

Clinical Psychology Program Handbook



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Introduction and Program Philosophy

The Ohio State University Clinical Psychology program is designed to educate clinical psychology scientists for the future. The program is [American Psychological Association](#) (APA) accredited and has been so since 1948. Additionally, the program gained [Psychological Clinical Science Accreditation System](#) (PCSAS) accreditation in 2015. With this clinical science orientation, the [Clinical Psychology Program](#) at [The Ohio State University](#) aims to help students develop excellent research and clinical skills. The program focuses on development of students' abilities to formulate, conduct, and publish empirical research relevant to clinical psychological phenomena. Students are trained to conceptualize, assess, treat, and prevent psychological dysfunction. The training program has two tracks: adult clinical and health psychology, although some faculty also study psychological dysfunction in childhood and adolescence. In addition, some students are admitted into a joint program—Clinical and Intellectual Developmental Disabilities (IDD)--with primary advisor from the IDD Area and a secondary advisor from the Clinical Area. Students admitted for this specialization take coursework in both areas and remain with an IDD and Clinical advisor for the duration of their training.

“Our mission is to provide a program for students who aim for careers as clinical scientists.”

We are committed to prioritizing diversity and inclusion as core values of our program. We strive to create a learning and working environment enriched by individual and cultural diversity. We aim to cultivate an inclusive climate of respect for individual differences of all kinds, including race, ethnicity, national origin, immigration/documentation status, sex, gender, gender identity and expression, sexual orientation, age, physical/mental abilities, religion, veteran status, and socioeconomic status. We seek to make diversity a focus in our graduate and undergraduate curricula, and to encourage use of empirically supported techniques for inclusive recruitment, assessment, and treatment in our research. In teaching, research, and clinical training, we seek to increase awareness of our cultural biases, and strive for cultural humility and empathy. We think it important to continuously increase cultural consciousness through ongoing dialogue. We believe attention to inclusion and diversity enhances wellbeing of students, faculty, clients, and the broader community. Many resources are available from the College and the University, including but not limited to the [Office of Diversity of Inclusion](#) and the [Women's Place](#). A complete list of diversity initiatives and resources can be found [here](#).

The core of our program includes didactic course work, with a focus on achieving the highest levels of research competence. Training includes courses and seminars on research methods and

statistics, psychometrics, psychopathology, psychological assessment, empirically supported intervention, multicultural perspectives, and ethics of research and clinical services. As the content of clinical psychology continues to evolve, our guiding principle is to train critical thinkers. Upon leaving the program, our graduates are recruited for positions at universities, colleges, and medical schools, where they embark on careers as scholars and educators. Recent graduates, for example, hold faculty positions at UCLA, The Warren Alpert Medical School at Brown University, Duke University Medical School, Indiana University, University of Texas Health Sciences, and The Ohio State University Wexner Medical Center.

A mentor model is used for research training. Interview and admissions decisions are made by Clinical faculty as a group, but the program follows a mentorship model. Individual faculty interview and select only students whose stated interests are congruent with those of the faculty member. In addition to research training, a faculty mentor is a student's academic advisor and primary consultant for issues relevant to student training and career planning. Students may also choose to also consult with other faculty and are encouraged to do so.

Because effective clinical research requires first-hand experience with the phenomenology and treatment of psychological dysfunction, the program has a strong experiential (clinical) component. As a clinical scientist program, extensive clinical practica experiences are included. Students' initial clinical work is supervised by Anne Holmes, Director of the [Psychological Services Center](#), our in-house clinic. Later, students continue their clinical training with more advanced in-house practica and approved externships.

The Ohio State Clinical Psychology program is not "one size fits all." Students with primary interests in clinical practice are not likely to find program aims or objectives to be consistent with their professional goals. In fact, a recent survey of graduates from the last 10 years indicates that over 60% hold positions in university or academic medical settings. Our explicit mission is to provide training for students who aim for careers as clinical scientists. We hope you find the Ohio State Clinical Psychology program to be both challenging and rewarding in meeting your goals.

**Program Contact
Information:**

The Ohio State University
Clinical Psychology Area
108 Psychology Building
1835 Neil Avenue
Columbus, OH 43210

P: 614-292-6649

F: 614-688-8261

On the web at:

www.psy.ohio-state.edu

This handbook can also be accessed at www.psy.ohio-state.edu by clicking on “Programs”, then “Clinical”, then “[Program Manual](#)” or by searching “OSU Clinical Handbook.”

[Commission on Accreditation](#) address:

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Telephone: 202-336-5979

[Psychological Clinical Science Accreditation System](#)

1800 Massachusetts Ave NW, Suite 402
Washington, DC 20036-1218 USA
Phone: (301) 455-8046

Program Administration

Clinical Area Coordinator. Dan Strunk, Ph.D., (strunk.20@osu.edu) is the current Area Coordinator and chairs meetings of Clinical Area faculty. He is also responsible for Clinical Area communications with the Department Chair. This position includes coordinating clinical course offerings, faculty teaching schedules, and immediate and long-term planning.

Director of Clinical Training. Jen Cheavens, Ph.D., (cheavens.1@osu.edu) is the current Director of Clinical Training (DCT). DCT responsibilities include monitoring quality and providing all outside communications regarding the Clinical Psychology program, such as representation to the [American Psychological Association](#) (APA), the [Psychological Clinical Science Accreditation System](#) (PCSAS), the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC), and the [Council of University Directors of Clinical Psychology](#) (CUDCP). Additional DCT duties include acting as a Clinical Program advisor to all students, chairing evaluation meetings for students’ progress on research and practica, and communications between the Program regarding Department, University, and national needs and requests. Student communication duties include provision of correspondence regarding academic progress and related needs (e.g., letters for internship applicants and licensure). The DCT also coordinates externship placements and evaluations, including regular communication with externship supervisors, and responding to students’ questions/concerns regarding specific placements.

Director of the Psychological Services Center. Anne Holmes, Ph.D., (holmes.965@osu.edu) is Director of the Psychological Service Center (PSC). Her office is room 105A in the PSC. Anne is

an Ohio State Clinical Program graduate and supervises students' early clinical work.

Program Associate. The Program Associate (position not currently filled) provides support to Clinical Area faculty and students. This person assists the DCT in maintaining records for APA and PCSAS accreditation, and provides administrative support for the Psychological Services Center. The program associate can be reached by telephone at (614) 292-5303.

Clinical Faculty Meetings and Student Representation

Clinical area faculty meet regularly during Autumn and Spring semesters to discuss matters related to curricula, personnel, student needs, and planning. Students elect one representative each of the following groups: first-year, second-year, and post-second year. Student representatives are responsible for attending area meetings as needed, providing agenda items, and/or providing student input for current issues, and communicating with fellow students regarding area meeting content.

Student Meetings. Student consultation and opportunities for student comments, advice, and concerns regarding the Program occur each semester, and on an as-needed basis.

Faculty Advisors / Mentors

The Clinical Area uses a mentor/advisor model (see above). Students' faculty advisors monitor and assist students' in their research and completion of milestones, including the Thesis, Candidacy Exam, and Dissertation. See Appendix A for descriptions of each faculty member's research interests.

At present, there are eight core Clinical Area faculty members (Barb Andersen, Jen Cheavens, Charles Emery, Jasmeet Hayes, Scott Hayes, Ruchika Prakash, Dan Strunk, and Mike Vasey), and Clinic Director Anne Holmes. There are also joint faculty (i.e., individuals with a primary appointments in another academic units and secondary appointments in Psychology). See Appendix B for a list of joint faculty and their research interests. With approval of core Program faculty, a joint faculty member may serve as a student's research mentor. When doing so, students are co-advised by a core Clinical Area faculty member. In addition to providing general advising, co-advisors also serve as co-chairs of students' committees for program requirements (Master's Theses, Candidacy Exams, and Dissertations). Thus, both the research mentor and the co-advisor are members of all of the student's committees.

In addition to providing research mentorship, faculty advisors monitor students' progress through the Clinical Program, including their performances in courses, the candidacy exam, practicum experiences, and ethical and professional development. Students and advisors maintain clear lines of communication throughout students' tenure in the program.

Accordingly, students meet with their advisors regularly (typically once per week to every other week). Meeting schedules vary as a function of advisor/student preference, advisors' schedules, project requirements, and progress in the program. If meetings occurring at less than optimal frequency, students are encouraged to express directly to their advisors the need for additional meeting time.

By program design, students remain with one advisor for the duration of training. However, in rare circumstances changes in research interests, career plans, etc., of a student may necessitate a change in advisors. This is most easily accomplished after completing a training milestone, such as the Master's Thesis or Candidacy Exam. If a student wishes to change advisors, s/he should have a *preliminary* conversation with her/his prospective advisor to discuss this possibility. Before any change is confirmed, a student should also discuss the potential change with his/her current advisor. After clarifying the change with the current advisor and receiving approval from the proposed advisor, the student must provide the DCT with written documentation of the change, with copies to both the departing and new advisors.

The Clinical Training Program

In brief, the Clinical Training Program is most readily described by outlining the curriculum in Years 1 through 4, and describing markers of achievement (program "hurdles") during each period. The Department cannot pay, per [Graduate School](#) policy, tuition for students with over 174 credit hours. The Clinical Program is designed to be completed in five years with the final, sixth year spent at an APA-accredited internship. The sequence is as follows:

- Year 1: Core curriculum; First year research experience**
- Year 2: Master's Degree completion**
- Year 3: Candidacy exam completion**
- Year 4: Dissertation proposed**
- Year 5: Dissertation completed**
- Year 6: APA-accredited internship**

In the first two years in-residence, didactic core courses are intense and clinical training begins. The first year includes much of the core Clinical Program curriculum. In April, first-year students deliver a presentation highlighting research they have completed or are undertaking. In the second year, core courses continue, and discipline specific knowledge (DSK) requirements are met through courses in biological, cognitive-affective, and social bases of behavior. Clinical experiences in the Psychological Services Center also begin, and Masters theses are completed.

Students are admitted to the Clinical Program with the hope and expectation that they will complete the full doctoral program. However, in some cases, a terminal master's degree may be awarded. When concerns about a student's performance arise sufficiently early, Clinical Faculty discuss the student's case and make a decision about whether the student will be permitted to continue in the Ph.D. program following the student's master's defense. In the event that sufficient concerns only become clear at the defense meeting, Clinical Faculty discuss the case following the defense meeting and determine whether the student will be permitted to continue in the program. The decision between a terminal Master's degree and proceeding through the remainder of the Ph.D. program is separate from the deliberations of one's master's thesis committee. It is made by the core Clinical Faculty. Such situations are rare.

Following completion of the Master's Thesis, students are also asked to present at the department's research forum. Following completion of the Candidacy (general competency) Exam in the third year, students are "advanced" to Ph.D. candidacy. From this time forward, program activities are individualized to achieve students' career goals. In Years 3 and 4 (and to a lesser extent 5), students continue to meet any remaining DSK requirements, complete statistics requirements, and engage in PSC specialty clinics or off-site practica. All of these are described in more detail below. Additional research and dissertation work are also completed. Year 5 or 6 consists of completing an off-campus, APA-accredited internship. From 2008 -2017, 62% of students graduated within 6 years (including internship). Over 90% of our graduates in the last 10 years have obtained licensure.

Diversity, Culture, and Individual Differences

Diversity and inclusion-relevant materials are assigned and presented in all Clinical Area courses. We continue our efforts to increase coverage of topics such as disparities in mental health outcomes among stigmatized groups, racial bias in diagnosis and treatment, theoretical models of mental health disparities, and psychological assessment with diverse populations. Additional training is available in the Department and across the College and University.

Particular attention to culture and diversity-related issues is covered in Clinical Assessment (Psych 7864), Psychopathology (Psych 6853), Empirically Supported Treatments (Psych 6866), and Research Design and Methods in Clinical Psychology (Psych 6854). Coverage is also included in Seminar in Clinical Psychology: Current Research in Clinical Science (Psychology 7695.01). All faculty actively integrate diversity and inclusion into their courses.

Required Core Curriculum

The curriculum integrates broad substantive training in psychology with advanced research and professional training in clinical science, including psychopathology and health psychology. The curriculum is designed to meet guidelines of APA and PCSAS accreditation.

Research Design and Methods in Clinical Psychology (Psychology 6861; Barb Andersen): This course covers essentials of experimental and quasi-experimental design, single-case designs, field studies, and research ethics.

Psychometrics (Psychology 6863; Professors in the Quantitative Area): This course covers classic and contemporary approaches to reliability, validity, statistical and theoretical issues vis-à-vis assessment and test construction.

Quantitative Methods in Psychology I (Psychology 6810; Professors in the Quantitative Area): This is the first required statistics sequence course offered in fall semester, Year 1. It covers descriptive statistics and hypothesis testing, ANOVA, and introduction to correlation and regression.

Quantitative Methods in Psychology II (Psychology 6811; Professors in the Quantitative Area): This is the second statistics sequence course and is offered in the spring semester. It covers regression and random effects models.

Third Statistics class: Clinical students are required to take an additional quantitative class of their choosing, preferably in Year 2. This course ordinarily complements the student's research focus. Several current offerings are well-suited to the type of complex data sets common in clinical and health psychology. The following courses are currently offered: Mediation, Moderation and Conditional Process Analysis (Psych 6822), Causal Inference (Psych 7695.06), Covariance Structural Models (Psych7821), Fundamentals of Item Response Theory (Psych

7822), Analysis of Repeated Measures and Longitudinal Data (Psych 7823), Non-Parametric Statistics (Psych 7824) and Simulation Modeling (Psych 7825). In addition, Biostatistics courses (e.g., logistic regression, survival analyses) are offered by the [College of Public Health](#).

Psychopathology (Psychology 6853; taught by Jen Cheavens): This provides an overview of current knowledge and major issues in psychopathology. This includes models of diagnosis and classification, as well as experimental and clinical approaches to psychopathology, including the [DSM-5](#), the [Research Domain Criteria](#), and empirically-based taxonomies.

Empirically Supported Treatments (Psychology 6866; Dan Strunk): This course covers evidence-based psychosocial interventions for various forms of adult psychopathology.

Clinical Services: Ethics, Assessment, Supervision, & Treatment. (Psychology 7188; Anne Holmes): This course provides (1) a practical overview of assessment and intervention services; (2) ethics, with special attention to clinical practice; (3) approaches to supervision; and (4) consultation with other professionals. Following the course, students are prepared to provide supervised clinical services at the Psychological Services Center.

Psychological Appraisal (Psychology 7864; Jasmeet Hayes): This course covers adult intellectual assessment (e.g., WAIS) and objective personality tests (e.g., MMPI).

Seminar in Clinical Psychology: Current Research in Clinical Science (Psychology 7695.01; Jen Cheavens): Spring semester, Fridays 9-11 am. Until Clinical students have passed their Candidacy Exam, they are required to take this course each year. It covers research in psychopathology, health psychology, ethics, diversity and inclusion, and other professional issues. Guest speakers from OSU and local and national facilities/universities participate.

Requirements in Other Areas

As an APA-Accredited program, students must receive training in biological, cognitive-affective, and social aspects of behavior. Students are encouraged to begin this coursework in Year 1 when possible. All core courses include ethics and diversity, with supervision/consultation and professional development issues in selected core courses. In addition, students must complete a course in history and systems of psychology (an undergraduate- or graduate-level course can satisfy this requirement).

For students entering the program in Fall of 2021 or later, the domain specific knowledge requirements will be satisfied with the following two two-credit courses:

Biological and Social Aspects of Behavior (Psych TBD; Baldwin Way). This course covers biological and social aspects of behavior.

Cognitive and Developmental Aspects of Behavior (Psych TBD; Laura Wagner). This course covers cognitive and developmental aspects of behavior.

These courses are expected to be offered in Fall and Spring every other year. They will be offered for the first time in Fall, 2022 and Spring, 2023. Students taking these courses should plan to take them in their first or second year.

For students who entered the program prior to Fall of 2021, they may still satisfy their domain specific knowledge requirement drawing from the following courses:

Biological Aspects of Behavior: Biological bases of behavior courses currently offered include Biological Psychiatry (Psych 5613), Seminar in Behavioral Neuroscience (Psych 5891), and Survey of Behavioral Neuroscience I (Psych 6806).

Cognitive-Affective Aspects of Behavior: Cognitive and affective bases of behavior courses currently offered include Cognitive Aging, Neurodegeneration, and Neuroplasticity (Psychology 5089), Techniques and Topics in Cognitive Neuroscience (Psych 6880), and Psychology of Judgment and Decision Making (Psych 7708).

Social Aspects of Behavior: Social bases of behavior courses currently offered include Basic Principles of Social Psychology (Psych 6870), Social Cognition (Psych 7871), and Social Motivation (Psych 7872).

Ethics: In the summer between Years 1 and 2, students participate in an Introduction to Clinical Services course, where applied ethics are covered (research ethics is covered in the Research Methods course). All students are expected to complete [Collaborative Institutional Training Initiative](#) (CITI) training (a national research training requirement), and to keep this certification up-to-date. Students also address professional issues and ethics in their respective research and clinical practica.

History and Systems

Psychology (Psychology 6809): Historical Developments of Psychology is currently required (an undergraduate or graduate level course can satisfy this requirement).

Concentrations and Specialty Training

Quantitative Psychology

Students may opt to have a “concentration” in quantitative psychology by taking two additional statistic courses (total = 5). Consider this option and discuss it with your advisor.

Adult Psychopathology

Students are not required to take additional courses beyond the core. However, students may find additional electives offered. Students should consult with their advisors about any additional coursework.

Health Psychology

This specialty is defined by at least three courses in the areas below (with Psych 7695.01 Behavioral Medicine being a required course). Students must also complete all programs requirements and have a research specialty in health psychology.

Behavioral Medicine (Psychology 7695.01; health psychology faculty): This *required course* for health track students provides both historical and contemporary perspective on health psychology. Traditional conceptualizations of stress serve as introductory material. Major topics include prevention, multicultural topics in health, psychological responses to medical diagnosis and treatment, responses to chronic illness and adjustment, and delivery and dissemination of psychological interventions with health populations.

Cardiovascular Behavioral Medicine (Psychology 7695.01): This elective highlights progression of knowledge in the field of cardiovascular behavioral medicine. Topics include the study of psychological factors involved in development and progression of coronary heart disease, use of relaxation and similar therapies for treatment of hypertension, individual differences in coping with heart disease, and racial/ethnic influences on cardiovascular health.

Behavioral Medicine: Cancer (Psychology 7695.02; Barb Andersen): This elective overviews biobehavioral aspects of cancer prevention and control and dissemination/implementation of

psychological interventions.

Cognitive Aging, Neurodegeneration, and Neuroplasticity (Psychology 5089): This course covers changes in adult cognition (emphasis on memory) and the brain (emphasis on structural and functional MRI studies) as a result of normal aging and age-related neurodegenerative diseases. The course also covers modifiable health factors that contribute to neuroplasticity and may attenuate age- and disease-related neural and cognitive decline, such as nutrition, fitness, physical activity, exercise, and videogaming. Course content will thus cover the spectrum of cognitive and brain health among older adults: from the super-agers to those with dementia.

Psychology of Aging and Health (Psychology 7695.01; Charles Emery): This elective covers models of aging and adult development, age-related changes in primary organ systems of the body, and both psychological and biological/health changes associated with aging.

Psychophysiology (Psychology 7695.01). This elective surveys theoretical, methodological, and applied issues in psychophysiological research. It overviews application of psychophysiology to cognitive, clinical, developmental, social, and personality psychology. Discussion of relations of psychophysiology to health outcomes and other aspects of biological function is provided.

Note: Additional offerings in the [College of Public Health](#) and other departments are available. Please consult with one's advisor regarding the appropriateness of these courses in fulfilling the requirement of two electives and to seek approval for such substitutions.

Research Training

Program Milestones and Scholarship

First-year presentation: At the end of spring semester, students deliver an oral presentation highlighting research they have completed or are undertaking. Students should consult with their advisors in preparing the presentation. Clinical faculty and graduate students attend presentations. Advanced students may also be asked to present findings from their dissertation.

Presentations at regional or national meeting(s): All students are expected to present empirical research projects at research conferences. Submissions are typically those in which students played a significant role as investigator. Meeting attendance and conference presentations introduce students to and facilitate their involvement in national research communities of psychologists. Completion of multiple conference presentations prior to Ph.D. conferral is normative so students will be competitive for future employment opportunities. Travel funds

are available from the Department for students whose papers and posters are accepted. Information regarding application for such funds can be obtained from the Department's Graduate Program Coordinator, Mary Jones (jones.3308@osu.edu) or the office of the Chair.

Student-initiated grant proposals. Students are encouraged, in consultation with their advisors, to apply for their own grant funding. Obtaining such funding has many advantages, including reduced student teaching and more time to conduct research. These awards are also impressive to internship sites and search committees when students apply for jobs. Predoctoral [National Research Service Awards](#) from the [National Institutes of Health](#) and [Graduate Research Fellowships](#) from the [National Science Foundation](#) are especially appealing and prestigious options. Many associations (e.g., [American Psychological Association Dissertation Research Award](#)) and foundations ([American Psychological Foundation](#) scholarships) also provide competitive dissertation awards that students should consider with their advisors. Additional resources can be found in Appendix D

Scholarly contributions/publications: All students are to engage in scholarly writing and publishing throughout their graduate training. Publication of articles in high-impact peer-reviewed journals is strongly encouraged, and essential for those who plan for a research-focused postdoctoral fellowship and the academic job market.

Master's Thesis, Candidacy Exam, and Dissertation: The Master's Thesis, Candidacy Exam, and Dissertation are all integral components of students' research training. They are described in detail in later sections.

Writing: Students who wish to improve their writing have a number of University offerings from which to choose. Usually students take such courses in Years 1 or 2, prior to the Master's Thesis defense. Additionally, the [OSU Writing Center](#) has resources available to graduate students, including thesis and dissertation writing groups.

Clinical Training

Diversity in Clinical Practice

The Clinical Program requires clinical practicum experiences in Years 2 (Psychology 7188) and 3 (specialty clinics, external practica). Most students pursue additional clinical experiences in the years thereafter. Students begin seeing clients at the [Psychological Services Center](#), housed in

the Psychology Building. The clinic offers services to clients experiencing a wide range of concerns including anxiety disorders, depressive disorders, OCD, and trauma-related disorders, among others. Given generous support from the College and Department, **we offer our services at no cost to clients**, which allows us to serve traditionally under-served groups in central Ohio. We are proud to provide evidence-based psychotherapy to clients regardless of their ability to pay. We welcome clients from all social identity groups.

Clinical supervision focuses on improving competence in treating clients of diverse backgrounds. Relevant topics in supervision may include therapy with LGBTQ clients, intersectionality, incorporating clients' religious beliefs and traditional values in treatment, barriers to treatment for individuals of low socioeconomic status, unique concerns faced by people of color, communication with clients for whom English is their second language, and more. Advanced practica offer additional training to work with diverse populations.

Second Year Practicum: (Psychology 7188; Anne Holmes): This required practicum is conducted at the PSC. This is one year training experience. Practicum supervision is provided by Anne, Director of the PSC. Practicum begins in the summer following completion of the first year. It provides training in psychological assessment and cognitive behavioral therapy (CBT). The PSC provides clinical services for individuals from the greater Columbus community.

Specialty Clinics

Specialty clinics are offered by core faculty in their respective areas of expertise. Offerings are provided below; not all are available every year.

Adult Assessment Clinic (Psychology 7189; Jasmeet Hayes): The practicum trains students to conduct psychodiagnostic assessments. Students receive an introduction to neuropsychological assessment, and learn to administer structured clinical interviews.

Advanced Practicum in Cognitive Therapy (Psychology 7189; Dan Strunk): Students learn to provide individual CT (with special focus on patients with depression or related mood disorders). Experiences also include conducting structured psychological evaluations.

Advanced Practicum in Dialectical Behavior Therapy (Psychology 7189; Jen Cheavens): Students learn to provide individual and group dialectical behavior therapy (DBT) with focus on treating patients with borderline personality disorder. However, patients with other disorders

characterized by emotion dysregulation and impulsivity are also treated in this practicum. Both assessment and treatment within the DBT framework are included.

Behavioral Medicine Practicum (Psychology 7189; Charles Emery): This practicum exposes students to multidisciplinary teams for care of medical outpatients who receive cardiac and pulmonary rehabilitation services. Experiences include psychological evaluations, individual and group short-term psychotherapeutic interventions, (stress management, behavioral approaches to smoking cessation and dietary modification), and marital counseling. The course is required for all students in the health track.

Mindfulness Clinic (Psychology 7189; Ruchika Prakash): This practicum teaches students how to address worries, stress, and tension in the general population. Group treatment is used and includes didactics, mindfulness training, and yoga.

External Practica

Sites available for student training for Year 3 and after are listed below. Most require a 9- to 12-month commitment. Students typically spend 10-15 hours of clinical experiences per week, although this number varies across practicum sites depending on the training requirements.

- OSU Department of Physical Medicine and Rehabilitation
- OSU Nisonger Center
- OSU Department of Family Medicine
- OSU Department of Psychiatry
- OSU Counseling and Consultation Center
- Nationwide Children's Hospital
- Nationwide Children's Hospital Close to Home facilities
- Twin Valley Behavioral Healthcare
- VA Ambulatory Care Center
- Selected private practitioners in the Columbus area

In late spring, students receive information about potential practicum placements. Following this, students are asked to rank their preferences for practicum placements. Using this information and information from the sites, the DCT assigns students to placements/sites, taking into consideration student preferences, supervisor preferences, and their research

mentor's agreement.

Example sequence of graduate coursework by year* (For Students entering Fall, 2021 or later)

Year 1, fall semester

Research Design and Methods in Clinical Psychology – Psych 6861
Psychopathology – Psych 6853
Statistical Methods I – Psych 6810
Historical Developments of Psychology – Psych 6809*

Year 1, spring semester

Statistical Methods II – Psych 6811
Psychometrics – Psych 6863*
Empirically Supported Treatments – Psych 6866*
Seminar in Clinical Psychology – Psych 7695.01
First Year Project – Psych 8889 under advisor

Year 2, fall semester

Clinical Practicum in the PSC – Psych 7188
Psychological Appraisal – Psych 7864*
Third required statistics class
Discipline Specific Knowledge (DSK) course/Health Psychology*
Master's proposal

Year 2, spring semester

Clinical Practicum – Psych 7188
A statistics class for Clinical students concentrating in quantitative analyses
Seminar in Health Psychology* – Psych 7695.01
DSK course
Master's defense

Year 3, fall and spring semesters

Either PSC clinics (Psych 7188) under core faculty, or outside the PSC practicum (Psych 7189)
Any remaining Health Psychology course
Statistic classes for clinical students concentrating in quantitative psychology
Completion of Candidacy Exam

Year 4, fall and spring semesters

Either PSC clinics (Psych 7188) under core faculty, or outside the PSC practicum (Psych 7189)

Any remaining Health Psychology course

Statistic classes for clinical students concentrating in quantitative psychology

Dissertation proposal

*Courses typically offered every other year.

Student Conduct, Performance, Progress, and Opportunities

There are many components to evaluating student performance and progress in the Clinical Program. The clearest markers are maintenance of satisfactory grades and timely completion of academic milestones, as outlined above and specified in further detail below. Other important factors include but are not limited to expertise in clinical work as demonstrated through practicum performance, engagement in research, teaching performance (if relevant), professional contributions, and professional and ethical conduct.

Grades

To be in academic good standing, as defined by the [OSU Graduate School](#), students must maintain a cumulative grade point average (GPA) of 3.0 or better on a 4.0 scale, where A=4.0, B=3.0, C=2.0, and D=1.0. Students who do not maintain a 3.0 GPA are placed on academic probation by the Graduate School.

In addition to the requirement of a 3.0 GPA, the Clinical Program uses the following interpretation of letter grades for performance in Clinical and Department coursework: A=outstanding, B=expected, and C=unacceptable. If a student receives a "C" in any core clinical course or required statistics course, she or he should discuss this with his or her advisor and the professor who taught the course. The student is required to retake all or portions of the course and/or complete remedial work. A plan for remediation will be specified by the Clinical Area and communicated to the student by the DCT.

Academic Standing and Program Markers

In addition to Graduate School standards, student progress is discussed at least annually by Clinical Area faculty. Timely and successful completion of program requirements are considered. When requirements are completed successfully and on time, students are in good

standing.

Note: Markers are to be completed during the nine-month academic calendar year. Most Psychology Department faculty, including core clinical area faculty, are on nine-month appointments. They therefore are not paid for the summer. Accordingly, requests for meetings to be held during the summer months are not advised. Faculty summer months are spent on research, writing, visits with collaborators, etc. Therefore, students should schedule committee meetings during the none-month academic year. Program requirements and associated timelines for timely and successful completion are as follows:

First year research experience. Students become engaged in research upon matriculation. Near the end of their first year, each student presents her or his research at an annual event attended by Clinical Area faculty and students. This is typically late spring semester.

Master's Thesis. The Master's Thesis is a high quality research project planned and performed in close consultation with students' academic advisor(s). In some cases, a proposal meeting is convened in which students obtain feedback from their Committee on their literature review, methods, and proposed analyses. This meeting is optional; please consult with your advisor. In contrast, an oral defense meeting for the Master's Thesis is mandatory and must occur (at the latest) before the last day of class in spring semester of your second year for a student to remain in good standing.

Advancement to Candidacy for the Dissertation. Separate from successful completion of the Master's Thesis is deliberation of the Clinical Faculty regarding a student's suitability to advance to the dissertation. Recommendation for such (Yes vs. No) is made by the advisor in consultation with the Master's Committee. Their recommendation is advisory to the Clinical Faculty which is the final arbiter for the decision.

Candidacy Exam. The Candidacy Exam (sometimes referred to as the General Exam and/or the Qualifying Exam) is intended to assess breadth and depth of students' knowledge. The format is either the standard written/oral exam or an alternative (see below). Regardless of the format, the exam includes written and oral portions, both of which must be passed before a student is advanced to candidacy. Students should consult with their advisors about options; alternative formats have eligibility requirements (described below) and must have advisor approval.

The written portion of the standard exam is only offered during spring semester. Students who

choose it take it do so during spring break and defend within 2-4 weeks. Alternative exams are defended when they are finished, which is expected in Year 3. Regardless of the option, to remain in good standing, the oral defense must be completed successfully, following satisfactory completion of the written portion, on or before the last day of the spring semester of Year 3.

Doctoral Dissertation. As in any Ph.D. program, the Dissertation is a capstone achievement in graduate school. It is a major, original piece of research that makes a substantive contribution to knowledge in a student's area of interest/expertise. Upon completion of the dissertation, students should have (1) demonstrated high level expert knowledge of a specific content area, and (2) written a document that demonstrates strong scholarship and is of publication quality (dissertation documents tend to be of greater length and therefore tend to require editing prior to being submitted for publication). The following procedures must be followed:

Proposal Meeting: Prior to embarking on the dissertation work, students author a dissertation proposal (described in more detail below), and convene their Dissertation Committee for a proposal meeting, during which the proposal is evaluated. The student and his/her Committee discuss objectives of the research, the scholarly literature review, and proposed methods. Oftentimes, the Committee will recommend changes to the proposed research. The proposal meeting must be completed successfully, with no additional meetings needed, prior to applying to internship programs. The exact deadline is determined annually, typically in early October.

Defense Meeting: The completed dissertation document must be sent to the Committee for review **at least two weeks prior to the meeting** (but see below). During this time, each Committee member evaluates the document and makes determination of the research and the document readiness for an oral defense. If not deemed ready, the document is returned to the student for modifications. If appropriate to proceed, the oral defense meeting can be scheduled with notification to the Graduate School of the proposed date/time. In view of the required period of evaluation and subsequent determination of defense date, students should anticipate one month (minimum) from initial delivery to faculty for evaluation and setting of the defense date.

The two-hour dissertation defense begins with an oral presentation (typically 20-30 min) during which the student presents her/his research. Committee members then query him/her regarding any aspect of content, methods, analyses, and interpretation of findings.

Following discussion, the candidate is excused for committee deliberation. When this discussion is complete, the student is requested to return to learn the pass vs. fail recommendation.

According to policies set by the [Graduate School](#), the dissertation defense must occur within five years of advancement to candidacy. *Note: The Clinical Area requires that the dissertation defense occur no later than one year after completion of internship.*

For students to remain in good standing with the [Graduate School](#), timely completion of milestones is required. This sequence, which is described in previous sections, can be summarized as follows:

- Students are regarded as “in difficulty” when a “marker” is missed (e.g., the last day of spring term in your second year without successful Master’s Thesis defense; the last day of spring term in your third year without successful completion of candidacy). In difficulty status may extend for a maximum of one year (12 months).
- If the marker remains unmet during the 12 month in difficulty period, the student is next placed “on probation”. This status also may extend for a maximum of one year (12 months).
- Failure to complete the Master’s Thesis by the last day of the spring term in your fourth year results in termination from the Clinical Program.

The temporal sequence for completing the Master’s Thesis, Candidacy Exam, and Dissertation indicates one’s standing in the Clinical Program. However, Clinical faculty have prerogative to evaluate and inform students of difficulty at any time—including concerns and difficulties that could lead to termination from the program. Reasons for termination include Clinical Program violations (e.g., participating in clinical practica or “moonlighting” without approval, research irregularities and/or plagiarism, unethical behavior, etc.). Additionally, students must have an advisor of record at all times.

All graduate students are expected to conform to reasonable standards of academic and professional conduct in all activities related to teaching, research, and service within the Clinical Area, the Department, and the University. Relevant standards include, for example, Section 7 of the [Graduate School Handbook](#) and [APA Ethical Standards](#). Students are responsible for understanding and abiding by these and related standards for clinical psychologists.

The multiple requirements and range of experiences (research, coursework, teaching, clinical work) of the program necessitate development proficient time management. Consequences of delayed program markers are significant and bring added stress. Students having difficulty managing required tasks should seek assistance from their mentors. Senior peers can also be very helpful. Self-help books on time management might also be useful (e.g., Julie Morgenstern's *Time Management from the Inside Out*, John D. Cone & Sharon L. Foster's *Dissertation and Theses from Start to Finish*, Silvia's *How to Write A Lot*), as well as occasional short-course offerings on campus for time management.

Review of Progress

Students receive formal and informal verbal and written feedback and guidance throughout their training. Students who wish to clarify or seek additional feedback should make requests directly to the relevant faculty member. Consultation with the DCT, Area Coordinator, or other faculty members is always available; we are happy to help, please just ask.

Written evaluations of progress are completed annually, following Clinical Area faculty meetings in which the respective advisor summarizes the student's activity report (SARs) to the Clinical Area. The SAR is a department-managed, web-based interface for entry of research activity, publications, clinical placements, course progress, and personal goals. Students who fail to complete the SAR have incomplete evaluations and are considered to be "in difficulty" until the form is completed and faculty can conduct an evaluation. During evaluation meetings, a student's advisor(s) discusses progress in research, clinical work, and teaching, considering individual student's goals. For students with a joint faculty member as research mentor, the joint faculty member joins the meeting. In addition to the advisor's/mentor's report, faculty discussion includes review of student's performance in courses, completion of research projects, presentations, and publications, and obtained feedback (if relevant) from externship supervisors regarding student's clinical skills and professional development. Faculty evaluations and recommendations for continued training are communicated to students via correspondence written jointly by the advisor and the DCT. Letters are sent to all students, typically in the early summer months. Additional correspondence with students occurs on an as-needed basis.

Student Grievances/Complaints

Graduate students who have academic and/or training related grievances are encouraged to (1) discuss the problem with their advisor and/or the DCT and, if the grievance is not resolved satisfactorily (2) present the grievance formally to the Department Graduate Studies Chair (Stephen Petrill, petrill.2@osu.edu, 614-292-9547) or the Psychology Department Chair (Charles Emery, emery.33@osu.edu, 614-688-3061). If the grievance is not resolved satisfactorily by the Department, it should then be addressed to the Dean of the College of Social and Behavioral Sciences (Ryan King, [executive assistant Matt Thompson, thompson.1325@osu.edu, 614-688-3739]). If a student considers resolution of his/her grievance to be unsatisfactory, s/he may present the grievance to the Dean of the Graduate School for a hearing, following Graduate School guidelines. Such grievances should be directed to the Dean of the [Graduate School](#) (Alicia L. Bertone's executive assistant Susan Reeser, reeser.1@osu.edu, 614-247-7413).

Termination from the Program

On very rare occasions, students are terminated from the program. Before such action is taken, students are notified in writing by the DCT and Clinical Area faculty about the specific, serious concerns with their progress or unethical behavior. This provides students the opportunity to correct/remediate deficiencies in a timely manner. If remediation is not viewed as a reasonable possibility by faculty, or if the student is not able or willing to undertake steps for remediation, a student may be advised to leave the program voluntarily. Alternatively, the faculty may vote to terminate a student from the program, with or without his/her consent.

Termination may also be considered if a student engages in unauthorized teaching or education, research, and/or clinical activities. All psychology-related paid or unpaid work, such as teaching, research, and/or clinical service provision not under the auspices (supervision) of full time faculty of the Department or University, must be approved by (1) the student's primary advisor *AND* (2) the DCT *AND* (3) the Chair of the Graduate Studies Committee before the activities are committed to or begun. This stipulation applies to paid or unpaid work with adjunct faculty (see Appendix C) and individuals or units with no association with the University. This also includes relationships outside the Columbus area. Failure to provide notification prior to engaging in such activities may result in termination from the program.

*Click here for the online
version of the Ohio State
[Graduate School Handbook](#)*

Engagement in the Program and Professional Service Contributions

Aside from satisfactory grades and completion of Clinical Area requirements, there are many

indicators of success for students. These include but are not limited to development of clinical skills and engagement in clinical training within the program. Students have opportunities to complete practica with supervisors both within and outside the Department. *Students are expected to be active consumers of clinical training*, which includes being prepared for therapy sessions and supervision, completing relevant readings, and seeking concrete feedback in development of clinical skills specific to a given practicum experience.

Students are expected to attend Clinical Area activities (e.g., invited speaker presentations, lab meetings, classes, etc.). Students can also make important contributions to the Clinical Area, the Department, and the University. Being a student representative or committee member, assisting with visiting speakers, etc., are helpful contributions and offer perspectives on faculty life, professional development, and careers. Attending Area or Department talks and meeting with speakers, for example, are ways to prepare students' for their own conference presentations and job talks. Attendance at scientific meetings and conferences is strongly encouraged and offers a national or international perspective on the field of psychology. Clinical Area faculty regularly nominate students for membership in Divisions 12 ([Society of Clinical Psychology](#)), 38 ([Society for Health Psychology](#)), and 53 ([Society of Clinical Child and Adolescent Psychology](#)), and students should feel free to request the DCT or any other faculty member to nominate herself/himself for any other local or national opportunities or awards for which they s/he is interested. The latter is *strongly encouraged* as faculty may be unaware or not have noticed an award mechanism suited for a particular student.

An important goal of the Clinical Program is to facilitate students' careers in the context of solid graduate training. Students may want to consult the second edition of an excellent book about life in academia: [The Complete Academic: A Career Guide](#), edited by J. M. Darley, M. P. Zanna, and H. L. Roediger.

Research Awards, Grants, and Travel Monies (for a longer list, see Appendix D)

There are many national and local opportunities for students to obtain grants for their research. Students in the Clinical Program are very competitive for these awards. Each year, many students receive research grants from extramural sources (e.g., NIMH) and intramural sources (e.g. the Graduate School; see below). The more honors and awards one receives, the stronger one's curriculum vitae becomes, which, in turn, makes his/her internship and job applications maximally competitive. Before pursuing an award or funding possibility, students should check with their advisor(s) for guidance and suggestions. Here are just a few examples of awards

received in the past by Clinical students:

[National Institutes of Health F31 Award](#). The NIH F31 grant mechanism, also referred to as the Ruth L. Kirschstein Predoctoral Individual National Research Service Award (NRSA) is among the most prestigious dissertation awards available to students. This is a mentored award that requires close consultation with your advisor. These grants are reviewed by regular study sections at NIH, and therefore provide students with excellent training and experience in the sort of grant writing conducted by clinical scientists throughout their careers. The awards fund students' research, so students do not have to teach (or do research for others) and are provided a small budget for supplies, participant payments, etc. Examples of funded proposals can be obtained from faculty. Due dates are April 8, August 8, and December 8. Since most funded applications go through a round of revisions, students are encouraged to apply as early as possible. Awards range from 1-2 years.

[National Institutes of Health F31 Award to Promote Diversity in Health-Related Research](#). This funding mechanism is the same as regular F31s (see immediately above), with the added objective of enhancing diversity of the health-related research workforce by supporting research training of students from populations that have are underrepresented in biomedical, behavioral, or clinical research. As with all F31s, due dates are April 8, August 8, and December 8. Since most funded applications go through a round of revisions, students are encouraged to apply as early as possible. Awards range from 1-2 years.

[National Institute of Mental Health Research Supplements to Promote Diversity](#). This funding mechanism allows graduate students to obtain supplements to their advisor's existing grants, with the explicit purpose of promoting diversity in research on mental health. Proposals must be logical extensions of existing grants (usually [R01s](#)). If your advisor has such a grant, discuss the possibility of submitting a supplement with her/him. Award periods vary but can span multiple years.

[National Science Foundation Graduate Research Fellowships](#). Each year, the National Science Foundation funds 2000 Graduate Research Fellowships nationwide. These are not awards to conduct clinical outcome studies, but are appropriate for basic research on clinical (psychopathology) phenomena that are relevant to functioning across the general population. Annual deadlines are typically in the last Friday of October.

Private foundations. Many associations (e.g., [American Psychological Association Dissertation Research Award](#)) and foundations ([American Psychological Foundation scholarships](#)) also

provide competitive dissertation awards that students should consider with their advisors. These can be excellent sources of funding that cover all or part of students' expenses.

University and Department awards. The University and the Psychology Department offer a number of funding opportunities, including the [Alumni Grants for Graduate Research and Scholarship](#) program, which is merit-based and provides up to \$2,000 for research expenses, and the Herbert Toops Award, a competitive grant that provides up to \$500 for dissertation research. Other opportunities for funding exist, so students should keep an eye out for announcements.

See Appendix D for a more elaborated list of awards.

Travel funds. The Department has a travel fund for graduate students who present their research (not just attending) at national meetings and conferences. Please check with the Program Assistant (Mary Jones, jones.3308@osu.edu) at least six weeks in advance of your proposed travel to complete necessary forms/paperwork.

Considerations When Entering the Program: Prior Coursework and/or M.A.

Students who enter with prior graduate coursework may request that some curriculum requirements be waived. Courses taken prior to beginning training in the Clinical Program must be judged as equivalent, and the student's performance must have been superior (i.e., 'A' level). Courses commonly requested for waiver include statistics courses and those that fulfill APA requirements (see below).

To proceed with a request, the following procedure is advised:

1. Provide, in writing, a formal petition to the DCT to seek approval to begin the process. This petition must identify the course(s) taken and the OSU course(s) for requested waiver.

2. Initiate formal correspondence (template provided in Appendix H) with the instructor who currently offers the course you want waived. Provide the instructor with syllabi from prior courses, documentation of grades received, and any other relevant or requested information.
3. The instructor will provide a brief communication to the DCT noting his/her approval or denial (also in Appendix H).
4. Pending approval, the DCT documents such by including a written statement in the student's file.



Note: For students who took one or more introductory statistics courses as part of a previous master's degree program earning a B or higher, the following steps can be taken to pursue a waiver for Psych 6810/6811: (1) The student's advisor contacts the 6810 course instructor to request the waiver and supplies the syllabus from the course the student completed; (2) If the course instructor does not agree that the course is equivalent, the request may be submitted to the GSC chair. The chair will review the syllabus and make a determination.

If a student wishes to waive the Master's Degree requirement (thesis), a similar formal request must be made to the DCT. *Only degrees resulting from empirical projects are considered.* If approval is granted, a student may still be required to complete an empirical project during the time normally devoted to completing the Master's Thesis, in order to maintain continuity in research. This is decided on a case-by-case basis.

To proceed with a Master's Thesis waiver request, the following procedure is advised:

1. Provide, in writing, a formal petition to the DCT asking for approval to begin the process. This petition must include information describing the degree program and curriculum, a copy of the thesis, and the grade transcript (a non-official copy is sufficient).
2. The DCT appoints a subcommittee of Clinical faculty to review the student's materials and make a recommendation to the Area regarding waiver of the Master's Thesis requirement.
3. If the waiver is approved, this is communicated to the Clinical Area and the Psychology Department.

Information Regarding Departmental Limits on Credit Hours.

NOTE: Limits on total number of credit hours!

Due to policy set by the State of Ohio, the Graduate School and many departments, including Psychology, are unable to pay tuition for students who have more than 174 credit hours. Advanced students (beginning at the end of the second year) need to monitor their cumulative hours so as to not exceed the limit. The current Psychology Department policy is as follows:



1. New students should apply for State of Ohio residency as soon as possible to reduce the tuition burden for the Department.
2. The Department will not pay tuition for students who have over 174 credit hours.
3. Students should only enroll in the minimum required number of credits per semester. Moreover, students need to complete their degree in a timely fashion (i.e., 5-6 years total with 4-5 years in residence). These safeguards will prevent a student from accruing excess credit hours. The current minimum number of hours is listed by appointment type below.
4. For the semester of the final oral defense and graduation, the Department will cover tuition costs associated with the required 3 credit hours for students appointed to graduate teaching assistant (GTA), graduate research assistant (GRA), or lecturer positions, if the student is an in-state resident.
5. Students should not enroll in courses that are unrelated to their degree program (e.g., courses in physical education).

Hours	Appointment
12	Fellowship of any kind
8	GTA or GRA
3	Every semester post candidacy

Master's Thesis

General Description

The Master's Thesis is a substantial empirical effort. Formulation and planning for the Master's Thesis should begin in Year 1. For many if not most students, research engaged in during the first year is related directly to their Thesis. Thesis-related activity typically intensifies during the summer following Year 1. During this time, students may plan a proposal meeting. These meetings are optional, although some advisors prefer them. Please consult with your advisor and plan accordingly. When proposal meetings are held, they should occur no later than fall semester of the second year. In such cases, research proposals are prepared, submitted to, and evaluated by a designated Master's Thesis Committee. This proposal ordinarily consists of a review of relevant literature, specification of hypotheses, a detailed Method section, planned data analyses (including power calculations) and, in some cases, presentation of pilot data.

The Thesis document must be prepared in accordance with [APA Style](#) (7th edition) and [Graduate School](#) requirements. Students must circulate this completed document to their Master's Thesis Committee **at least two weeks** prior to scheduling an oral defense. The defense meeting must occur prior to the last day of class in the spring term of the student's second year for the student to remain in good standing. Scheduling of both the proposal (if held) and Thesis defense meeting is initiated following consent of the advisor. The advisor must approve the final version of the proposal and final documents prior to scheduling the defense. Following approval, students are responsible for scheduling their thesis defense meetings and informing the Graduate School. For the latter, contact the Psychology Department Graduate Program Coordinator (Ms. Mary Jones, Psychology Building room 211; 614-292-4112; jones.3308@osu.edu).

Master's Committee

The Master's Exam Committee is comprised of the student's mentor/advisor, who serves as chair, and two additional faculty members. The Committee is selected by the advisor in consultation with the student. Students are responsible for contacting potential committee members to seek their participation and receive times available for scheduling. Composition of the committee and rules governing faculty inclusion are the following:

1. Committees have at least three members.
2. The advisor and at least one other faculty member must hold Graduate Faculty rank in Psychology. The advisor must be at least Category P Graduate Faculty; remaining

committee members must be at least Category M (see the [Graduate School Student Handbook](#) for information on faculty categories).

3. At least 2 of the 3 members must be core Clinical Area faculty. All core faculty hold graduate rank.
4. The third committee member can be from other areas/departments in the University, but must hold Graduate Faculty rank.

Meeting Process and Goals

Proposal meetings are designed to provide guidance and assistance to students to conduct methodologically sound and successful theses. The goal of such meetings is to make helpful suggestions, troubleshoot, and provide related comments. Students should be prepared to present the conceptualization/theory for the study, hypotheses, how the hypotheses will be tested methodologically, and how data will be analyzed. The meeting is typically one hour. Proposal meetings are optional (see above). Consult with your advisor about whether to

Note: Descriptions of procedures for the Master's Thesis, Candidacy Exam, and Dissertation are summaries only, provided for convenience of students and for overview Handbook narratives. The summaries are not a substitute for University formalities, rules, and regulations as provided in the [Graduate School Handbook](#) and in the Psychology Department [Graduate Program Handbook](#).

convene a proposal meeting.

The Master's Thesis defense meeting is one hour. At the meeting, the Committee will review the proposed research, evaluate the conducted research, examine the thesis document, and assess the student's description and understanding of project hypotheses, methods, analyses, and findings. The thesis is accepted or rejected and the oral exam is judged as satisfactory or unsatisfactory. This decision is transmitted to the Graduate School via designated electronic University forms. Please note that there are both Graduate School forms and Department forms to complete. The committee is also charged with making a recommendation to the Clinical Area regarding a student's readiness to continue or discontinue training in the Clinical Program toward the Ph.D. The Committee's recommendation is transmitted to the Clinical Area, where a decision regarding continuance is made.

Candidacy Exam: Standard Format

General Description

The Candidacy Exam (sometimes referred to as the General Exam and/or the Qualifying Exam) is intended to assess breadth and depth of students' knowledge before they are *advanced to candidacy* for the Dissertation. The Exam can take on any of several formats, including the standard format. Regardless of the format, the exam includes written and oral portions, both of which must be passed before a student is advanced to candidacy. Students should consult with their advisors about which option to take. The oral exam is two hours.

Standard Exam

The standard format of the Candidacy Exam is intended to demonstrate that a student is capable of conducting and evaluating research, and has an adequate knowledge base from which to conduct assessments, render diagnoses, and formulate treatments for psychological disorders in an empirically-informed manner. The test is of broad knowledge in the field. Clinical Area faculty do not provide detailed guidelines of material to study, or a specific reading list. To do well on the exam, students should minimally have mastery of content covered in core Clinical courses. However, the exam also includes content within the broad domain of clinical psychology. Students are expected to demonstrate advanced understanding of all domains covered on the exam (listed below). This understanding should include knowledge of recent advances in particular domains (e.g., familiarity with important recent publications) and integration of knowledge across different domains.

Exams are given once a year, on three days (Monday, Wednesday, Friday) of spring break. About three months prior to administration, the exam coordinator or the Clinical Program Assistant sends an e-mail to determine which students would like to take the Standard Exam. Students who plan to take the Standard Exam should respond promptly to this e-mail. Once students have decided to take the Exam, they should initiate a conversation with their advisors regarding a specialty area (see below for more details).

The Standard Exam evaluates knowledge of psychopathology, therapy/intervention, research methods and statistics, assessment, personality, ethics, multicultural issues, and the student's specialty area (i.e., health or a focus within clinical psychology [e.g., depression, anxiety]). For adult psychopathology students, the specialty area is determined in consultation with one's advisor.

There are two components to the Standard Exam: written and oral. The written portion is offered during spring break, from 9:00am-12:00pm and 1:00pm-4:00pm on M-W-F of the

designated week. The written portion is completed either on laptops provided by the Clinical Area/Department, or in a computer lab. Students' answer files are later coded by "blinded" faculty members. Students are provided with their scores as soon as possible, usually within 7 days and no later than 14.

As specified by the Graduate School, oral exams must occur within 30 days of the written exam. However, it is also the case that the Graduate College will not schedule an oral earlier than two weeks prior to the requested date. Thus, it is important that prior to the written portion, students confirm the date of the oral portion of the Exam with the Committee, and present the required form to the Graduate School a minimum of two weeks prior to the date selected. To remain in good standing, the Candidacy Exam must be completed successfully no later than the last day of class in the spring term of Year 3. Successful completion of the Candidacy Exam is required by the Graduate School for advancement to candidacy for the Ph.D.

On occasion, students who commit to taking the Standard Exam at the next administration may later decide to delay until the next year. There is no penalty for doing so. However, notification of withdrawal from the written or oral testing must be made by the student in writing to the DCT, the advisor, and the current faculty coordinator of the exam (e.g., 2019-2020 coordinator was Professor Andersen), and the Clinical Area assistant. Withdrawal requests can be made up to 24 hours in advance of either portion. Requests are routinely granted, but notification is essential.

The Standing Candidacy Exam Committee (2020-2021: Scott Hayes, chair; Dan Strunk, and Barb Andersen) and the student's advisor form the committee for the oral defense. Standing members serve for three years with one member rotating off and a new one added each year. If a student's advisor is a member of the standing committee, an additional faculty member is appointed to join. If a student has a co advisor, he or she is also in attendance. The meeting is chaired by the Chair of the Standing Committee, not the student's advisor.

Written portion. Exam questions are written by all core Clinical faculty. One faculty member is designated each academic year as Exam Coordinator. The coordinator solicits questions from faculty, schedules and monitors the Exam, distributes students' answers to area faculty for grading, compiles scores, and provides outcome feedback to students. The Exam Coordinator also explains the format, scoring procedure, and addresses any other questions students may have about the Exam. The Exam Coordinator works with the Area Assistant to schedule individual oral meetings by soliciting schedules for student and faculty availability in the five weeks post generals. Scheduling is extremely difficult and it is incumbent on students to: (1) give schedules

with maximum flexibility; and, (2) not request changes once scheduling decisions are made. Any requests for change are to be made ONLY to the Exam Coordinator.

To reiterate, areas sampled in the Exam include psychopathology, therapy/intervention, research methods and statistics, assessment, personality, ethics, multicultural issues, and the student's specialty area. All students are expected to know these domains as they relate to the extant clinical literature. Exam questions are integrative. Thus, each question may include content from two, if not three domains (e.g., psychopathology and personality, therapy and research design, ethics and assessment). A recent question was as follows:

“Describe similarities and differences of social phobia and avoidant personality disorder. What statistical methods could you use in a research design to determine if these diagnoses are dimensional constructs or separate categorical constructs?”

For each session (e.g., Mon 9am-12pm), 3-4 questions are offered with the student choosing 2 to answer. Questions are written so that content, across testing days, is sampled evenly. Thus, at least two questions include psychopathology, therapy, assessment, etc., though they need not occur in the same time block or day.

The areas of examination for **Adult, Health,** and **IDD-Adult** focus students as follows:

The grading scale is provided below. The same scale is used to calculate scores for all items. Each question is scored independently by two faculty. The two ratings for an item must be in agreement (rating differences must be < 1.0). Should the difference be > 1.0 for an item, a third rating is obtained. The final score for the item is then the mean of the three ratings.

- 4.0 = superior
- 3.0 = average pass at the Ph.D. level
- 2.0 = borderline
- 1.0 = fail

The Exam score is calculated using grand mean of all scores. The resulting Exam score, ranging from 0.0 to 4.0, is interpreted according to the standards below. These standards reflect the Area's recommendation for proceeding to the oral exam.

Recommendation to proceed: 2.5 or higher Exam score and all area scores \geq 2.0.

Recommendation to proceed, with additional demonstration of proficiency at the oral exam required: 2.5 or greater Exam score, but one or more areas are scored < 2.0, or an Exam

score within the $2.0 < x < 2.5$ range.

Recommendation to not proceed: Exam score < 2.0 . The student chooses whether or not to proceed in the context of the faculty recommendation.

Oral portion. The oral exam is two hours. Students are advised to prepare to discuss any topics/items from the written portion of the Exam, and to respond to questions assessing any aspect of clinical psychology, research methods and statistics, and other substantive areas within psychology. Numerical results and recommendations from the written portion are advisory materials for the Committee. In making a determination of “pass” or “fail”, both the written and oral performance are considered.

If a student fails the oral exam, the Committee determines whether the exam may be repeated. If the Committee does not allow a student to retake the exam, the student may not proceed in the program. If the committee allows the student to take the Exam again, the Committee also decides on what aspects of the exam to include in the second exam (i.e., whether the all or part of the written portion will be included, etc.).

Candidacy Exam: Alternative Formats

Students who have successfully defended their Master’s Thesis by the end of the spring term of Year 2 (i.e., the last day of class in the spring of Year 2) are eligible for the Alternative Candidacy Exam. Students must meet this criteria AND consult with their advisor, who must also approve. Note that some labs only allow the standard format, some allow only the alternative format, and others allow both.

Credit for Previous Coursework and Request for the Alternative Exam

Some students may obtain credit for coursework not completed through designated courses at OSU (see above), and therefore have not taken all courses that would ordinarily be considered in determining eligibility for the Alternative Candidacy Exam. If students obtain credit without taking designated courses at OSU for more than 50% of the courses considered in determining eligibility (listed above), those students are not eligible for the Alternative Exam.

Procedures for Alternative Candidacy Exam Proposals and Defense Meetings

After consulting with and obtaining approval from one’s advisor, students form an Exam Committee. Composition of the committee is as follows:

1. The student's advisor (and co-advisor, if applicable).
2. A minimum of three additional members must hold an M status Graduate Faculty rank in the Department of Psychology.
3. For the additional members, 2 of the 3 must be core Clinical Area faculty, with no more than 1 of the 3 being a Joint Faculty member (i.e., someone who hold his/her primary appointment in another department; see above).
4. One member can be from any area within the Department (including non-Clinical).

Following approval by their advisor, students submit specific proposals for the Alternative Exam to their Committee. The Committee meets with the student to review the proposal. Proposals should be submitted two weeks prior to the Committee meeting. At the conclusion of the meeting, the Committee may approve the proposal, require modifications, or reject the proposal. If the proposal is rejected, students can submit a new proposal, or choose to complete the Standard Candidacy Exam. If a proposal is accepted but changes are recommended or required, a student may opt to send a summary of such changes to the Committee following the meeting. Some students may want to use such a summary in addition to the Committee discussion to ensure that s/he and his/her committee have a shared understanding of the recommended or required changes.

If the proposal is accepted, students complete the Alternative Exam as approved by their Committee. The Committee meets at a time arranged by the student for an oral exam. A "pass" or "fail" decision is made at the conclusion of the oral exam meeting.

Students have six months from their proposal meeting to defend their Alternative Candidacy Exam. If this time frame will cannot be met, students may petition their Committee and requesting one six-month extension. The Director of Clinical Training should be copied on this request.

Guidelines for Alternative Exam Proposal

Proposal documents may be brief (e.g., five pages) with additional pages for key references. For any of these options, the focus of the exam must be a clearly independent intellectual contribution from the student's dissertation. There are three choices for this format:

Detailed content exam. For this option, students define a specialty area and provide a potential reading list. Following Committee approval (with or without modifications) the student prepares, and at a later point submits, a list of possible exam questions for Committee consideration (typically via e-mail). If the initial questions are not judged satisfactory, or require modification, the Committee requests new and/or amended questions. Following Committee

approval, advisors provide students with exam questions to be answered. A week is selected for the student to answer the questions as a take-home exam, to be completed within seven days. This is an open book exam, with the only proviso being the student does not consult with any others (students, faculty, etc.) in preparing answers. After completing the exam, students provide copies of their answered questions to all Committee members. The Committee then meets with the student for an oral exam.

Review paper. Students may write a substantive review paper that is similar in scope to *Psychological Bulletin* or *Psychological Review* articles. Prior to their proposal meeting, students must present their Committee with the area of interest (approved in advance by their advisor), and potential section headings of the paper, with relevant key citations. The Committee may alter the scope of the proposal. Once approved, students may begin writing. As with all Alternative Exams, the full document must be provided to Committee members two weeks prior to the oral defense. *Note that documents that are written in response to book chapter invitations will rarely be comprehensive enough to meet requirements of this format.*

Meta-analysis or other quantitative topic. Students may propose a meta-analysis and write a paper suitable for publication based on that analysis. The topic must be approved in advance by their advisor. The Committee may alter the scope of the project in the proposal meeting. Students may also propose an advanced quantitative topic not covered in any course offered by the Department. For this, data analyses may be used to illustrate mastery of a method, though this is not mandatory. Data analyses cannot be the substantive focus of the project, but rather are used only to illustrate the material mastered. Upon completion of the written exam, students provide copies of the document to the Committee, two weeks before their oral defense.

The maximum time allowed for the Alternative Candidacy Exam is one year. This includes time from the proposal meeting to the defense. As outlined above, students may request a single six-month extension. At the end of the allotted time, if the Alternative Exam is not defended, students must switch to the Standard Candidacy Exam, offered during spring break (see above).

NIH F31 Ruth L. Kirschstein Predoctoral Individual National Research Service Award (NRSA). As outlined above, NRSA awards are among the most prestigious grants available to students. For students who choose this option for the Candidacy Exam, feedback from advisors is permitted only on the Specific Aims page. Students must then complete, on their own, the Research Strategy (a literature review and descriptions of the research design, analytic strategy, and human subjects protections), and all other sections (e.g., training plan, biosketches, etc.).

Students are encouraged to obtain funded applications from more advanced students.

Dissertation

General Description

As in any Ph.D. program, the Dissertation is a capstone achievement in graduate school. It is a major, original piece of research that makes a substantive contribution to knowledge in a students' primary area of interest/expertise. Upon completion of the dissertation, students should have (1) demonstrated high level expert knowledge of a specific content area, and (2) written a document that demonstrates strong scholarship of publication quality (dissertation documents tend to be of greater length and therefore tend to require editing prior to being submitted for publication). Formulation and planning often begins in Year 3, and in many cases, earlier. A research proposal must be prepared, submitted to, and evaluated by the Dissertation Committee. The dissertation proposal document includes a review of relevant literature, a statement of rationale for the study and hypotheses, a description of the research design and methods to be used, power analyses, and analytic plan. The length of a dissertation prospectus varies, but is typically between 25 and 50 pages, excluding figures, references, and appendices.

Many of the same procedures followed for the Master's Thesis (described above) apply to the Dissertation. Scheduling of both the Dissertation proposal and Dissertation defense meetings occurs following approval by students' advisors (advisors must approve the final version of both documents prior to schedule any meetings). Following approval, students are responsible for organizing and scheduling both the proposal and oral defense meetings, and informing the Department and Graduate School. Students must contact the Psychology Department Graduate Program Coordinator (Mary Jones, Psychology Bld. room 211; 614-292-4112; jones.3308@osu.edu).

Dissertation Committee

Possible Dissertation Committee members are identified by the advisor in consultation with the student and/or DCT. Students then contact individual faculty to request their involvement and Committee membership. The Dissertation Committee is comprised of at least three faculty members, plus an additional faculty member from outside Psychology who is appointed by the Graduate School for the defense meeting.

Requirements and rules governing faculty inclusion are as follows:

1. The Clinical Area faculty advisor serves as chair, and must have a Category P Graduate Faculty status. When mentors are joint faculty members (i.e., with primary appointments in departments other than Psychology), the student's advisor serves as co-Chair.
2. Two additional Committee members must hold U, M, or P status with the Graduate School (see the [Graduate Student Handbook](#) for information on faculty categories).
3. At least three members must be Department of Psychology faculty, two of whom must be core Clinical Area faculty.
4. In consultation with their advisors, students may wish to include one or more additional members with relevant expertise (e.g., faculty from other academic units, adjunct rosters).

Proposal Meeting

The purpose of the Dissertation proposal meeting is to provide a mechanism for recommended changes to and/or formal endorsement of the dissertation conceptualization, operationalization of the research design, and methods as articulated in the proposal document. Committee members provide guidance and suggest needed modifications to the document or the study. Students must provide copies of the proposal to all Committee members at least two weeks prior to the proposal meeting. Inadequate time for faculty to examine a proposal document can result in a cancelled meeting. Proposal meetings must occur prior to applying for internship. The specific date is set annually and is typically in early October.

Defense Meeting

Prior to the oral defense, Committee members must have time to evaluate the document in order to provide written approval for the meeting. All Committee members must receive the document at least two weeks before they are requested to provide their approval for the oral defense to move forward. Students must obtain document approval from all Committee members, as indicated by their electronic signatures, which are forwarded to the Graduate School. Should any Committee member judge the document to be inadequate, this is communicated to the student's advisor, who cancels the oral defense meeting. Students must coordinate the location and timing of the meeting with the Clinical Area associate at least one week in advance. Notice of the time and location of the meeting is provided to all Clinical Area faculty and students.

The oral defense meeting has two portions. The first 20-30 minutes consists of a colloquium-like presentation of the Dissertation. Although an effective introduction is important, the presentation should focus on methods, results, and interpretation of results. This portion of the meeting is open to all, including Clinical Area faculty and students. Following the presentation,

members of the audience are excused and the Committee meeting begins. The meeting includes critical questions to the student regarding literature, methods, analyses used, and results. The Dissertation document is also evaluated for organization, writing, clarity of thought, and critical thinking. Discussion of related research areas, methods, and/or analyses which are consistent with the context of the Dissertation may also occur. Finally, discussion includes guidance to the student regarding potential for publication. During the oral defense, Committee members may or may not make suggestions for changes to the document.

The Dissertation is evaluated by each Committee member, and it is rated as satisfactory or unsatisfactory. Committee members may provide provisional satisfactory ratings contingent upon completion of document revisions by the candidate. An unsatisfactory rating requires, at a minimum, significant additional work (e.g., data collection) and/or revisions as specified by the Committee. If and when revisions are completed, the candidate is eligible to proceed to a second oral defense. In other some unsatisfactory cases, students are encouraged to withdraw from the Clinical Program. A summary of the evaluation, regardless of the outcome, is conveyed to the student by the Committee Chair.

Students are strongly encouraged to complete all aspects of their Dissertation, including data collection, write-up, and oral defense, in Year 5, prior to leaving for their internship year (described below). However, Clinical Area faculty recognize that this is not always possible. Thus, a Dissertation defense is considered successful provided it is passed prior to the start of fall semester of Year 6. The defense must occur, at the very latest, by the calendar date 12 months from the date of internship completion. Additional information regarding Dissertation requirements can be found in the [Graduate School Handbook](#).

Bundled/Integrated Format Option

Students may consider the option of a “bundled” or “integrated” dissertation. The bundled/integrated format has the advantage of encouraging students to produce a program of research rather than report on a single project. By allowing sections of the dissertation to be prepared as one would prepare manuscripts for submission to academic journals, the format may enhance students’ research productivity. The specific form and content of the dissertation proposal and the final dissertation filed with the University should be worked out in consultation with your dissertation advisor and your dissertation committee. *The advisor and committee make the final decision on whether a proposal for a bundled/integrated dissertation is appropriate.*

The bundled/integrative dissertation format includes the following components:

1. Three manuscripts.
2. An introduction section including an integrative review, a brief overview of the three manuscripts, and a description of how they fit together programmatically.
3. A discussion section that summarizes and integrates findings across all three manuscripts, and considers broad implications for future research.

The following guidelines should be considered by the student and committee:

- The three manuscripts must be related conceptually, demonstrating a programmatic line of research.
- The candidate must be the primary contributor and first author on all manuscripts. No manuscripts in which the first author contributed equally with another are permitted.
- Of the three manuscripts:
 - At least two manuscripts must be empirical.
 - Only one may be a meta-analysis or systematic review, if approved by the dissertation committee. These do not count as being empirical.
 - Book chapters, conference presentations, encyclopedia entries, and book reviews do not qualify.
 - In rare circumstances a qualitative data analysis may be included if approved by the dissertation committee.
 - One manuscript may be a published or a submitted-for-publication version of a student's master's thesis.
 - Formatting must be consistent with [Graduate School requirements](#). Accordingly, all sections, including (1) an overall abstract (covering all three papers), (2) a general introduction, (3) each individual paper, and (4) a general discussion, must be presented as separate chapters. Individual chapter abstracts should be included. Although reference lists may be included at the end of each chapter, a full bibliography is also required.
- The three manuscripts must be based on work begun, performed, and completed while in residency in the Clinical Psychology graduate program at Ohio State.
- Manuscripts used to pass alternative generals exams cannot be used.
- At the time of the dissertation proposal meeting:
 - At least one manuscript must be published or submitted for publication.
 - No more than two manuscripts may be published or submitted for publication.

- At least one manuscript must not be finished or submitted.
- Manuscripts can be submitted for peer review before the oral defense but only with prior review and approval of all dissertation committee members.
- Non-significant results that emerge from analyses must still be in ready-to-be-submitted format.

Pre-Doctoral Internship

Enrollment in a 12-month [APA-accredited internship](#) is a Clinical Program requirement, and must occur prior to receiving a Ph.D. degree with the designation “Clinical Psychology”. Typically, internship is completed in Year 6, but students are urged to familiarize themselves with the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC) web site early in their graduate training. Students should review the application and become familiar with information and record keeping required. Check the site annually to see if forms have changed. Careful records kept during internal and external practica make the application process much easier.

As outlined above, students must have their Dissertation proposal approved before applying for internship. This requirement is intended to allow students to leave for internship with, at a minimum, completed data collection. However, it is to students’ advantage to defend their Dissertations prior to internship. The deadline for Dissertation proposal meetings is communicated to students each year, and is usually early in October. However, students are advised to complete any proposal meetings well in advance of this deadline to allow time for possible revisions to their proposals (see above).

The internship application process is lengthy, time consuming, and detailed, and includes writing essays regarding one’s clinical experiences, documenting all clinical work (including contact hours with clients, supervision time, etc.), and seeking 3-4 letters of recommendation from practicum supervisors and faculty. A letter from the DCT is also required. Students begin the process of reviewing internship program descriptions and assembling materials in the summer preceding the fall application.

Students should provide faculty and practicum supervisors with letter requests well before (e.g., two months) application deadlines. The DCT meets with each student who is applying for internship to cover necessary information and documents. All APPIC applications are completed online by students, DCTs, and letter writers.

Finally, students must obtain, complete, and submit an “Out of State Research Form” to the Graduate School if the dissertation has not been defended prior to departure for internship. This form enables students to register for course credit (which is required) for the semester when the defense occurs. The course number is Psychology 8191. Students going on internship need to confer with Mary Jones, Graduate Program Coordinator, before leaving.



Mirror Lake, located just east of the Psychology Building

Getting Around

Our Buildings (Psychological Sciences and Lazenby Hall)

The Psychology Department occupies two buildings, [Psychological Sciences](#) and [Lazenby Hall](#). All Clinical Area faculty and the [Psychological Services Center](#) are located in Psychological Sciences. Please make sure your working space is clean and free of wall markings and damage, keeping the Clinic spaces, student work rooms, client rooms, and waiting areas free of miscellaneous papers, garbage, etc. Janitorial coverage is variable, and we are the caretakers of this space.

Clinical Area and Area Office

The Clinical Area office is located in room 108 Psychological Sciences. Only professionally related (e.g., regarding an experiment, course, clinic matter) telephone messages may be received in the Clinical Area office. Please inform your callers that only brief messages will be taken. Callers attempting to deliver personal messages will be directed to other means for reaching students.

Graduate Student Spaces and Mail

Faculty research space in both Psychological Sciences and Lazenby is at a premium. Clinical faculty attempt to provide student office space in their labs, but this is not always possible. Please be aware and mindful of these constraints for space within the Department.

The Department does not provide computers to graduate students. However, many advisors provide them in labs, and the University makes computers readily accessible from many locations on campus. There is a public computing facility in room 15 of Lazenby Hall, and in the Main Library, which is adjacent to Psychological Sciences and Lazenby Hall.

Mailboxes for students are located in room 108 of Psychological Sciences. These can be accessed any time the office is open (office hours are posted on the door). Campus, U.S., and interdepartmental mail for students is delivered to mailboxes in Room 108. Students are encouraged to check their mailboxes daily. Mailboxes for faculty are located in both 108 and 129 of Psychological Sciences.

There are bulletin boards, both inside and outside of room 108, assigned to the Clinical Area. Information regarding coursework, colloquia, funding, conferences, recent publications, and other accomplishments of graduate students are posted there. Recent correspondences regarding job openings (faculty positions, postdocs) are also available. Announcements are posted for approximately two months and then filed in a notebook labeled Job Openings. This notebook is located conveniently next to the mailboxes.

Department Administrative Staff*

Charles Emery, Ph.D. (emery.33@osu.edu), Department Chair, 225 Psychological Sciences.

Lisa Wareham (wareham.19@osu.edu), Department Fiscal Officer, 225 Psychological Sciences, 614-292-6040. Nicole assists the Chair with Department organizational, staffing, and budgetary matters.

Mary Jones (jones.3308@osu.edu), Graduate Program Coordinator, 211 Psychological Sciences, 614-292-4112. Mary is responsible for student registration in classes (including restricted classes) and coordinating stipend payments for students. She also provides many of the Graduate School forms and information about Graduate School procedures.

Paula Cullen (cullen.32@osu.edu), Introductory Psychology Office Manager, 125 Psychological Sciences, 614-292-6331. Paula assists in administration of the introductory psychology courses and research participation for undergraduate students.

To be named Area Associate and Support Person for the Psychological Services Center, 105 Psychological Sciences, 614-292-2059. This person is responsible for file preparation, billing, and miscellaneous other duties.

*for a complete list of Department staff, visit [Staff Page](#) of the Department website.

Frequently Asked Questions

What is the difference between Psychology 7188 and Psychology 7189?

Psychology 7188 is typically a second (and sometimes third) year experience for students who take the in-house practicum supervised by the Director of the Psychological Services Center (Anne Holmes). Psychology 7189 is for third year and above students who are completing advanced practica. If a student is taking an advanced practicum with a core Clinical Area faculty member, the student registers for 3 credit hours under the core faculty member's name. If the student is doing a practicum outside of the PSC, the student registers for 3 credit hours under the DCT.

How many faculty must serve on a Master's Thesis committee?

The Master's Thesis committee is comprised of 3 faculty, 2 of whom must be Clinical Area faculty (see above).

How many faculty must serve on a Candidacy Exam committee?

Three members of the Candidacy Exam committee must be from the Clinical Area with two of these members being core Clinical Area faculty (1 of the 3 may be a joint faculty member, with a primary appointment in another department). Students may have a maximum of 1 member from outside the Clinical Area (e.g., Developmental). For those who take the Standard Exam (see above), there is a standing committee of 3 Clinical Area members plus the student's advisor.

How many faculty must serve on a Dissertation Committee?

The Dissertation Committee is comprised of a minimum of 3 faculty; 2 of whom must be Clinical faculty. The third member can be a Psychology Department faculty member who is not in Clinical). There is also a representative from outside the Psychology department, who is assigned by the Graduate School for the dissertation defense (the Graduate Representative does not participate in the proposal meeting). Thus, there are 4 members of a Dissertation Committee, including 3 faculty from the Department and 1 from the Graduate School.

What are Psychology 8999 credit hours?

This course is used for documenting research hours, taken when students are involved with their Master's Thesis and Dissertation.

Are students required to have professional liability insurance?

Yes, by the end of the Year 1 all students are required to have student professional liability insurance. Most students obtain this insurance through the [APA-Trust](#).

Which courses fulfill APA accreditation criteria?

Each semester there are classes available taught by faculty outside of the Clinical Area that fulfill DSK areas required by APA. If you are unsure as to whether or not a class fulfills a DSK requirement, check with the DCT before registering. Recent graduates of our Clinical Program who have applied for licensure in California and Massachusetts have informed us that they were asked to show course syllabi of their content of some courses. So, be sure to keep syllabi for courses taken at Ohio State. Students should talk to the DCT if they are not sure if a particular course meets APA DSK requirements.

Other University Publications

This handbook provides details about areas of study, academic requirements and procedures, and policies that are specific to the Clinical Area. Other Department and Graduate School documents, which we provide links to herein, provide additional important information. All graduate students are expected to follow guidelines set forth by the [Graduate School](#) of the Ohio State University, and by the Department of Psychology.

Appendix A: Clinical Faculty and Areas of Research Interest

Barbara L. Andersen, Ph.D.

Professor, 149 Psychology Building (andersen.1@osu.edu)

Dr. Andersen completed her undergraduate and graduate studies at the University of Illinois, receiving her Ph.D. in 1980. Following a year of postdoctoral work at the Neuropsychiatric Institute, UCLA, she joined the Department of Psychology at the University of Iowa. She remained there until 1988, after which she came to Ohio State. She has authored five books and over 150 research articles on behavioral medicine topics. She has received awards for teaching/mentoring (Outstanding Achievement in Teaching, 1985, U. of Iowa; Education and Training Award, APOS, 2017) and research [Faculty Scholar: U. of Iowa, 1988 and Ohio State, 2000; APA, Div. 38 (Health) Distinguished Scientist, 2003; Distinguished University Lecturer, Ohio State, 2004; American Cancer Society Hero of Hope Award, 2004; Distinguished Senior Investigator (Cancer), Society of Behavioral Medicine, 2016; Distinguished Professor of Psychology, 2017; Distinguished University Professor, 2018]. Dr. Andersen conducts research in three areas: (1) stress and the interaction of psychological, behavioral, and biological responses to cancer (breast, CCL, gynecologic, lung); (2) intervention development, testing, and dissemination; and (3) cancer and sexuality.

Representative Publications:

- Andersen, B. L., DeRubeis, R. J., Berman, B. S., Gruman, J., Champion, V., Massie, M. J., ...Rowland, J. H. (2014). Screening, assessment, and care of anxiety and depressive symptoms in adults with cancer: An American Society of Clinical Oncology guideline adaptation. *Journal of Clinical Oncology*, *32*, 1605-1619.
- Andersen, B. L., Goyal, N. G.*, Weiss, D. M.*, Westbrook, T.*, Maddocks, K., Byrd, J.C., Johnson, A.J. (2018). Cells, cytokines, chemokines, and cancer stress: A biobehavioral study of patients with chronic lymphocytic leukemia. *Cancer*, *124*, 3240-3248.
- Andersen, B. L., Valentine, T. R.*, Lo, S. B.*, Carbone, D. P., Presley, C. J., Shields, P. G. (2020). Newly diagnosed patients with advanced non-small cell lung cancer: A clinical description of those with moderate to severe depressive symptoms. *Lung Cancer*, *145*, 195-204.
- Ashmore, J. A., Ditterich, K. W., Conley, C. C.*, Wright, M. R., Howland, P. S., Huggins, K. L., ...Andersen, B. L. (2019). Evaluating the effectiveness and implementation of evidenced based treatment: A multisite hybrid design. *American Psychologist*, *74*, 459-473.
- Cyranowski, J. C.*, & Andersen, B. L. (2019). Sexual Self-Schema (SSS) Scales. In R. Milhausen, J. K. Sakaluk, T. D. Fisher, C. M. Davis, & W. L. Yarber (Eds.), *Handbook of sexuality-related measures* (4th Ed.). New York: Routledge Handbooks.

*current/former student

Jennifer S. Cheavens, Ph.D.

Professor, 147 Psychological Sciences (cheavens.1@osu.edu)

Dr. Cheavens completed her undergraduate degree at James Madison University and received a Master's degree in experimental psychology from Old Dominion University. She received her Ph.D. in clinical psychology from the University of Kansas in 2002 after completing a clinical internship at Duke University Medical Center (DUMC). Following internship, Dr. Cheavens completed an NIA-sponsored post-doctoral fellowship and then served on the faculty at DUMC until the summer of 2007 when she joined the faculty at Ohio State. Dr. Cheavens is interested in treatment outcome research for mood and personality disorders, including work that informs the development and adaptation of treatments for these disorders. Dr. Cheavens is also interested in factors that facilitate (e.g., hope, strong interpersonal relations) and complicate (e.g., avoidant emotion regulation, affect intensity) treatment.

Representative Publications:

- Benitez*, C., Southward*, M. W., Altenburger*, E. M., Howard*, K. P., & Cheavens, J. S. (2019). The within-person effects of validation and invalidation on in-session changes in affect. *Personality Disorders: Theory, Research, and Treatment*, 10, 406-415.
- Cheavens, J. S., Heiy*, J. E., Feldman, D. B., Benitez*, C., & Rand, K. L. (2019). Hope, goals, and pathways: Further validating the hope scale with observer ratings. *Journal of Positive Psychology*, 14, 452-462.
- Cheavens, J. S., Strunk, D. R., Lazarus*, S. A., & Goldstein, L. (2012). The compensation and capitalization models: A test of two approaches to individualizing the treatment of depression. *Behaviour Research and Therapy*, 50, 699-706.
- Heiy*, J. E. & Cheavens, J. S. (2014). Back to basics: A naturalistic assessment of the experience and regulation of emotion. *Emotion*, 14, 878-891.
- Lazarus*, S. A., Cheavens, J. S., Festa, F., & Rosenthal, M. Z. (2014). Interpersonal functioning in borderline personality disorder: A systematic review of behavioral and laboratory-based assessments. *Clinical Psychology Review*, 34, 193-205.
- Lazarus*, S. A. & Cheavens, J. S. (2017). An examination of social network quality and composition in women with and without borderline personality disorder. *Personality Disorders: Theory, Research, and Treatment*, 8, 340-348.
- Southward*, M. W. & Cheavens, J. S. (2018). Identifying core deficits in a dimensional model of Borderline Personality Disorder Features: A network analysis. *Clinical Psychological Science*, 6, 685-703.
- Southward*, M. W. & Cheavens, J. S. (2020). Quality or Quantity? A multi-study analysis of emotion regulation skills deficits associated with Borderline Personality Disorder. *Personality Disorders: Theory, Research, and Treatment*, 11, 24-35.

*current/former student

Charles F. Emery, Ph.D.

Professor, 145 Psychological Sciences, (emery.33@osu.edu)

Dr. Emery received his Bachelor's degree in Psychology from Columbia University in 1980 and his Ph.D. in Clinical Psychology from the University of Southern California in 1985. At USC, Dr. Emery specialized in aging and adult development. After internship training at the University of Colorado Health Sciences Center in Denver, Dr. Emery was a post-doctoral fellow at Duke University's Center for the Study of Aging and Human Development for two years. In 1988, he joined the faculty in the Division of Medical Psychology, Department of Psychiatry at Duke University Medical Center. Dr. Emery remained at Duke until 1994, when he moved to Ohio State. At OSU, Dr. Emery has continued his research program in behavioral medicine and the psychology of aging, specifically addressing psychological adjustment to chronic illness and psychological outcomes of physical exercise. He is Director of the Cardiopulmonary Behavioral Medicine Program, providing practicum training experience in health psychology for graduate students at OSU. Dr. Emery is currently on the editorial board of four journals in health psychology and medicine: *Annals of Behavioral Medicine*; *Heart and Lung*; *Journal of Behavioral Medicine*; and *Journal of Cardiopulmonary Rehabilitation and Prevention*.

Representative Publications:

- Suh, S., Ellis, R. J., Sollers, J. J., Thayer, J. F., & Emery, C. F. (2013). The effect of anxiety on heart rate variability, depression, and sleep in chronic obstructive pulmonary disease. *Journal of Psychosomatic Research*, 74, 407-413.
- Jackson, J. L., & Emery, C.F. (2013). Emotional distress, personality traits and coping as predictors of cardiac rehabilitation outcomes and attendance. *Journal of Cardiopulmonary Rehabilitation and Prevention*, 33, 26-32.
- Emery, C. F., Finkel, D. G., & Pedersen, N. L. (2012). Pulmonary function as a cause of cognitive aging. *Psychological Science*, 23, 1024-1032.
- Emery, C.F., Anderson, D.R., Goodwin, C.L. (2012). Coronary heart disease and hypertension. In I. B. Weiner (Ed.), *Handbook of psychology* (2nd ed.). Hoboken, NJ: Wiley.
- Lebowitz, K. R., Suh, S., Diaz, P. T., & Emery, C. F. (2011). Effects of humor and laughter on health status and pulmonary functioning among patients with COPD. *Heart and Lung*, 40, 310-319.
- Green, M. R., Emery, C. F., Kozora, E., Diaz, P. T., & Make, B. (2011). Religious/spiritual coping and quality of life among patients with emphysema in the National Emphysema Treatment Trial (NETT). *Respiratory Care*, 56, 1514-1521.
- Emery, C. F., Anderson, D. R., & Andersen, B. L. (2010). Psychological interventions in health care settings. In D. H. Barlow, (Ed.), *The Oxford handbook of clinical psychology*. New York: Oxford University Press.

Jasmeet Hayes, Ph.D.

Associate Professor, 209 Psychological Sciences (hayes.1075@osu.edu)

Dr. Hayes earned her undergraduate degree in Psychology from the University of California, Berkeley in 2000. She received her Ph.D. in Clinical Psychology, with an emphasis on Neuropsychology, from the University of Arizona in 2006. She completed her clinical internship at the VA Boston Healthcare System, and her postdoctoral fellowship at the Durham VA and Duke University Medical School with an emphasis on clinical neuroscience. She has previously been on the faculty at Duke University Medical School, Boston University, and the VA Boston Healthcare System where she completed a K23 award to study the cognitive neuroscience of PTSD. Dr. Hayes joined the Psychology department at the Ohio State University in 2018, and is also supported by the Chronic Brain Injury program at OSU. Dr. Hayes currently directs the MRI Investigation of Neurodegenerative Disease, Stress Effects, and TBI (MINDSET) lab <https://u.osu.edu/mindset> which is dedicated to studying the long-term effects of traumatic brain injury and psychological stress on the brain, cognition, and broader health outcomes using neuroscience tools such as Magnetic Resonance Imaging (MRI). Dr. Hayes received the Early Career Investigator award from the International Brain Injury Association in 2017.

Representative Publications:

- Hayes, J. P., Reagan, A., Logue, M. W., Hayes, S. M., Sadeh, N., Miller, D. R., ... Miller, M. W. (2018). BDNF genotype is associated with hippocampal volume in mild traumatic brain injury. *Genes, Brain and Behavior*, 17, 107-117.
- Logue, M. W., van Rooij, S. J., Dennis, E. L., Davis, S. L., Hayes, J. P., Stevens, J. S., ...Korgaonkar, M. (2018). Smaller hippocampal volume in posttraumatic stress disorder: A multi-Site ENIGMA-PGC study. *Biological Psychiatry*, 83, 244-253.
- Hayes, J. P., Logue, M.W., Sadeh, N., Spielberg, J. M., Verfaellie, M., Hayes, S. M., ...Miller, M.W. (2017). Mild traumatic brain injury is associated with reduced cortical thickness in those at risk for Alzheimer's disease. *Brain*, 140, 813-825.
- Hayes, J. P., Hayes, S. M., Miller, D. R., Lafleche, G., Logue, M. W. & Verfaellie, M. (2017). Automated measurement of hippocampal subfields in PTSD: Evidence for smaller dentate gyrus volume. *Journal of Psychiatric Research*, 95, 247-252.
- Kim, S., Han, S.C., Gallan, A. J., & Hayes, J. P. (2017). Neurometabolic indicators of mitochondrial dysfunction in repetitive mild traumatic brain injury. *Concussion*, 2, CNC48.
- Hayes, J. P., Logue, M. W., Reagan, A., Salat, D., Wolf, E. J., ...Milberg, W.P., (2017). COMT Val158Met polymorphism moderates the association between PTSD symptom severity and hippocampal volume. *Journal of Psychiatry and Neuroscience*, 42, 95-102.
- Hayes, J. P., Bigler, E. D., & Verfaellie, M. (2016). Traumatic brain injury as a disorder of brain connectivity. *Journal of the International Neuropsychological Society*, 22, 120-137.
- Hayes, J.P., Miller, D.R., Lafleche, G., Salat, D.H. & Verfaellie, M. (2015). The nature of white

matter abnormalities in blast-related mild traumatic brain injury. *NeuroImage: Clinical*, 8, 148-156.

Hayes, J.P., Hayes, S.M. & Mikedis, A.M. (2012). Quantitative meta-analysis of neural activity in posttraumatic stress disorder. *Biology of Mood and Anxiety Disorders*, 2, 9.

Scott M. Hayes, Ph.D.

Associate Professor, Department of Psychology, (hayes.1074@osu.edu)

Dr. Hayes graduated from Skidmore College (Biology, Psychology) and completed his doctoral work in Clinical Psychology (Neuropsychology) at the University of Arizona. He completed an NRSA-funded cognitive neuroscience-clinical neuropsychology postdoctoral fellowship in the Center for Cognitive Neuroscience at Duke University and the Bryan Alzheimer's Disease Research Center at Duke University Medical Center. As a Department of Veterans Affairs Career Development Awardee, Dr. Hayes worked at the Boston University Memory Disorders Research Center and served as the Associate Director for the Neuroimaging Research for Veterans Center at VA Boston Healthcare System. At Ohio State, Dr. Hayes serves as the Director of [The Buckeye Brain Aging Lab](#) (B-BAL) and receives support from The Ohio State University [Chronic Brain Injury](#) Discovery Theme. Dr. Hayes works closely with the OSU [Center for Brain Health and Performance](#) and the OSU [Jameson Crane Center for Sports Medicine Institute](#). Using structural and functional Magnetic Resonance Imaging (fMRI), Dr. Hayes' research examines 1) the relationships between physical activity, fitness, cognition and the brain, 2) the neural correlates of cognition, with an emphasis in memory, and 3) applies advanced MRI techniques to clinical populations with memory impairments (mild cognitive impairment, traumatic brain injury, medial temporal lobe amnesia).

Representative Publications:

Palombo, D. J., Hayes, S. M., Peterson, K. M., Keane, M. M., & Verfaellie, M. (2018). Medial Temporal Lobe Contributions to Episodic Future Thinking: Scene Construction or Future Projection? *Cereb Cortex*, 28, 447-458.

Williams, V. J., Hayes, J. P., Forman, D. E., Salat, D. H., Sperling, R. A., Verfaellie, M., & Hayes, S. M. (2017). Cardiorespiratory fitness is differentially associated with cortical thickness in young and older adults. *Neuroimage*, 146, 1084-1092.

Miller, D. R., Hayes, S. M., Hayes, J. P., Spielberg, J. M., Lafleche, G., & Verfaellie, M. (2017). Default Mode Network Subsystems are Differentially Disrupted in Posttraumatic Stress Disorder. *Biol Psychiatry Cognitive Neuroscience Neuroimaging*, 2, 363-371.

Hayes, S. M., Hayes, J. P., Williams, V. J., Liu, H., & Verfaellie, M. (2017). fMRI activity during associative encoding is correlated with cardiorespiratory fitness and source memory performance in older adults. *Cortex*, 91, 208-220.

- Hayes, S. M., Forman, D. E., & Verfaellie, M. (2016). Cardiorespiratory Fitness Is Associated With Cognitive Performance in Older But Not Younger Adults. *Journal of Gerontology B: Psychological Science and Social Sciences*, 71, 474-482.
- Hayes, S. M., Salat, D. H., Forman, D. E., Sperling, R. A., & Verfaellie, M. (2015). Cardiorespiratory fitness is associated with white matter integrity in aging. *Annals of Clinical Translational Neurology*, 2, 688-698.
- Hayes, S. M., Alosco, M. L., Hayes, J. P., Cadden, M., Peterson, K. M., Allsup, K., ...Verfaellie, M. (2015). Physical activity is positively associated with episodic memory in aging. *Journal of the International Neuropsychological Society*, 21(10), 780-790.
- Hayes, S. M., Alosco, M. L., & Forman, D. E. (2014). The Effects of Aerobic Exercise on Cognitive and Neural Decline in Aging and Cardiovascular Disease. *Current Geriatric Reports*, 3, 282-290.
- Hayes, S. M., Hayes, J. P., Cadden, M., & Verfaellie, M. (2013). A review of cardiorespiratory fitness-related neuroplasticity in the aging brain. *Frontiers in Aging Neuroscience*, 5, 31.
- Hayes, S. M., Salat, D. H., & Verfaellie, M. (2012). Default network connectivity in medial temporal lobe amnesia. *Journal of Neuroscience*, 32, 14622-14629.

Ruchika S. Prakash, Ph.D.

Professor, 139 Psychological Sciences (prakash.30@osu.edu)

Dr. Prakash earned her Ph.D. from the University of Illinois at Urbana-Champaign in clinical psychology in 2009. She joined Ohio State as an assistant professor later that year. Dr. Prakash's research interests broadly focus on understanding neuroplasticity in the context of healthy aging and neurological disorders, specifically multiple sclerosis. Capitalizing on the knowledge gained through research in basic sciences, her lab focuses on designing psychosocial and behavioral interventions that tap into such neuroplasticity, thereby improving cognitive functioning and overall health. Current studies in the lab focus on effects of cognitive training strategies, such as adaptive training and mindfulness training in enhancing emotional and cognitive control.

Representative Publications:

- Prakash, R. S, Voss, M. W., & Kramer, A. F. (in press). Physical activity effects on behavior and brain. In D. Stuss & R. Knight (Eds.) *Principles of frontal lobe functioning* (2nd Ed.). New York: Oxford University Press.
- Prakash, R. S., De Leon, A., Klatt, M., Malarkey, W., & Patterson, B. (2013). Mindfulness disposition, and default-mode network connectivity in older adults. *Social Cognitive and Affective Neuroscience*, 8, 112-117.
- Prakash, R. S., De Leon, A., Mourany, L., Lee, H., Voss, M. W., Boot, W., Basak, C., ...Kramer, A. F. (2012). Examining neural correlates of skill acquisition in a complex videogame training program. *Frontiers in Human Neuroscience*, 6, 112.

- Prakash, R. S., Heo, S., Voss, M. W., Patterson, B., & Kramer, A. F. (2012). Age-related differences in cortical recruitment and suppression: Implications for cognitive performance. *Behavioral Brain Research, 230*, 192-200.
- Prakash, R. S., Patterson, B., Janssen, A., Abduljalil, A., & Boster, A. (2011). Physical activity associated with increased resting-state functional connectivity in multiple sclerosis. *Journal of the International Neuropsychological Society, 17*, 986-987.
- Prakash, R. S., Snook, E. M., Motl, R. W., & Kramer, A. F. (2009). Aerobic fitness is associated with gray matter volume and white matter integrity in multiple sclerosis. *Brain Research, 1341*, 41-51.
- Prakash, R. S., Erickson, K. I., Snook, E. M., Colcombe, S. J., Motl, R. W., & Kramer, A. F. (2008). Cortical recruitment during selective attention in multiple sclerosis: An fMRI investigation of individual differences. *Neuropsychologia, 46*, 2888-2895.
- Prakash, R. S., Snook, E. M., Lewis, J., Motl, R. W., & Kramer, A. F. (2008). Cognitive impairments in relapsing remitting multiple sclerosis: A quantitative investigation. *Multiple Sclerosis, 14*, 1250-1261.
- Prakash, R. S., Snook, E. M., Erickson, K. I., Colcombe, S. J., Webb, M. L., Motl, R. W.,...Kramer, A.F. (2007). Cardiorespiratory fitness: A predictor of cortical plasticity in multiple sclerosis. *NeuroImage, 34*, 1238-1244.

Daniel R. Strunk, Ph.D.

Professor, 137 Psychological Sciences (strunk.20@osu.edu)

Dr. Strunk completed his undergraduate work at Northern Kentucky University (1999). He obtained his Ph.D. from the University of Pennsylvania (2004). Following his internship, he completed a post-doctoral fellowship at Vanderbilt University. Since 2006, he has been a faculty member at Ohio State. Dr. Strunk's research focuses on examining the role of cognition in abnormal emotional (states such as those characteristic of major depression disorder). Much of his work focuses on identifying how psychotherapy (particularly cognitive therapy) achieves its effects.

Representative Publications:

- Adler, A. D., Strunk, D. R., & Fazio, R. H. (2015). The nature of change in cognitive therapy: Skill acquisition or belief change? *Behavior Therapy, 46*, 96-109. <https://doi.org/10.1016/j.beth.2014.09.001>
- Ezawa, I. D., Plate, A. J., & Strunk, D. R. (2021). What do people really think of me? Evaluating bias in interpersonal predictions over the course of cognitive behavioral therapy of depression. *Behavior Therapy, 52*, 1286-1295. <https://doi.org/10.1016/j.beth.2021.02.007>
- Murphy, S. T., Cooper, A. A., Hollars, S. N., & Strunk, D. R. (in press). Who benefits from a cognitive vs. behavioral approach to treating depression? A pilot study of prescriptive

- predictors. *Behavior Therapy*. <https://doi.org/10.1016/j.beth.2021.03.012>
- Sasso, K. E., Strunk, D. R., Braun, J. D., DeRubeis, R. J., & Brotman, M. A. (2015). Identifying moderators of the adherence-outcome relation in cognitive therapy for depression. *Journal of Consulting and Clinical Psychology, 83*, 976-984. <https://doi.org/10.1037/ccp0000045>
- Schmidt, I. D., Pfeifer, B. J., & Strunk, D. R. (2019). Putting the “cognitive” back in cognitive therapy: Sustained cognitive change as a mediator of in-session insights and depressive symptom improvement. *Journal of Consulting and Clinical Psychology, 87*, 446-456. <https://doi.org/10.1037/ccp0000392>
- Strunk, D. R., Cooper, A. A., Ryan, E. T., DeRubeis, R. J., & Hollon, S. D. (2012). The process of change in cognitive therapy for depression when combined with antidepressant medication: Predictors of early inter-session symptom gains. *Journal of Consulting and Clinical Psychology, 80*, 730-738. <https://doi.org/10.1037/a0029281>
- Strunk, D. R., Brotman, M. A., DeRubeis, R. J., & Hollon, S. D. (2010). Therapist competence in cognitive therapy for depression: Predicting subsequent symptom change. *Journal of Consulting and Clinical Psychology, 78*, 429-437. <https://doi.org/10.1037/a0019631>
- Strunk, D. R., & Adler, A. D. (2009). Cognitive biases in three prediction tasks: A test of the cognitive model of depression. *Behaviour Research and Therapy, 47*, 34-40. <https://doi.org/10.1016/j.brat.2008.10.008>
- Strunk, D. R., DeRubeis, R. J., Chui, A., & Alvarez, J. A. (2007). Patients' competence in and performance of cognitive therapy skills: Relation to the reduction of relapse risk following treatment for depression. *Journal of Consulting and Clinical Psychology, 75*, 523-530. <https://doi.org/10.1037/0022-006X.75.4.523>
- Whelen, M. L., Murphy, S. T., & Strunk, D. R. (2021). Re-evaluating the alliance-outcome relationship in the early sessions of cognitive behavioral therapy of depression. *Clinical Psychological Science, 9*, 515-523. doi: 10.1177/2167702620959352
- Whelen, M. L., & Strunk, D. R. (in press). Does cognitive behavioral therapy for depression target positive affect? Examining affect and cognitive change session-to-session. *Journal of Consulting and Clinical Psychology*.

Michael W. Vasey, Ph.D.

Professor, 141 Psychological Sciences (vasey.1@osu.edu)

Dr. Vasey completed his undergraduate studies at North Dakota State University in 1984 and received his Ph.D. in 1990 from Pennsylvania State University, with a specialization in child clinical psychology. He joined the faculty at the Ohio State University in 1990. Dr. Vasey's current research interests reflect a lifespan developmental psychopathology perspective. Current research projects include samples in middle childhood, adolescence, and adulthood, although his work at OSU is currently focused only on adults. Rather than being focused on a specific set of disorders, Dr. Vasey's research is transdiagnostic and emphasizes factors that are of relevance to understanding a wide range of emotional problems. He currently has two

interrelated lines of research. The first is focused on contributions of broad dimensions of temperament/personality to vulnerability for developing emotional problems (especially symptoms of anxiety and depressive disorders) and to the course and treatment of such symptoms. That work emphasizes synergistic (i.e., interactive) relations among such factors. His second line of work is focused on translating findings from social psychology and cognitive psychology into clinical contexts and applications.

On the social psychology side, this work involves translation of basic research on attitudes and attitude change in collaboration with Dr. Russ Fazio. For example, they recently completed a study showing that residual, automatically activated negative attitudes toward public speaking following exposure therapy predict relapse in socially anxious individuals one month after treatment. On the cognitive psychology side, in collaboration with Drs. Roger Ratcliff and Gail McKoon and their students, Dr. Vasey is applying complex mathematical models of cognitive processing to enhance the sensitivity of methods for studying cognitive biases in emotional problems. For example, whereas analysis of reaction times or error rates do not reveal differences between anxious and non-anxious participants in lexical decision for threatening versus neutral words, when those data are modeled using the Dr. Ratcliff's diffusion model, reliable differences emerge. Dr. Vasey is currently a member of the editorial boards of the *Journal of Clinical Child and Adolescent Psychology* and the *Journal of Abnormal Child Psychology*.

Representative Publications:

- Bijttebier, P., Raes, F., Vasey, M. W., & Feldman, G. C. (2012). Responses to positive affect predict mood symptoms in children under conditions of stress: A prospective study. *Journal of Abnormal Child Psychology, 40*, 381-389.
- Jones, C. R., Fazio, R. H., & Vasey, M. W. (2012). Attentional control buffers the effect of public speaking anxiety on performance. *Social Psychological and Personality Science, 3*, 556-561
- Park, G. H., Van Bavel, J. J., Vasey, M. W., & Thayer, J. F. (2012). Cardiac vagal tone predicts inhibited attention to fearful faces. *Emotion, 12*, 1292-1302.
- Vasey, M. W., Vilensky, M. R., Heath, J. H., Harbaugh, C. N., Buffington, A. G., & Fazio, R. H. (2012). It was as big as my head, I swear! Biased spider size estimation in spider phobia. *Journal of Anxiety Disorders, 26*, 20-24.
- Bijttebier, P., Raes, F., Vasey, M. W., & Feldman, G. C. (2012). Responses to positive affect predict mood symptoms in children under conditions of stress: A prospective study. *Journal of Abnormal Child Psychology, 40*, 381-389.
- Verstraeten, K., Bijttebier, P., Vasey, M. W., & Raes, F. (2011). Specificity of worry and rumination in the development of anxiety and depressive symptoms in children. *British Journal of Clinical Psychology, 50*, 364-378.
- Dinovo, S. A., & Vasey, M. W. (2011). Reactive and self-regulatory dimensions of temperament: Interactive relations with symptoms of general distress and anhedonia. *Journal of Research in Personality, 45*, 430-440.
- White, C., Ratcliff, R., Vasey, M., & McKoon, G. (2010). Anxiety enhances threat processing

- without competition for processing priority: A diffusion model analysis. *Emotion, 10*, 662-677.
- Hazen, R. A., Vasey, M. W., & Schmidt, N. B. (2009). Attentional retraining: A randomized clinical trial for pathological worry. *Journal of Psychiatric Research, 43*, 627-633.
- Lonigan, C. J., & Vasey, M. W. (2009). Negative affectivity, effortful control, and attention to threat-relevant stimuli. *Journal of Abnormal Child Psychology, 37*, 387-399.
- Verstraeten, K., Vasey, M. W., Raes, F., & Bijttebier, P. (2009). Temperament and risk for depressive symptoms in adolescence: Mediation by rumination and moderation by effortful control. *Journal of Abnormal Child Psychology, 37*, 349-361.
- White, C., Ratcliff, R., Vasey, M., & McKoon, G. (2009). Dysphoria and memory for emotional material: A diffusion-model analysis. *Cognition and Emotion, 23*, 181-205.
- Shook, N. J., Fazio, R. H., & Vasey, M. W. (2007). Negativity bias in attitude learning: An indicator of vulnerability to emotional disorders? *Journal of Behavior Therapy and Experimental Psychiatry, 38*, 144-155.
- Lonigan, C. J., Vasey, M. W., Phillips, B., & Hazen, R. (2004). Temperament, anxiety, and the processing of threat-relevant stimuli. *Journal of Clinical Child and Adolescent Psychology, 33*, 8-20.

Anne Holmes, Ph.D.

Director & Clinical Assistant Professor, Psychological Services Center, 105A Psychological Sciences (holmes.965@osu.edu)

Dr. Holmes completed her undergraduate degree at Boston University. She received her Ph.D. in clinical psychology from The Ohio State University in 2019 after completing a clinical internship at The Ohio State University Wexner Medical Center. Following internship, Dr. Holmes completed a post-doctoral fellowship at the University of California, Davis. Dr. Holmes joined the faculty at Ohio State in 2020 as the director of the Psychological Services Center, managing operations of the clinic and supervising students in the 2nd year CBT practicum.

Appendix B: Joint and IDD Faculty with Areas of Research Interest

Joint Faculty

Lisa Christian, Ph.D. Associate Professor, Psychiatry and Behavioral Health. Dr. Christian studies how exposures to chronic stress, including discrimination due to racial and/or sexual minority status, affect physical health and mental well-being.

Janice Kiecolt-Glaser, Ph.D. Professor of Psychiatry and Psychology. Distinguished University Professor, Brumbaugh Chair in Brain Research and Teaching. Dr. Kiecolt-Glaser's research focuses on the ways that stress and depression alter the immune and endocrine systems, metabolism and the gut microbiome.

Aubry Moe, Ph.D. Clinical Assistant Professor, jointly with Psychiatry. Interests: Evidence-based care for youth and young adults with a recent-onset psychotic disorder or premorbid warning signs psychotic illness.

Christopher M. Nguyen, Ph.D., Clinical Assistant Professor, with Psychiatry. Interests: Neurocognitive and neuropsychiatric sequelae of neurodegenerative disease; neurocognitive and neuropsychiatric sequelae of cancer and rare blood disorders; cognitive aging, decision making, and civil capacities; cross-cultural considerations in neuropsychology

Theodore L. Wagener, Ph.D., Associate Professor and Director, Center for Tobacco Research;, Department of Internal Medicine, Gateway C- Suite 525, 395 W, 1509 N. High St., Columbus, OH. theodore.wagener@osumc.edu. Interests: Tobacco cessation and tobacco regulatory science, with a recent focus on e-cigarette use; change in biomarkers of tobacco exposure and biomarkers of toxicant effects in individuals.

IDD Faculty

Katie Walton, Ph.D., Assistant Professor, 371 McCampbell Hall, 1581 Dodd Dr., Columbus, OH 43210; (614)685-9087, walton.421@osu.edu. Interests: Autism Spectrum Disorders (ASD) and early social-communication development; development, delivery, and evaluation of interventions for building early social-communication skills in individuals with ASD.

Luc Lecavalier, Ph.D., Associate Professor; 305 Mccampbell Hall, 1581 Dodd Drive, Columbus, OH 43210; (614) 292-2367; lecavalier.1@osu.edu. Interests: clinical psychology; mental health issues and behavior problems in individuals with intellectual and developmental disabilities; diagnosis and intervention of autism spectrum disorders.

Appendix C: Clinical Area Adjunct Faculty

Dr. Sarah Altman

Assistant Clinical Professor, jointly
w/Psychiatry

Dr. Jennifer Bogner

Associate Professor, jointly w/Physical
Medicine and Rehabilitation

Dr. Laura Boxley

Assistant Clinical Professor, jointly
w/Psychiatry

Dr. Nicholas Breitborde

Associate Professor - Clinical, jointly
w/Psychiatry

Dr. Cheryl Carmin

Clinical Professor, jointly w/Psychiatry

Dr. Kristen Carpenter

Assistant Clinical Professor jointly
w/Psychiatry

Dr. Laren Conklin

Adjunct Assistant Professor
Chalmer P Wylie VA Clinic

Dr. Erica Dawson

Assistant Clinical Professor, jointly
w/Psychiatry

Dr. Jennifer Finnerty

Adjunct Assistant Professor
Chalmer P Wylie VA Clinic

Dr. Mary Fristad

Professor, jointly w/Psychiatry

Dr. Lynne Gauthier

Assistant Professor, jointly w/Physical
Medicine

Dr. Cynthia Gerhardt

Associate Professor, jointly with Pediatrics;

Dr. Jamie Jackson

Adjunct Assistant Professor
Nationwide Children's Hospital

Dr. Kristin Kuntz

Assistant Clinical Professor, jointly
w/Psychiatry

Dr. James Raia

Adjunct Assistant Professor

Dr. Christopher Ray

Adjunct Assistant Professor

Dr. Bob Stinson

Adjunct Assistant Professor

Dr. James Tanley

Adjunct Assistant Professor

Dr. Kathryn Vannatta

Associate Professor, jointly with Pediatrics

Dr. Sharla Wells-Di Gregorio

Assistant Professor, jointly w/Psychiatry

Dr. Lynda Wolfe

Adjunct Assistant Professor

Appendix D: Student Grant Resources

F31 Grants (NRSA). Among the most prestigious outside funding mechanisms that Clinical Area students apply for is the [Ruth L. Kirschstein National Research Service Award \(F31\) grant](#). These grants are offered through almost all National Institutes of Health (NIH) institutes. Current and former graduate students have applied successfully through the National Institute of Mental Health (NIMH), the National Institute on Minority Health and Health Disparities (NIMHD), and the National Institute on Drug Abuse (NIDA). These grants are reviewed by regular study sections at NIH. They enable promising predoctoral students to obtain mentored research training while conducting dissertation research, and to develop into productive, independent research scientists. This grant application can also double as your Candidacy Exam. For more information about information about alternative generals, including NRSA applications, see the section on Candidacy Exams above. **Due dates: 4/8, 8/8, 12/8.**

NSF Graduate Research Fellowship. Another prestigious grant is the [NSF Graduate Research Fellowship](#). These fellowships are granted to students early in their graduate careers based on demonstrated potential for research in science, technology, engineering, or mathematics (STEM), or in STEM education. Three years of support are provided. This grant is geared toward non-clinical research, so careful planning with your advisor is required for to make their applications competitive. **Due date: late October** (specific date varies by year).

American Psychological Association. The [American Psychological Association](#) (APA) offers a number of grant opportunities geared toward graduate students. Several notable examples are as follows:

- [APA Student Travel Awards](#) to attend the APA conference. **Due date: 4/1.**
- [APA Dissertation Research Awards](#) fund research that reflects excellence in scientific psychology. To apply for this award, you must have already successfully proposed your dissertation. **Due date: 9/1.**
- [APA Early Graduate Student Awards](#) recognize students who are conducting outstanding research early in their training. Applicants are evaluated based on scientific and practical significance of their research. **Due date: 9/14.**

American Psychological Foundation. The sole purpose of the [American Psychological Foundation](#) is to make funds available to early career psychologists—including graduate students—to conduct research on prevention, reducing risk among vulnerable populations, and reducing stigma and prejudice, especially among children and adolescents. **Due date: 6/30.**

- The [Lizette Peterson-Homer Injury Prevention Grant](#) is a \$5,000 grant to support research on prevention of injuries due to accidents, violence, abuse, or suicide in children and adolescents. **Due date: 6/30.**
- [APF Graduate Student Scholarships](#) provide graduate students with costs associated with master's thesis or doctoral dissertation research. These scholarships are open to graduate students at any stage. OSU can nominate up to three students across all Department areas. Please contact Mary Jones. **Due date: 6/30.**
- \$5,000 Harry and Miriam Levinson Scholarship
- \$5,000 William and Dorothy Bevan Scholarship
- \$5,000 Charles and Carol Spielberger Scholarship
- \$5,000 Peter and Malina James & Dr. Louis P. James Legacy Scholarship
- \$3,000 Ruth G. and Joseph D. Matarazzo Scholarship
- \$2,500 William C. Howell Scholarship
- \$2,000 Clarence J. Rosecrans Scholarship
- \$2,000 Raymond K. Mulhern Scholarship
- \$2,000 Dr. Judy Kuriansky Scholarship
- 12 additional \$2,000 scholarships

Association for Psychological Science. The [Association for Psychological Science](#) (APS) offers several grant opportunities for graduate students. Notable examples are as follows:

- The [Student Grant Competition](#) is a seed grant (~\$500) to fund developmental stages of research. Applications are evaluated by peers on based on clarity, likelihood the project will explain a psychological phenomenon, and ability of the project to advance a specific area of research. **Due date: 11/15.**
- The [Student Research Reward](#) is given for outstanding research, and pays for recipients to attend the annual

- convention to present a formal symposium at the annual convention in May. **Due date: 1/31.**
- The [RISE Research Award](#) is granted to graduate students for research on social and economic underrepresentation, and pays for attendance at the annual convention. This award recognizes outstanding students from diverse racial, ethnic, geographic, and cultural backgrounds, and other underrepresented groups in psychological science. Winners present their research at a special symposium as a part of the annual conference. **Due date: 1/31.**

Other funding opportunities. There are many extramural funding opportunities beyond those listed above. If you are interested in seeking other opportunities, there is a database for that! It is called the [SPIN database](#). Detailed instructions for accessing SPIN and conducting saved searches can be found [here](#). Access to SPIN is through the [OSU Office of Research](#). If you have questions about conducting saved searches, or if you want help, set up a funding opportunities consultation. In the meantime, here are some suggestions for students:

- The [American Foundation for Suicide Prevention](#) provides grants for research on suicide and suicide prevention. Among them are the:
 - [Focus Grant](#), which addresses suicide prevention. **Letter of intent: 8/1; application: 12/7.**
 - [Innovation Grant](#), which funds new research into suicide prevention from two or more sites. **Due date: 11/15.**

Intramural, OSU-based funding. Several intramural funding opportunities are available from the University, College centers, and departments. Details about these grant and scholarship opportunities can be found [here](#). Especially relevant examples appear below. Please be sure to check all opportunities.

- [Alumni Grants for Graduate Research and Scholarship](#) (AGGRS) are small grants to promote student research. Competitions take place twice a year. Most awards are \$1,000-\$2,000, but can be up to \$5,000. These grants fund essential parts of doctoral research. **Due dates: 10/21, 3/16** (varies slightly by year).
- The [H. Dean and Susan Regis Gibson Research Award](#), offered by the [Center for Cognitive and Behavioral Brain Imaging](#) (CCBI), funds graduate students to conduct brain imaging research at CCBI. Awards of up to \$3,000 cover scanning time only. **Due date: 2/28.**
- The [Presidential Fellowship](#) “recognizes outstanding scholarly accomplishments and potential of graduate students entering the final phase of their dissertation research or terminal degree project”. It is the highest award granted by the [Graduate School](#). Only two nominations can be advanced by the entire Department, so competition is keen. Although there is no STEM requirement, past awards are skewed in that direction. If you are interested, talk with Mary Jones. **Due dates: Third Friday in Oct; Last Fri in March.**

Center for Clinical and Translational Science (CCTS). The [Center for Clinical and Translational Science](#) is a NIH-funded collaboration among [The Ohio State University](#), [The Ohio State University Wexner Medical Center](#) and [Nationwide Children's Hospital](#). Its mission is to make scientific discoveries that translate into disease prevention strategies and health diagnostics. It offers several [funding opportunities](#):

- The [OSU Graduate School and CCTS Summer Research Scholarship](#) provides a \$5,000 stipend to graduate students working on a summer research project. **Due date: 3/16/20 (may vary by year).**
- The [TLI Mentored Clinical Research Training Program](#) is an [Institutional National Research Service Award, which is separate from the Institutional NRSA](#) program described above. Those who receive this award receive stipend support and up to \$4,000 to cover costs related to research programs and travel. **Letter of intent due date: October; Full application due date: early December.**
- The [Pilot Funding Program](#) provides funds for research that collects pilot data for larger NIH grant applications. Although it must be submitted by faculty, students in the lab have written successful applications to fund their dissertation work (see below). **Check annually for due dates.**

Council of Graduate Students (CGS). The [Council of Graduate Students](#) (CGS) offers several additional funding opportunities for OSU graduate students.

Appendix E: Clinical Area External Practica

Center for Balanced Living

8001 Ravines Edge Court
Suite 201
Columbus, Ohio 43235
614-896-8222

Chalmers P. Wylie VA Ambulatory Care Center

420 N. James Rd
Columbus, OH 43219
614-257-5200

Comprehensive Transplant Center

Ohio State University
770 Kinnear Road, Suite 100
Columbus, OH 43212
(614) 685-8711

Counseling and Consultation Services

Ohio State University
Younkin Success Center
1640 Neil Avenue
(614) 292-5766

Department of Family Medicine

Ohio State University
2231 North High Street
Columbus, OH 43201
614.293.2653

Eating & Behavioral Health Associates

4041 N. High St, Suite 102B
Columbus, OH 43214
614-431-1418

OSMC: Sports Medicine

2835 Fred Taylor Drive
Columbus, OH 43202
(614) 293-9600

Twin Valley Behavioral Healthcare

2200 West Broad Street
Columbus, OH 43223
(614) 752-0333

EPICENTER

OSU Medical Center (OSUMC) Early Onset
Psychosis Intervention
1670 Upham Drive
Columbus, OH 43210
(614) 293-3830
614-685-6052

Nationwide Children's Pediatric Psychology

700 Childrens Drive
Columbus, OH 43205
(614) 722-2000

OSMC: Anxiety, Stress and OCD

1670 Upham Drive Suite 130
Columbus, OH 43210-1250
(614) 293-8283

OSUMC Neuropsychology

Ohio State University
Dodd Hall
472 West 8th Avenue
Columbus, OH 43210
(614) 293-9600

OSUMC Neuropsychology / Rehab

480 Medical Center Drive
Columbus, OH 43210
(614) 688-7589

OSMC: Behavioral Cardiology

1670 Upham Drive Suite 130
Columbus, OH 43210-1250
614-293-0697

Women's Behavioral Health, OSU Psychiatry and Behavioral Health

Ohio State University
1670 Upham Drive
Columbus, OH 43210
614-293-9201

Appendix F: Clinical Area Grievance/Complaint Log (completed by DCT)

1. Nature of Complaint

a. Has party against whom complaint is being filed been made aware of complaint?

b. Has Chair been informed? _____

c. Has complainant requested higher administration to be involved?

d. Has a resolution, agreed upon by all parties, been reached?

Resolution: _____

Further action, if

needed: _____

Appendix G: List of Courses that Fulfill Discipline Specific Knowledge (DSK) Requirements

(For students who entered the program before Fall, 2021 only)

<i>Cognitive-Affective Aspects of Behavior*</i>		
<i>Course #</i>	<i>Course Name</i>	<i>Credits</i>
5089	Cognitive Aging, Neurodegeneration, and Neuroplasticity**	3
6880	Techniques and Topics in Cognitive Neuroscience	3
7708	Psychology of Judgment and Decision Making	3

<i>Biological Aspects of Behavior*</i>		
<i>Course #</i>	<i>Course Name</i>	<i>Credits</i>
5613	Biological Psychiatry	3
5898	Seminar in Behavioral Neuroscience	3
6806	Survey of Behavioral Neuroscience I:	3

<i>Social Aspects of Behavior*</i>		
<i>Course #</i>	<i>Course Name</i>	<i>Credits</i>
6870	Basic Principles of Social Psychology	3
7871	Social Cognition	3
7872	Social Motivation	3

*Syllabi are available in room 108.

**Students can choose to have Psych 5089 count toward the Health Psychology concentration OR the Cognitive-Affective DSK. It cannot count toward both.

Appendix H: Course Waiver Request

Date:

To: Professor xxxxxxxxx

From: Jennifer Cheavens, Ph.D., Director of Clinical Training

RE: Need for evaluation of course waiver request by xxxxxxxx—your name

The student named above is matriculating to the clinical program, having received prior graduate credit at..... (institution). S/he is requesting waiver for the following course for which you have previously served as instructor:

Psychology xxx: Course name

Appended are the relevant materials (syllabi, reading list, etc.) from the graduate course, (give number and name), taken for X hours of credit in a quarter/semester system. Upon checking the student's transcript we have learned that a grade of "X" was received. Should you have any questions of the student, s/he can be contacted at.....

If you could, please evaluate the comparability of this student's prior course with the OSU offering. We realize that all courses will not be identical. Therefore, we wish your global appraisal: Does the prior course meet the intent, content, predominance of coverage, and spirit of the OSU offering? For ease, we have enclosed a simple form for your completion which can be returned in campus mail (envelope is provided).

Your timely attention to this matter is appreciated as the student prepares for course enrollment for the upcoming 20xx fall Semester.

Evaluation of Course Equivalency and Recommendation for Waiver

Date_____

OSU Course requested for equivalency waiver: _____

Student: Your name

OSU Instructor: Professor xxxxxxxx

Recommendation

_____Disapprove

_____Approve

_____Approve with conditions*

Conditions_____

-

Note: Conditions must be specified. Please provide a time limit for completion. Should the student not meet the conditions or not do so in the interval specified, prior conditional approval will be voided by the DCT.

Appendix I: Student Support Services

Listed below are services available to students provided by the University:

Council of Graduate Students –Official branch of student government that represents every graduate student at the main and branch campuses. Its main purpose is to work towards continual improvement of the graduate student experience at the Ohio State University. Ohio Union Room 2088, 1739 N. High Street, Columbus, OH 43210, Phone: 614-292-4380, www.cgs.osu.edu

Department of Psychiatry –Provides comprehensive behavioral health care. Ohio State Harding Hospital, 1670 Upham Dr., Columbus, OH 43210, 614-293-9600, <https://wexnermedical.osu.edu/locations/ohio-state-harding-hospital>

Department of Public Safety –Provides law enforcement, security, emergency management planning and other public safety services designed to enhance a safe and secure environment. Michael Blankenship Hall, 901 Woody Hayes Dr. , Columbus, OH 43210 , 614-247-6300, Email: baisden.14@osu.edu

Graduate School –Provides strategic leadership for graduate education at the Ohio State University. 250 University Hall, 230 N Oval Mall, Columbus, OH 43210, Phone: 614-292-6031, Fax: 614-292-3656, <http://www.gradsch.osu.edu/>

Office of Academic Affairs –Advances the well-being of the people of Ohio and the global community through the creation and dissemination of knowledge. 203 Bricker Hall, 190 North Oval Mall, Columbus, OH 43210, Phone: (614) 292-5881, Fax: (614) 292-3658, <http://oaa.osu.edu/>

Office of Diversity and Inclusion –Supports recruitment, retention and success of students, faculty and staff who enhance the diversity of The Ohio State University. Hale Hall, 154 W. 12th Ave., Columbus, OH 43210, Phone: 614-292-0964, <http://odi.osu.edu/>

Office of Human Resources –Delivers valued services to advance Ohio State's mission of teaching and learning, research and innovation, outreach and engagement, and resource stewardship. 1590 North High Street, Suite 300, Columbus, OH 43201, Phone: 614-292-1050, <https://hr.osu.edu/>

- **Child Care Program** –provides quality childcare that allows families in the university community to participate in and fulfill their responsibilities to the University. 725 Ackerman Rd. Columbus, OH 43202, Phone: 614-292-4453, Fax: 614-292-4030, <https://hr.osu.edu/childcare/index.aspx>

Office of International Affairs –Facilitates development and growth of the Global Gateways and oversees Study Abroad, International Students and Scholars, the Mershon center for International Security Studies and five area Studies Centers. 300 Oxley Hall, 1712 Neil Avenue, Columbus, OH 43210, Phone: 614-292-6101, <http://oia.osu.edu/>

Office for Military and Veterans Services - The OSU single point of contact for all military and veterans services and concerns. 185 Student Academic Services (SAS) Bldg, 281 W. Lane Ave, Columbus, OH 43210, Phone: 614-247-VETS (8387), www.veterans.osu.edu

Office of Student Life –Foster student learning and development, enhance the educational experience, and prepare students for their chosen professions and to be contributing members of a diverse global society. Our offerings are backed by research and supported by data so that we can respond to and anticipate evolving student needs. 150 Pomerene Hall, 1760 Neil Avenue, Columbus, OH 43210, Phone: 614-292-3307, Fax: 614-292-4190, <http://studentlife.osu.edu/>

Campus Ministry Association

- Journey Campus Ministry, 1787 Neil Ave, Columbus, OH 43210, <http://journeycampus.org>
- King Ave. United Methodist Campus Ministry, 299 King Ave, Columbus, OH 43210, <http://www.kingave.org/>
- St. Stephen’s Episcopal Campus Ministry, 30 West Woodruff Ave. Columbus, OH 43210, <http://ecminthedso.com/category/osu/>
- UKirk Presbyterian Ministry, 1739 N. High St., Columbus, OH 43210, <http://www.osucampusmin.org/index.html>

Counseling and Consultation Service –Provides counseling and consultation to currently enrolled undergraduate, graduate and professional students as well as spouses/partners of students who are covered by the comprehensive student health insurance. Younkin Success Center, 4th floor, 1640 Neil Avenue, Columbus, OH 43210, Phone: 614-292-5766, Fax: 614-688-3440, <http://www.ccs.ohio-state.edu>

Disability Services –Collaborates with and empowers students who have disabilities in order to coordinate support services and programs that enable equal access to an education and university life. 150 Pomerene Hall, 1760 Neil Avenue, Columbus, OH 43210, Phone: 614-292-3307, Fax: 614-292-4190, www.ods.osu.edu

Multicultural Center –Offers several hundred programs a year - cultural and intercultural celebrations, heritage and awareness events, dialogues, workshops, student leadership and cohort meetings, prejudice-reduction trainings, wellness initiatives and Social Justice Engagement courses - all focused on teaching students personal and interpersonal skills necessary to be most effective in a diverse world. Ohio Student Union, Suite 1000 1739 North High Street, Columbus, OH 43210, Phone: 614-688-8449, Fax: 614-292-4462, <http://mcc.osu.edu/about-us/>

- Academic: <http://mcc.osu.edu/resources/academic/>
- African/African American: <http://mcc.osu.edu/resources/african-african-american/>
- Asian / Asian American: <http://mcc.osu.edu/resources/asian-asian-american/>
- Latino / Hispanic: <http://mcc.osu.edu/resources/latino-hispanic/>
- LGBTQ & Allies: <http://mcc.osu.edu/resources/lgbtq-allies/>
- Wellness: <http://mcc.osu.edu/resources/wellness/>
- Women’s Initiatives: <http://mcc.osu.edu/resources/women-s-initiatives/>
- Off-Campus Resources: <http://mcc.osu.edu/resources/off-campus-resources/>
- Student Organizations: <http://mcc.osu.edu/resources/off-campus-resources/>
- University Offices, Depts: <http://mcc.osu.edu/resources/university-offices-and-departments/>

Neighborhood Services and Collaboration –Provides programs and services to meet the needs of the Ohio State University’s off-campus and commuter students, and to address the needs of

persons wishing to live and engage as a resident of the University community. 3106 Ohio Union, 1739 N. High Street, Columbus, OH 43210, Phone: 614-292-0100, <http://offcampus.osu.edu/>

Student Health Services –Outpatient facility providing a variety of health care services to the student population. All students enrolled at OSU are eligible to use the health service, regardless of health insurance coverage. 1875 Milikin Road, Columbus, OH 43210, Phone: 614-292-4321, <http://shs.osu.edu/services/>

- Advice/Appointments: <http://shs.osu.edu/services/advice-appointments/>
 - Allergies/Injections : <http://shs.osu.edu/services/allergies-injections/>
 - Dental: <http://shs.osu.edu/services/dental/>
 - Health Information Services: <http://shs.osu.edu/services/health-information-services/>
 - Laboratory: <http://shs.osu.edu/services/laboratory/>
 - Nutrition Therapy: <http://shs.osu.edu/services/nutrition-therapy/>
 - Optometry: <http://shs.osu.edu/services/optometry/>
 - Order-It-Yourself Testing: <http://shs.osu.edu/services/order-it-yourself-oiy-testing1/>
 - Pharmacy: <http://shs.osu.edu/services/pharmacy/>
 - Prevention/Immunization: <http://shs.osu.edu/services/prevention-immunizations/>
 - Psychological: <http://shs.osu.edu/services/psychological/>
 - Primary Care: <http://shs.osu.edu/services/primary-care/>
 - PT/ Sports Medicine: <http://shs.osu.edu/services/pt-sports-medicine/>
 - Radiology: <http://shs.osu.edu/services/radiology/>
 - Women’s Services: <http://shs.osu.edu/services/womens-services/>
 - Men’s Services: <http://shs.osu.edu/services/mens-services/>
- **Student Wellness Center** –Empowers students to strive for balance and wellness. "Wellness" is an active, ongoing process which involves becoming aware of and taking steps toward a healthier, happier, more successful life. B130 RPAC, 337 W. 17th Avenue, Columbus, OH 43210, Phone: 614-292-4527, <http://swc.osu.edu>
 - Alcohol, Tobacco, Other Drugs: <http://swc.osu.edu/alcohol-tobacco-other-drugs/>
 - Financial Education, Coaching: <http://swc.osu.edu/financial-education-coaching/>
 - Nutrition & Fitness: <http://swc.osu.edu/nutrition-fitness/>
 - Sex & Relationships: <http://swc.osu.edu/sex-relationships/>
 - Sexual Violence: <http://swc.osu.edu/sexual-violence/>
 - Wellness Initiatives: <http://swc.osu.edu/wellness-initiatives/>
 - Get Involved: <http://swc.osu.edu/get-involved/>
 - **Technology Services** –Provides assistance with all technology needs. 960 Kinnear Rd. Suite 120, Columbus, OH 43212, Phone: 614-292-5700, Fax: 614-688-5648, www.slts.osu.edu

Student Service Center –Provides service for Student Financial Aid, University Bursar, and University Registrar. Student Academic Services Building (SAS), 281 Lane Ave. Columbus, OH 43210, Phone: 614-292-0300, Fax: 614-292-5587, <http://ssc.osu.edu/>

- **Student Financial Aid.** 4th Floor, SAS Building, 281 W. Lane Ave, Columbus, OH 43210, Phone: 292-3000, Fax: 614-292-5587, <http://sfa.osu.edu/>

Student Advocacy Center –Assists students with a broad range of issues- browse their site for more information, and contact us to speak with an advocate. 1120 Lincoln Tower, 1800 Cannon Drive, Columbus, OH 43210, Phone: 614-292-1111, Fax: 614-688-4267, www.advocacy.osu.edu

Student Conduct –Student Conduct is a department within the Office of Student Life. They support the educational mission of The Ohio State University by administering the Code of Student Conduct and service as a resource to the university community and beyond. An Educational an holistic approach to discipline is employed whenever possible. 33 W. 11th Avenue, Room 115, Columbus, Ohio 43210, Phone: 614-292-0748, Fax: 614-292-2098, www.studentconduct.osu.edu

Student Safety Service –The mission of the OSU Police Division Student Safety Service is to provide safe passage to and from campus area locations for members of The Ohio State University community (students, faculty, staff), to assist the OSU Police Division by using **non-physical intervention** techniques to detect and prevent criminal activity, and report health, safety, and environmental hazards to the OSU Communication Center or other proper authority. Michael Blankenship Hall, 901 Woody Hayes Dr., Columbus, OH 43210, Escort Service: 614-292-3322, Administration Office: 614-247-6062, www.ps.ohio-state.edu/sss/

The Women’s Place –The Women’s Place serves as a catalyst for institutional change to expand opportunities for women’s growth, leadership, and power in an inclusive, supportive, and safe university environment consistent with the goals of the Academic and Diversity Plans. 400 Stillman Hall, 1947 College Rd, Columbus, OH 43210, Phone: 614-292-3960, Fax: 614-292-1409, <http://womensplace.osu.edu/>

University Libraries –Offers exhibits, knowledge bank center, digital projects, special collections, copyright resource center and OSU records management. Thompson Library 1858 Neil Avenue Mall, Columbus, OH 43210, Phone: 614-292-6785, <http://library.osu.edu/> There are many other locations available.

Appendix J: OSU Clinical Psychology Program Aspirations for Faculty-Student Relationships

This document provides guiding principles for positive relationships between faculty advisors and graduate students. Such relationships require both mentors and mentees to take responsibility for good communication—about expectations, about what is working well, and about what can be improved. Our aim is to articulate principles for honest, open, and productive relationships between faculty advisors and graduate student advisees. Faculty may wish to have additional documents specific to their laboratories; this document is not intended to be exhaustive.

I. Principles for Faculty Mentors

- I will strive to provide examples of high standards in research, teaching, and professional service. This includes setting high standards for ethical conduct in all of these domains.
- I will make efforts to be knowledgeable about policies and requirements of the Clinical Program, the Department, the Graduate School, and the University regarding mentorship and graduate student advising and training. I will help students understand these policies and requirements and point them to appropriate resources when I do not have information they may need.
- I will work to contribute fully toward having a positive, productive relationship with student advisees. This includes the following:
 - I am and will remain committed to helping students succeed professionally. I will work with students to help them achieve their full potential. Without being exploitative, I will model hard work and encourage students to work hard as well.
 - I will treat graduate student advisees as junior colleagues, encouraging them to develop increasing independence over the course of their studies.
 - I will strive to develop and maintain positive relationships with all student advisees. I will work to appreciate them as individuals, each with unique strengths and circumstances. I will make appropriate efforts to adapt our work to serve students' individual needs and goals.
 - If student advisees raise concerns about unethical, discriminatory, or insensitive behaviors, I will listen openly and give their comments full consideration.
 - I will strive to be supportive, equitable, accessible, encouraging, and respectful. I will try my best to understand and give due consideration to the unique circumstances of mentees.
 - I will use my talents, ideas, skills, and resources in the service of student training. I will communicate my personal mentoring approach and values. I will do so to foster an open dialogue regarding my mentorship practices with students.
 - I am committed to helping plan and direct research projects of graduate student mentees and set reasonable and attainable goals and establish a timeline for completion of the Ph.D.
 - I will make myself available for regular meetings (face-to-face or virtual). Other faculty or postdoctoral fellows may also provide guidance, but will not take the place of direct interactions between mentor and mentee.
 - I will work to identify schedules and specifics for research tasks (e.g., data collection, statistical analyses, manuscript drafts) so that I and others in the lab can communicate clearly about our plans and make efficient progress. This includes discussing with mentees policies on work hours, sick leave, and vacation. In doing so, I will be considerate of students' other responsibilities and needs.

- I will provide timely reviews/comments on written projects. I understand that this is of particular importance for students wishing to propose or defend their dissertations so as to not unnecessarily extend their time in graduate school. I will assist students with generating a timeline for project milestones, which may include a timeline for feedback from me for written documents.
- I will strive to provide feedback that is concrete, actionable, and constructive. I will strive to make this feedback encouraging. Part of this feedback will take the form of annual graduate student reviews.
- I will maintain reasonable and predictable expectations for work performance. Although I will encourage students to push themselves to achieve their full potential, I recognize that overly stressful conditions do not facilitate the highest quality work. I will do my part to foster a positive working environment.
- I am open to feedback and am committed to asking for constructive feedback from student advisees. I am willing to consider ways in which my teaching, research, or clinical supervision might be adjusted to improve student experiences or better foster their success. If a mentee communicates concern, I will strive for an open, honest discussion, and a resolution that gives appropriate consideration to any concerns raised.

II. Principles for Graduate Student Mentees

- I will work to maintain a positive working relationship with my faculty advisor. I recognize that faculty members are individuals, with different approaches to mentoring students and conducting research. My advisor wanted to work with me and remains committed to my success. If I develop concerns, I will speak with my advisor about these concerns because open communication is important to maintaining a positive working relationship.
- I will strive to maintain a high level of engagement and professionalism in all aspects of graduate training. This includes engaging in ethical conduct in all areas of my work.
- I will work hard to achieve my full potential as a researcher and clinical scientist.
- I appreciate that graduate school entails a variety of different challenges and contexts for learning. This means that graduate school may be difficult at times and may contribute to feelings of stress or anxiety. I will strive proactively to address any personal or academic difficulties I might have. This includes making others aware of difficulties as needed so that I can get help from others or specific entities if and when needed.
- Because the program uses a mentor-mentee model, I understand that my research projects will occur within the purview of my advisor's research program.
- I will be knowledgeable of policies and requirements of my lab, the graduate program, the Graduate School, and Ohio State. I will work to meet these requirements.
- I will work to maintain regular contact and stay engaged with my advisor by email, Zoom, or other means, whether I am living in Columbus, on internship, or away for other reasons.

III. Shared Responsibilities

- As a mentor or mentee, I will communicate directly and frequently about our research projects. I will strive to communicate in an open, honest, and collegial manner.
- As mentor and mentee, we will plan and discuss research projects collaboratively. We will discuss expected contributions and anticipated authorship (including authorship order). Authorship determinations will be informed by guidelines from OSU and the American Psychological

Association. I understand that authorship determinations may change as work on a project proceeds. If I believe my contribution differs substantially enough to merit reconsideration of the authorship plan, I will discuss this with others on the project as early as possible. Failing to contribute according to a collaborative plan or to communicate clearly about any barriers to progress may lead to changes in authorship status or order.

- I will work to be a good citizen in the laboratory. I will endeavor to contribute to shared research group responsibilities and use research resources prudently. I will be attentive to issues of safety and courtesy, and will strive for respectful and collegial communication with others in the lab.
- I understand that both faculty and students will make mistakes from time to time. I will make reasonable efforts to work together to address those mistakes. One goal of this process is to further strengthen our relationship.

