

PROGRAM HANDBOOK

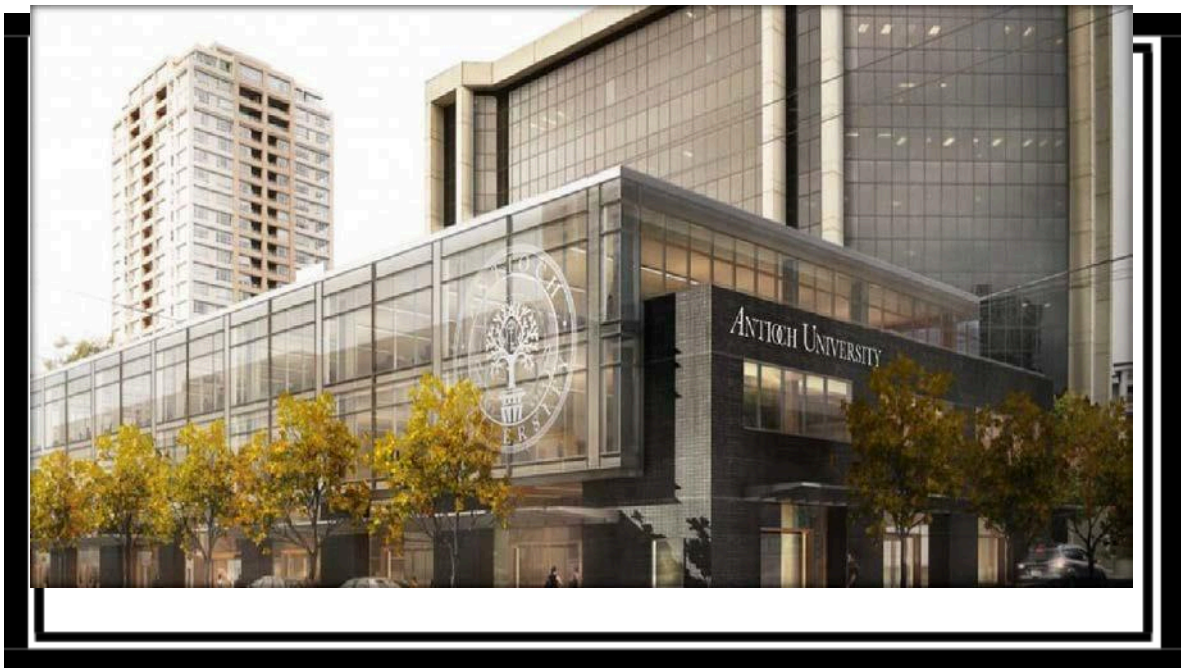
Psy.D. Program

(Updated: 9/10/2025)

Welcome to the Psy.D. Program at Antioch University Seattle

Welcome to the Doctorate of Clinical Psychology (Psy.D.) program in the Graduate School of Counseling, Psychology, and Therapy at Antioch University Seattle. The Psy.D. Program Handbook provides an overview of the doctoral program to assist students in their studies.

Antioch University Seattle (AUS) and the Doctorate of Clinical Psychology (Psy.D.) Program Faculty reserve the right to make changes in policy, regulations, degree requirements, and fees subsequent to the publication of this material. Such changes take precedence over previous handbook and catalog statements. While reasonable effort is made to publicize such changes, students should remain in close touch with department advisors and administrative offices because responsibility for complying with all applicable requirements ultimately rests with the student. Updated copies of the handbook will be posted to the [AUS PsyD Resources shared Google Drive](#) site on an ongoing basis.



Contents

<i>Contents</i>	3
<i>Introduction</i>	5
<i>Mission Statements</i>	5
Antioch University Seattle.....	5
Graduate School of Counseling, Psychology, and Therapy.....	5
Doctorate of Psychology in Clinical Psychology Program (Psy.D.).....	6
<i>Psy.D. Program Overview</i>	6
Psy.D. Program Philosophy.....	6
Program aims and student learning objectives (SLO).....	8
Psy.D. Program Competencies.....	9
Psy.D. Program Graduation Requirements.....	26
Course Scheduling, Class Size, and the Year-at-a-Glance (“The YAG”).....	26
Overview of Curricula and Clinical Training Sequence.....	27
Psy.D. Program Admission.....	27
<i>Course of Study and Clinical Training Sequence</i>	33
Multicultural Competency Training.....	33
Psychological Assessment.....	34
Interventions.....	35
Professional Seminars.....	35
Research Methods and Analysis.....	36
Biological Bases of Behavior.....	37
Core (Required) Courses.....	37
Specialty Courses.....	38
Pre-internship II.....	38
The Clinical Competency Examination.....	38
Non-terminal Master’s degree (MA) in Psychology en passant.....	39
Saturday Community Meeting.....	39
Psychotherapy Requirement.....	41
The Doctoral Dissertation.....	41
Internship eligibility qualification.....	42
Optional Advanced Pre-internship.....	43
Clinical Internship.....	43
Graduation.....	44
Licensing and Accreditation Requirements.....	45
<i>Student Life and Academic Policies</i>	50
Credit Transfers and Waiver Policy.....	50
Waiver Request Procedure.....	50
Student-Faculty Relations.....	50
Communication via Email and Psy.D. Program Sakai Intranet.....	51
Self-Disclosure.....	51

Professional Conduct of Students.....	51
Academic Progress.....	51
Academic Action for Unsatisfactory Progress.....	52
Leave of Absence.....	55
Annual Review and Faculty Evaluation of the Student's Progress. What is it?.....	57
Special Review Process.....	63
Psy.D. Student Council.....	64
Mentorship Program.....	64
Student Membership in Professional Organizations.....	65
Faculty Accessibility.....	65
Faculty Academic Advisement.....	65
Student Advising Files and Record Access Policy.....	65
Clinical Training Advisement.....	66
Student-Faculty Collaborative Research.....	67
Disability Support Services (DSS).....	67
Financial Aid.....	68
Professional Liability and Medical Health Insurance for Students.....	68
Student Academic Rights and Freedom.....	68
Student Conduct Policy.....	69
Student Grievance Policy and Procedure.....	69
Academic Appeal (Grievance) Policy.....	69
Student Academic Integrity.....	69
Academic Freedom Policy.....	69
Sources of Student Learning Outcomes (SLO).....	69
Psy.D. Program Outcomes (PO).....	71
Program Self-Improvement.....	74
<i>Program Handbook Signature Form.....</i>	<i>75</i>

Introduction

Antioch University Seattle is one of five campuses of Antioch University (AU), a not-for-profit organization founded in 1852 with Horace Mann as its first president. AU also includes Antioch University New England, Antioch University Los Angeles, Antioch University Santa Barbara, and Antioch University Midwest. The AU central offices are in Yellow Springs, OH. Each campus has its own community life and regional identity. AUS opened its doors in October 1975.

Antioch University is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools, 230 South LaSalle Street, Suite 7-500, Chicago, IL, 60604-1411, (800) 621-7440. AU was reaccredited in 2013. AUS is authorized by the Washington Higher Education Coordinating Board and meets the requirements and minimum education standards established for degree-granting institutions under the Degree-Granting Institutions Act.

The Doctoral Program in Clinical Psychology is accredited by the American Psychological Association. Questions related to the program's accredited status should be directed to the Commission on Accreditation at Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street, NE, Washington, DC 20002, Phone: (202) 336-5979. E-mail: apaaccred@apa.org Web: www.apa.org/ed/accreditation

Antioch University Seattle (AUS) programs are guided by core educational values that include rigorous scholarship and academic discipline, engaged service, community involvement, and student-centered, well-rounded learning. Antioch is committed to finding the most effective approaches to student learning through innovation and experimentation; students are encouraged to integrate work and study, to incorporate experience with academic study and reflection, and to address issues within a social and political context. AUS aims to develop its students and graduates into responsible leaders personally committed to improving the human condition by fostering productive, democratic change in the institutions and communities in which they live and work.

Mission Statements

Antioch University Seattle

Antioch University provides learner-centered education to empower students with the knowledge and skills to serve others, lead meaningful lives, and to advance social, racial, economic, and environmental justice.

Graduate School of Counseling, Psychology, and Therapy

The mission of the Graduate School of Counseling, Psychology, and Therapy is to provide higher education and training in the theory and application of psychology in a variety of settings. Our curriculum promotes the values of ethical practice, social responsibility, and cultural pluralism; our classes promote self-exploration, agentic activity, interdisciplinary and

whole-person learning. We seek to balance traditional and contemporary perspectives in the field of psychology. We aspire to educate students to become informed and effective practitioners and change agents in our complex world.

Doctorate of Psychology in Clinical Psychology Program (Psy.D.)

The Psy.D. program at Antioch University Seattle prepares students for competent entry as a generalist into the practice of health service psychology through doctoral education and training. The Psy.D. program aims to educate students as health service psychologists and as scholars in psychology in order to promote health, education, social justice, and human welfare. Our curricula shall advance students in the broadest and most liberal manner, including conducting research in psychology. We seek to promote the highest standards of ethics, conduct, education, and achievement in a manner that balances traditional and contemporary perspectives in order for students to become responsible change agents in our complex world.

Psy.D. Program Overview

Antioch University Seattle's (AUS) Psy.D. Program adopts a practitioner-scholar model that emphasizes generalist clinical training along with a foundation in research design and evidence-based practices to educate students as competent professionals in clinical psychology and as scholars in psychology in order to promote health, education, social justice, and human welfare.

The faculty is committed to including issues of diversity (including race, age, gender, physical status, ethnicity, culture, class, sexual orientation, and disability) throughout the curriculum. The program does not isolate these issues into one or two courses or workshops but, instead, distributes the responsibility for addressing these issues across course and experiential learning.

Course-based learning provides both breadth and depth of knowledge fundamental to the clinical practice of psychology. The experience-based learning gives students the opportunity to apply their knowledge in the delivery of treatment interventions to people. Skills to work effectively on inter-professional, multi-disciplinary teams are included.

The program is organized into 140 credits delivered in an 11-week quarter system with classes held on Thursdays, Fridays and Saturdays. The clinical experiential learning is delivered through supervised work at the AUS Community Counseling and Psychology Clinic and other community clinical training placements.

Psy.D. Program Philosophy

The AUS Psy.D. program's education and training model is that of Practitioner-Scholar, which is based on the 1973 clinical psychology training model proposed at the

historic Vail Conference on Professional Training in Psychology in Vail, Colorado, and the Profession-Wide Competencies and Discipline-Specific Domains from the American Psychology Association. We are also guided by the competency-based model developed by the National Council of Schools and Programs of Professional Psychology (NCSPP) as articulated by Kenkel and Peterson (2010). The highlights of the model are as follows:

Local clinical scientist approach. We train our students in evidence-based practice in psychology (EBPP), defined as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA, 2005). To help students identify “the best available research,” our curriculum includes four research courses designed to teach students the continuum of research designs and data analytic approaches, to think critically about the ways such approaches are applied within mainstream psychology literature. Students are taught to participate in research teams and projects and to measure the outcomes of their therapeutic work and implement the various process and outcome measures that are available at the on-campus clinic. In accordance with APA’s policy on evidence-based psychology practice, we emphasize the need to hold the science and local context in a dialectic rather than dichotomy. More specifically, this will provide students with the opportunity to learn how to understand the client and the presenting issues within a systems context embodied by social, cultural, psychological, and political factors. This includes consideration of the complex and nuanced ways in which the client's and the clinician's background -- their family, work, culture, spiritual tradition, and social class -- contribute to the interpretation and understanding of themselves and the ways in which they interact with the world around them.

Integrative andragogy. We prefer the term *andragogy* (structuring learning to engage adult rather than child learners; Knowles, Holton, & Swanson, 2005). AU is well known for acknowledging the experience adult students bring, integrating theory with practice, and framing individuals and social institutions in terms of an analysis of the history of power and privilege. Our syllabi are the best means to demonstrate our teaching approaches. Classes rarely rely on the standard multiple-choice midterm and final examinations only, but rather require students to reflect upon, critique, and apply what they have learned in written assignments or presentations.

Competency-based assessment. We believe students should be asked to demonstrate the disciplinary content they learn through applying knowledge to practice. By using small, seminar-type classes and assignments that require reflective application of concepts to real cases and problems, instructors are able to assess their students’ competent performances. Student mastery of competency is woven into all course objectives and evaluations, supervisor evaluations, annual reviews of student performances, and the Clinical Competency Examination (resources and handbook available at the [AUS PsyD Resources shared Google Drive>Clinical Competency Exam](#)). In addition to the Profession-Wide Competencies, the Discipline-Specific Knowledge requirements guide our curricular development.

Multiple roles. In addition to providing psychotherapeutic interventions and assessment services for individuals and groups, many of our graduates will be involved in supervision, consultation, agency management, organizational planning, program evaluation, health service provision, and public health activities during their careers. International crisis and trauma care are roles that our students may assume in the future. Thus, in agreement with the National Council of Schools of Professional Psychology ([NCSPP](#)) competency-based model, we train our students for the roles they are likely to take on in their communities.

Social justice and social responsibility. Antioch University (AU) has a 173-year history of opening the doors of higher education to those who have been closed out. AU clinical psychology Psy.D. program strives to provide high-quality mental health care services to populations who have been underserved as well. As part of these aspirations, multicultural competency training is a focus throughout the curriculum in order to prepare our students to become engaged citizens and culturally competent practitioners.

Program aims and student learning objectives (SLO)

The overarching goal of the Psy.D. program is to prepare students for competent entry into the practice of health service psychology and meet Washington State's licensure requirements for clinical psychology. To accomplish this, we have identified three broad aims and nine objectives listed below:

Aim #1. Graduates are competent for entry-level practice as health service providers and professional psychologists in multiple roles. Student Learning Outcomes or Objectives (SLO 1.A-1.D):

Objective 1.A: Students intervene to alleviate suffering and promote health.

Competency: Intervention

Objective 1.B: Students assess clients and communicate their findings.

Competency: Assessment

Objective 1.C: Students design, analyze, and report on research and evaluations.

Competency: Research

Objective 1.D: Students accept and offer supervision and consultation.

Competency: Supervision & Consultation

Aim #2. Graduates are reflective practitioners/scholars. Student Learning Outcomes or Objectives (SLO 2.A-2.C):

Objective 2.A: Students build meaningful relationships with clients, organizations, and their community.

Competency: Communication and Interpersonal Skills

Objective 2.B: Students integrate science with theory and practice.

Competency: Assessment and Intervention

Objective 2.C: Students practice ethically and professionally.

Competencies: Ethical/Legal Standards & Professionalism

Aim #3. Graduates are socially responsible and work for social justice. Student Learning Outcomes or Objectives (SLO 3.A-3.B):

Objective 3.A: Students celebrate diversity and avoid oppressing others.

Competency: Social Justice & Individual/Cultural Diversity

Objective 3.B: Students are agents of social change.

Competency: Social Justice

Psy.D. Program Competencies

The AUS Psy.D. program has adopted the Profession-Wide Competencies (APA, 2017) throughout the program, including the curriculum, clinical training, and dissertation. In addition, the Discipline-Specific Knowledge domains in curricular design and implementation. Below are tables describing the domain, how it is integrated into the program, and how they are assessed:

Program-Specific Competencies (PSC)

Provide information below to illustrate how the program ensures that ALL students can acquire and demonstrate substantial understanding of and competence in any program-specific competencies:	
Program-Specific Competency 1:	<i>Social Justice</i>
Elements associated with this competency from IR C-8 D	- Communicates an awareness of historical, institutional, and systemic structures of power, privilege, and oppression and their effect on research and clinical training. This includes a critical understanding of how the psychological profession has at times contributed to a history of oppression and the change that can arise out of a social justice approach. - Applies knowledge and awareness of their historically situated social location and privileged social domains/identities in order to confront the dynamics of power and privilege in interpersonal and institutional settings. This includes identifying and working to avoid further oppression of marginalized and underserved persons and refraining from acts of aggression. - Embodies the role of a change agent by engaging in advocacy at the individual or institutional levels. This includes conscientiously empowering underserved groups through clinical and professional work or promoting community-based change to address systemic barriers.
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	- Student communicates an understanding of historical, institutional, and systemic structures of power, privilege and oppression through the PSYC7020 Social Justice in Clinical Psychology course. - Student applies knowledge and awareness about their social location, privileged social domains/identities and confronts the dynamics of power and privilege in interpersonal and institutional settings through the PSYC7020 Social Justice Service Project and the Social Justice domain of the Clinical Competency Exam.

	Student embodies the role of a change agent by engaging in advocacy at the individual or institutional levels through the Clinical Competency Exam.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: - Performance in PSYC7020. - Performance on the Clinical Competency Exam.	Evaluation tool and self-study location: - Rubrics in the course syllabus for PSYC7020. - Clinical Competency Exam scoring criteria for both the written and oral component in the CCE handbook (Appendix D, E & F).
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	- Successful completion of PSYC7020 designated by Pass (equivalent of B- or better). - A rating of Pass on the social justice domain and a rating of Pass on the overall Clinical Competency Exam.	

Profession-Wide Competencies (PWC)

Provide information below to illustrate how the program ensures that ALL students can acquire and demonstrate substantial understanding of and competence in:	
Competency:	<i>(i) Research</i>
Elements associated with this competency from IR C-8 D	- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base. - Conduct research or other scholarly activities. - Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.
Program-defined elements associated with this competency (if applicable; see table description above)	.
Required training/experiential activities to meet each element. If applicable, clarify where activity	Students demonstrate the independent ability to formulate research or other scholarly activities by successfully completing PSYC7310 Quantitative Statistics and Analysis I, PSYC7320 Quantitative Statistics and Analysis II, PSYC7330 Qualitative Methods and Analysis I, PSYC7340 Qualitative Methods and Analysis II.

description (e.g., syllabus) is located.	- Students demonstrate that they can conduct research or other scholarly activities by completing The PSYC7340 Qualitative Methods and Analysis II course and their dissertation. - Students demonstrate the ability to critically evaluate and disseminate research or other scholarly activity by completing the final public dissertation defense and dissertation publication.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: - Performance in PSYC7310 and PSYC7330 - Performance in PSYC7320 and PSYC7340 - Performance in the final dissertation defense.	Evaluation tool and self-study location: - Rubrics in the course syllabi for PSYC7310, PSYC7320, PSYC7330, PSYC7340. - Dissertation defense rubric in the Dissertation Handbook (Appendix B).
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	- Successful completion of PSYC7310, PSYC7320, PSYC7330, PSYC7340 designated by Pass (equivalent of B- or better). - Achieving a 2 or higher on all items for all meetings on the dissertation defense form rubric. - Publication of dissertation via OhioLink.	

Competency:	<i>(ii) Ethical and legal standards</i>
Elements associated with this competency from IR C-8 D	- Be knowledgeable of and act in accordance with each of the following: - the current version of the APA Ethical Principles of Psychologists and Code of Conduct; - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and - Relevant professional standards and guidelines. - Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. - Conduct self in an ethical manner in all professional activities.
Program-defined elements associated with this competency (if applicable)	.
Required training/experiential activities to meet each element. If applicable, clarify where activity	Students demonstrate knowledge of the current version of the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and Relevant professional standards and guidelines in PSYC7300 Ethics and 7450 Advanced Ethics.

description (e.g., syllabus) is located.	- Students demonstrate the ability to recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas in the ethical vignette of the Clinical Competency Exam. - Students conduct themselves in an ethical manner in all professional activities through the clinical training sequence.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: - Performance in PSYC7300 and PSYC7450. - Performance on the ethical vignette of the Clinical Competency Exam. - Performance in clinical training.	Evaluation tool and self-study location: - Rubrics in the course syllabi for PSYC7300 and PSYC7450. - Clinical Competency Exam scoring criteria for both the written and oral component in the CCE handbook (Appendix D, E & F). - Summative Supervisor Evaluation Form.
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	- Successful completion of PSYC7300 and PSYC7450 designated by Pass (equivalent of B- or better). - A rating of Pass on the ethical domain and a rating of Pass on the overall Clinical Competency Exam. - Ratings of 3 (Meets Expectations) or above on all learning elements of the Ethics domain of the Summative Supervisor Evaluation Form.	

Competency:	<i>(iii) Individual and cultural diversity</i>
Elements associated with this competency from IR C-8 D	- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. - Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. - The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

	● Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.	
Program-defined elements associated with this competency (if applicable)	.	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	● Students demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves through the PSYC7032 Cultural Competency & Humility in Clinical Psychology course. ● Students demonstrate knowledge of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service through the PSYC7032 course. ● Students demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles through the PSYC7032 course and the diversity domain of Clinical Competency Exam. ● Students demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work through the clinical training sequence and the diversity domain of the Clinical Competency Exam.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: ● Performance in PSYC7032. ● Performance on the Clinical Competency Exam. ● Performance in clinical training.	Evaluation tool and self-study location: ● Rubrics in the course syllabus for PSYC7032. ● Clinical Competency Exam scoring criteria for both the written and oral component in the CCE handbook (Appendix D, E & F). ● Summative Supervisor Evaluation Form.
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	● Successful completion of PSYC7032 designated by Pass (equivalent of B- or better). ● A rating of Pass on the individual and cultural diversity domain and a rating of Pass on the overall Clinical Competency Exam. ● Ratings of 3 (Meets Expectations) or above on all learning elements on the Individual & Cultural Diversity domain of the Summative Supervisor Evaluation Form.	

Competency:	<i>(iv) Professional values, attitudes, and behaviors</i>	
Elements associated with this competency from IR C-8 D	• Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others • Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. • Actively seek and demonstrate openness and responsiveness to feedback and supervision. • Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	
Program-defined elements associated with this competency (if applicable)	•	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students demonstrate the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others by the PSYC8071 Professional Issues in Career Management course, clinical training sequence and the Professional Values, Attitudes, and Behaviors domain of the Clinical Competency Exam. • Students engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness as demonstrated by the PSYC8071 course and the Professional Values, Attitudes, and Behaviors domain of the Clinical Competency Exam. • Students actively seek and demonstrate openness and responsiveness to feedback and supervision through the clinical training sequence. • Students respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training through the clinical training sequence.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance in PSYC8071. • Performance in Clinical Competency Exam. • Performance in clinical training.	Evaluation tool and self-study location: • Rubrics in the course syllabus for PSYC8071. • Clinical Competency Exam scoring criteria for both the written and oral component in the CCE handbook

		(Appendix D, E & F). Summative Supervisor Evaluation Form.
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	- Successful completion of PSYC8071 designated by Pass (equivalent of B- or better). - A rating of Pass on the professional values, attitudes, and behaviors domain of the Clinical Competency Exam. - Ratings of 3 (Meets Expectation) or above on all learning elements of the Professional Values, Attitudes, and Behaviors domain of the Summative Supervisor Evaluation Form.	

Competency:	<i>(v) Communications and interpersonal skills</i>	
Elements associated with this competency from IR C-8 D	- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. - Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. - Demonstrate effective interpersonal skills and the ability to manage difficult communication well.	
Program-defined elements associated with this competency (if applicable)	.	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	- Students develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services through PSYC7012 Foundational Clinical Skills and the clinical training sequence. - Students produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts through the clinical training sequence and the Communications and Interpersonal Skills domain of the Clinical Competency Exam. - Demonstrate effective interpersonal skills and the ability to manage difficult communication well through the clinical training sequence and the Communications and Interpersonal Skills domain of the Clinical Competency Exam.	
How outcomes are measured for each training/experiential activity listed above.	How outcomes are measured: - Performance in PSYC7012. - Performance in clinical training. - Performance on the Clinical	Evaluation tool and self-study location: Rubrics in the course syllabus for PSYC7012.

List where in the self-study all associated evaluation tools are located.	Competency Exam.	• Clinical Competency Exam scoring criteria for both the written and oral component in the CCE handbook (Appendix D, E & F). • Summative Supervisor Evaluation Form.
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• Successful completion of PSYC7012 designated by Pass (equivalent of B- or better). • A rating of Pass on the communications and interpersonal skills domain and a rating of Pass on the overall Clinical Competency Exam. • Ratings of 3 (Meets Expectations) or above on all learning elements of the Communication & Interpersonal Skills domain of the Summative Supervisor Evaluation Form.	

Competency:	<i>(vi) Assessment</i>
Elements associated with this competency from IR C-8 D	• Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. • Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. • Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
Program-defined elements associated with this competency (if applicable)	.
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient through, the Assessment Series PSYC7110 Assessment: Intelligence & Practicum, PSYC7130 Assessment: Personality & Practicum, PSYC7170 Assessment: Integrative & Practicum, the clinical training sequence, and the

	Assessment domain of the Clinical Competency Exam. • Student interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective through PSYC7110, PSYC7130, PSYC7170, and the clinical training sequence. • Students communicate orally and in written documents the findings and implications of the assessment in an accurate and effective culturally-competent manner sensitive to a range of audiences through the clinical training sequence and the Assessment domain of the Clinical Competency Exam.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance in PSYC7110, PSYC7130, PSYC7170. • Performance in Clinical Competency Exam. • Performance in clinical training.	Evaluation tool and self-study location: • Rubrics in the course syllabi for PSYC7110, PSYC7130, PSYC7170. • Clinical Competency Exam scoring criteria for both the written and oral component in the CCE handbook (Appendix D, E & F). • Summative Supervisor Evaluation Form.
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• Successful completion of PSYC7110, PSYC7130, PSYC7170 designated by Pass (equivalent of B- or better). • A rating of Pass on the assessment domain and a rating of Pass on the overall Clinical Competency Exam. • Ratings of 3 (Meets Expectations) or above on all learning elements of the Assessment domain of the Summative Supervisor Evaluation Form.	

Competency:	<i>(vii) Intervention</i>
Elements associated with this competency from IR C-8 D	• Establish and maintain effective relationships with the recipients of psychological services. • Develop evidence-based intervention plans specific to the service delivery goals. • Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. • Demonstrate the ability to apply the relevant research literature to clinical decision making. • Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

	Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.	
Program-defined elements associated with this competency (if applicable)	.	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	- Student establish and maintain effective relationships with the recipients of psychological services through PSYC7012 Foundational Clinical Skills and the clinical training sequence. - Students develop evidence-based intervention plans specific to the service delivery goals through the clinical training sequence and the Intervention domain of the Clinical Competency Exam. - Students implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables through the clinical training sequence and the Intervention domain of the Clinical Competency Exam. - Students demonstrate the ability to apply the relevant research literature to clinical decision making through the clinical training sequence and the Intervention domain of the Clinical Competency Exam. - Student modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking through the clinical training sequence. - Students evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation through the clinical training sequence. - Overall competency knowledge obtained through the PSYC7800, PSYC7820, PSYC7840 Intervention 1, 2 and 3.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: - Performance in PSYC7012, PSYC7800, PSYC7820, PSYC7840. - Performance in clinical training. - Performance in Clinical Competency Exam.	Evaluation tool and self-study location: - Rubrics in the course syllabi for PSYC7012, PSYC7800, PSYC7820, and PSYC7840. - Clinical Competency Exam scoring criteria for both the written and oral component in the CCE handbook (Appendix D, E & F). - Summative Supervisor Evaluation Form.
Minimum levels of achievement (MLAs) for each outcome	- Successful completion of PSYC7012, PSYC7800, PSYC7820, PSYC7840 designated by Pass (equivalent of B- or better). - A rating of Pass on the intervention domain and a rating of Pass on the overall Clinical Competency Exam.	

measure/evaluation tool listed above.	• Ratings of 3 (Meets Expectations) or above on all learning elements on the Intervention domain of the Summative Supervisor Evaluation Form.
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Competency:	<i>(viii) Supervision</i>	
Elements associated with this competency from IR C-8 D	• Demonstrate knowledge of supervision models and practices.	
Program-defined elements associated with this competency	• Students apply this knowledge in simulated practice with psychology trainees. Examples of simulated practice include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students demonstrate knowledge of supervision models and practices through assignment 2 in PSYC8060 Supervision & Consultation. • Students apply this knowledge in simulated practice with psychology trainees. Examples of simulated practice include, but are not limited to, role-played supervision with others, and peer supervision with other trainees through assignment 1 in PSYC8060 Supervision & Consultation. • Students demonstrate applied knowledge of supervision models and practice on the Clinical Competency Exam.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance on Assignment 1 in PSYC8060. • Performance on Assignment 2 in PSYC8060. • Performance on Clinical Competency Exam.	Evaluation tool and self-study location: • Rubrics for Assignment 1 is located in the course syllabus for PSYC8060. • Rubrics for Assignment 2 is located in the course syllabus for PSYC8060. • Clinical Competency Exam scoring criteria for both the written and oral component in the CCE handbook (Appendix D, E, & F).
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• First element: Students must pass Assignment 2 in the PSYC8060 course. • Second element: Students must pass Assignment 1 in the PSYC8060 course. • A rating of pass on the Supervision domain of the Clinical Competency Exam.	

Competency:	<i>(ix) Consultation and interprofessional/interdisciplinary skills</i>	
Elements associated with this competency from IR C-8 D	• Demonstrate knowledge and respect for the roles and perspectives of other professions. • Demonstrates knowledge of consultation models and practices.	
Program-defined elements associated with this competency (if applicable)	.	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	• Students demonstrate knowledge and respect for the roles and perspectives of other professions through assignment 4 in PSYC8060. • Students demonstrate knowledge of consultation models and practices through assignment 5 in PSYC8060.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Performance on Assignment 4 in PSYC8060. • Performance on Assignment 5 in PSYC8060.	Evaluation tool and self-study location: • Rubrics for Assignment 4 is located in the course syllabus for PSYC8060. • Rubrics for Assignment 5 is located in the course syllabus for PSYC8060.
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	• First element: Students must pass Assignment 4 in the PSYC8060 course. • Second element: Students must pass Assignment 5 in the PSYC8060 course.	

Discipline-Specific Knowledge (DSK)

Knowledge Area:	<i>History and Systems of Psychology</i> From (IR) C-7 D: “History and Systems of Psychology, including the origins and development of major ideas in the discipline of psychology.”	
How does the program ensure that students possess knowledge?	• PSYC7270 History & Systems of Psychology	
How does the program assess students’ knowledge in this area?	How outcomes are measured: • Performance in PSYC7270.	Evaluation tool and location: • Course syllabus for PSYC7270.

For each outcome above, what minimum level of achievement (MLA) must be met?	Successful completion of PSYC7270 designated by Pass (equivalent of B- or better).	
Knowledge Area:	<i>Affective Aspects of Behavior</i> From (IR) C-7 D: "Affective Aspects of Behavior, including topics such as affect, mood, and emotion. Psychopathology and mood disorders do not by themselves fulfill this category."	
How does the program ensure that students possess knowledge?	PSYC7050 Cognition and Affect	
How does the program assess students' knowledge in this area?	How outcomes are measured: Grade on the "Affect/Emotion Multiple choice Exam" assignment in PSYC7050	Evaluation tool and location: Affect/Emotion Multiple-Choice Exam
For each outcome above, what minimum level of achievement (MLA) must be met?	Students must pass the Affect/Emotion Multiple-Choice Exam Assignment in PSYC7050 with a B- or better.	
Knowledge Area:	<i>Biological Aspects of Behavior:</i> From (IR) C-7 D: "Biological Aspects of Behavior, including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology can be included in this category, they do not, by themselves, fulfill this category."	
How does the program ensure that students possess knowledge?	- PSYC7200 Biological Bases of Behavior I: Clinical Medicine - PSYC7220 Biological Bases of Behavior II: Psychophysiology	
How does the program assess students' knowledge in this area?	How outcomes are measured: Performance in PSYC7200 and PSYC7220	Evaluation tool and location: - Course Syllabus for PSYC7200 - Course Syllabus for PSYC7220
For each outcome above, what minimum level of achievement (MLA) must be met?	Successful completion of PSYC7200 & PSYC7220 designated by Pass (equivalent of B- or better).	
Knowledge Area:	<i>Cognitive Aspects of Behavior</i>	

	From (IR) C-7 D: “Cognitive Aspects of Behavior, including topics such as learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do not, by themselves, fulfill this category.”	
How does the program ensure that students possess knowledge?	● PSYC7050 Cognition and Affect	
How does the program assess students’ knowledge in this area?	How outcomes are measured: ● Grade on the “Cognition Multiple-Choice Exam” Assignment in PSYC7050	Evaluation tool and location: ● Cognition Multiple- Choice Exam
For each outcome above, what minimum level of achievement (MLA) must be met?	● Students must pass the Cognition Multiple-Choice Exam Assignment in PSYC7050 with a B- or better.	
Knowledge Area:	<i>Developmental Aspects of Behavior</i> From (IR) C-7 D: “Developmental Aspects of Behavior, including transitions, growth, and development across an individual’s life. A coverage limited to one developmental period (e.g., infancy, childhood, adolescence, adulthood, or late life) is not sufficient.”	
How does the program ensure that students possess knowledge?	● PSYC7250 Lifespan Development I: Child ● PSYC7260 Lifespan Development II: Adult	
How does the program assess students’ knowledge in this area?	How outcomes are measured: ● Performance in PSYC7250 and PSYC7260	Evaluation tool and location: ● Course Syllabus for PSYC7250 ● Course Syllabus for PSYC7260
For each outcome above, what minimum level of achievement (MLA) must be met?	● Successful completion of PSYC7250 and PSYC7260 designated by Pass (equivalent of B- or better).	
Knowledge Area:	<i>Social Aspects of Behavior</i> From (IR) C-7 D: “Social Aspects of Behavior, including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.”	
How does the program ensure that students possess knowledge?	● PSYC7360 Social Psychology	

How does the program assess students' knowledge in this area?	How outcomes are measured: ● Performance in PSYC7360	Evaluation tool and location: ● Course Syllabus for PSYC7360
For each outcome above, what minimum level of achievement (MLA) must be met?	● Successful completion of PSYC7360 designated by Pass (equivalent of B- or better).	
Knowledge Area:	<i>Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas (excluding History and Systems)</i> From (IR) C-7 D: "Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas, including graduate-level scientific knowledge that entails integration of multiple basic discipline-specific content areas identified in Category 2 (i.e., integration of at least two of: affective, biological, cognitive, social, or developmental aspects of behavior). Advanced integrative knowledge in Category 2 areas can be acquired in either of two ways: 1) an evaluated educational ¹ experience that integrates at least two Category 2 content areas that have been previously covered through other methods; or 2) an evaluated educational experience that provides basic coverage in two or more areas and integration across those areas."	
How does the program ensure that students possess knowledge?	● PSYC7050 Cognition and Affect	
How does the program assess students' knowledge in this area?	How outcomes are measured: ● Grade on the "The Great Cognition and Affect/Emotion Advanced Integration Paper" assignment in PSYC7050	Evaluation tool and location: ● The Great Cognition and Affect/Emotion Advanced Integration Paper
For each outcome above, what minimum level of achievement (MLA) must be met?	● Students must pass The Great Cognition and Affect/Emotion Advanced Integration Paper in PSYC7050 with a B- or better.	
Knowledge Area:	<i>Research Methods</i> From (IR) C-7 D: "Research Methods, including topics such as strengths, limitations, interpretation, and technical aspects of rigorous case study; correlational, experimental, and other quantitative research designs; measurement techniques; sampling; replication; theory testing; qualitative methods; mixed methods; meta-analysis; and quasi-experimentation."	

How does the program ensure that students possess knowledge?	PSYC7310 Quantitative Statistics & Analysis I	
How does the program assess students' knowledge in this area?	How outcomes are measured: Performance in PSYC7310	Evaluation tool and location: Course Syllabus for PSYC7310
For each outcome above, what minimum level of achievement (MLA) must be met?	Successful completion of PSYC7310 designated by Pass (equivalent of B- or better).	
Knowledge Area:	Statistical Analysis From (IR) C-7 D: "Statistical Analysis, including topics such as quantitative, mathematical modeling and analysis of psychological data, statistical description and inference, univariate and multivariate analysis, null-hypothesis testing and its alternatives, power, and estimation."	
How does the program ensure that students possess knowledge?	PSYC7320 Quantitative Statistics & Analysis II	
How does the program assess students' knowledge in this area?	How outcomes are measured: Performance in PSYC7320	Evaluation tool and location: Course Syllabus for PSYC7320
For each outcome above, what minimum level of achievement (MLA) must be met?	Successful completion of PSYC7320 designated by Pass (equivalent of B- or better).	
Knowledge Area:	Psychometrics From (IR) C-7 D: "Psychometrics, including topics such as theory and techniques of psychological measurement, scale and inventory construction, reliability, validity, evaluation of measurement quality, classical and contemporary measurement theory, and standardization."	
How does the program ensure that students possess knowledge?	PSYC7350 Psychometrics & Lab	
How does the program assess students' knowledge in this area?	How outcomes are measured: Performance in PSYC7350	Evaluation tool and location: Course Syllabus for PSYC7350
For each outcome above, what minimum level of	Successful completion of PSYC7350 designated by Pass (equivalent of B- or better).	

Credit and evaluation for coursework. Courses are offered for a specific number of graduate-level credits. Credit is granted after satisfactory completion of course requirements as specified in each course syllabus. The instructor's narrative assessment issued at the end of each quarter confirms or denies credit for the course. If credit is granted, the Office of the Registrar enters the credits earned into the student's academic transcript. The Degree Plan contains designated course schedules specific to student status (i.e., number of credits per quarter) and is located at the [AUS PsyD Resources shared Google Drive>Degree Plan & Plan of Study](#).

Passing is equivalent to at least a "B" in a letter-graded graduate level in which students earn credit for the course. Students who fail to pass a course are given a No Credit (NC) and must repeat the course again. A second failure of the same course will lead to academic sanction. If students withdraw from a course mid-quarter due to the knowledge that No Credit (NC) will be given as a result of failed assignments, a grade of WNC (Withdrawn No Credit) will be given. In addition, two or more WNC and/or W also constitute grounds for academic sanction (i.e., WNCs and/Ws are treated equal to NCs.). For students who are unable to complete all of the assigned coursework because of a viable personal emergency, instructors may grant an Incomplete (INC). Details of the incomplete will be discussed with the professor granting the INC with consideration of resolution for prerequisite courses prior to the start of the subsequent quarter. Students have until thirty (30) days after the end of the quarter to satisfactorily resolve the INC, or the grade will automatically convert to No Credit (NC). See page 57 for further information regarding earning of NC.

Narrative assessments. Instructor's qualitative feedback is provided to students via the Narrative Assessment, which describe the course and evaluate the student's performance in some detail, including approving any performances that demonstrate meeting the designated competency for each of the program competencies.

Minimal levels of acceptable achievement. The Psy.D. program utilizes several mechanisms to ensure that all students can demonstrate substantial understanding of and competence in all required curriculum and clinical training areas. These include:

- Instructors include the minimal level of acceptable achievement for each of the performance measures in their syllabi, typically via use of rubrics.
- Students must receive credit in all courses, which is equivalent to work that is at least at a "B-" level for typical grade-based doctoral programs.
- For clinical training, formative and summative evaluations have clearly identified minimal levels of performance that identify satisfactory progress on each of the competencies being evaluated.
- Minimum satisfactory completion of the Clinical Competency Exam is a combined "passing" rating for all competencies required for entry into clinical internship.
- A rating of overall rating of pass or pass with written comment on the Annual Review.
- Successfully complete and defend a dissertation project.

Psy.D. Program Graduation Requirements

The Psy.D. program is designed on a mastery model of education. As such, it supports and expects all students to acquire the necessary clinical competencies needed in order to become an effective entry-level clinical psychologist. The doctoral degree is conferred at the end of the quarter in which all requirements are completed. The Psy.D. program's graduation requirements include the following achievement standards:

- Completion of a one-year residency, defined as a minimum of nine credits each quarter, for three consecutive quarters, during the first year in the Psy.D. program. Residency during an alternate year will be considered on a case-by-case basis, and only in light of personal exigencies;
- Successful completion of 140 graduate quarter credits from courses listed for degree
- Completion of 50 hours of Social Justice Service Project;
- Passing marks on most recent student Annual Review;
- Successful passage of the Clinical Competency Examination;
- Acknowledgement of satisfactory completion of dissertation by all dissertation committee members and APA editor approval;
- Documentation of 3-10 hours of personal psychotherapy with a licensed mental health practitioner;
- Completion of a minimum of 900 supervised pre-internship hours;
- Satisfactory completion of a 1500-2000 hour clinical internship; and
- Completion of the Psy.D. program (academic credits, clinical training, and dissertation) within a maximum of seven years. Please see Time-to-Completion Statute of Limitations (located at the [AUS PsyD Resources shared Google Drive>Program Forms>Dissertation Extension Request and Completion Plan Form](#));
- 20 attendance per year for Saturday Community Meeting didactics during Years 1-3.

Course Scheduling, Class Size, and the Year-at-a-Glance (“The YAG”)

Course Scheduling. All doctoral classes are usually offered on Thursdays, Fridays, and Saturdays. The Psy.D. Program Chair is responsible for the scheduling of doctoral courses and publishes the annual course schedule referred to as the “YAG” (Year-at-a-Glance) that is available in the [AUS PsyD Resources shared Google Drive>Course Schedule \(aka YAG: Year-at-a-glance\)](#) . The AU [Academic Calendar](#) lists start and end dates for the quarter.

Class Size and Cancellation Policy. Every effort is made to maintain a suitable class size for doctoral studies. Class size in the doctoral program normally varies according to the nature and demands of the course on students and faculty. Class size in supervisory or experientially oriented courses is strictly limited, while conceptual or theoretically oriented courses are more

amenable to larger class size. The Psy.D. Chair is responsible for overseeing course scheduling and cancellations.

Overview of Curricula and Clinical Training Sequence

Doctoral-level curricula and courses are designed as sequential, cumulative, and have graded complexity as described below:

Cumulative. Courses and clinical experiences build on earlier, foundational mentoring and adequate course-based preparation. Students take at least two to three, 3-credit classes for each quarter of the first year (see: residency requirement). An example of the cumulative design of the curriculum would be the following: students study basic personality theories and assessment instruments before learning integrative assessment approaches. They learn listening and multicultural skills in the first year before doing clinical work with clients in the second year. Both quantitative and qualitative research designs are studied first so that students will be prepared to choose a research methodology that will best address their dissertation question.

Sequential. Most courses are offered by series. The more advanced courses have prerequisites that must be completed prior to enrolling. First-year courses focus on foundational topics in program orientation, basic clinical exposure, theories of personality, and assessment skills; second-year studies include, research courses, clinical theory and practice courses to support students' taking on treatment and intervention responsibilities with their first clients in the Antioch University Seattle Community clinic, with supervision and seminar support; the third year typically includes dissertation-support classes and the scientific bases of behavior in addition to an off-campus clinical placement; and the fourth year offers upper-level courses to prepare for clinical internship and professional practice.

Sequencing for graded complexity. Course prerequisites are a specific set of prior course work required before a student may enroll in a given course. Prerequisites are designed to assure sufficient basic knowledge for students to succeed in all courses. Please consult the current AUS Course Catalog located on [Academic Catalog](#) or the current Year-at-a-Glance (YAG, located at the [AUS PsyD Resources shared Google Drive>Course Schedule \(aka YAG:Year-at-a-glance\)](#)) for prerequisites of each course. Students should discuss questions about prerequisites with their Faculty Advisor. Both the research and clinical training series of courses build from basic skills to more complex and multi-layered performances.

Psy.D. Program Admission

Antioch University (AU) has a 173-year history of opening the doors of higher education to those who have been closed out. In alignment with the American Psychological Association's (APA) expressed concerns regarding gross under-representation of less-privileged, diverse societal members in psychology and the growing national disparity of healthcare, Antioch University Seattle's Psy.D. program strives to enhance equal access to high-quality doctoral-level clinical training and future mental health services by extending admission opportunities that otherwise may not exist to deserving candidates.

Traditionally, most APA-accredited doctoral programs require undergraduate grade-point-averages (GPA) of at least 3.0 in order to satisfy the accreditation requirement that “programs ensure only high quality students are admitted,” a laudable commitment that we share. Unfortunately, admission policies that place undue weight on undergraduate performance often serve to inadvertently exclude otherwise well-qualified, diverse student-candidates who, for whatever reason(s), did not perform up to their full-potential during an earlier time in life.

Aware of Antioch’s historical lineage, many prospective students have applied to our doctoral program, and eloquently explain circumstances for their less than stellar academic performance. Common narratives include the lack of maturity or self-discipline as a young adult adjusting to college lifestyle, which were too late in realizing the importance of GPA for future academic study. All too often, a sizable number of under-performing students come from less-privileged, diverse backgrounds that cite financial exigencies leading to competing demands of full or near full-time employment, single parents balancing family needs, veterans and military spouses contending with repeated academic disruptions from relocation and deployment, or candidates contending with cultural, religious, and/or gender bias that disapprove of higher education for certain subgroups.

What binds all of these “would-be” candidates is the request for an opportunity to demonstrate that they are ready and capable to undertake doctoral studies in order to better their lives, underserved populations, or general society. They ask to be judged by who they are now and their current potential.

The Psy.D. faculty also acknowledge that it is true, that no matter how well-intentioned, “not everyone can or should be a doctor” and we take seriously our duty as “gate-keeper” to prevent foreseeable harm by admitting unqualified candidates who are not sufficiently competent or likely to graduate and will subsequently incur considerable financial debt.

Admission Policy. The Psy.D. program admits students with a bachelor’s or master’s degree completed within the past 10 years. Students applying should also have a grade equivalent of at least a “B” in three prerequisite courses: Abnormal Psychology, Developmental Psychology and/or Lifespan Development, and Introduction to Statistics. All academic coursework submitted for admissions must be completed within the past 10 years at regionally accredited institutions.

In addition, the Psy.D. program attends to its social justice mission, and the requirement to admit only qualified students by considering:

- Admission interviews for all qualifying applicants.
- Admission decision approval by majority faculty vote.
- Students may be placed on Conditional Admit Status.

After admission, the faculty closely monitors student acceptability and progress by:

- Conducting an orientation.

- Assigning a full-time Faculty Advisor to every student.
- Requiring all entering students to complete a one-credit writing seminar in their first Fall quarter (WRTG7010). Additional writing remediation seminars will be required, if warranted.
- Requiring first year residency of 9 credits per quarter for three consecutive quarters.
- Requiring all entering students to complete an intensive three-course training sequence (PSYC7012, PSYC7020, PSYC7032) for socialization into the doctoral program and field of clinical psychology, developing competency in basic counseling skills, and multicultural competency.
- Conducting a comprehensive annual review of each doctoral student.
- Establishing a special review committee for students not making satisfactory progress.
- Reducing course load and involvement with academic remedial support services as necessary.
- Recommending voluntary program leave of absence or withdrawal if warranted.
- Implementing voluntary program withdrawal when necessary.
- Periodic review of admission policies and attrition, annual review, graduation, and other outcome data.

Student application materials should demonstrate the following:

- Critical thinking skills.
- Graduate-level writing skills.
- Ability to complete a rigorous doctoral program.

Applications are reviewed by faculty with the opinion to approve for interview, obtain a secondary faculty review, or deny based on the aforementioned criteria. Finalists are invited for an in-person interview that consists of an individual interview with a faculty member and a group interview with faculty members and other applicants. The full faculty body then considers each applicant and, upon a unanimous vote, approves or denies admission.

Academic prerequisites. *Students applying for admission must have:*

- A master's degree in a mental health-related field within the last 10 years. Eligible master's degrees include marriage and family therapy, mental health counseling, and clinical social work. If students completed their degree more than 10 years ago, an exception may be granted -OR-
- A bachelor's degree in psychology completed within the last 10 years -OR-
- A bachelor's or master's degree in other fields with three prerequisite courses completed within the last 10 years at regionally accredited institutions with a minimum grade of "B":
 - Abnormal Psychology and/or Psychopathology (Waived for Psychology majors)
 - Developmental Psychology and/or Lifespan Development (Waived for Psychology majors)
 - Introduction to Statistics

Additional admission requirements. The following is a list of major admissions requirements:

- Two letters of recommendation: one from a professional who supervised them in a human services and/or professional setting and one from an academic instructor who can best assess the applicant's capabilities and readiness to enter a clinical doctoral program.
- Documentation of relevant professional and volunteer experience.

- Documentation of professional affiliations, publications, and licensure.

Transcripts. Official transcripts must be submitted from each institution attended even if transfer units appear on another document. If applicants attended an institution with pass/fail grades, they should request that the registrar attach any accompanying narrative evaluations. It is the applicant's responsibility to see that all transcripts reach the Admissions Office by the priority application deadline.

Admission essay instructions. Applicants submit a typewritten, double-spaced essay with their application. Questions are as follows:

- **Personal Essays** – Submit a typewritten, double-spaced, between 300- and 500-word response to each question below.
 - How do your academic and research experiences, clinical interests, and skills align with the AUS doctoral program and model? How have they prepared you for this program, and what are your potential strengths?
 - In what ways has your life history, such as experiences of overcoming adversity, engaging with personal therapy, or other major life events, contributed to your desire to become a clinical psychologist?
- **Analytical Writing Essays** – Submit a typewritten, double-spaced, between 400- and 600-word response to each prompt below.
 - **An Issue Task:** Please evaluate the following statement, noting the complexities, and provide a well-reasoned argument with supporting examples.
 - *Social media is harmful to our mental health. As psychologists, we should advocate for the reduction of social media use.*
 - Your response should discuss the extent to which you agree or disagree with the statement and explain your reasoning for the position you take. In developing and supporting your position, you should discuss the possible consequences of your argument and explain how these consequences shape your position.
 - **An Argument Task:** Review the following vignette and evaluate it according to the directions given below.
 - A student therapist was assigned a new client of a different race and socioeconomic background from their own. In their first session, the client told the student therapist that they would not be able to understand the client's point of view and asked to be reassigned to a different therapist. The student therapist discussed the request with their supervisor. Following this discussion, the student therapist reached out to the client to discuss working together while acknowledging their differences.
 - Write a response in which you discuss why you agree with this course of action. If you do not agree, provide an alternative course of action. In either case, fully explain your line of reasoning while demonstrating a sound argument in support of your endorsed course of action.

Prior graduate work. Graduate credits earned at regionally accredited institutions are accepted toward Antioch's Psy.D. degree as follows:

- Masters degree in Mental Health Field. Applicants who completed a master's degree in a mental health-related field may receive up to 8 quarter credits toward the doctoral program requirements:
- Eligible master's degrees include, but are not limited to, the following mental health-related fields: marriage and family therapy, mental health counseling, clinical

social work, and art therapy.

- Courses are reviewed for equivalent content on a course-by-course basis.
- Applicants may submit syllabi from their master's level classes by the end of the first Fall term if applicants feel additional courses should be waived.

Other Master's degrees. Applicants with a master's degree in a field other than an approved mental health-related field may request a transfer credit evaluation per protocol below:

- Courses are reviewed for equivalent content on a course-by-course basis.
- Courses must carry a grade of "B" or higher.
- A maximum of 8 graduate-level quarter credits may be awarded.

Prior College Credit from Institutions outside the U.S. If applicants are US citizens or legal residents and have had some or all of their schooling outside the United States or Canada (except Quebec), they must have that institution send official transcripts and records directly to an evaluator. Certified translations and evaluation of international documents are required.

International student admission. If applicants are applying for international student admission and a student visa, they must submit additional documentation to satisfy admission requirements:

- Certified and translated education records, if their records are not in English
- Evaluation of international transcripts outside the United States and Canada (except Quebec). See above Prior College Credit from Institutions Outside U.S.
- Demonstration of English language proficiency – Submit official TOEFL (Test of English as a Foreign Language) test results. Candidates must receive a minimum score of 550 (paper-based) or 213 (computer-based) and 79 on the Internet test. If they have completed education in the United States or Canada, this requirement may be waived.

Financial certification. Applicants must submit documentation showing evidence that they are able to support the tuition and living expenses throughout their enrollment at Antioch University.

Course of Study and Clinical Training Sequence

The Psy.D. curriculum provides for in-depth study in several mandatory content areas. Each of the following required domains are covered by a sequence of three or four linked courses that are cumulative and graded in complexity:

Foundational Clinical Skills, Social Justice in Clinical Psychology, Cultural Competency & Humility in Clinical Psychology

Psychological Assessment

Interventions

Professional Seminar

Research Methods and Analysis (Quantitative and Qualitative)

Biological Basis of Behavior

Dissertation Seminar

Students also must complete the other core courses, the Clinical Competency Examination, their clinical training hours, and a dissertation. The Psy.D. program curriculum and training plan is designed to ensure that every student receives broad and doctoral-level training as a generalist based on current and evolving trends in the field of clinical psychology.

Multicultural Competency Training

Integration of diversity and social justice into the curriculum. Psy.D. Program is committed to addressing issues of multicultural competency and social justice, including issues of diversity such as race, age, gender, physical status, ethnicity, culture, class, sexual orientation, and disability throughout the curriculum. The Social Justice in Clinical Psychology (PSYC7020) and Cultural Competency & Humility in Clinical Psychology (PSYC7032) courses are focused primarily on these issues, while other courses in the program will integrate consideration of issues of diversity and social justice into their syllabus and coursework wherever possible and appropriate. In addition, appropriate workshops, colloquia, consultation, and training to the faculty will also be provided.

Integration of diversity and social justice into clinical training. An emphasis on multicultural competency and social justice is also woven into the practical training experiences and placements. All students will complete a *Social Justice Service Project* that provides exposure to diverse, underserved populations with whom they have little to no prior experience. Additionally, Practicum, Pre-internship, and Clinical Internship placements often include working with diverse clientele in the AUS Community Counseling and Psychology Clinic and/or a variety of community placements.

Cultural competency training. Courses PSYC7012 Foundational Clinical Skills, PSYC7020 Social Justice in Clinical Psychology, & PSYC7032 Cultural Competency & Humility in Clinical Psychology provide intensive training that facilitates students' greater

understanding of multicultural diversity. All students take the series as an introduction to basic counseling skills integrated and intertwined with a multicultural worldview that emphasizes a social justice approach to psychology. In addition, socialization into health service psychology comes through exposure to general introductory knowledge of the doctoral program, such as degree planning and requirements for licensure, as well as other course material. Students also engage in a Social Justice Service Project concurrently to these courses. Note: Transfer credit requests for PSYC7012, PSYC7020, and PSYC7032 are not accepted.

Required courses:

- PSYC7012 Foundational Clinical Skills (3 cr.)
- PSYC7020 Social Justice in Clinical Psychology (3 cr.)
- PSYC7032 Cultural Competency & Humility in Clinical Psychology (3 cr.)

Clinical training: The Social Justice Service Project. The Social Justice Project begins in the first year with a 50-hour Service Project where the student engages in service with a diverse community that is unfamiliar to the student. The purposes of this non-clinical Service Project are:

1. To expose the student to a population that is socially and ethnically diverse and different from populations that the student is familiar with and/or groups that are underserved, thereby addressing a core component of the Antioch University social justice mission;
2. To facilitate the development of basic counseling skills, such as reciprocal relating, learning how to be in a helping relationship, and providing opportunity to practice listening and reflecting skills, self-reflection, and observation of self and others;
3. To allow the faculty to observe first year students in a social context and mentor their basic counseling and helping skill development; and
4. To provide a service to non-profit or qualified organizations that are valuable resources to marginalized and underserved populations.

The site will be chosen by the student in the PSYC7012 course during the first quarter, and the student will provide the service between the second and third quarters of the first year in the Psy.D. program. The student may choose a site from a list of sites that AUS has current affiliation with, with the consent of the course instructor. Note that a list of current sites will be shared on an ongoing basis by the Director of Clinical Training (DCT). For specific information, see the current Practicum Pre Internship Handbook located at the [AUS PsyD Resources shared Google Drive>Program Handbooks](#).

Psychological Assessment

Students are trained in psychological assessment through a mandatory four-course sequence that prepares them to take on complex assessment cases through the AUS clinic with clinical supervision. Students may elect to further deepen their understanding of psychological assessments through enrollment in specialty core courses, such as clinical neuropsychology, pediatric psychology, integrated behavioral health psychology, and forensic psychology. The 4-credit assessment courses include supervised practicum. Successful completion of the assessment series allows students to begin administering assessments at the Antioch

Community Counseling and Psychology Clinic. Upon completing the Assessment series at the end of Year 1, students engage in additional assessment training. In Year 2, students develop applied skills in testing administration, scoring, interpretation, report writing, practice exercises, role-plays, and care report analysis.

Required courses:

- PSYC7350 Psychometrics & lab (5 cr.)
- PSYC7110 Assessment: Intelligence & Practicum (4 cr.)
- PSYC7130 Assessment: Personality & Practicum (4 cr.)
- PSYC7170 Assessment: Integration & Practicum (4 cr.)

Interventions

In keeping with a generalist training approach, all students will complete the Interventions series, which is designed to provide broad theoretical and scientific foundations of the practice of clinical psychology that is integrated with the existing and evolving body of knowledge, skills, and competencies of applied psychology. Students enroll in this series of three theoretical and conceptually based courses with concurrent enrollment in Professional Seminars, which provide clinical topical discussions and group case consultation. In addition, students are placed in the AUS Community Counseling and Psychology Clinic. Students at the AUS Community Counseling and Psychology Clinic are required to carry, at a minimum, five (5) clients/hours of availability with a minimum caseload of 2-5 clients at any one time.

Required courses:

- PSYC7800 Interventions I (3 cr.)
- PSYC7820 Interventions II (3 cr.)
- PSYC7840 Interventions III (3 cr.)

Professional Seminars

The Interventions series and Clinical Practicum coincide with an integrative cumulative sequence of three 3-credit consecutive seminars entitled "Professional Seminar" (ProSem) that students will typically take in their second year. In the ProSem, instructors provide clinical topics for discussion in a seminar format and group case consultation for students who are accumulating clinical experience hours, either in practicum or pre-internship. Professional seminars are offered each year in Fall, Winter, and Spring quarter. Students carry at least two to five clients each week during their Professional Seminar, including during term breaks. In addition, students who pick up clients in the second or third Professional Seminar may be expected to continue with those clients past the end of the third Professional Seminar, depending on the client's needs.

Professional Seminars cover current topics and evolving trends around early career issues in clinical psychology, including assessment and management of parasuicidal, suicidal, and violent behaviors. Focus concentrates on crisis intervention models, abuse and mandatory reporting, and involuntary psychiatric hospitalizations. Students are also given instruction on best practices for risk management, including clinical documentation, report writing, and

record keeping in compliance with HIPAA, professional ethics, and Washington State law. This supports the students during their first year of clinical training experience. Students are learning and refining case conceptualization, treatment planning, and case presentation skills that prepare them for the Clinical Competency examination.

During the ProSem series, the student receives group case consultation as a part of the seminar and additionally the student will be assigned an PSYC8010 supplemental supervisor who will be a clinical psychologist faculty member that will provide supervision for the student on a 1:1 basis. This supervision will provide mentoring for the development and practice of foundational clinical skills. By initially requiring students to demonstrate their clinical skills in Antioch's clinic, faculty have the opportunity to observe the student's developing clinical skills and confidently recommend students to outside placement sites. Successful completion of ProSem is required to move on to further clinical placement.

Required courses:

- PSYC7910 Professional Seminar I (3 cr. total)
- PSYC7920 Professional Seminar II (3 cr. total)
- PSYC7930 Professional Seminar III (3 cr. total)

In addition, the student will formally begin clinical training with placement in the Antioch Community Counseling and Psychology Clinic and will provide direct service to diverse client populations. The student will have the opportunity to provide psychological services under the supervision of a licensed psychologist using observation and videotaping as supervision tools. The Social Justice Clinical Practicum (180 hours/60 hours of which is supervision) occurs simultaneously with enrollment in the Professional Seminar. Upon completion of the 300-hour Social Justice Clinical Practicum, the student will be ready to begin Pre-internship I placement. Pre-internship I hours can be earned by continued work at the AUS clinic or through a community placement. (See the Practicum and Pre-internship Handbook on the [AUS PsyD Resources shared Google Drive](#)>[Program Handbooks](#) for more information.)

Research Methods and Analysis

Fundamental to all doctoral training is basic grounding in social science research. Psy.D. students study social science research methods through a four-course linked sequence. These courses introduce students to both quantitative and qualitative research ethics, methods, and analysis.

Required courses:

- PSYC7310 Quantitative Statistics & Analysis I (3 cr.)
- PSYC7320 Quantitative Statistics & Analysis II (3 cr.)
- PSYC7330 Qualitative Methods & Analysis I (3 cr.)
- PSYC7340 Qualitative Methods & Analysis II (3 cr.)

Biological Bases of Behavior

Linking and explaining the interplay between human psychology and human biology

are a set of courses that introduce students to the basics of relevant human physiology and psychopharmacological aspects of behavior. Students will further develop their capacity to work in primary healthcare settings by taking the Integrated Behavioral Health Psychology specialty course.

Required courses:

- PSYC7200 Biological Bases of Behavior I: Clinical Medicine (3 cr.)
- PSYC7220 Biological Bases of Behavior II: Psychophysiology (3 cr.)
- PSYC7230 Psychopharmacology I (3 cr.)
- PSYC7280 Psychopharmacology II: Drugs of Abuse (2 cr.)

Core (Required) Courses

Other courses required reflect the mandatory domains needed to meet licensing requirements and prepare students for the practice of health service psychology. These courses are taken in conjunction with the coursework in other domains. In addition, required writing courses introduce entering Psy.D. students to the discourse of the psychological community, general APA style and format expectations, and various genres of writing tasks expected at the doctoral level. Students should consult the YAG and Degree Plan on the [AUS PsyD Resources shared Google Drive](#) and consult with their Advisor for specific information on when to take these courses.

- PSYC7050 Cognition and Affect (3 cr.)
- PSYC7210 Psychopathology (3 cr.)
- PSYC7240 Learning Theory (3 cr.)
- PSYC7250 Life Span Development I: Child (3 cr.)
- PSYC7260 Life Span Development II: Adult (3 cr.)
- PSYC7270 History and Systems of Psychology (5 cr.)
- PSYC7300 Ethics (3 cr.)
- PSYC7360 Social Psychology (5 cr.)
- PSYC7370 Group Processes and Therapy (3 cr.)
- PSYC7410 Individual Differences & Personality Theory I (3 cr.)
- PSYC7420 Individual Differences & Personality Theory II (2 cr.)
- PSYC7450 Advanced Ethics (2 cr.)
- PSYC7530 Integrated Behavioral Health Psychology (3 cr.)
- PSYC7760 Psychopathology II: Developmental Psychopathology (3 cr.)
- PSYC8040 Community Psychology (3 cr.)
- PSYC7940 Clinical Supervision I (1 cr.)
- PSYC8060 Consultation and Supervision II (4 cr.)
- PSYC8071 Professional Issues in Career Management (3 cr.)
- WRTG7010 Writing Seminar for Psy.D. I (1 cr.)
- WRTG7021 Writing Seminar for Psy.D. II: Dissertation Inquiry & Research (1 cr.)

Specialty Courses

- PSYC7670 Pediatric Psychology (3 cr.)
- PSYC7680 Clinical Neuropsychology (3 cr.)
- PSYC7630 Forensic Psychology (4 cr.)

Students are required to complete 10 credits of Specialty courses listed above in addition to 130 core credits required for graduation. All specialty courses are included in Year 4 of the five-year degree plan. Required core and specialty courses cannot be taken earlier than the designated quarters/years, but can be taken later. For example, students on the six-year degree plan can reduce their course load by delaying one or more courses and taking them in a future year. Students must consult with their advisors and consider issues such as financial aid and course prerequisites prior to changing their degree plan.

Along with other program requirements, students will need 140 credits to graduate.

Pre-internship II

Students are required to complete 450 or more pre-internship hours in their Pre-internship II clinical experience. Students will work with the DCT to locate appropriate community clinical training placement sites and may register for 1-2 credits of PSYC8010: Supplemented Supervision for supervision of their pre-internship experience, if needed. Students may also split time between a community clinical training placement and the AUS Clinic. (See the Practicum and Pre-internship Handbook for further information located at the [AUS PsyD Resources shared Google Drive](#)>[Program Handbooks](#)).

The Clinical Competency Examination

The Clinical Competency Examination (CCE), which is modeled after the [American Board of Professional Psychology](#) exam, is an important milestone and a part of the ongoing process of evaluating and revising students' training and is usually taken toward the end of the third year (after Pre-internship I). It is required to successfully pass before applying for clinical internship. The CCE is designed to assess the student's basic clinical skills and competence across several domains deemed necessary to be ready for clinical internship. Students submit a professional statement, curriculum vitae, and a practice sample that includes a detailed written case formulation and video-taped session that will discuss an ethical vignette. The CCE is administered in June and September (see the current Clinical Competency Examination Handbook located at the [AUS PsyD Resources shared Google Drive](#)>[Program Handbooks](#) for further details).

Non-terminal Master's degree (MA) in Psychology en passant

Psy.D. students who have satisfactorily completed and passed 62 credits of the initial doctoral coursework are eligible. These 62 credits of initial doctoral coursework represent broad theoretical and scientific foundations of clinical psychology and the field of psychology in general by addressing such areas as: professionalization, history and systems of psychology, psychopathology, psychological theory, cognitive and affective aspects of behavior, human

development, biological basis of behavior, and research methodology and/or psychological measurement. Students may choose to apply for their Master's degree in clinical psychology after completing requirements for their year of entry. It is recommended that students complete the requirements for the non-terminal MA before applying for clinical internship, as it may help the student to be more competitive for internship placement if they have this credential. For more information about clinical internship requirements, see the Clinical Internship Handbook located at the [AUS PsyD Resources shared Google Drive>Program Handbooks](#) . To apply, students submit an online graduation application upon notification from the Registrar, typically sent around the beginning of the Spring Quarter in April.

Saturday Community Meeting

Students in Years 1-3 are required to attend a minimum of 20 Community Meetings per academic year on Saturday afternoons (12:15pm to 1:15pm Pacific Time). Students may attend up to 5 Dissertation Defense presentations, in lieu of Community Meetings, and count these toward the 20 required meetings. AUS PsyD Faculty and external field experts provide extracurricular didactics, lectures, presentations, speaking events on relevant topics.

Psychotherapy Requirement

It is important for students to understand the experience of being a client of psychotherapy, as well as prepare themselves emotionally for dealing with the inherent emotional stressors associated with entry-level clinical psychology. Therefore, all Psy.D. students are required to complete a minimum of 3-10 hours of personal psychotherapy with a licensed mental health practitioner either prior to starting the PsyD program or within the first 3 years upon entering the PsyD program. Psychotherapy with a student therapist under the license of a clinical supervisor is only allowed in clinics that are listed on the provider list recommended by the program.

A minimum of 3-10 hours of *individual* therapy is preferred, but hours in *couples* therapy are also permissible. The choice of therapist and orientation is up to the student. However, a list of sites and options is available in the [AUS PsyD Resources shared Google Drive>Psychotherapy Requirement](#). Students must have their therapists sign the PsyD Hours Psychotherapy Documentation Form located at the [AUS PsyD Resources shared Google Drive>Psychotherapy Requirement](#) to verify the number of therapy hours provided, and no other clinical details. Ideally, students should complete most, if not all, of the psychotherapy requirement and tune-in their completed form to their Faculty Advisor by the end of their third year in the program. Students may contact their Faculty Advisor and/or the Psy.D. Director of Clinical Training for possible psychotherapy resources.

The Doctoral Dissertation

The doctoral degree at Antioch University Seattle is awarded only after the completion of all requirements including the doctoral Dissertation. The Psy.D. Dissertation is an educational accomplishment, which demonstrates that the student has developed the knowledge and skills of a scholar, capable of doing and actively using scientific inquiry to inform the various realms of health service psychology. Purposive, disciplined inquiry and formal research for the Psy.D. are seen as integral to, rather than distinct from, professional

practice in real, locally meaningful situations (see the current Dissertation Handbook available at the [AUS PsyD Resources shared Google Drive>Program Handbooks](#)).

Dissertation seminar. Antioch University Seattle's Clinical Psychology Program has a serious commitment to students successfully completing their dissertation projects within a reasonable time period. The student's first independent research project leading to further work on their dissertation is supported and mentored by the Dissertation Seminar sequence. Every Dissertation Seminar starts and ends with a face-to-face meeting where small work-groups of students at similar stages in the dissertation process meet in person or online every week to work on their dissertations and post their material for their peers and the instructor to review. Students are also required to give an in-class presentation of the progress they have made on their dissertations each quarter. It should be noted that the 3rd credit in this series requires the student to recruit their dissertation committee, complete a prospectus, and hold the first dissertation meeting. Students should refer to the Dissertation Handbook for more details.

Required courses:

- PSYC7021 Dissertation Inquiry and Research (2 cr.)
- PSYC8901 Dissertation Seminar I: Prospectus (2 cr.)
- PSYC8902 Dissertation Seminar II: Proposal (3 cr.)

Internship eligibility qualification

Once a student has completed the core required courses, the Clinical Competency Examination, a 300-hour practicum, a minimum of 300 pre-internship hours, achieved the designated "internship readiness" competencies, the optional awarding of the non-terminal MA degree in Psychology, and has had their dissertation proposal approved, the student may request to apply for the clinical internship by completing an internship eligibility verification form which is evaluated by the student's Faculty Advisor and the DCT. It is important that the student plan and be prepared to meet the requirements of these clinical milestones prior to the fall of the fourth year or before the student plans to apply for the Clinical Internship.

The DCT will determine whether the student meets eligibility criteria. If so, the DCT will assist the student with the clinical internship application process and site selection (see the Clinical Internship Handbook at the [AUS PsyD Resources shared Google Drive>Program Handbooks](#) for more information). Internship Eligibility is a particular designation given after completion of these clinical milestones, the meeting of the Internship Eligibility Criteria, and the Internship Eligibility interview with the DCT. Students are to finish all AUS Psy.D. program requirements, academic credits, clinical training and dissertation, within 7 years of entering the program. Students who fail to meet this expectation and still need to complete their dissertation must complete a *Dissertation Completion Plan* (available on the [AUS PsyD Resources shared Google Drive>Program Forms](#)) on an annual basis in order to be granted a one-year extension. Procedural steps are as follows:

1. Prior to the fall of their seventh year, the student initiates a Dissertation Completion Plan with their dissertation chair.
2. The student will submit the Dissertation Completion Plan to their faculty advisor as part of the annual review process (the plan should be completed by the Annual Review

- submission deadline and be included with the other Annual Review documentation).
3. The faculty will review the Dissertation Completion Plan and the faculty advisor will notify the student if the one-year extension is granted. If a plan is submitted for the student's eighth or ninth year, faculty will review the prior plans and assess feasibility with the possibility of denial.

Approval of extensions is contingent on satisfactory progress; such approval becomes less likely with each subsequent year that your progress is delayed. Students will be dismissed from the program in the fall of their tenth year. In the unlikely event it becomes necessary to complete the program in more than 10 years, the student must submit a *Petition to Appeal Academic Sanction* (located at the [AUS PsyD Resources shared Google Drive>Program Forms](#)) to the PsyD Program Chair for permission for extension as part of the Annual Review process and will be notified after Annual Review.

Optional Advanced Pre-internship

Students often use the fourth year to make progress on their dissertation, complete any additional required courses and, ideally, complete the dissertation prior to the beginning of the Clinical Internship. The optional Advanced Pre-internship is a 300-500 hour pre-internship that is an option for students who desire to augment their clinical training experiences in varied community settings and provide increased depth of training in preparation for the Clinical Internship (see the Practicum and Pre-internship Handbook located at the [AUS PsyD Resources shared Google Drive>Program Handbooks](#)).

Clinical Internship

The Clinical Internship is an organized 1500-2000 hour full-time (or 20 hour/week part-time two year) clinical internship training experience. All students must complete at least 1500 hours of clinical internship in order to graduate. The AUS Psy.D. Program uses the Association of Postdoctoral and Internship Center ([APPIC](#)) Internship Match program and all students are required to apply for internship sites through APPIC. This is a highly competitive process with both national and local sites available to the student for application. In recent years, the AUS Psy.D. student APPIC Match rates ([available on the AUS Psy.D. webpage](#)) have demonstrated that AUS Psy.D. doctoral students are well prepared and competitive in this process. A series of Coach & Preparation seminars (some of which are mandatory) will help to provide information, mentoring, and peer support to help the student be successful in the internship application process. All students are expected to apply for the Match; for students unmatched through APPIC or who have extraordinary personal circumstances, the DCT will be available to assist with additional options on a case by case basis. (Refer to the Clinical Internship Handbook for more details located at the [AUS PsyD Resources shared Google Drive>Program Handbooks](#)).

Interns and the use of the title Doctor. Students are prohibited to use the title doctor or doctoral candidate orally and/or in writing in the absence of an earned doctorate.

Graduation

The doctoral degree (Psy.D. in Clinical Psychology) is conferred at the end of the

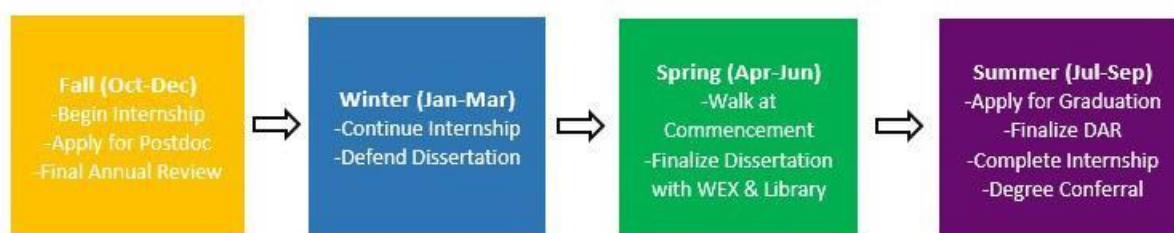
quarter in which all requirements are completed. Students approaching the completion of their degree are required to submit a Graduation Application. PsyD students are encouraged to understand three associated processes: Commencement, Degree Conferral, and Graduation.

Commencement is a celebratory event at which graduates' hard work is recognized. Students go through the Commencement Ceremony, in which a faculty advisor places the doctoral hood over the head of the graduate, signifying the achievement of completing a doctoral program. Commencement for the Seattle campus is typically held in mid-June. Students who will have completed all program requirements, including online publication of the dissertation and successful completion of internship, by the end of the Summer quarter (i.e., by the end of September of the same year), qualify to walk at the commencement. In the Spring quarter of the final year, all eligible students will receive an email from the AUS Commencement Team prompting them to submit a request to participate in the Commencement and the number of guests each graduate wishes to invite.

Degree Conferral is a process of ensuring all program requirements have been successfully completed by the Registrar's Office, which grants degrees for qualified students. Degrees are uniformly conferred at the end of each quarter for all AU programs. All program requirements, including completing the internship and the final clearance of the dissertation (i.e., until the dissertation is published on AURA and OhioLink), must be submitted and verified by the University Registrar by the official last day of the quarter. Students can verify the due date by looking at the Official Graduation/Degree Conferral Date for this term on the [Academic Calendar](#) on the AUS website. If the dissertation finalization process does not conclude by the end of the quarter, degree will be conferred at the end of the following quarter.

Graduation occurs when the students receive their conferred degree. Diplomas are produced and shipped to graduates in batches during the first-third weeks of the following quarter. For example, if students graduate at the end of the Summer quarter (at the end of September), they should expect diplomas to be shipped and delivered by the second or third week of October in the Fall quarter. Make sure to update your mailing address on AUView under Student Profile as needed.

Timeline for Year 5 or Final Year



Awarding the doctoral degree prior to completion of the clinical internship. The AUS Psy.D. Program policy regarding the awarding of the doctoral degree is based on the APA Commission on Accreditation regulations. All degree requirements must be satisfactorily completed, including the clinical internship and dissertation prior to the awarding of the doctoral degree. (From the [Commission on Accreditation Implementing Regulations](#)).

Pre-commencement ceremony. Students who have either completed all graduation requirements or will complete all requirements by the end of Summer quarter may participate in the Psy.D. Pre-commencement Hooding Ceremony held on the morning of the University Commencement. Psy.D. graduates are encouraged to invite their family and friends to help celebrate their noteworthy accomplishment and meet the faculty. Faculty advisors and/or dissertation chairs are required to verify that doctoral students will complete all graduation requirements by the end of summer quarter. Otherwise, the student will be invited to participate in the Commencement ceremonies the following year.

Licensing and Accreditation Requirements

In concert with the AUS Psy.D. program's mission, the American Psychological Association (APA) *Standards of Accreditation for Health Service Psychology and Accreditation Operating Procedures* (2017) and Washington State Examining Board of Psychology licensing requirements, all students are expected to develop and demonstrate substantial understanding and competence in required content areas outlined in [WAC 246-924-046](#). Students should refer to the current licensing and APA Accreditation Curriculum Requirements table, which lists the required content domains for APA accreditation and the Washington State Licensing Board, along with matching Psy.D. program competencies (located at the [AUS PsyD Resources shared Google Drive>Program Competencies](#) .)

Semester versus quarter. Traditionally, courses that operate on a semester basis are 15 weeks in duration and earn 5 credits (or 45 contact hours); those that run on quarters are 10 weeks long, and earn 3 credits (or 30 contact hours). Therefore, in order to ensure we meet WA State licensing requirements, the required curriculum areas listed are conservatively interpreted in semester hours or 5 credits per class. Program requirements and Washington State licensing requirements may differ for the reasons stated above.

Licensure in states other than Washington. Students applying for licensure in a different state should consult that state's licensing board for information about that state's requirements. Some states require a formal post-doctoral year of supervised training (usually 1500-2000 hours) prior to licensure and count only the predoctoral clinical internship year and postdoctoral year supervised hours toward licensure eligibility. Washington State is one of more than ten states that allows students to accrue clinical training hours under supervision during their doctoral training program toward licensure requirements. This allows students who meet the required hours and supervision criteria to be eligible to apply for state licensure soon after graduation.

The student should be aware that regardless of particular state licensure requirements, some professional psychology positions, memberships, and certifications may require the traditional post-doctoral year of supervised training as a requirement. The student is encouraged to keep abreast of the requirements for the particular professional specializations or groups of interest and the changes in requirements that may occur regarding these requirements.

The Washington State Examining Board of Psychology (Board) cannot pre-approve an applicant's eligibility for a psychology license. When qualified, a student must submit a completed application and fee to the Board. It is the individual's responsibility to know the

licensing requirements and to keep abreast of changes in licensing requirements.

Education requirement. Completion of a doctoral degree from a regionally accredited institution. The doctoral degree program must include the following:

- At least 40 semester hours, or 60 quarter hours, of graduate courses in curriculum areas described in [WAC 246-924-046](#). Courses must be clearly identified by title and course content as being part of an integrated psychology program.
- One year in residency.
- Submission of an original dissertation which is psychological in nature and endorsed by the program
- An organized, sequential and coordinated practicum and internship experience as described in [WAC 246-924-049](#) and [WAC 246-924-056](#).
- For more information credit/course requirements, please visit: <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-924-046>

Supervised experience requirement. Doctoral programs with a major emphasis in clinical, counseling, school, or other applied areas, must include a coordinated practicum and internship experience. Applicants are required to verify a total of 3300 hours of supervised experience (including the 300-hour practicum) Washington State licensing requirements include these stipulations for supervised clinical training hours counted toward licensure:

- **Practicum:** The doctoral degree program in [WAC 246-924-046](#) must include a practicum of at least two semesters or three quarters and at least 300 hours of direct experience, 100 hours of which must be in supervision.
- **Pre-internship:** The pre-internship occurs between the practicum and internship. A pre-internship can include up to 1500 hours of supervised experience, but it is not required. Every 20 hours of pre-internship experience must include (a) at least 2 hours of regularly scheduled, formal, face-to-face individual supervision that addresses the direct psychological services provided by the student and (b) at least 2 hours of other learning activities such as case conferences, seminars on applied issues, conducting co-therapy with a staff person, including discussion of the case and group supervision. At least 60% of the pre-internship experience must be direct client contact, providing assessment and intervention services. At least 75% of the supervision must be by a licensed psychologist with 2-years post-license experience. See [WAC 246-924-053](#): Pre-internship for further details on pre-internship requirements.
- **Internship:** Applicants must complete an internship as part of the doctoral degree program. The internship must include at least 1500 hours of supervised experience and be completed within 12-24 months. The internship program must be accredited by the American Psychological Association or a member program of the Association of Psychology Postdoctoral and Internship Centers (APPIC). If the program is not accredited by the APA or an APPIC member, it must meet the requirements listed in [WAC 246-924-056](#).
- **Post-doctoral Supervised Experience:** If 3000 hours of pre-internship and clinical internship supervised experience has not been completed by the end of the doctoral degree program, then up to 1500 hours of supervised post-doctoral experience can be used to satisfy the total licensure requirement. Post-doctoral supervised experience must be completed only if an applicant does not already have 3000 hours of supervised experience gained through pre-internship and clinical internship training.
- **HIV/AIDS education requirement:** Completion of seven (7) clock hours of AIDS education and training is required prior to licensing.

Telesupervision Policy. During all clinical training placements, supervision will be of the type (group/individual) and specified ratio described in the clinical training handbooks and according to the specifications of Psy.D. program and WA State licensure requirements. The Psy.D. Program values face to face mentoring of students by faculty and clinical supervisors and clinical training, at all levels, is structured with face to face supervision as the primary vehicle of mentorship of the doctoral student's clinical skill development. Case review, direct observation of student clinical work, videotape session reviews, supervisor evaluations of performance, and student feedback to the supervisor are all components that may be included in face to face supervision meetings. Supervision will involve face to face contact with the supervisor in the same room as the supervisee. Exigent circumstances that may be an exception to this would include emergency supervision calls, temporary significant geographic distance of supervisor and supervisee, weather related travel complications, contact during vacations, student or supervisor illness, and occasional videoconferencing with a consultant pre-planned to add richness to the supervisory experience. These exceptions should be infrequent.

Practicum students who are in their first year of clinical training will be provided face to face group supervision in the Professional Seminars in addition to face to face individual supervision. It is expected that the clinical practicum student will attend these scheduled meetings regularly. Telesupervision would only be appropriate for the above listed reasons in an exigent circumstance. The student will notify the DCT if there is more than two telesupervision sessions during a quarter and discuss the situation.

Preinternship and Internship students who have completed their initial clinical practicum experience, are also expected to attend face to face individual supervision in addition to any additional supervision planned at the training site. Telesupervision will be allowed only for the above listed reasons. If a clinical training site has an innovative client telehealth service delivery program, the student will obtain DCT approval prior to participating in these activities and it is expected that face to face individual supervision will be utilized. The student will notify the DCT if more than 30% of supervisor sessions are telesupervision in any one quarter and discuss the circumstances and need for telesupervision.

Students will identify any single supervision session done using telesupervision in their Time2Track logs so that these can be tracked. Under no circumstances will telesupervision constitute more than 50% of the total supervision provided in a quarter. Credit for supervision courses (Professional Seminars and 801 Supervision) and for the clinical practicum, preinternship, or internship may be withheld if this policy is not followed strictly.

It is the responsibility of the student and the supervisor to disidentify any identifying client information transmitted during telesupervision. In addition, the student and supervisor are responsible to assure that all telesupervision transmission complies with HIPPA requirements. Secure landlines and HIPPA compliant videoconferencing platforms are useful for these exchanges (Refer to Good Practice: Tools and Information for Professional Psychologists (Fall 2015) APA Practice Organization publication. This may be obtained at <https://www.apa.org/practice/guidelines/telepsychology> or practice@apa.org)

Licensure in Professional Psychology. Examination for Professional Practice in Psychology (EPPP). The national certification examination must be passed prior to licensure. The cutoff for the EPPP score which the Washington State Board of Examiners uses is 70% of the raw score, or the national mean of all first time doctorates, whichever is the lowest. For more information, the [application process](#) is described by the ASPBB.

Once the Board verifies that students have passed the EPPP and have documentation of the 3300 supervised hours, students will be scheduled for the jurisprudence exam. Students will receive a letter advising them of their eligibility and instructions on how to schedule the exam. Once approved, students may schedule their test at their convenience.

Jurisprudence. The jurisprudence exam is the last step in the licensure process. The exam is a multiple-choice, open book exam given monthly at the Department of Health, in Tumwater, WA.

Americans with Disabilities Act (ADA). If students have a disability that requires an accommodation during the exams, they should indicate so on their application. The Examining Board of Psychology complies with the requirements of the ADA.

Application process. The application form and related forms must be printed and the application form must be completed and mailed to the address provided on the application, along with the application fee. Students may also contact the customer service office at (360) 236-4700 and request an application packet.

For more information about WA State Licensure, please visit:
<https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Psychologist>

Student Life and Academic Policies

Credit Transfers and Waiver Policy

The Psy.D. program is a full time program regardless of waivers. There is no advanced standing, and the program cannot be shortened nor the tuition reduced. Students with prior graduate coursework with a master's degree may request a credit transfer of up to 8 quarter credits. Credits are recognized (transferred or waived) if the previous course appears on an official transcript from a regionally accredited institution and the course syllabus shows a minimum of 75% overlap in course content. Some courses may not be waived (Note: credit transfer requests for PSYC7012, 7020, 7032 are not accepted.). In addition, it is recommended that students consider the value of having certain doctoral-level courses (e.g., PSYC7210 Psychopathology) on their official transcripts for licensing and Board Certification purposes.

Waiver Request Procedure

Students complete the Psy.D. Course Equivalency Credit Review form (located in the [AUS PsyD Resources shared Google Drive>Program Forms](#)) and attach the completed request form with the course syllabus they want to have reviewed, along with a copy of their official transcript, for submission to the Psy.D. Program. Only one request can be completed per Psy.D. course that the students want to transfer. However, students may apply multiple graduate-level courses toward a doctoral-level course. Note: Students cannot use the same graduate course to petition to waive another doctoral course.

The faculty reviewer will annotate whether the course is or is not approved for waiver and, if not, state the reason why and sign and date the form. The faculty reviewer then forwards the form back to the Psy.D. Program Associate, who completes the appropriate log entry and forwards the form to the Psy.D. program Chair for final review and signature. If disapproved, the completed request form is returned to the student and a copy is filed in the Student Advising File. If approved, the completed request form is forwarded to the Registrar. A copy is also forwarded to the student, and one is placed in the advising file.

Student-Faculty Relations

The doctoral program aspires to the highest standards of courtesy and respect for students, as detailed in the APA (2002) [*Ethical Principles of Psychologists and Code of Conduct*](#), Standards 3 and 7. Student rights as defined by AUS and the Psy.D. program can be found in this section. Student participation is an integral part of departmental and university-wide committees; this experience helps them prepare for future careers in administration, research, therapy, academia, public policy, and higher education.

Communication via Email and Psy.D. Program Resources

All school related communication must be done via Antioch issued email address per [FERPA](#). The [AUS PsyD Resources shared Google Drive](#) is the program's official community site to share various program documents, forms, handbooks, and other documents relevant to the student's matriculation in the PsyD program while at Antioch.

Self-Disclosure

Students may often be encouraged to disclose information about themselves during their studies in psychology at Antioch. Such encouragement may be communicated by an instructor verbally or in writing or may simply be communicated verbally by other students. Generally speaking, members of the core faculty consider such encouragement to be reasonable, given the clinical nature and professional goals of the curriculum. However, students are also advised that disclosing personal information is always optional for any particular activity or assignment in any particular course. Therefore, students are equally encouraged to exercise discretion in their personal disclosures and to assume full responsibility for the consequences of any particular disclosure. If students are in doubt about their options for making personal disclosures in any particular course, they are advised to speak with the instructor accordingly. Doing so as soon as possible would be prudent. If necessary, students may, of course, also seek the counsel of the Course Faculty Liaison and/or their Faculty Advisor.

Professional Conduct of Students

Antioch's Psy.D. Program in Clinical Psychology subscribes to the American Psychological Association's [Code of Ethics](#) (2002; 2010; 2016), and all students are bound by the principles enumerated in the Code. Deviation from the Code may result in academic sanctions, including recommendation for disenrollment from school.

Academic Progress

Student satisfactory academic progress.

- Adhere to the ethical standards and code of conduct of the American Psychological Association (APA) and the Antioch University Seattle (AUS) policies and code of conduct. Copies of the APA (2002; 2010; 2016; 2017) *Ethical Principles of Psychologists and Code of Conduct* are provided to students at the Psy.D. program orientation and are also available via the APA web site at (<https://www.apa.org/ethics>);
- Maintain a satisfactory level of academic performance, including work in courses, supervised experience placement, and other structured learning activities;
- Make satisfactory progress through the degree process as assessed during Annual Review;
- Meet the guidelines for University Satisfactory Academic Progress as stated in the University-wide Academic Policies;
- Maintain a satisfactory level of personal/interpersonal and professional

- functioning, as determined by faculty and clinical supervisors;
- Complete the program within 7 years, consistent with the Program's Statute of Limitations policy. (A student who has taken an approved leave or forced interim will have the maximum time frame for completion of the program extended for the length of the leave or interim period); and
- Be up-to-date on all program requirements including, but not limited to, completion of required courses and pre-internship as well as the timely completion of the Clinical Competency Examination.

Satisfactory academic progress policy in the university. [Satisfactory Academic Progress](#) (AU Policy 6.119) is determined by the number of credits completed relative to registered credits, as well as timely progression through the degree process (for specific details see Satisfactory Academic Progress policy in Aura).

Unfinished credits. Students are limited to a cumulative total of 8 unfinished credits of study at Antioch Seattle at any given time. Unfinished credits are those recorded as In Progress (IP) or In Progress Expired (IPX).

Academic Action for Unsatisfactory Progress

First quarter. Academic concern. Students who do not meet one or more of the aforementioned academic progress standards are placed on Academic Concern by the Registrar and must meet with their Faculty Advisors to develop an appropriate strategy for improvement in the next term. Elements of such a strategy may include the following:

- Development of a schedule for completing unfinished credits
- Continued enrollment limited to a maximum of 6 credits for graduate students
- Enrollment Maintenance Fee (EMF) registration status
- Leave of Absence (LOA) if no courses are in progress

Second quarter. Academic warning. After a second consecutive quarter of unsatisfactory progress, students are placed on Academic Warning by the Registrar and will not be permitted to register again until they have met with their Faculty Advisor and Psy.D. program Chair to determine and document program conditions of continued enrollment.

Students on Academic Warning must limit their registration to less than full time or to Enrollment Maintenance status until satisfactory progress is made. Program conditions may include the following:

- Schedule for completion of coursework
- Continued enrollment limited to a maximum of 6 credits
- Leave of Absence (LOA) if no courses are in progress
- EMF registration status
- Withdrawal from the program

Third quarter. Academic hold. After three consecutive quarters of unsatisfactory progress, students are placed on Academic Hold by the Registrar and must take a mandatory Leave of Absence or may be withdrawn from the program.

After the mandatory absence, students' eligibility to continue will be reviewed by the Academic Appeals Committee consisting of the Registrar, Director, and Financial Aid. If approved, students will not be permitted to register until they have met with their Faculty Advisor and Psy.D. Chair to determine and document program conditions of continued enrollment. A student may appeal an academic hold and request immediate re-enrollment by submitting a written request to the Academic Appeals Committee.

Appeals process. Students placed on Academic Hold may appeal in writing to the Academic Appeals Committee. Generally, an appeal should be based on a student's unusual circumstances. An appeal request must be supported and signed by the Faculty Advisor and Psy.D. Chair. Appeals must be submitted to the Registrar's Office no later than the fifth day of the quarter. If an academic appeal to continue is granted, the student nevertheless remains ineligible for federal, state, and Institutional financial aid until one quarter is completed with all courses finished and/or all unfinished credits completed.

Satisfactory progress and financial aid eligibility. Students must make satisfactory academic progress to be eligible for financial aid. To maintain eligibility for financial aid, students must have completed a minimum of 75% of the credits for which they registered.

Monitoring student academic progress. Student academic progress is monitored by the Registrar's Office and the Psy.D. faculty (see *Annual Review* section). This review will determine if students are meeting academic and professional standards and, if not, what actions need to be taken to be successful for the remainder of their academic career.

At other times, the Faculty Advisor assesses the student's standing relative to the above standards by reviewing narrative assessments and supervisor evaluations, talking with the student's instructors and considering student interactions with peers and instructors. If the Faculty Advisor believes there is an area of concern, the advisor will contact the student. We also suggest that, if doctoral students are aware of not meeting the requirements, they should proactively seek out assistance and guidance.

Incomplete. If the student arranges with the instructor for an Incomplete (INC), the instructor must convert the INC to a passing mark or no-credit (NC) within thirty days from the end of the quarter. Students who are not granted credit for a required course will be placed on Academic Concern. The complete INC policy is listed in each course syllabus.

No Credit (NC). Both the instructor and the student are encouraged to discuss any concerns about academic performance as soon as they become evident. If a decision is made by the instructor to not grant credit for a course, the instructor will write an assessment reflecting that decision. Students who are not granted credit for a required course will be placed on Academic Concern.

The student must state in writing to the Liaison the reasons they should be granted credit and must provide any pertinent documentation from the course (papers, projects, etc.) that substantiates the student's claims. After receiving the student's written statement and documentation, the Liaison will then discuss the situation with the instructor and the student to attempt to resolve the problem. If the problem cannot be resolved, then the student can make a formal appeal to the Associate Provost. Appeals to the Associate Provost concerning academic matters fall under the Academic Grievance Guidelines of the University. Consequently, students appealing academic concerns at this level should consult the [Student Grievance Policy](#) (AU Policy 6.109).

Plagiarism. Plagiarism is defined according to *Webster's New World Dictionary of the American Language* (1970) as "to take (ideas, writings, etc.) from (another) and to pass them off as one's own" (p. 1987). It is the writer's (student's) responsibility to inform the reader when credit for ideas, specific wording, general organization, or any other aspect of written material should be shared with another author. Most obviously, directly quoting another author's words without appropriate acknowledgement (i.e., quotation marks and a citation) constitutes plagiarism. Less obviously, so does closely paraphrasing another's sentences or presenting another's ideas as though they were original to you. Copying paragraph organization — or a general way of organizing a topic — can also qualify as plagiarism. A student should limit direct quotes and acknowledge other's ideas and frameworks whenever citing or using them. If in doubt, the student should ask for feedback from a colleague or advisor.

The vast majority of plagiarism encountered at Antioch is unintentional, and much of this appears to arise from two kinds of errors. One is being unaware of appropriate citation procedures, thus failing to identify material that is directly quoted. The second is taking notes from primary sources, failing to distinguish which of these are direct quotes, and then inserting them directly into the student's writing. It is important to note that intent is not part of the definition of plagiarism, and both of these circumstances meet that definition.

To assist students in identifying and avoiding plagiarism, the Psy.D. Program will assist them in locating resources that provide a succinct description and examples of plagiarism in order to ensure that students are exposed to proper procedures and formats for citing and using source material. A signed form comprises a memorandum of understanding, attesting that students have read, comprehend, and agree to abide by the principles and practices described in the resources cited above. These forms are distributed and collected through the first year PSYC7010-7032 course sequence. Students are held to a high standard concerning these matters, and the Psy.D. Program shares APA's commitment regarding plagiarism as a violation of the professional ethics code. In accordance with the policies of Antioch University Seattle and the Psy.D. Program, plagiarism may result in a recommendation for disenrollment, subject to Special Review procedures.

Continuous enrollment. Students must notify the University if they want to take any quarter off from course-work by requesting a Leave of Absence, if eligible, or Enrollment Maintenance Fee (EMF) registration status.

Leave of absence (LOA).

A LOA is a period of time during which a student has officially notified the school that they will not be affiliated with the University, e.g., take classes, seek faculty advice, take part in internships, or hold dissertation committee meetings. To be on LOA, a student must register for the LOA by the end of the first week of the quarter of absence by submitting a request to the [Registrar's Office](#). LOA registration must be submitted for each consecutive quarter the student intends to be on leave. Note: Taking a LOA may cause financial aid loans to go into repayment. Contact the Financial Aid Office for further information. Students are limited to four (4) consecutive LOA quarters. After that, unless students register for credit or EMF status, if eligible, they will be withdrawn from the University.

Antioch University welcomes all active military and reserve students. Acknowledging the unique needs and the potential for disruptions in academic goals of service members, AUS is committed to helping those who continue to serve our country. The guide to support military-affiliated students is available [here](#).

Enrollment maintenance status. There are circumstances in which neither course enrollment nor a LOA is appropriate. To maintain continuous enrollment under these circumstances, a student registers for Enrollment Maintenance Fee (EMF) registration status. When not enrolled for courses, EMF registration is required:

- If a student is completing coursework to resolve an Incomplete status
- To graduate at the end of the term
- To hold dissertation committee meetings
- A student may not register for EMF to maintain continuous enrollment after exhausting the consecutive LOA maximum.

Dissertation continuation fee. All students who are no longer enrolled in coursework and are not on Internship but have not completed their dissertation must pay a Dissertation Continuation Fee by enrolling in PSYC8440 Dissertation Continuation.

Academic probation. Probationary status indicates substandard performance that, if the

pattern persists, would result in disenrollment from the doctoral program. Formal designation of probationary status is intended to alert the student and faculty to the severity of the problem and to mobilize appropriate efforts to resolve it. Any of the following situations automatically trigger probationary status:

1. Failure to complete the minimum required credits for each term as specified in the handbook. A student who has dropped a required course is failing to complete the minimum credit hours.
2. Receipt of more than one Overall Course Performance rating of Satisfactory with Concerns in a course.
3. Receipt of one No Credit or Unsatisfactory in an Overall Course Performance rating in any course.

A student may also be placed on Probation for any of a variety of other performance or conduct concerns, as an outcome of an Annual Review or Special Annual Review. Such concerns include but are not limited to issues surrounding interpersonal fitness, unprofessional behavior, ethical violations, lack of dissertation progress, a pattern of Satisfactory with Concerns or Unsatisfactory descriptors that are not in the Overall Course Performance area, problems on internship, etc. This may be done even if the student passes the course or practicum in which the problematic incident occurred and credit was received.

Students will receive written or email notification of academic probation from the Office of Student Affairs within three weeks (counting only weeks when school is in session) after the determination of probationary status. Probationary status ends by:

1. Retaking the courses that were problematic and achieving a Good or better in the Overall Course Performance rating. A successful retake establishes the student's competence in the relevant domain, but it does not eradicate the earlier evaluation for purposes of cumulative review. In particular, the earlier evaluation will still be counted toward the total number of credits of S or U, which are among the triggers for special review.
2. Attaining candidacy, which requires that all requirements up to the fall of the fourth year be satisfactorily completed. In some circumstances candidacy may be granted if there is a viable plan for completing all outstanding elements of the program with the exception of the dissertation within the year prior to internship (e.g., completing a required workshop that was not done earlier). Students must obtain candidacy to apply for internships.

Disenrollment. Students are automatically recommended for disenrollment to the Antioch University Registrar for failure to perform satisfactorily at the graduate level and/or make satisfactory progress towards the degree for any of the following reasons:

- Failure to meet the requirements for removal from Academic Probation by the end of the 6th year in the program.
- Receipt of a No Credit rating in two or more courses, including a retake of the same course.
- Failure to register for two or more consecutive quarters without an authorized

- leave of absence.
- Failure to graduate within the maximum time limit allowed by the graduate school.
- Three (3) failures of the Clinical Competency Examination.

Note: *Automatically* means that the outcome is not subject to, nor can it be overruled by the Special Review process. No meeting is required for this to occur.

A student may also be recommended for disenrollment for other serious reasons according to the judgment of an Annual Review. They include but are not limited to issues surrounding interpersonal fitness, unprofessional behavior, ethical violations, lack of dissertation progress, a pattern of "Satisfactory with Concerns" or "Unsatisfactory" designations, problems on internship, etc. This may be done even if the student passes the course or practicum in which the problematic incident occurred and credit was received.

Students will receive written or email notification of the recommendation for disenrollment from the Office of Student Affairs within three weeks (counting only weeks when school is in session) after the determination of that status.

The disenrollment policy applies whether or not a student is currently or was previously on probation.

Reenrollment. The doctoral program does not accept applications for reenrollment from former students who were asked to leave the program or who left not in good standing. Under certain circumstances, with permission from the program and space available, the Psy.D. program may accept applications for reenrollment from students who left in good standing. For all reenrolling students, the currency of courses will be evaluated.

Annual Review and Faculty Evaluation of the Student's Progress. What is it?

The practice of health service psychology necessitates that Psy.D. program graduates be well-rounded, competent, and mature individuals. Therefore, students must demonstrate they are functioning at a doctoral level on the following four dimensions along which they will be evaluated: (1) personal character and interpersonal skills, (2) professional standards of conduct, (3) clinical/therapeutic competence, and (4) scholarship.

Procedure. Each year at the beginning of the fall quarter, the faculty will meet to review the performance of each student in the program. In the meeting, the Faculty Advisor will present their advisee's work to the entire faculty on each of the four dimensions as evidence of doctoral level performance, some performance concerns, or serious performance concerns.

Students do not appear in-person for the Annual Review but collaborate with their Faculty Advisors in preparation for the review. A multi-method process is used to assess student progress and inform advisor recommendations to include, but not limited to, narrative

assessments, supervisor evaluations, work samples, credit reports, and student self-evaluations.

Students with Faculty Advisors that are on Unscheduled Quarter during the Summer quarter should contact their respective interim advisor or contact the Psy.D. Program Associate to obtain the name of the interim Faculty Advisor in order to determine whether to submit their Annual Review packages to their primary or interim Faculty Advisor. All primary Faculty Advisors, irrespective of Unscheduled Quarter status, are responsible for conducting the Annual Review of their student advisees and participating in the Annual Review meeting. Interim Faculty Advisors may serve as a collection point for Faculty Advisors on Unscheduled Quarter and will forward the packages to the respective Faculty Advisors.

Student preparation for annual review. In preparation for the Annual Review, students are required to provide the following information and materials to their Faculty Advisor by the announced date:

1. A 1-2-page self-assessment about their performance in the four dimensions listed above, to include areas of success, as well as a reflection of areas in need of improvement and next year's goals. If applicable, students must include a self-assessment of the status of their dissertation, pertinent community or social justice related activities, intent to apply for an accredited internship this year, and intent to graduate this year. To develop the self-assessment, students should review the narrative assessments received that year along with other faculty feedback, clinical supervisor evaluations, and any other information that will demonstrate professional behavior and competencies (with clients, peers, faculty, community, or professional psychology). When possible, supportive documentation should be submitted as well (i.e., workshop attendance certificates, poster presentations, etc.).
2. Two performances completed this past year that students feel best reflect the quality of their work (e.g., research paper, reflection, etc.) are submitted to their Faculty Advisor, along with the self-assessment and any other supplemental materials by the specified deadline. The self-assessment is a critical component of the Annual Review; it is inadvisable to wait until the last week to compose it. Note: Students who fail to submit the self-assessment and other required materials will not be reviewed and risk being placed on *Student of Concern* status.
3. Outstanding In-progress (IPs).
4. If planning to submit syllabi to waive courses, the first Annual Review is the last date on which such a request can typically be submitted.
5. Copies of supervisor contracts, supervisor evaluation ratings, and completed (signed) clinical hour logs.
6. Copies of all completed dissertation meeting forms.

7. Copy of the Clinical Competency Examination completion letter (if applicable).
8. Copy of psychotherapy completion form (if applicable).
9. Copies of any other relevant clinical training documentation (i.e., workshop certificates, etc.).

Faculty advisor preparation for annual review. Upon receipt, the Faculty Advisor shall review each of their advisee's Annual Review packages and complete the *Annual Review Evaluation* form (see below) after examining the following:

- Review student's current standing in the program: Has the student graduated or withdrawn?
- If the student is on Leave of Absence (LOA), what is the duration and number of LOA?
- For students on extended LOA, are they intending to continue or disenroll?
- Is the student approaching the 8-year time limit to complete all coursework (except internship) and 10-year limit to complete all graduation requirements?
- Describe the general accuracy and quality of the student's self-reflection paper.
- Review student transcripts in AUIView for any No Credit (NC) or In-progress (IP) marks during the recent academic year
- Review the percentage of credits completed to credits taken during the academic year.
- Select and review a minimum of five (5) narrative assessments of courses taken during the academic year, preferably from different instructors, and record any positive and/or negative trends.
- Audit the Student Advising File for any missing documentation (e.g., CCE, dissertation meetings, therapy hours, internship eligibility, etc.) and attempt to locate documentation to complete the file.
- Have there been any adverse actions or academic sanctions taken this academic year?
- Review clinical supervisor evaluations and clinical hours logs (not applicable for first year students).
- Has the student been awarded the non-terminal MA degree this year?
- Report on any positive and/or negative trends.
- Review student status on dissertation. If ABD, what is duration?
- Review student status on clinical training, including the Clinical Competency Examination.
- Is student currently at, or applying to, clinical internship this year, and does the student plan to apply to APA/APPIC approved internship?
- Review evidence for any extra-duties, professional trainings completed, volunteer activities, research, presentations at professional conferences, Student Council involvement, membership in professional organizations (e.g., APA, WSPA), or other indicators.
- Record if the student plans to graduate this coming academic year.

Faculty Advisors shall complete the Annual Review Summary forms for each of their advisees before the Annual Review Meeting. The Summary form will be placed in the Student Advising File, along with the Student Notification Letter.

Faculty Advisors will annotate an overall initial Annual Review score for each student that they will report to the Faculty Group during the Annual Review Meeting per below:

Categories of annual review results.

- *Pass*
- *Pass with written comment* (i.e., Student Remediation (SR) Form, see the section in the Psy.D. Program Handbook)
- *No pass - with a recommended remediation*, to be re-reviewed as specified in the remediation (The term No Pass is specific to the Annual Review process and does not necessarily indicate academic sanction.)
- *Graduated*

Annual review scoring criteria. As determined by faculty consensus, most students *pass* the review, some with commendations. Other categories include *pass with written comment* and *no pass* (a former written comment was not satisfactorily remediated, failure of CCE, multiple No Credits).

A table with examples of annual review rating follows:

AR Rating	Themes
Pass	No dispositional or academic concerns
Pass w/written feedback	First No Credit (NC) for one course; first dispositional issues (i.e.: leaving training site w/out notice to DCT, first year of no-progress on dissertation); first year ABD; missing paperwork such as pre-internship evaluations; remediation of issue is easily resolved with "one-step" (i.e.: submission of paperwork) not needing full, multi-step remediation plan.
No Pass	Multiple NC's; failure of CCE; continued no-progress on dissertation; ABD spanning 2 or more AR cycles; unresolved dispositional issues spanning 2 or more AR cycles; continued same missing paperwork spanning 2 or more AR cycles; any issue requiring remediation of issue with substantive written, multi-step, remediation plan (i.e. plagiarism, serious ethical/professional issue).
Graduated	Graduated during academic year of AR

Annual review meeting. The Annual Review Meeting is a mandatory faculty meeting for all full-time faculty and affiliate faculty members.

1. Each Faculty Advisor will provide a brief summary of every advisee, along with a recommended rating disposition (e.g., Pass). All Faculty members will then have an opportunity to further comment and, in some cases, provide additional information for consideration in the final determination.
2. After deliberation, a final rating disposition is made by the Faculty Group and recorded by the Faculty Advisor on the Summary form, along with any recommended actions.

3. Faculty Advisors then complete the Annual Review Summary form that contains the final rating disposition and feedback to the student that the Program Associate will use in preparing the Student Notification Letters.
4. Faculty Advisors will submit the Annual Review Summary form and all of the Annual Review Evaluation forms to the Program Associate **within two (2) weeks** of the Annual Review meeting.
5. The Program Associate will then prepare the student Notification Letters for the Psy.D. Chair's review and signature.
6. After the letters are signed, the Program Associate will deliver the letters to each student electronically. A copy of the Notification Letter and Annual Review Evaluation form will be placed in each Student Advising File.
7. Timeline. Our goal is to deliver the Annual Review Results Notification Letter to students by Thanksgiving weekend, with a copy posted to the student's advising file. Students need to make sure that their Faculty Advisor has their current mailing address.

Students are informed first via email of their Annual Review results. Students have multiple chances for input to the process, including their required self-evaluation and input on drafting any Student Remediation Forms. We generally offer students who are rated as *No Pass* and who are recommended for disenrollment the opportunity to withdraw voluntarily if they choose to. Grievance procedures are described and support is offered for that process if the student wants to proceed with a formal grievance.

Students then receive a formal letter summarizing the review findings; this letter is copied to the student's advising file. Another review may be called at any time if a faculty member has concerns about a particular student. The AUS Registrar's standards for good progress (see Academic Resources section) are academic-course-based; therefore, we also have a policy, *AUS Clinical Competence of Students in Graduate Clinical Programs* (see Appendix C), that allows us to call a special review if there are faculty concerns about: (1) knowledge of and conformity to relevant professional standards, (2) acquisition of appropriate professional skills, and (3) appropriate management of personal concerns and issues as they relate to professional functioning.

It is important to remember that most clinical psychology programs evaluate their students at least yearly, and, in general, evaluation is a moment to acknowledge and celebrate the growth of our students and their accomplishments. In addition, regional and national accreditation teams (e.g., APA) require evidence that training programs are regularly evaluating student competencies and progress as an integral component of program review. Moreover, accrediting teams can be expected to randomly select advising/clinical training files, as well as possible AUS Community Counseling and Psychology Clinic client records

during site visits. Therefore, the Annual Review serves the additional purpose of assisting us in monitoring program training goals, outcomes, and record-keeping.

Annual review summary report. In keeping with the program's continuous quality improvement mission, the Psy.D. Chair will report a summary of the recently completed Annual Review results, including the overall pass/failure rates, supervision and clinical documentation, students of concern, and other pertinent trends that will be examined by the faculty at the Annual Psy.D. Program Evaluation Meeting.

Special Reviews are convened when circumstances warrant a meeting specifically designed to review a student's performance or progress. The student, the Faculty Advisor, Psy.D. Chair, or any faculty member may initiate a Special Review. Some of the circumstances that would prompt a Special Review include, but are not limited to:

- failure to receive credit for a course;
- failure of any section of the Clinical Competency Examination;
- problematic functioning in a practicum, pre-internship, or clinical internship placement;
- poor attendance;
- a pattern of marginal or weak performance in courses;
- plagiarism;
- very poor writing skills enduring beyond consultations with the Advisor and resultant remediation recommendations;
- illness or accident leading to a request for program modification;
- and alleged ethical, personal/interpersonal, and/or professional functioning problems.

The Special Review (SR) may occur just as the Annual Review with somewhat more flexibility in the process. Complex situations may require an informal investigation and multiple meetings. Students of concern may or may not be invited to attend the SR meeting. When the student cannot or will not be present, the SR process will continue without the student. A report is generated as a result of the process and becomes part of the student's file.

When there is a problem whose seriousness and complexity would likely involve a dual relationship dilemma for the Faculty Advisor, the SR Committee will be the venue of address. The Faculty Advisor or other administrators, in consultation with the Psy.D. Chair, makes a referral to SR. This Review requires an ad hoc committee of two to three faculty members that may or may not include the Faculty Advisor. The committee's charge is to conduct its own Review devoted only to this problem or problems and to report its findings and conclusion(s) upon completion of its review process. The Associate Provost may or may not be present ex officio at these meetings to ensure that AUS policy is followed—however, that is the Associate Provost's only function at the meeting.

The outcome of the Special Review is always specific to the student's needs and includes a schedule and plan through which the student is expected to address the difficulty. In those instances in which the student is placed on a probationary-like status, the Special Review

must clearly describe the details of the situation and its related contingencies. The plan specifies a method for review of progress.

Students who wish to go on Leave of Absence (LOA) will also have a Special Review to discuss the student's plans, to clarify the impact of the leave upon the student's progress, and to plan the student's program for the semester of his/her return. Students must formally apply for a change of status and complete the appropriate departmental and university forms.

Special Review Process

Below are described two incremental levels of special review. Both of these levels of review may be triggered either automatically, in accordance with the performance criteria specified below, or at the discretion of the advisor or Psy.D. Chair. The Psy.D. Chair oversees all review processes.

Advisor review. Definition: a special review process that asks advisor and student to consider whether there is a pattern emerging that warrants some form of remediation or other action. Process: Advisor and student review student file, with additional consultation as advisor deems useful. Their conclusion is documented in the student's file and, if a serious pattern is identified, on an SR form.

Academic alert. Definition: a special review process that assumes a pattern warranting remediation. Process: Special Review Committee (SRC), in consultation with others as they see fit, develops a plan for remediating deficits associated with patterns of weak academic performance, professional/clinical performance, or personal/interpersonal performance, or for recommending other action they judge to be warranted. Assessment of the problem, description of the plan, date for review, and consequences of failure to carry through with the plan are documented on the SR form. Automatically triggered by any one or more of the following:

- A single NC the Overall Course Performance category, for any course.
- Failure of the CCE.
- Failure or sanctions from a practicum or pre-internship site.

Special review committee (SRC). The Special Review Committee (SRC) will be the venue of address when either: a) the outcome of the Special Review (SR) includes the potential for serious consequences regarding the student's participation in any aspects of the training program (e.g., practicum, internship, coursework); or b) the advisor or Director of Student Affairs identifies a role conflict for the advisor, such that an effective evaluative role is compromised. The SRC may be asked to address both acute and immediate concerns and more persistent chronic ones. Depending on the case, the full faculty may take the place of the committee.

Convening the SRC. The Psy.D. Chair (or other faculty members or administrators in consultation with the Psy.D. Chair) initiates the Special Review Committee (SRC), appointing a chair and one or two other faculty members to convene the SRC (see below) and

documenting the precipitating circumstances and charge to the committee. The SRC chair reviews the rationale and genesis of the request and considers whether it provides a sufficiently clear mandate to the SRC. The SRC chair may seek clarification from the Psy.D. Chair before proceeding with the Special Review process.

SRC composition. This type of Special Review (SR) requires an ad hoc committee of three faculty members and usually includes the advisor. Depending on the circumstances, the full faculty may assume this function in lieu of a committee. The committee is formed from a standing roster of six Core Faculty members and one Director of Clinical Training (DCT). The Psy.D. Chair is an ex officio member of the SR process to ensure that AUS policy is followed. This is the Psy.D. Chair's only function in the SR process.

SRC responsibility. The Special Review Committee (SRC) holds the decision-making authority for the Special Review. The committee's charge is to conduct its own review of the immediate precipitant and any other emergent or ongoing matters it considers relevant and to report its findings, conclusions, and decisions upon completion of its review process. Those findings may include a remediation plan, as well as provisions and a timeline for determining satisfactory completion of that plan. The SRC may recommend a variety of other measures or recommend disenrollment to the University Registrar. The SRC's findings (which may follow a series of meetings) will be communicated in writing to the student, academic advisor, and Psy.D. Chair, through the Student Remediation Form (SR) with a copy entered into the student's advising file. All SRC meetings will be recorded using the Student Remediation (SR) form. The SRC will review the Student Remediation (SR) Form with the student, assist the student in developing an appropriate action plan, and monitor progress on corrective actions. The SRC updates the Psy.D. faculty on the student's progress, makes recommendations, and determines when the student has satisfied the requirements or recommends withdrawal and other academic sanctions.

Psy.D. Student Council.

The mission of the Antioch University PsyD Student Council is to ensure the rights of students for unencumbered graduate studies. Psy.D students are strongly encouraged to become involved in the Psy.D Student Council, which participates in the governance of the Psy.D Program. Student involvement in the Student Council provides an opportunity to advocate for the student body as well as to develop leadership skills. The Student Council meets with the Faculty Liaison at least 1-2 times a month and the Psy.D. Chair and DCT on a quarterly basis, in order to provide feedback and assessment about the extent to which the Psy.D program is fulfilling its mission and educational outcomes. The Faculty Liaison is responsible for communicating this feedback to the Psy.D. faculty. The PsyD Student Council can be contacted at psyd.student.council@antioch.edu.

Mentorship Program

The Mentorship Program, coordinated by the Antioch University Seattle PsyD Student Council, provides a unique opportunity for students to meet and cultivate meaningful relationships that promote community, connectedness, and collaboration. The program offers

new students' opportunities to develop personal and professional contacts, gain access to information and resources, and gain valuable insights and advice from experienced students. It also offers mentors an opportunity to give back and make a difference in the personal and professional development of incoming first year students.

Any questions regarding the Mentorship Program can be emailed to AUS PsyD Student Council at psyd.student.council@antioch.edu.

Student Membership in Professional Organizations

Along the way in developing an identity and career as a health service psychologist, doctoral students are strongly urged to consider becoming members of, and actively participating in, professional organizations such as [APAGS](#) (American Psychological Association for Graduate Students) and [WSPAGS](#) (Washington State Psychological Association of Graduate Students). Students are responsible for signing up for membership accounts and all-related fees.

Faculty Accessibility

Our program faculty members are widely accessible to students, modeling the multiple roles of health service psychologists, socializing students into the profession and monitoring their development. For example, upon entrance into the doctoral program, every student is assigned a full-time faculty member to serve as Faculty Advisor. Full-time faculty (not on their Unscheduled Quarter) are accessible via email. The Director of Clinical Training (DCT) is generally available Fridays and Saturdays and will meet with students by appointment.

Faculty Academic Advisement

Upon entry to the program, students are assigned to a core or teaching faculty member as academic advisor. Students are welcome to submit a request to switch Faculty Advisors by submitting Request to Change Faculty Advisor form, to PsyD Program Associate, located at the [AUS PsyD Resources shared Google Drive>Program Forms](#). Faculty Advisors support students in degree planning, registering for classes, surmounting academic or personal challenges, and choosing clinical training sites that match their career goals. Some students meet with their advisor several times per term, and others work quite independently but can always contact their advisor when needed. The Faculty Advisor may or may not become the student's Dissertation Chair.

Student Advising Files and Record Access Policy

The Family Educational Rights and Privacy Act of 1974, known as The Buckley Amendment, addresses the subject of access to educational records. The act requires

institutions to establish policies, which set forth the procedure by which these records are to be reviewed or inspected. By virtue of completing an AUS application for admission, applicants are giving informed consent to the admissions committee (which includes admissions personnel, AUS faculty, and Psy.D. program graduate students) to review all material in the admissions file.

Students have a right to inspect and review their *Student Advising File* that is maintained by the PsyD program. The Student Advising Files contain documentation related to the student's admission and progress in the doctoral program, including admissions notice, official transcripts, name of faculty advisor, plan of study, annual review results, psychotherapy hour documentation, clinical training documents, results from the Clinical Competency Examination, dissertation meeting forms, student remediation forms if applicable, approved request for master's degree, graduation request, and other documentation essential in the case of inaccessibility to electronic records. Systems are in place to maintain effective, accurate record keeping—as this is essential for the doctoral program and accreditation.

Student requests to read their advising file must be made to the Psy.D. Program (psyd.aus@antioch.edu), in writing, with at least one-week notice.

Clinical Training Advisement

The Director of Clinical Training (DCT) meets with every new student by the third to fourth quarter to learn about the student's particular goals for clinical training and professional development. Refer to the above listed tiers of communication. The DCT is responsible for ensuring that each clinical training placement site meets Psy.D. Program and Washington State training quality standards. While the Director of Clinical Training does not directly place students in agencies, they do offer support, information, introduction, and sometimes screening services in the way of one-to-one advising with students regarding readiness and application to practicum, pre-internships, and internships in psychology.

The DCT has a set of established pre-approved sites for application with various training emphases and goals. The student and the DCT will work closely to match the developmental level of the student's training, student and program aims, and placement site needs and training goals. Students may suggest new sites and request that they be approved (for example, our Canadian students have identified sites in the Vancouver, B.C. region). In this case, preparing a Brochure/Information Sheet Proposal will provide an opportunity for the student and the DCT to review the potential for a new site. A clinical training placement involves a three-way agreement between the approved site, the Psy.D. program and the student. Our competency-based curriculum is one means by which we ensure that students have achieved the competencies required to progress through each stage of clinical training.

Application to pre-internship and clinical internship sites can be competitive. Placement sites will conduct their own interviews and ultimately will make acceptance

decisions. The DCT is committed to working with the student to assist the student to find an appropriate clinical training site. Advisement for clinical internship application which occurs through the Association for Postdoctoral and Internship Center (APPIC) internship match program is provided in a combination of individual meetings and Coach & Prep seminars. (Refer to the Practicum Pre-internship and Clinical Internship Handbooks for additional details, located on the [AUS PsyD Resources shared Google Drive>Program Handbooks](#)).

Student-Faculty Collaborative Research

Students are encouraged to work closely with faculty conducting cutting edge research on issues of social justice and social change. With respect to collaborative research: a) faculty and student should discuss ownership of data and authorship on presentations and publications early enough in the collaborative process so that all are aware of their role and b) faculty and student should publicly acknowledge one another's contributions at conferences, in written work, etc. Guidelines about authorship and author order are addressed in greater detail in the APA Ethical Standards.

Detailed information about the AUS PsyD research groups are located at the [AUS PsyD Resources shared Google Drive>Research](#).

Disability Support Services (DSS)

The Disability Support Services ([DSS](#)) office provides resources for the campus community to build effective understanding and implementation of disability civil rights. One key role of DSS is to provide reasonable accommodations to qualified students with physical, sensory, psychological, or learning disabilities to ensure that all students have equal opportunity to benefit from and have access to programs and services. Students requesting reasonable accommodations must register with the DSS office and submit recent documentation of disability from a health care professional.

Reasonable Accommodation of Students with Disabilities

The PsyD program of Antioch University is committed to providing reasonable accommodations to qualified students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 2008.

Students with disabilities may contact the Disability Support Services office to initiate the process and request accommodations that will enable them to have an equal opportunity to benefit from and participate in the institution's programs and services. Students in need of accommodation should contact Tiffany Mathews, Disability Support Services Coordinator at dss.aus@antioch.edu to request reasonable accommodations.

Students are encouraged to do this prior to the quarter starting , since reasonable accommodations are not retroactive. However, the Disability Support Services (DSS) office is available to address questions regarding reasonable accommodations at any point in the term. Students are responsible for requesting working with the DSS office prior to the respective quarter of need so faculty members may acknowledge the electronic Letter of Accommodation from the DSS. In cases that the disability accommodation of extended time

on assignments is granted, each assignment must be discussed, and specific due dates agreed upon in advance between student and respective faculty.

Accommodations can be requested for any program requirement, including the following:

- **PsyD courses**
- **CCE (Clinical Competency Exam):** Accommodations for the CCE will be coordinated between the student, the DSS office, and the CCE Administrator.
- **Dissertation:** (dissertation courses and dissertation work beyond the structured courses). Accommodations for dissertation will be coordinated between the student, the DSS office, and your dissertation chair.
- **Clinical training:** Accommodations for practicum, pre-internship, and internship will be coordinated between the student, the DSS office, and the DCT.

Financial Aid

Antioch Seattle's financial aid staff guides students through the options for funding their education. Staff members develop financial aid packages to support individual circumstances, whether students are matriculating or close to graduation. Packages may include scholarships, federal work study, loans, and other types of financial aid. AUS also offers a payment plan, where tuition is paid in monthly installments.

Professional Liability and Medical Health Insurance for Students

All students who are enrolled for credit related to their clinical training experience will be included on Antioch University Seattle's liability insurance policy. This insurance provides professional liability coverage when students are doing supervised experience placement. This policy does not cover the student while engaging in non-school related professional activities. It is recommended that students also purchase the low-cost (\$17 - \$35 per year) student policy available via APA, (see <http://www.apa.org/membership/insurance.aspx>). The student may obtain information about student liability policies directly from the DCT who keeps brochures on hand for this purpose.

IMPORTANT: As non-paid clinical trainees, students are not covered for injuries at clinical training sites as employees are. It is important that each student has medical health insurance to cover potential mishaps or injuries occurring while training at any training site. Many sites require this. The Psy.D. program strongly encourages all students to carry their own medical health insurance at all times while matriculating as a student at Antioch University and while doing any practicum, pre-internship, or clinical internship training. Students are responsible for their own medical and healthcare costs.

For APPIC internships, the student is encouraged to continue to carry personal liability and medical health insurance coverage and to know the coverage and benefits offered by the particular internship site.

Student Academic Rights and Freedom

Antioch University adheres to principles of academic freedom and intellectual pluralism as both rights and responsibilities. Full text of the AU Student Academic Rights and Freedom policy can be found at http://aura.antioch.edu/policies_600_1x/7.

Student Conduct Policy

Students are expected to conduct themselves in a manner that is conducive to the educational process. This policy defines the acceptable range of student behavioral standards of Antioch University, and outlines the procedures and potential outcomes associated with violations of these standards. Full text of the AU Student Conduct Policy can be found at http://aura.antioch.edu/policies_600_1x/2/.

Student Grievance Policy and Procedure

Antioch University students have a right to prompt and impartial consideration of complaints related to their life as students. Full text of the Student Grievance Policy and Procedural Guidelines can be found at http://aura.antioch.edu/policies_600_1x/5.

Academic Appeal (Grievance) Policy

This policy is to provide students with a mechanism to address academic actions taken by the faculty or administration, which students believe they have legitimate grounds to appeal. The full text of the Academic Appeal Policy can be found at http://aura.antioch.edu/policies_600_1x/4.

Student Academic Integrity

Antioch University is committed to building a vibrant and inclusive educational environment that promotes learning and the free exchange of ideas. The full text of the Student Academic Integrity policy can be found at http://aura.antioch.edu/policies_600_1x/6.

Academic Freedom Policy

Antioch University adheres to the principles of academic freedom and intellectual pluralism as a declaration of rights and responsibilities. The full text of the Academic Freedom Policy may be found at http://aura.antioch.edu/policies_500_1x/1.

Sources of Student Learning Outcomes (SLO)

All SLOs are measured by multiple tools and assessment procedures. The list below describes the student learning outcome measures utilized:

- **Completion Rate of Social Justice Project:** indicates students have demonstrated capacity to serve as advocates of social justice and change (SLO 2.A; 2.C; 3.A-3.B).
- **Competency Assessments** indicate students' attainment of the benchmark for the designated competency in most Psy.D. courses, supervisor evaluation, or other learning activity. Competency assessments are completed by course instructors after the completion of each

academic quarter in the form of Narrative Assessments (for SLOs 1.A-3.B). Clinical supervisors indicate competency benchmark attainment as being “on track” (formative assessment each quarter) or obtained (summative assessment at the end of the clinical training experience).

- **Annual Review** Beginning the Fall after the student's first year, and every subsequent Fall, the faculty conduct a comprehensive review of the student's progress in the program by completing the Annual Review Checklist form consisting of: a review of transcripts and credit analysis, standing in program, sampling of narrative assessments, student self-evaluation paper, supervisor ratings, etc. (SLOs 1.A-3.B). Results of the Annual Review include: pass, pass with written comment, and not pass.
- **Special Reviews** can be undertaken at any time, based on Faculty Advisors' concerns about academic/clinical performance, or personal/professional performance as specified in AUS Clinical Competence of Students in Graduate Clinical Programs.
- **Supervisors Evaluations** indicate students' achievement of all required practice competencies as well as the necessary ratio of developmental practice competencies. The Supervisory form is electronically available to all Psy.D. students via the [AUS PsyD Resources shared Google Drive>Clinical Training Forms](#). The Supervisor Evaluations are completed by students' clinical supervisors during their pre-internship and clinical internship, are reviewed by the Psy.D. DCT and the student's Faculty Advisor.
- **Clinical Competency Examination Completion Rate** demonstrate student attainment of Psy.D. competencies and readiness for clinical internship (SLOs 1.A-3.B).
- **Acceptance Rate for Accredited Internships** indicate that students are viewed as competent for clinical internship at competitive internship placements (SLOs 1.A- 3.A). (see AUS Website for published Program Outcomes).
- **Dissertation Completion Rate** indicate student's ability to competently conduct and document an original research project (SLOs 1.C; 2.B; 2.C).
- **Client Outcomes Usage Rate** percentage of students demonstrating the ability to assess client outcomes (SLOs 1.A-1.C). Students seeing clients at AUS Community Counseling and Psychology Clinic utilize any one of the various client progress measures available in the electronic clinical record system (CarePaths) and review regularly with their clients and clinical supervisors (SLOs 1.A-1.C). The following are some possibilities for assessing client therapy outcomes as outlined by Lambert (2010):
- **Efficacy/effectiveness-based evidence** These would be simple repeat measures of various symptom surveys pre-treatment, mid-point(s), post-treatment, and follow-up used in controlled and case studies alike to demonstrate treatment efficacy and/or effectiveness. Symptom rating measures often used in the literature, include but are not limited to: Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory-II (BAI-II), PTSD Checklist-Civilian Version (PCL-C), Brief Symptom Checklist (SCL-45/90), Behavioral Assessment Systems for Children-2nd Edition (BASC2), Children's Depression Inventory-II (CDI-II), Parenting Stress Index (PSI), Beck Hopelessness Scale (BHS), and AUDIT/MAST, CAGE (substance use).

- **Practice-based evidence** Defined as making decisions about the client care based on outcomes related to ratings of therapist's clinical expertise and service-level parametrics in practice settings. Measures service quality and delivery from client perspective. Examples would be client rating of therapist 'responsiveness,' or satisfaction with clinic setting and procedures, etc., that may influence therapy outcome.
- **Patient-focused evidence.** Aimed at enhancing ongoing treatment in real time, alerting therapists and supervisors that the client is or is not responding to treatment as intended. The focus is on assessing client progress and modification of poor progress in real time. Examples of measures include, but are not limited to: Outcome Questionnaire-45 (OQ-45), Outcome Questionnaire-30, Severe Outcome Questionnaire (S-OQ), Youth Outcome Questionnaire (Y-OQ).

Psy.D. Program Outcomes/Aims (PO)

In accordance with the Psy.D. program's mission, the program aims are as follows:

- Graduates are competent for entry-level practice as health service psychologists in multiple roles (PO1).
- Graduates are reflective practitioners/scholars (PO2).
- Graduates are socially responsible and work for social justice (PO3).

The list below describes our program outcome measures:

- **Graduation Rates** demonstrate that most students successfully complete their training (PO1).
- **National Exam Pass Rates** demonstrate that alumni are continuing their professional development and are meeting national standards (PO1). (see Appendix D: Program Outcomes)
- **Licensing Rates** demonstrate that graduates meet licensing requirements for entry- level competency as clinical psychologists (PO1) (see Appendix D: Program Outcomes)
- **Graduation Surveys** demonstrate the Psy.D. program is meeting student expectations relative to the Program's mission and educational outcomes (PO3).
- **Alumni Surveys** demonstrate that graduates retrospectively view their AUS education as helping prepare them for work as professional clinical psychologists especially working with diverse populations and social justice activities (PO1-PO3).
- **Curriculum Vitae Review of Post-Graduate Employment and Activity** demonstrate that alumni are furthering their work in the profession of clinical psychology (PO1-PO3).

Table 3. Outcome Evaluation for AUS Psy.D. Program Aims & Objectives

Program aims and objectives	Competencies	Outcome Documentation
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Aim #1: Grads are competent for entry level practice as health service psychologists in multiple roles		Graduate Employment Alumni Survey Results Multiple roles in employment codes Pass EPPP Licensure Research and publications Professional presentations Board certification Participation in professional organizations Teaching Consultation Clinical supervision
Obj. 1.A: Students intervene	Intervention*	Clinical Competency Exam aggregate Supervisor Evaluations aggregate Competitive Internship Trainings on Evidence-Based Treatments
Obj. 1.B: Students assess	Assessment*	Clinical Competency Exam aggregate Supervisor Evaluations aggregate Competitive Internship
Obj. 1.C: Students research	Research*	Clinical Competency Exam aggregate Student prof. activities Dissertation titles Supervisor Evaluations reflect use of outcome data.

Obj. 1.D Students supervise & consult	Supervision & Consultation*	Clinical Competency Exam aggregate Supervisor Evaluations aggregate Student prof. activities
Aim #2: Grads are reflective practitioner/scholars		Graduate Employment Survey Employment codes – rate of Indep. Practice & all codes within scope Research and publications Professional presentations Board certification C.V. Review
Obj. 2.A: Students build relationships	Communication and Interpersonal Skills*	Social Justice Project Clinical Competency Exam aggregate Supervisor Evaluations aggregate Competitive Internship
Obj. 2.B: Students integrate science into practice	Intervention and Assessment*	Clinical Competency Exam aggregate Supervisor Evaluations aggregate Training on Evidence-Based Treatments Client Outcomes
Obj. 2.C: Students are ethical and professional	Ethical/Legal Standards* Professionalism*	Clinical Competency Exam aggregate Student prof. activities
Aim #3: Grads are socially responsible and work for social justice		Graduate Satisfaction Survey Results Working for social justice Participation in professional organizations Pro bono services Involved in advocacy efforts C.V. Review
Obj. 3.A: Students celebrate diversity and avoid oppressing others	Individual & Cultural Diversity*	Social Justice Project Clinical Competency Exam aggregate Supervisor Evaluations aggregate Student prof. activities
Obj. 3.B: Students are agents of social change	Social Justice*	Social Justice Project Clinical Competency Exam aggregate Student prof. activities

*Minimal Thresholds for achievement for each competency	Three types of thresholds for meeting competencies can be found in our syllabi: 1) Pass course to meet each or 2) Assignment criteria listed must all be met at an adequate performance level with no substantial revisions, or 3) Assignment rubrics are used with criteria and minimal level noted	Courses and their Competencies Syllabus review
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Program Self-Improvement

The Psy.D. program utilizes a number of methods to monitor and self-assess its achievement of the program aims and objectives (e.g., see Program Evaluation Planning Calendar below). There are a variety of methods the program solicits concerns, feedback, and suggestions from students, staff, and faculty including:

Psy.D. program meetings. Regular Psy.D. program meetings are scheduled on Tuesdays (2:30-4:00pm) during Fall-Spring quarters, and select Tuesdays in the Summer quarter. All Psy.D. program staff & full-time faculty are required to attend unless on Unscheduled Quarter. Affiliate faculty are invited to attend the meetings but not required. All adjunct faculty are invited to attend as well. The Director of the AUS Community Counseling and Psychology Clinic also attend. Representatives from the Student Council are also invited to attend when issues arise, except during ‘closed’ sessions wherein confidential student issues will be discussed.

The purpose of the Psy.D. meetings includes conducting on-going program evaluation and improvement activities, address clinical training, and faculty professional development training. The Psy.D. Program maintains meeting minutes that document program evaluation, plan of action and milestones, and program changes.

AI Policy

[Antioch University Artificial Intelligence \(AI\) Taskforce](#) has drafted the [AU Institutional AI Policy](#) that establishes Antioch University's commitment to the ethical, responsible, and non-discriminatory use of Artificial Intelligence (AI) across governance, operations, pedagogy, and academic integrity. It aims to harness AI's potential while upholding Antioch's values of equity, transparency, and academic excellence. Faculty will advise the acceptable use of AI for their assignments in their specific courses, taking into consideration ethical and academic standards and program requirements.

Any questions about the AI Policy at Antioch University can be directed to: ai-task-force@antioch.edu.

The American Psychological Association also provides guidance on the use of AI.

- [APA's Ethical guidance for AI in the professional practice of health service psychology](#)
- [APA's AI tool guide for practitioners](#)
- [APA Journals policy on generative AI: Additional guidance](#)

PsyD Program Handbook Signature Form

By signing below, I attest that I have read the Program Handbook.

Student Signature

Date

Name (print)