are expected to take two developmental courses including a survey class in developmental psychology and a class in social/personality development. Occasionally, additional graduate-level courses are made available in the department (e.g., cognitive development, language development, and perceptual development).

Students completing the Child Clinical-Developmental Psychopathology focus have opportunities to conduct research under the supervision of clinical, developmental, or school psychology faculty. Students are encouraged to work with faculty in the different areas to achieve a greater integration of clinical and developmental perspectives in their research. Faculty research interests include parent-child relationships in both normal and clinical populations; risk and resilience factors; emotion regulation and temperament; social support systems and peer relationships in the home and school environments; the development of social cognition and meta-cognition; and language development.

Practicum experiences are available through the PSC, which is located within the psychology department, as well as through established externships and practicums in outpatient clinics and local school districts. Students pursuing a child clinical focus are

expected to work with child clients within the PSC and have at least one child-oriented externship.

Every other Friday during the academic year, students pursuing the Child Clinical-Developmental Psychopathology focus are expected to attend the Child Brown Bag series. This brown-bag series is organized by students and faculty in the child clinical and developmental areas. Research presentations on topics of interest to this group are given by NIU students and faculty as well as outside speakers.

Students interested in this focus should apply to the clinical area and indicate their interest in the Child Clinical-Developmental Psychopathology focus on the application materials. If you have any questions about the program, please contact Laura Pittman, Ph.D., at 815-753-2485 for additional information.

Child Clinical-Developmental Psychopathology faculty includes:

Name	Email	Focus
David Bridgett	dbridgett1@niu.edu	Clinical
Michelle Demaray	mkdemaray@niu.edu	School
Christine Malecki	cmalecki@niu.edu	School
Nina Mounts	nmounts@niu.edu	Developmental
Julia Ogg	jog@niu.edu	School
Brad Pillow	pillow@niu.edu	Developmental
Laura Pittman	lpittman@niu.edu	Clinical
Elizabeth Shelleby	eshelleby@niu.edu	Clinical
Kara Styck	kstyck@niu.edu	School
Karen White	kwhite1@niu.edu	Clinical

To have completed the child clinical coursework, students must complete the same requirements as outlined for all clinical students (including taking PSYC 676: Social-Personality Development and PSYC 645: Developmental Psychopathology) as well as PSYC 647 (Psychological Intervention with Children and Their Families). They also are encouraged to take other graduate courses in Developmental Psychology (e.g., PSYC 665: Behavioral Development).

APPENDIX C: TRAUMA PSYCHOLOGY FOCUS

The clinical area of the Psychology Department at Northern Illinois University offers a focus in Trauma Psychology for students with strong research and clinical interests in the area of trauma. The focus area is based on the premise that trauma, broadly defined, is a risk factor in multiple disorders. Increased understanding of causes and consequences of traumatic stress and related sequelae will enhance the development of intervention strategies to reduce negative effects of trauma exposure. Consistent with the New Haven trauma competencies (Cook & Newman, 2014), training will target the core competencies of scientific knowledge about trauma, trauma-relevant psychosocial assessment, trauma-relevant psychosocial intervention and trauma-informed professionalism. Students will receive exposure and training in best practices in assessment and evidence-based treatment modalities in trauma psychology. Students will also produce original scholarship in trauma psychology.

Students completing the Trauma Psychology focus have opportunities to conduct research under the supervision of clinical or affiliated faculty. Faculty research interests include emotional processing, emotion regulation, interpersonal violence, emergency responders, risk and protective factors following trauma exposure, trauma disclosure, posttraumatic stress, and social cognitive models of child physical abuse.

Students interested in this focus should apply to the clinical area and indicate their interest in the Trauma Psychology focus on the application materials. If you have any questions about the program, please contact Holly Orcutt, Ph.D. at 815-753-5920 for additional information.

Trauma Psychology faculty and affiliates include:

Faculty/Affiliate	Email	Focus
David Bridgett	dbridgett1@niu.edu	Clinical
Julie Crouch	jcrouch@niu.edu	CSFVSA
Michelle Lilly	mlilly1@niu.edu	Clinical
Holly Orcutt	horcutt@niu.edu	Clinical
David Valentiner	dvalentiner@niu.edu	Clinical

To have completed the Trauma Psychology focus, students must complete the same requirements as outlined for all clinical students (see Page 10) with the following differences:

- 1) Students will conduct original research relevant to the field of traumatology as part of a thesis, dissertation, or independent project.
- 2) Students will take PSYC 632 (Foundations in Traumatology), which covers theories of trauma research and intervention.

- 3) Students will take PSYC 632 (Assessment and Treatment of Trauma).
- 4) Students will attend Trauma Journal Club and other relevant brown-bag presentations including Anxiety Research Topics (ART) and the Center for the Study of Family Violence and Sexual Assault (CSFVSA).
- 5) Students will be expected to see trauma assessment and intervention cases in the PSC as part of the Trauma Specialty Team at least one semester during their tenure in the program.

APPENDIX D: CLINICAL COMPETENCE EVALUATION

Northern Illinois University Clinical Psychology Program Clinical Competencies Evaluation

Clinician _____ Year in program _____

Supervisor _____ Semester _____

Site (PSC, specific externship, etc.) _____

Status of student next semester in this placement (PSC or externship):

- _____ Continuing in placement (will receive an "In Progress" grade)
 _____ Satisfactorily completed (will receive an S for this experience; evaluation form needs to be turned in before the end of the semester)
 _____ Completed, but not satisfactorily (will receive a U for this experience; evaluation form needs to be turned in before the end of the semester)

Performance is equivalent to the grade of: _____ (optional)

This evaluation is based on (check all that apply):

- _____ Direct observation of clinical session(s)
 _____ Video review of session(s)
 _____ Audio review of session(s)
 _____ Co-therapy
 _____ Discussions in supervision and other clinical meetings

Clinical Hours:

Intervention _____ Assessment _____ Support _____ Supervision _____

Signatures:

Supervisor: _____ Date: _____

Student: _____ Date: _____

Clinicians are expected to perform at a level commensurate with their level of training/experience and to progress in their development of clinical and professional skills/abilities over the course of the semester.

By checking the “At Expected Level” box, supervisors are affirming that the supervisee is demonstrating the appropriate level of performance and is qualified to advance to the next level of training. Checking “Below Expected Level” indicates a deficiency that must be remediated or a lack of progress across the semester in a particular skill. Specific strengths or weaknesses can be noted in the comments section.

Comportment and Appearance	At Expected Level	Below Expected Level	Comments
1. Overall performance			
Specific components			
a. Maintains appropriate attire and appearance.			
b. Adequate personal hygiene.			
c. Presents self in a professional and favorable manner (verbal).			
d. Presents self in a professional and favorable manner (non-verbal).			
Professional Behavior			
2. Overall Performance			
Specific Components			
a. Interacts appropriately with professional staff and supervisor.			
b. Interacts appropriately with peers and colleagues.			
c. Interacts appropriately with support staff.			
d. Participation in clinic meetings.			
e. Maintains confidentiality and security of client materials and information.			
f. Compliance with clinic policies and procedures.			
Assessment Skills			
3. Overall Performance			
Specific Components			
a. Assessment of dangerousness.			
b. Assessment of suicidality.			
c. Assessment of social, economic, and cultural issues impacting diagnosis and treatment.			
d. Ability to choose appropriate assessment strategies and measures.			
e. Technical competence at administration of assessments.			
f. Interpretation of assessment data.			

g. Assessment conceptualization skills (ability to conceptualize cases).			
h. Understanding of uses and limitations of assessment strategies.			
i. Skill at diagnosing using DSM multi-axial system.			
Therapy Skills			
4. Overall Performance			
Specific Components			
a. Ability to conduct intake interview and collect necessary information for appropriate disposition.			
b. Ability to establish rapport with diverse clients.			
c. Ability to listen attentively.			
d. Ability to empathize with client.			
e. Appropriate reflection of client's feelings.			
f. Ability to maintain appropriate boundaries.			
g. Ability to lead and control the interview.			
h. Ability to develop appropriate therapeutic goals.			
i. Ability to appropriately respond to client.			
j. Ability to develop appropriate and realistic treatment plan.			
k. Ability to implement therapeutic plan.			
l. Flexibility to adjust goals and alter therapeutic plan during therapy.			
m. Ability to write appropriate and adequate progress (process) notes.			
n. Maintains appropriate communications with client via telephone, mail, etc.			
o. Maintains appropriate communications with referral sources and collateral providers.			
p. Interactions with client's family members and significant others.			
q. Ability to receive and deal with client feedback and/or criticism.			

r. Management of termination/transfer of clients.			
Administrative Skills			
5. Overall Performance			
Specific Components			
a. Prompt contact of clients and response to client phone calls.			
b. Prompt completion of progress notes, intakes, reports, and client-contact sheet.			
c. Prompt handling of letters, release forms, and other treatment related paperwork.			
d. Maintenance of and respect for clinic property and facilities.			
e. Compliance with clinic rules and policies.			
f. Maintenance and protection of client folders and clinic files.			
g. Maintains appropriate communications with clinic director and other staff.			
h. Quality, thoroughness, and clarity of written reports, notes, and letters.			
i. Quality, thoroughness, and clarity of oral presentations.			
Ethics			
6. Overall Performance			
Specific Components			
a. Knowledge of ethical principles.			
b. Adherence to ethical principles.			
c. Recognizes potential ethical dilemmas.			
d. Integrity and honesty.			
Knowledge			
7. Overall Performance			
Specific Components			
a. Awareness of legal obligations especially with regards to mandatory reporting.			
b. Initiative in seeking additional knowledge in order to enhance clinical skills.			
c. General psychological knowledge base.			
d. Knowledge of intervention strategies.			

e. Case conference presentation (see evaluation form when applicable).			
Miscellaneous Clinically Relevant Behaviors			
8. Overall Performance			
Specific Components			
a. Ability to tolerate uncertainty and mistakes.			
b. Awareness of own strengths and weaknesses.			
c. Personal problems do not interfere with professional responsibilities.			
d. Ability to manage own affect appropriately.			
Supervision Issues			
9. Overall Performance			
Specific Components			
a. On time and prepared for supervision.			
b. Exercises good judgment regarding when to ask for help.			
c. Non-defensive in receiving input.			
d. Ability and willingness to integrate supervisory suggestions into treatment.			
e. Ability to present cases to supervisor in an organized and efficient manner.			
f. Appropriate level of independence and autonomy.			

Comments:

APPENDIX E: CLINICAL AREA “AT RISK” POLICY

Committee Purpose: To develop procedures to identify and remediate students whose clinical work is not progressing satisfactorily, putting them “at risk” to be terminated from the clinical program.

Problem Identified: A doctorate in clinical psychology requires more than good grades and research skills. Clinical psychologists are expected to be skilled in the evaluation and treatment of psychological disorders. Terminating students from the clinical program because of seriously deficient development of clinical skills is the ethical and professional responsibility of the clinical faculty. The absence of formal, defined procedures for this process can make decisions appear arbitrary or unfair to students.

Guidelines for Improvement: Four processes developed by the students and consistent with recent literature guided the committee’s approach:

1. Establish and communicate a set of clear expectations.
2. Provide ongoing feedback.
3. Involve all relevant parties in all phases of deliberation.
4. Provide the opportunity to demonstrate change and to appeal decisions.

Proposed Plan: At the end of each semester, the clinical faculty will review the clinical performance of the clinical students using the Clinical Competencies Evaluation form found in Appendix D. Faculty members who taught a team will identify any student they feel is seriously deficient in their development of clinical skills. The faculty will notify students as early as possible that they are considering identifying the student as “at risk” and will again inform the student when they decide to go to the full clinical faculty with the recommendation that the student be considered “at risk.” If after discussion the majority of the clinical faculty concurs, the following procedure will be implemented:

1. Once the clinical faculty decides a student is “at risk,” his or her next supervisor will be determined by the director of clinical training (DCT) and the director of the PSC with the student’s and the faculty’s input.
2. The student, immediate past clinical supervisor, next semester clinical supervisor, and DCT will meet to specify identified weaknesses and develop goals and strategies for remediation.
3. An individually tailored practicum will be developed which may include more intensive supervision, a reduced caseload, assigned readings, observation of more experienced therapists, an extra semester of practicum, recommendation for personal psychotherapy, a leave of absence, etc.

4. The student will be provided feedback about their performance on an ongoing basis but with a formal written evaluation at midsemester.
5. At the end of the semester, the student's progress will be reviewed by the clinical faculty and a decision made whether sufficient progress has been made to no longer be "at risk," to continue another semester "at risk," or to be terminated from the program.
6. The student may appeal the decision to the department chair, who will review the recommendation with the DCT, and if the chair chooses, with the clinical faculty. If the decision is unchanged the chair will inform the student of the process for further appeal.
7. If a student is dismissed from the program, a final meeting should be initiated by the DCT to provide help or referrals for academic counseling, personal therapy, status of future letters of recommendation, and any other issues of concern to the student.

Procedures to handle violations of PSC policy and/or violations of ethical guidelines for clinical practice within practicum and externship placements:

Preamble

In addressing ethical concerns in clinical work, the NIU clinical training program takes the position that students should first follow the guidelines articulated in the "Ethical Principles of Psychologists and Code of Conduct" (see Standard 1.04). Initially, concerns about another student's professional conduct should be communicated directly to the person in question. Such communications should be handled in a tactful manner, with attention to the fact that perceived ethical problems may be due to a lack of understanding, a miscommunication, or an actual violation. Thus, students should begin a process of communicating concerns about another student's professional behavior in the spirit of learning and collegueship. Students are reminded that a hallmark of a "profession" is that members of a group take pride in supporting the ethical and professional behavior and reputation of individual members of the group and the profession as a whole. Every effort should be made to clarify and resolve concerns informally prior to invoking the following policy.

In determining how to handle an apparent violation of PSC policy or professional ethics of clinical practice, students are encouraged to seek the consultation of other sources, such as the APA ethics board, the state psychological association, faculty and other professionals. The faculty also recognizes that many of the issues that are brought to their attention can be resolved in supervision, through remediation, and in other less formal ways; and every effort should be made to avoid a formal inquiry. However, if examination of a potential ethical violation or PSC procedural violation is not resolved using this more informal approach, then the following policy will be followed.

Policy Guidelines

Determination of whether the issue is an ethical violation, a policy/procedure violation, or both:

Any procedural violation that also creates the potential for an ethical violation falls in the policy/procedure sequence of actions. If the procedural violation also constitutes an ethical violation, it is handled in the ethical sequence of actions.

Concerns about a student's professional and ethical conduct should first be addressed with the DCT. In this consultation, the DCT determines whether the issue at hand is a policy/procedure issue or an ethical issue. If this question is not clear cut, then the DCT may call a meeting of the clinical faculty for consultation and discussion. If the issue pertains to clinic policy or procedure, the DCT immediately informs the PSC director. If the concern is an ethical violation, the DCT then confers with the clinical faculty who can recommend remedial measures or proceeds with a more formal investigation as described below. If the faculty recommends remediation, and the student contests the recommendation, the student can also request the following procedure be followed. In accordance with the ethical guidelines, the faculty may suspend the student clinician from client care pending resolution of the complaint.

Steps for handling ethical violations:

1. Establish a small (three person) fact-finding committee which would make a recommendation to the full clinical faculty. This committee would typically include one faculty member appointed by the DCT, a faculty member selected by the student in question, and the faculty member who most recently taught the ethics course.
2. The fact-finding committee reports their findings to clinical faculty. The report should include the procedures and findings of their investigation, as well as the ethical principles at issue.
3. Following discussion among the entire clinical faculty, a plan of action and/or consequences is developed. A plan of action may be recommended by the fact-finding committee
4. The plan of action is then voted on by the full clinical faculty. The entire clinical faculty must vote on the plan to deal with an ethical violation and the consequences that may be imposed.
5. Any set of findings that could result in dismissal from the program would then be presented to the DOGS and the department chair.

6. A formal report of the deliberations, findings, and recommendations is placed in the student's permanent record.

Violation of PSC policy or procedures that are NOT also ethical violations:

Concerns about a student not following PSC policy or procedure should be handled initially by the PSC director. The PSC director should work closely with the student's direct supervisor and monitor adherence to policy. If concerns create the potential for ethical violations, or the student either continues to violate procedures or otherwise evidences an unacceptable response to correction, then the matter is presented to the DCT. The procedures from this point are the same as those followed for ethical violations with the following exception: The fact-finding committee will typically be comprised of the PSC director, a faculty member appointed by the DCT, and a faculty member selected by the student. If there is concern that the issues may include some ethical considerations, the DCT has the option of formulating the committee to include someone with expertise in a particular ethical issue.

APPENDIX F: CLINICAL AREA CANDIDACY EXAMINATION

All students in a Ph.D. program within the Psychology Department are required to pass an extensive candidacy examination that includes a written component. The doctoral candidacy examination shall sample the student's knowledge and ability to integrate theory and research relevant to the student's area of concentration. Students must prepare a portfolio that includes materials from each of the following categories:

Category A: Research Productivity

1. *One 1st authored full-length manuscript* submitted and accepted for review to a peer-reviewed publication

and

2. *One additional 1st, 2nd, or 3rd authored full-length manuscript* submitted and accepted for review to a peer-reviewed publication.

It is permissible that either of these manuscripts be co-authored by faculty members. The student's faculty mentor must approve all materials prior to submission of the candidacy exam portfolio. Manuscripts or publications based on work done prior to the formal start of program studies at NIU are not acceptable. The 1st authored manuscript (i.e., A1) must be empirical research. The additional manuscript (i.e., A2) may be either a literature review or empirical research. Students may petition the clinical faculty to request submission of other publication formats (e.g., brief reports) for the additional manuscript.

Category B: Engagement in the Broader Professional Community

1. *One 1st authored poster presentation* at a regional, national, or international professional conference

and

2. *One 1st authored paper presentation or two additional 1st or co-authored poster presentations* at regional, national, or international professional conference(s)

Conference presentations will be based on research engaged in while at NIU. It is permissible that these presentations be co-authored by faculty members. The faculty mentor must approve the presentations for them to be included in the portfolio. Conference presentations based on work done prior to the formal start of program studies at NIU are not acceptable. Presentations must be given at more than one conference (e.g., multiple years of the same meeting or meetings of multiple professional organizations).

Category C: Clinical Competence in Assessment and Psychotherapy

1. Successful completion of their required PSC training, as evidence of being *at expected level* on all broad domains covered in the clinical competence evaluation in their last semester in the PSC

Submission of portfolio

After the completion of their thesis and with the endorsement of their faculty mentor, students can electronically submit their portfolio in a single PDF to the DCT. The first pages of this PDF should be the Candidacy Exam Portfolio Cover Page (found in the clinical forms folder in the Clinical Student OneDrive folder). The clinical faculty will review portfolios at each regularly scheduled clinical faculty meeting, which are held August through April. To permit adequate time for faculty to review portfolios, students should submit them at least one week before any of these meetings.

The majority of the clinical faculty will need to approve the portfolio for the student to pass the candidacy examination. If the portfolio is not approved by the majority of the clinical faculty, the student will receive feedback regarding which categories were not considered satisfactory. They then will have six months to address these issues and resubmit their portfolio. If their revised portfolio continues to not be approved by the majority of the clinical faculty, they will have failed the candidacy examination.

APPENDIX G: CUDCP INTERNSHIP REQUIREMENTS

Council of University Directors of Clinical Psychology Minimal Requirements for Internship Eligibility

1. Trainee meets or exceeds foundational competencies as outlined by the Benchmarks Assessment of Competency Benchmarks Work Group.
2. Trainee meets or exceeds functional competencies as outlined by the Benchmarks Assessment of Competency Benchmarks Work Group.
3. Trainee successfully completed a master's thesis (or equivalent).
4. Trainee passed program's comprehensive or qualifying exams (or equivalent).
5. Trainee's dissertation proposal has been accepted at the time of application to the internship.
6. Trainee successfully completed all required coursework for the doctoral degree prior to starting the internship (except hours for dissertation and internship).
7. Trainee completed an organized, sequential series of practicum experiences supervised by at least two different clinical psychologists that involve formalized practicum experience in evidence-based assessment and therapy. The trainee completed at least 450 face-to-face hours of assessment/intervention and at least 150 hours of supervision by a clinical psychologist who routinely employed individual and/or group supervision models and at least one or more of the following intensive supervision methods (e.g., direct observation, co-therapy, audio/videotape review). During early formative years, the ratio of face-to-face hours to supervision hours approximated 1:1 and increased to around 4:1 as the trainee developed intermediate to advanced clinical skills (and in some cases the ratio exceeds 4:1 when the trainee is engaged in extensive assessment practica training, which involved substantial face-to-face time for assessing a single client).
8. Trainee has contributed to the scientific knowledge within psychology, as evidenced by:
 - a. Publishing an article in a refereed journal or a book chapter as an author or co-author, or
 - b. Presenting at least three papers/posters/workshops at regional, national, or international professional conferences or meetings.
9. Trainee was enrolled in a program that conducts formal annual evaluations of each student for purposes of monitoring trainees' developing competencies and assuring that only students making satisfactory progress are retained and recommended for doctoral candidacy and entry into the profession. This annual program review of each student utilizes evaluations obtained from different faculty and supervisors and covers the full range of competencies including academic, research, clinical skills,

and ethical professional behavior. Trainee has been rated as meeting expectations and possessing the required competencies at the time of applying for internship.

APPENDIX H: INTERNSHIP CHECKLIST

Application Process (Specific dates will be provided each year at the meeting with the DCT. The estimated timeline assumes the first application due date is Nov. 1. Subtract accordingly from all dates if applications are due earlier.)

Before your Approval to Apply (during summer/early fall before applying)

- _____ Discuss with your dissertation advisor whether they will support your request to apply for internship. If you have defended your dissertation proposal by Sept. 1, have 500+ clinical hours, and your advisor believes you will be able to collect all of your data before leaving for internship, you will be encouraged to proceed.
- _____ Attend the Internship Application Meeting.
- _____ Read the section on internships in the Clinical Handbook.
- _____ Complete the Internship Readiness Questionnaire.
- _____ Select a primary internship advisor (typically your dissertation advisor).
- _____ Meet with your internship advisor and discuss training goals, selection of sites, letter-writers, and strengths and weaknesses with your advisor. This will be the person who will review all materials to make sure you have a coherent package.
- _____ Revise your Internship Readiness Questionnaire if needed.
- _____ Update your CV (see internship application pointers in Student Internship folder).
- _____ Begin working on your internship essays (again see “pointers” file).
- _____ Submit a letter via email requesting to apply for internship to the DCT at least one day before the September clinical faculty meeting. Your letter must include information on the status of your dissertation, a paragraph describing your plan for obtaining an internship, and a summary of your clinical hours. You should attach a copy of your completed Internship Readiness Questionnaire. Requests are typically considered at the clinical faculty meeting scheduled in September. Your internship/research advisor should also have these materials as they will be the ones answering questions from other faculty about your plans for data collection as well as applying for internship. The faculty will consider the student’s readiness for internship and their plan for obtaining an internship in making decisions regarding approval for applications. The DCT will inform students of the outcome of their request.

After your Approval to Apply (fall of year applying)

- _____ Sign up for the APPIC Match at appic.org/AAPI-APPA#APP. Our program number is 088.
- _____ Provide a copy of your essays and examples of cover letters to your internship advisor. Meet with your internship advisor and discuss your materials and the application process.
- _____ Request letters of recommendation; notify them about the standard letter of recommendation that is required by APPIC. (Copies of this format are on the internship folder in the shared clinical dropbox folder.)

- _____ Check your transcript for any issues (e.g., lingering incompletes; note that the in progress, "IP," grades remain on the transcript with an S given in the final semester of the experience).
- _____ Request that your transcripts be sent to AAPI 5-6 weeks before your first due date (based on their instructions).
- _____ Complete the NIU Internship DCT Questionnaire
- _____ Submit to the DCT by the beginning of October (date will be specified) the following:
 - The NIU Internship DCT Questionnaire.
 - If you are currently on an externship, there are two forms to be completed:
 - A form documenting the number of hours you expect to gain between November 1 and the start of internship.
 - A form related to Externship Expectations during the Internship Interview Process.
 - Copy of your CV (which should already have been reviewed by your internship advisor).
 - Copy of your essays (which should already have been reviewed by your internship advisor).
 - At least two examples of cover letters (if applying to multiple types of sites, at least one example per type of site).
- _____ Make an appointment with the DCT to discuss your application in early October. There will be an iterative process at this point where you will need to reconcile feedback and potentially gain further feedback from the DCT and advisor on the essays and/or CV.
- _____ Get a flu shot. (No kidding!)
- _____ Send requests through the APPIC portal for letter writers (letter writers will get an email asking them to go online to submit the letter).
- _____ Submit your hours on the APPIC portal for DCT verification at least one week before your first application is due (sooner is better); the DCT will review and approve.
- _____ Provide nearly completed versions of all material to internship advisor.
- _____ Provide the DCT with copies of your final AAPI.

Interview Phase

- _____ Attend interviewing workshop with clinical faculty typically held on the Friday after the week of Thanksgiving.
- _____ Notify the DCT and internship advisor as you get interviews (we don't want to ask you too often, but we want to know how it is going).
- _____ After completing the interview process, meet with your internship advisor to discuss rankings. Meet with DCT if you think it will be helpful.
- _____ Submit your rankings of programs to APPIC by the deadline (usually in the first week of February).
- _____ Complete NIU Internship Final Rankings sheet and submit to the DCT.

Match Notification Day

- _____ If you matched with a site, be happy.
- _____ Notify the DCT and your internship/dissertation advisor of your status.
- _____ Provide the DCT with a copy of your acceptance letter. This must be on file with the DCT before you leave for internship.
- _____ If you did not match with a site, contact your internship advisor and the DCT to discuss Match II.

Before leaving for internship

- _____ Be certain the DCT has a copy of your acceptance letter.
- _____ Provide new contact information to the DCT and personnel in the main office.
- _____ Try to make yourself available in April/May for meeting with students applying for internship in the next year.
- _____ Compile information on the internships that you interviewed (e.g., type of interviews; when notified about interview; sample questions; sense of satisfaction of current interns) and share with the DCT.
- _____ If you have defended your dissertation, arrange for an exit interview with the DCT.

During internship

- _____ If you come back to defend your dissertation, arrange for an exit interview with the DCT.

At the end of internship

- _____ Check to make sure evaluations and certification of the successful completion of internship have been received by the DCT.
- _____ When you defend your dissertation (if you have not done so already) arrange for an exit interview with the DCT.
- _____ Provide new contact information to the DCT and main office personnel.
- _____ Turn in your building keys. (It is so freeing!)
- _____ If your degree will not be conferred until December graduation (occurs when internship start date is after the end of summer session), request a certificate of completion from the Graduate School (DCT can help with this; we may be able to get a note added to the transcript, but a separate document may be necessary). This will be important to document your post-doctoral hours for licensure.

APPENDIX I: TELESUPERVISION POLICY

The following applies to telesupervision, defined as supervision of clinical activity that is conducted via telephone, video conference program, or mediums other than in-person meeting.

The primary mode of supervision is to be in-person. That is, telesupervision may occur when a typically-present supervisor is out of town, ill, or otherwise prevented from meeting in person; or likewise, when a supervisee is unable to be present. Certainly, brief telesupervision for acute situations is acceptable, as it allows for more timely feedback. However, on the whole, telesupervision does not facilitate recognition of nonverbal or affective cues, smooth exchange of feedback, and other important aspects of supervision. Thus, telesupervision is not to be the primary mode of supervision (i.e., no more than 49% of supervision may be conducted as telesupervision, and ideally far less).

If and when telesupervision occurs, both supervisor and supervisee are responsible for identifying a private location to conduct the activity. When possible, the able party will conduct telesupervision from the practicum location. Telesupervision must be conducted in a HIPAA- and FERPA-compliant manner (i.e., both the device and any software used must assure confidentiality of both client and student).

Although the off-site supervisor maintains full professional responsibility for clinical cases, if a student is seeing clients while a supervisor is physically unavailable, it is incumbent upon that supervisor to designate a physically-available back-up in case of emergency. Within the Psychological Services Center, this back-up is typically the Director of the Psychological Service Center. Students are provided with emergency contact information for these individuals and/or another identified back-up.

APPENDIX J: NIU YEARLY EVALUATION FORM

Name:

Year in Program:

Key: NA = Not Applicable, 0 = Below Expected Level, 1 = At Expected Level, 2 = Exceptional

1. RESEARCH

A. Demonstrates the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.	NA	0	1	2
B. Conducts research or other scholarly activities.	NA	0	1	2
C. Critically evaluates and disseminates research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.	NA	0	1	2
D. Demonstrates skill in statistics.	NA	0	1	2
E. Demonstrates skill in research mentorship/supervision.	NA	0	1	2
F. Demonstrates skill in research consultation.	NA	0	1	2

Comments:

2. ETHICAL AND LEGAL STANDARDS

A. Is knowledgeable of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct, relevant laws and regulations, and professional standards and guidelines.	NA	0	1	2
B. Acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct, relevant laws and regulations, and professional standards and guidelines.	NA	0	1	2
C. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.	NA	0	1	2
D. Consults appropriately with supervisors and mentors as ethical dilemmas present themselves.	NA	0	1	2

Comments:

3. INDIVIDUAL AND CULTURAL DIVERSITY

A. Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	NA	0	1	2
B. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	NA	0	1	2
C. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).	NA	0	1	2
D. Demonstrates the requisite knowledge base, shows ability to articulate an approach to working effectively with diverse individuals and groups, and applies this approach effectively in their professional work.	NA	0	1	2

Comments:

4. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

A. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	NA	0	1	2
B. Engages in self-reflection regarding one's personal and professional functioning.	NA	0	1	2
C. Engages in activities to maintain and improve performance, well-being, and professional effectiveness.				
D. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	NA	0	1	2
E. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	NA	0	1	2
F. Is an engaged learner, seeking out information to answer questions relevant to their clinical and research training.				

Comments:

5. COMMUNICATIONS AND INTERPERSONAL SKILLS

A. Develops and maintains effective relationships with peers and colleagues.	NA	0	1	2
B. Develops and maintains effective relationships with advisors, supervisors, instructors, and other mentors.	NA	0	1	2
C. Develops and maintains effective relationships with supervisees				

D. Develops and maintains effective relationships with those receiving professional services.				
E. Produces and comprehends oral communications, including nonverbal communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.				
F. Produces and comprehends written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.	NA	0	1	2
G. Demonstrates effective interpersonal skills, including the ability to manage difficult communication well.				

Comments:

6. ASSESSMENT

A. Selects assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics as well as relevant diversity characteristics of the service recipient.	NA	0	1	2
B. Collects relevant data effectively using multiple sources and methods appropriate to the identified goals and questions of the assessment				
C. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	NA	0	1	2
D. Demonstrates the ability to conceptualize cases, integrating available data.				
E. Communicates in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	NA	0	1	2
F. Communicates orally the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.				

Comments:

7. INTERVENTION

A. Establishes and maintains effective relationships with the recipients of psychological services.	NA	0	1	2
B. Develops evidence-based intervention plans specific to the service delivery goals.	NA	0	1	2

C. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	NA	0	1	2
D. Demonstrates the ability to apply the relevant research literature to clinical decision making.	NA	0	1	2
E. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.	NA	0	1	2
F. Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.	NA	0	1	2

Comments:

8. SUPERVISION

A. Demonstrates knowledge of supervision models and practices.	NA	0	1	2
B. Demonstrates skill in supervision.	NA	0	1	2

Comments:

9. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

A. Demonstrates knowledge and respect for the roles and perspectives of other professions.	NA	0	1	2
B. Demonstrates knowledge of consultation models and practices.	NA	0	1	2
C. Demonstrates skill in consultation in research and clinical domains.	NA	0	1	2

Comments:

10. FOUNDATIONAL KNOWLEDGE

A. Demonstrates knowledge of psychopathology.	NA	0	1	2
B. Demonstrates knowledge of history and systems.	NA	0	1	2
C. Demonstrates knowledge of affective aspects of behavior.				
D. Demonstrates knowledge of biological aspects of behavior.				
E. Demonstrates knowledge of cognitive aspects of behavior.				
F. Demonstrates knowledge of social aspects of behavior.				
G. Demonstrates knowledge of developmental aspects of behavior.				

Comments:

11. Effectiveness in current assistantship

NA 0 1 2

Comments:

APPENDIX K: CAMPUS AND COMMUNITY RESOURCES

NIU General Services

Child Development and Family Center

Phone: 815-753-0125
 Address: 220 North Annie Glidden Road, DeKalb, IL 60115, behind Gabel Hall
 Hours: Monday-Friday, 7:15 a.m. – 5:45 p.m.
 Interim hours are Monday-Friday, 7:30 a.m. – 5:30 p.m.
 Website: niu.edu/ccf/

The Center is licensed through the State of Illinois and accredited through the National Association for the Education of Young Children’s Academy of Early Childhood Programs, which serves as an indicator of a high quality program. The center provides full-time and part-time child care for children ages 3 months to 5 years (along with a summer school-age program for children ages 6-8 years). Priority for enrollment is given as follows: currently enrolled families; NIU students; NIU faculty and staff; community. Students make up 70% of their enrollment while faculty and staff make up 30%.

Enrollment is open to the community in the pre-school classrooms (3-5 years) only.

Disability Resource Center (DRC)

Phone: 815-753-1303, 815-753-3000 (TTY)
 Address: NIU Campus, Health Services Building, 1 Wirtz Dr., Fourth Floor
 Hours: Monday-Friday, 8 a.m. – 4:30 p.m.
 Website: niu.edu/disability/

Northern Illinois University established DRC to ensure that its academic and campus facilities are available to all students, faculty, and staff. DRC provides a wide range of support services tailored to individual needs using creative outreach and proactive solutions. The DRC promotes the recognition of disability as an aspect of diversity that is integral to the community and collaborates with a network of other NIU offices and outside agencies to enhance related services and assist individuals with disabilities, including learning disabilities. To initiate services through DRC, students must schedule an informational interview.

Counseling and Consultation Services

Phone: 815-753-1206
 Address: NIU Campus Life Building - 200
 Hours: Monday- Friday, 8 a.m. – 4:30 p.m.
 After hour assistance is available by calling 815-753-1212
 Website: niu.edu/counseling/

This service provides a full range of programs to meet the needs of a diverse student population, with short-term, individual, and group counseling for a broad range of personal concerns. The mission of the Counseling and Student Development Center is to support the intellectual, emotional, social, and cultural development of students by offering a wide

range of counseling, consultation, and educational services, including psychological counseling, group therapy, and crisis intervention. Career counseling services include interest assessment, workshops, and use of computerized career counseling programs. Educational counseling services include assistance with test anxiety and study skills. Drug and alcohol assessment and treatment are offered, as well as services related to interpersonal violence. First appointment scheduled within three to seven days.

Community Counseling Training Center (CCTC)

Phone: 815-753-9312
 Address: NIU Campus, 416 Graham Hall
 Hours: Call for available counseling hours.
 Website: cedu.niu.edu/cctc/

The CCTC provides a wide range of services, including general evaluations, individual and relationship counseling and more, at no cost. In general, the approach used is one that promotes growth and focuses on increasing emotional well-being and self-awareness. All counselors are doctoral or master's level students in the Department of Counseling, Adult Education, and Higher Education who are supervised by members of the counseling faculty.

The Couple and Family Therapy Clinic of NIU

Phone: 815-753-1684
 Address: NIU Campus, Wirtz Hall 146
 Hours: Monday: noon – 9 p.m.
 Tuesday: 9 a.m. – 9 p.m.
 Wednesday: noon – 9 p.m.
 Thursday: 9 a.m. – 9 p.m.
 Friday: 9 a.m. – 5 p.m.
 By appointment Monday through Friday.
 Website: niu.edu/chhs/familytherapyclinic/

The Family Therapy Clinic of NIU provides a range of mental health services, including individual, couple, and family counseling. The services are primarily provided by graduate students training in the specialization of Marriage and Family Therapy (SMFT) under supervision of faculty in the School of Family, Consumer and Nutrition Sciences. The SMFT faculty are individually licensed and Marriage and Family therapists in the State of Illinois as well as Approved Supervisors of the American Association for Marriage and Family Therapy. The cost of our services are determined by a sliding fee scale. No one will be denied services due to inability to pay. First appointment scheduled within four days.

Financial Aid Office

Phone: 815-753-1395
 Address: NIU Campus, Swen Parson 245
 Hours: Walk-in Customer Service Hours:
 Monday-Friday: 8 a.m. – 4:30 p.m.
 Phone Hours:
 Monday-Friday: 8:30 a.m. – 4 p.m.
 Call for an evening or weekend appointment.
 Website: niu.edu/fa/

NIU's financial aid office provides financial aid information to students, as well as financial planning for school expenses.

Northern Illinois University Health Services

Phone: 815-753-1311
 Address: NIU Campus, Health Services Building, 1 Wirtz Dr.
 Hours: Monday-Friday, 8 a.m. – 4:30 p.m.
 Immunizations available: 8 – 11:30 a.m., 1 – 4 p.m.
 Closed weekends and university holidays.
 Website: niu.edu/healthservices/

NIU Health Services is nationally accredited by the Accreditation Association for Ambulatory Health Care, Inc. and provides high quality primary health care and prevention services at reasonable cost to eligible students. There are no charges for physician's services, x-rays, most lab tests and various other services. There is a fee for medications, immunizations, missed appointments, and certain specialized medical procedures and supplies. For information about student health insurance, please contact 815-753-0122.

Students' Legal Assistance

Phone: 815-753-1701
 Address: NIU Campus, Campus Life Building, Room 120
 Hours: By appointment, Monday through Friday 8:30 a.m. – 4:30 p.m.
 Website: niu.edu/legal/

The Students' Legal Assistance attorneys provide consultation, advocacy, and court representation services, as appropriate, to students in a wide variety of cases including landlord/tenant dispute; criminal misdemeanor; traffic and ordinance violations; consumer (debt collection, contracts, etc.); domestic relations; insurance; discrimination; public benefits; and employment. These services are free for all current students.

University Libraries

Phone: 815-753-1995
 Address: NIU Campus, Founders Memorial Library
 Hours: Monday-Friday, 7:30 a.m. – midnight
 Saturday, 9 a.m. – 10 p.m.
 Sunday, 1 p.m. – midnight
 Extended hours during midterms/finals.
 Summer hours: Monday-Thursday, 8 a.m. – 10 p.m.
 Friday, 8 a.m. – 5 p.m.
 Saturday and Sunday: 1 – 5 p.m.
 Website: ulib.niu.edu/

NIU has several libraries including the Shapiro Law library. The main library, the Founders Memorial Library, includes an extensive collection containing 1,654,926 volumes and a large collection of journals and periodicals. It also participates in an inter-library loan service. The library periodically consults with the Department of Psychology regarding books and periodicals pertinent to the educational objectives of the department.

Department of Police and Public Safety

Phone: Emergency: 911; Non-Emergency: 815-753-1212;
 Huskie Safe Line: 815-753-2222; Huskie Patrol Safe Walk: 815-753-9658
 Address: NIU Campus, 395 Wirtz Dr.
 Website: niu.edu/publicsafety/

NIU's Department of Police and Public Safety provides service and protection to the university campus and community. Our police officers have powers of arrest in the State of Illinois and are certified emergency medical technicians. Police operations include proactive patrol, crime prevention, criminal investigation, evidence collection, paramedic services, traffic management and training. Our Administrative Services Section include our Telecommunications, Security Guard, Access Control, and Police Records units.

NIU Speech-Language-Hearing Clinic

Phone: 815-753-1481
 Address: 3100 Sycamore Road, DeKalb, IL 60115 (Access public parking from Bethany Road)
 Hours: Monday-Friday, 8 a.m. – 4:30 p.m.
 Website: chhs.niu.edu/slhc/

The Speech-Language-Hearing Clinic provides services including audiology, speech-language pathology and rehabilitation counseling to individuals of all ages, beginning at birth. The services are provided by graduate student clinicians in the School of Allied Health

and Communicative Disorders supervised by clinical and academic faculty who hold clinical certification and either master's or doctoral degrees and state licensure. The clinic uses a sliding fee schedule and a standard fee structure for services.

University Writing Center

Phone: 815-753-6636
 Address: NIU Campus, Founder's Memorial Library room 260
 Hours: M-Th 9:00a.m. to 7:00p.m.
 F 9:00a.m. to 1:00p.m.
 Website: niu.edu/uwc/

Then NIU writing center provides all students, staff, and even faculty an opportunity to talk about their writing with trained consultants, one-on-one. Services include: discussing topics and ideas; developing writing strategies; identifying better use of language; learning persuasive writing techniques; integrating critical thinking skills into writing; and effective and correct use of documentation. The writing center also offers Dissertation Bootcamp sessions. Gail Jacky (gjacky@niu.edu), the director of the center, has worked with several of our students to improve their writing. Contact her directly or speak with your mentor about seeking out this support.

Campus Diversity Resources

The Office of Academic Diversity, Equity, and Inclusion

Phone: 815-753-8399
 Email: equity@niu.edu
 Address: Altgeld 211
 Hours: Monday-Friday, 8 a.m. – 4:30 p.m.
 Website: niu.edu/diversity/about/index.shtml

In alignment with Northern Illinois's University's core values, the Office of Academic Diversity, Equity, and Inclusion (ADEI) leads the charge in establishing an equity-minded community that challenges and eliminates exclusionary systems and practices. As a part of the Division of Academic Affairs, they provide support to departments, graduate and undergraduate students, and oversee centers and organizations who support diversity at the university.

Asian American Center

Phone: 815-752-1177
 Address: 375 Wirtz Drive, DeKalb, IL 60115
 Hours: Monday-Friday, 8 a.m. – noon; 1– 4:30 p.m.
 Website: niu.edu/aac/

The Asian American Center provides student-centered services, student learning opportunities, leadership development, student organizational advisement, and

educational/cultural programs in order to enhance the quality of college life for Asian American students as they reach their academic goals.

Center for Black Studies

Phone: 815-753-2495
 Address: 621 W. Lincoln Highway
 Hours: Monday-Friday, 8 a.m. – 4:30 p.m.
 The Center for Black Studies is normally staffed until 6 p.m. and 9 p.m. Monday - Thursday due to evening classes.
 Website: niu.edu/blackstudies/

The Center for Black Studies is a place where students can go to for advisement, information to academic and professional resources and networking. The center also researches, collects and analyzes data on all aspects of the African experience on the Continent and in the Diaspora. CBS also serves as an interdisciplinary academic program that offers courses relating to African and African-American life and history.

Latino Resource Center

Phone: 815-753-1986
 Address: 515 Garden Road
 Hours: Monday-Thursday: 8 a.m. – 10 p.m.
 Friday: 8 a.m. – 4:30 p.m.
 Website: niu.edu/lrc/

The Latino Resource Center (LRC) focuses on student-centered service by developing partnerships focused on student learning while establishing an inclusive community that builds collaborative relationships across campus and surrounding community. The center offers various services including mentoring and tutoring programs as well as a computer lab, study/library area, student lounge, and wireless internet connection.

Gender and Sexuality Resource Center

Phone: 815-753-4772
 Address: 105 Normal Road
 Hours: Monday-Friday: 8 a.m. – 4:30 p.m.
 Website: niu.edu/gsrc/

In 2014, the LGBT Resource Center and Women’s Resource Center merged. The Gender and Sexuality Resource Center serves as a central location for resources and support where acceptance of intersectional identities is encouraged and celebrated. Through student leadership development, advocacy, campus and academic engagement, and professional development opportunities, we collaborate with community, state, and national partners, alumni and other stakeholders to challenge societal constructs of gender and sexuality norms and promote social justice. Many of our students have

participated in the NIU Ally program, designed for students, staff, and faculty to become more familiar with the issues faced by people who are LGBTQ+.

International Student and Scholar Services (ISSS)

Phone: 815-753-1346
 E-mail: isfo@niu.edu
 Address: Williston Hall
 Hours: Monday-Friday, 8 a.m. – noon (drop-off and pick-up hours only)
 All advising and other questions are by appointment only
 Website: niu.edu/iss/

International Student and Scholar Services (ISSS) advises and supports the university's international community with their visas, social and cultural adjustment to the United States as well as acts as a liaison with relevant government agencies. They collaborate with campus partners and advocate on behalf of students to promote global educational exchange and diversity in support of the university's mission. Arezou Kashani, International Student Advisor, has been particularly helpful to previous students in the program.

Military and Post-Traditional Student Services (MPTSS)

Phone: 815-753-9999
 E-mail: ocntss@niu.edu
 Address: Campus Life Building, room 170
 Hours: Monday-Friday: 8 a.m. - 4:30 p.m.
 Website: niu.edu/mptss/

The Office of Military and Post-Traditional Student Services serves as a central resource center for our unique and diverse population of students at Northern Illinois University. Through student centered programming, a culture of inclusion for all military and post-traditional students is supported in the learning environment at NIU. Counselors are available to discuss VA Benefits and other specific concerns related to students who are currently or formerly were in the military. MPTSS has a lounge in the Campus Life Building for all students to relax while on campus.

NIU Muslim Student Association

Website: facebook.com/groups/niumsa/

The NIU Muslim Student Association (MSA) is an Islamic outreach group to Muslims and people of other faith, in the DeKalb area. The goal is to help Muslim students keep their Muslim identity, spread Islamic awareness, and ultimately serve the NIU and greater DeKalb community through collaborative community service projects. We are willing to work with any individuals or organizations that are advocates of peace, equality, social justice, and multi-culturalism.

Community Resources

Braden Counseling Center

Sycamore Office: 2600 DeKalb Ave., Suite J, Sycamore, IL 60178
 Rochelle Office: 951 S. 7th St., Suite G., Rochelle, IL 60168
 Elgin Office: 25 S. Grove Ave. #201, Elgin, IL 60120
 Geneva Office: 322 W State St. (Rt. 38), Geneva, IL. 60134
 Bartlett Office: 389 Bartlett Plaza, Bartlett, IL 60103
 Phone: 815-787-9000 (Sycamore Office)
 Website: bradencenter.com/

Braden Counseling Center (BCC) provides counseling to individuals, couples and families in various stages of life. BCC provide a free initial consultation, has flexible scheduling with Sycamore and Rochelle locations and offers a variety of evaluations, including same-day DUI evaluations, and legal and forensic work for attorneys.

DeKalb County Health Department

Phone: 815-758-6673
 Address: 2550 North Annie Glidden Road, DeKalb, IL 60115
 Hours: Monday-Friday: 8 a.m. – 4:30 p.m.
 Website: health.dekalbcounty.org/

The DeKalb County Health Department provides various programs including: Family Planning Program; Immunization Program; Influenza Program; Adult Immunization Program; Women, Infants and Children Food Supplement Program; Well Child Clinics; School Physicals; Blood Lead Testing; Healthy Moms/Healthy Kids Program; Communicable Disease Program; Tuberculosis Program; HIV Antibody Testing Program; Hypertension Program; Vision and Hearing Screening Program; and Employee Wellness Program.

DeKalb County Housing Authority

Phone: 815-758-2692
 Address: 310 N. 6th St., DeKalb, IL 60115
 Hours: Monday-Friday: 8:30 a.m. – 4:30 p.m.
 Website: dekcohousing.com/

The DeKalb County Housing Authority provides clean, decent, safe, affordable housing for lower income families and individuals throughout DeKalb County. The authority's two main programs are Housing Choice Voucher and Low-Income Public Housing.

Family Service Agency, Center for Counseling

Phone: 815-758-8616
 Address: 14 Health Services Drive, DeKalb, IL
 Hours: Monday- Thursday: 8:30 a.m. – 9 p.m.
 Friday: 8:30 a.m. – 5 p.m.
 Website: fsadekalbcounty.org/

The Family Service Agency Center for Counseling provides individual, couple, group counseling for children, adults, senior citizens, and families. The center also offers support groups, senior outreach and mediation. The fee is \$75 per visit and insurance is accepted. First appointment scheduled within one to seven days (handicapped accessible and on Campus Bus Route).

Living Rite

Psychiatry Office: 2540 Hauser Ross Drive, Suite 225, Sycamore, IL
 Sycamore Office: 1625 Bethany Road, Sycamore, IL
 Algonquin Office: 2100 North Huntington Drive, Unit C, Algonquin, IL
 Phone: 779-777-7335 (Sycamore Office)
 Website: livingrite.org/

Living Rite offers individual, couples, and group therapy services as well as psychological testing. In addition, they have a specialty clinic addressing issues with anxiety, OCD, and trauma. Several graduates of our program are now working at this practice.

Safe Passage, Inc.

Phone: 815-756-7930
 Hotline/Crisis: 815-756-5228
 Address: 151 North 4th Street or P.O. Box 621, DeKalb, IL
 Website: safepassagedv.org/

Safe Passage provides a wide variety of services offered to victims and perpetrators of domestic and sexual violence including crisis intervention and medical advocacy for victims of domestic and sexual violence, short- and long-term housing for victims and their children, counseling, legal advocacy, children's services, community education, a batterer's intervention program, and a Latinx outreach program.

Private counselors, clinical social workers, and psychologists are available in the yellow pages of the phone book under "Psychologist" or "Mental Health Services" or "Social Services."