ARIZONA STATE UNIVERSITY

**DEPARTMENT OF PSYCHOLOGY**

([http://psychology.clas.asu.edu/clinical)](http://psychology.clas.asu.edu/clinical%29)

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The PhD program in clinical psychology is offered as one of six major areas of doctoral study within the Department of Psychology at ASU Tempe. Our clinical program is:

* based upon a clinical science model of training;
* *fully accredited* by the American Psychological Association (APA) and the Psychological Clinical Science Accreditation System (PCSAS)\*;
* a member of the Academy of Psychological Clinical Science;

* a Ph.D. (doctoral) program only\*\*;
* designed so that students who were admitted with a bachelor’s degree can finish the requirements in six years including a one-year, full-time internship† ;
* organized to allow students to begin practicum training in the program’s second year;
* best able to serve the educational needs of students with deep interests in empirical research;
* highly competitive—in the last several years we have admitted between 3 and 10 new students per year from a pool of 200 to 300 applicants (see Clinical Program Admissions Data at the link below)

 <https://psychology.clas.asu.edu/sites/default/files/admissionsstats_0815.pdf>

\* PCSAS was established in 2007 to advance high quality clinical science training that prepares students to contribute to the scientific knowledge base and to evidence-based practices in clinical psychology. We were among the first 13 programs in the U.S. and Canada to receive PCSAS accreditation.

\*\* A Master’s degree is awarded as part of the Ph.D. requirements; however, the Masters is not a terminal degree for which students can make direct application.

† Most students average between six and seven years to complete the Ph.D. degree requirements including their clinical internship.

Mission Statement

Our program is based on a clinical science model of training. Our mission is to prepare students (a) for professional careers in a variety of settings where they engage in research, teaching, or clinical supervision, and (b) who make contributions to clinical science by disseminating research findings and scholarship. Within this general mission of providing high-quality, science-based training, we strive to prepare a significant number of graduates who establish careers in academia and research institutes where they have primary responsibilities for conducting research that advances clinical science and for teaching new generations of clinical scientists.

The program operates on the principle that scientific training is critically important—not only for preparing students for academic and research careers but also for preparing students for professional practice that is grounded in clinical science research foundations. In turn, sound clinical and prevention research must be based on experience in practice. Because of this inherent reciprocal relation between clinical science and practice, we maintain a commitment to integrated training in both the scientific and professional aspects of clinical psychology. This is a core value in our clinical science training model. With the program’s accreditation by the Psychological Clinical Science Accreditation System (PCSAS) in December 2011, we affirmed our commitment to clinical science training that emphasizes the conduct of clinical research, the dissemination of research findings, and the application of evidence-based interventions. A critical aspect of our training philosophy is that science-centered training in clinical psychology involves the sequenced coordination of faculty mentorship, coursework, supervised research, and supervised clinical experience. In addition to coursework, milestone research projects, and clinical training experiences, we strongly believe in the importance of active engagement with the program, department, university, and broader community. Active engagement includes efforts to directly contribute to the department and university (e.g. committee involvement) and the broader community (e.g. volunteer clinical services to community agencies). We hope that these experiences will instill values that will continue to engender commitment to and engagement with the community among our graduates.

Our graduates establish successful careers in academia, professional practice and other research settings where they use the clinical science training they pursued as graduate students. A survey of our recent graduates showed diversity in their professional activities that was consistent with clinical science training and the special emphases that can be acquired at ASU. Among our recent graduates who completed postdoctoral fellowships, 27% were primarily research focused, 30% were primarily clinically focused, and 42% involved a combination of research and practice. Among those beyond postdoctoral training, about 32% are in academic or other research settings, 32% are in medical schools/centers, VA hospitals, or other military settings, 27% are in practice environments such as mental health centers, private hospitals, or private practices, and 9% are in private industry. Our graduates also report a diverse range of activities in their current positions including psychotherapy (64%), research (57%), supervision (48%), consultation (46%), teaching (43%), administration (39%), assessment (36%), and preventive interventions (14%). Over half (55%) of our graduates work with children, 68% work with health care recipients, and 80% serve ethnic minorities. These numbers reveal the rich professional lives of our graduates who were trained as clinical scientists at Arizona State University.

Student Selection

We base our selection of new students on several factors: (a) academic excellence, (b) strong undergraduate preparation in psychology, (c) experience in conducting psychological research, (d) compatibility with research interests of our faculty, (e) evidence of strong verbal and quantitative skills, and (f) personal characteristics that are suitable for teaching and the provision of psychological services to the public. We seek a balance of students who have interests in our three research emphases: child clinical, health, and community/prevention. In addition to significant research experience, successful applicants have an undergraduate grade point average of B+ or better, strong performance on the Graduate Record Examination (GRE), and compelling letters of recommendation. Specific information about application procedures can be found on the [Graduate pages of our website.](https://psychology.clas.asu.edu/graduate/prospective%20students)

Clinical Area Course Requirements

Once admitted, we require graduate students to be enrolled continuously, excluding summer sessions, until all degree requirements have been met. They are expected to be involved full-time in their studies during this period.

Curricular coverage of diversity issues is another important aspect of graduate training that is achieved in our core courses and other required courses. Students are exposed to diversity issues, through the infusion of this material throughout our core curriculum. In addition, students can participate in numerous research projects that are concerned with diversity in age, ethnicity, and gender. Specific course requirements are outlined below.

In addition to required coursework, research milestones, and clinical practica, students are expected to actively engage with the departmental, university, and broader communities. This includes regular attendance at the Clinical Area Seminar or Prevention Seminar, involvement in departmental committee work, and engagement in service to the community (e.g. volunteer clinical work outside of formal clinical practicum placements).

1. Required Core Courses: Courses covering the scientific and technical foundations of clinical psychology, as well as clinical practica are required:

Analysis of Variance (Intermediate Statistics), Multiple Regression, Psychopathology, Clinical Research Methods, Psychotherapy or Child and Family Therapy, Psychological Assessment or Assessment ATM, Clinical Interviewing and Ethics, and Clinical Practicum.

1. Electives: Various courses, seminars, and practica of the students’ choosing are included in this category and are used to satisfy additional program requirements as outlined below.
2. Other Course Requirements:
3. Two (2) **Advanced Treatment Methods** (ATM) courses are required which involve integrated science-professional training and are taught by departmental faculty in timely and specific clinical and community modalities.

 PSY 784 All topics listed as ATMs Psychology

 PSY 580/680/780 All topics listed in Psychology (except general practicum)

 PSY 501 Supervised Teaching

*ATMs taken in other departments require prior approval of clinical faculty for use to satisfy requirements.*

1. In order to satisfy requirements for program accreditation, students are also required to take at least one course *each* in:

**Biological Bases of Behavior:**

PSY 591 Psychopharmacology ***or***

PSY 591 Biological Bases of Behavior ***or***

PSY 591 Advanced Neurobiology of Cognition

**Social Bases of Behavior:**

 PSY 550 Advanced Social Psychology: Interpersonal Processes ***or***

 PSY 551 Advanced Social Psychology: Intrapersonal Processes

 **Cognitive Bases of Behavior:**

PSY 535 Human Cognition ***or***

PSY 591 Embodied Cognition ***or***

PSY 591 Human Memory

**Affective Bases of Behavior:**

PSY 591 Emotion ***or***

PSY 542 Social Emotional Development\* ***or***

PSY 591 Emotional Development\* ***or***

PSY 591 Emotions, Stress and Health ***or***

PSY 598 Socioemotional Development

1. One graduate course in **Human Development**

PSY 542 Social Emotional Development\* ***or***

PSY 591 Emotional Development\* ***or***

PSY 591 Children’s Peer Relationships ***or***

PSY 591 Resilience Processes in Development ***or***

PSY 598 Developmental Transitions

\*PSY 591 and PSY 542 can only be used to either fulfill the affective basis of behavior requirement OR to fulfill the Human Development requirement.

1. One graduate course in **History and Systems**

PSY 591 History of Psychology ***or***

PSY 591 Clinical Issues Seminar: History and Systems of Psychology

IV. Masters Thesis (Number of credits: 6): The Master’s Thesis must be an empirical investigation. A three-person thesis committee is required, including one person from outside the clinical training area or outside the topic area. An oral defense is required.

V. Supervised clinical placements: Beginning in the third year, students may engage in supervised clinical work with a community clinical service agency. Two years of quarter-time (10 hours per week) or one year of half-time (20 hours per week) of placement training are required. A faculty committee coordinates these.

VI. Comprehensive Examination. Students are required to successfully pass a comprehensive examination prior to initiating dissertation research. To qualify for the comprehensive examination, students must complete a master's thesis, maintain a minimum of a B average in all required coursework, and have overall "satisfactory" ratings in their clinical/professional activities. Students write either a literature review of a substantive area of clinical psychology or a grant application similar to those that seek funding for dissertation research. The comprehensive exam includes an oral defense. For students who are admitted without a master's degree, comprehensive examination papers are submitted on the first day of the fall semester of the fourth year.

VII. Full-time Internship: An APA-approved internship (1 credit in the fall and spring semesters) is required for graduation in Clinical Psychology. Students must have an approved dissertation prospectus by October 1 of the fall semester in which they apply for an internship. It is expected that the student will have completed analysis of dissertation data prior to leaving on internship.

VIII. Dissertation Research: 12 credits. The dissertation must be an empirical investigation, and includes an oral defense. A four-person thesis committee is required. One person must be from outside the clinical training area or outside the topic area.

Required Courses for Students who enter with a Masters Degree

For students who enter our program with prior graduate training, our policy is to evaluate their prior training to determine if it is equivalent to what we offer in our required courses. The student’s advisor coordinates this process with the assistance of the Director of Clinical Training. The student is asked to submit a request for the class requirement(s) that he/she wishes to have waived, and to submit the syllabi for his/her previous equivalent classes. Our instructors review these syllabi to judge whether they are equivalent. If so, that course requirement is waived. If any of the student’s previous coursework is accepted, the student will transfer in 30 credit hours from their Master’s degree. However, only the specific courses that are waived will count toward requirements of the clinical area and toward APA requirements and licensure.

Graduate Student Mentoring

Entering students are each assigned to a clinical faculty member who, on the basis of the initial match of interests, serves as a temporary academic/research advisor. During the student’s first year, there are ample opportunities to get to know other faculty and their respective interests. By year two, a student will have selected his or her master’s thesis committee and major advisor. The advisor serves as the student’s primary consultant in matters such as course selection, placement and internship choices, and general career development.

Areas of Specialization

The Clinical Training Program has three areas of emphases in which students may elect to participate: health psychology, child clinical psychology, and community/prevention. A [JD-PhD program in Law and Psychology](http://psychology.clas.asu.edu/law-and-psychology-joint-jdphd-program) is also available in which there is a Clinical Program option.

It has been our experience that most of our students will choose one of the 3 specialty areas which represent domains of faculty interest as well as clinical or preventive specialties for which an employment demand now exists. However, specialization is *not a* program requirement. Some students might begin a particular emphasis but later decide to move in a different direction. Thus, the descriptions that follow are designed to give you an idea of the curricular choices available.

**The Health Psychology Area of Emphasis**

Clinical students with interests centering on the interface of psychology and medicine may select Health Psychology as an area of emphasis. In our program, health psychology is broadly interpreted to encompass the theoretical, methodological, and/or procedural (treatment and prevention) contributions from contemporary psychology that bear upon the existing and emerging problems of modern medicine.

Such areas of study include (but are not limited to): patient noncompliance, chronic illness management, analysis and modification of lifestyle and thinking patterns that place individuals at risk for serious illness, physiological correlates of maladaptive behavior patterns, psychosocial assessment and/or screening of medical patients, assessment and treatment of acute and chronic pain, the analysis of life stress in disease, psychosocial factors in immunologic functioning, and the role of psychosocial moderators/ mediators in stress-illness relations (including such factors as social support, temperament, goal systems, etc.). These topics and others represent the current interests of full- time and adjunct faculty in clinical psychology as well as those in graduate programs in social psychology and behavioral neurosciences.

Some features of the health psychology area include:

(1) training students to develop skills and knowledge in dealing with life-span biopsychosocial issues. Active research on health-relevant topics currently exists with children, adults, and aging populations as target groups;

(2) a strong commitment to a preventive focus. Early identification of groups at risk constitutes an important domain of research for a number of our faculty;

(3) excellent support from the local Phoenix community in terms of the availability of hospitals, clinics, and private medical practitioners willing to assist ASU faculty and students in their research pursuits.

Students electing to emphasize health psychology are advised to take the graduate course offering Introduction to Health Psychology and to select from a number of topical seminars (e.g., Emotions, Stress & Health) or advanced treatment method courses (e.g., Mindfulness) as dictated by their own interests and course availability. It is advisable to pursue both MA and Ph.D. research in the domain of health psychology, as well as to complete the one-year, APA-approved internship at a site permitting further development of intervention/diagnostic skills with medical populations. Over the years, graduates of our program who have emphasized health psychology have found employment both in academic and in health-care settings.

**Health Psychology Faculty**

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| **Clinical Faculty** | **Research Area/Interests** |
| Dr. Manuel Barrera | Prevention and behavioral treatment for type 2 diabetes, social support interventions. |
| Dr. Laurie Chassin | Child and adolescent substance abuse; cigarette smoking. |
| Dr. William Corbin | Understanding the development of alcohol-related problems; interventions for the prevention of alcohol use. |
| Dr. Mary Davis | Women’s health, psychosocial factors, and cardiovascular reactivity. |
| Dr. Paul Karoly | Self-management models in health; chronic illness; pain disorders; health-illness cognition. |
| Dr. Linda Luecken | Developmental factors in stress vulnerability and resilience, cardiovascular and hormonal reactivity. |
| Dr. Madeline Meier | Identifying the causes of disinhibitory psychopathology within a developmental context; antisocial behavior and substance use problems and the mechanisms underlying their association; identifying and characterizing different developmental trajectories of alcohol and drug use for prognostic purposes. |
| Dr. Alex Zautra | Life stress, quality of life, and immune response; psychosocial factors in chronic illness. |

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| **Affiliated Faculty** | **Area** | **Health-Related Research** |
| Dr. Leona Aiken  | Quantitative | Prevention-related issues in health psychology. |
| Dr. Leah Doane Sampey  | Developmental | Daily stress experiences in adolescence and young adulthood, ecological momentary assessment of emotions and physiological stress activity, social-emotional influences on trajectories of physical and mental health over the transition to adulthood. |
| Dr. David MacKinnon  | Quantitative | Quantitative methods in health psychology. |
| Dr. Morris Okun  | Developmental | Aging, social support of health behavior and volunteering. |
| Dr. Stephen G. West  | Quantitative | Prevention-related issues in HIV/AIDS; personality and health; field research methods; statistical methods in prevention research. |

**The Child Clinical Area of Emphasis**

The child clinical area of emphasis provides training in the etiology, assessment, treatment and prevention of childhood disorders. A major focus is on the prevention of child mental health problems among children and families under stress. Thus, most of our child clinical faculty also participate in our community-prevention area of emphasis.

Training is provided through formal courses, faculty- supervised research projects, in-house clinical practica, placements at mental health agencies in the community, and outreach efforts with local schools. Students have an opportunity to work with faculty who are studying topics such as: the influence of stress and coping on children’s mental health, children of divorce, effects of bereavement, minority mental health, family and contextual influences on risk and resilience, longitudinal studies linking child risk and resilience to later life outcomes, the development and intergenerational transmission of substance use disorders, outcomes for serious juvenile offenders, and the development and evaluation of prevention programs for children and their families. We emphasize the importance of a developmental perspective and students have opportunities to work with faculty in Developmental Psychology.

In addition to the clinical core courses, several additional courses and experiences are recommended for students with child clinical interests. Students are encouraged to take Developmental Psychopathology and Child and Family Therapy. For their two Advanced Treatment Methods courses, students are encouraged to select those that focus on children and families. For the cognitive, affective and social bases requirements, students are encouraged to take courses in social, emotional and cognitive development. Also, students are encouraged to select child clinical topics for their Masters and Dissertation projects. It is recommended that students complete a clinical placement and internship at a child clinical site.

**Child Clinical Faculty**

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| --- | --- |
| **Clinical Faculty** | **Research Area/Interests** |
| Dr. Laurie Chassin | Adolescent risk behaviors and mental health, adolescent substance abuse, developmental psychopathology. |
| Dr. Keith Crnic, (Department Chair) | Parent-child interactions, parenting, family processes, and development of behavior problems in young children. |
| Dr.Thomas Dishion | Relationship dynamics with children and their peers and families associated with the development of antisocial behavior, violence and drug abuse. The design and evaluation of adaptive and tailored interventions for families that prevent and promote mental health and reduce substance use in children and families across cultural groups and community contexts. |
| Dr. Nancy A.Gonzales | Cultural and community influences on Mexican and Mexican American family processes and adolescent development; Prevention of school dropout and mental health problems in low income communities; cultural adaptation of prevention and treatment interventions. |
| Dr. Linda Luecken | Biopsychosocial processes by which mothers and infants co-regulate each other’s emotions, behavior, and physiology. |
| Dr. Suniya Luthar | Vulnerability and resilience in youth and adolescents among diverse populations including substance use and emotional distress of children in affluent families; the effects of family mental illness on children. |
| Dr. Marisol Perez | Assessment and prevention of eating disorders and obesity for ethnic minorities, often using a focus on Latino populations; cultural sensitivities of diagnostic criteria and creating a definition for recovery; and intergenerational transmission of eating habits and psychopathology.  |
| Dr. Sharlene Wolchik | Development and evaluation of preventive interventions for at- risk children; long-term effects of preventive interventions for children who have experienced parental divorce or parental bereavement |

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| **Affiliated Faculty** | **Area** | **Health-Related Research** |
| Dr. Leah Doane Sampey | Developmental | Daily stress experiences in adolescence and young adulthood, ecological momentary assessment of emotions and physiological stress activity, social-emotional influences on trajectories of physical and mental health over the transition to adulthood. |
| Dr. Nancy Eisenberg | Developmental | Social and emotional development, including emotion regulation, emotional development, adjustment and social competence, and moral development. |
| Dr. William Fabricius | Developmental | Development of metacognition and problem solving. |
| Dr. George Knight | Social, Quantitative | Acculturation and enculturation, Measurement and methodological issues in minority mental health research, Prosocial behavior. |
| Dr. Kathryn S. Lemery | Developmental | Developmental behavior genetic approach; Individual differences in appropriate and inappropriate emotional responding-including temperament, internalizing, externalizing, and attentional disorders; Risk and resiliency; Parent and sibling influences. |
| Dr. Armando Piña | Developmental | Development of anxiety disorders in children, treatment of childhood anxiety, Latino families |
| Dr. Clark Presson | Cognitive Science | Addictive behaviors, adolescent cigarette smoking; spatial reasoning |

*Relevant Course Offerings in the Psychology Department.* Over and above our core clinical curriculum, graduate courses in the Psychology Department that are focused on child clinical psychology include: Developmental Psychopathology, Child and Family Therapy, Social Emotional Development, Child Language and Drawing, Cognitive Development, Seminar in Prevention Research, Child Assessment, Developing Preventive Interventions, Prevention Programs for Children of Divorce, Peer Relations and Social Competence, Growth Modeling, and Statistics in Prevention Research.

*Other Relevant Resources.* Child clinical training at ASU benefits from the presence of the ASU Preventive Intervention Research Center, which provides research assistantships in a variety of large scale field projects and intervention trials focused on the prevention of mental health problems for children and families under stress. In addition, students are eligible for pre- doctoral fellowships in our NIMH-funded Training Program on Child Mental Health/Primary Prevention. All clinical students are invited to attend the weekly seminar meetings of this training program to discuss topics in child mental health and primary prevention. In addition, our in-house training clinic provides opportunities for practicum classes in child assessment and treatment, and work with local schools. The Psychology Department also houses a Child Study Laboratory with programs for preschool children and research opportunities. The Quantitative program within the Psychology Department provides training in the methodologies necessary for longitudinal studies of developmental trajectories and for evaluating the effects of intervention on those trajectories.

Outside of the Psychology Department, faculty from ASU’s School of Social and Family Dynamics teach a variety of relevant courses and offer research opportunities for our students.

*Child clinical placements in the community*. Interested students can complete their required clinical placements in community settings that deliver services to children and families such as Phoenix Children’s Hospital and Southwest Human Development. In addition, placements are available within the child and family team of our in-house training clinic, including work with child assessment and treatment, and outreach work with local schools.

**The Community/Prevention Area of Emphasis**

We define the Community/Preventive area of emphasis to include theory, research methods, and interventions that are designed to prevent the occurrence of mental health, substance use or other problems, and to promote healthy adaptation in a range of social environments. Students study theoretical issues such as the influence of stress and coping, family processes, acculturation and cross-cultural issues, neighborhood influences, and economic hardship on the development of mental health or substance abuse problems. Students also become involved in the development, implementation, and evaluation of preventive interventions to promote healthy adaptation for children in a range of high-risk situations. Foci of preventive interventions include children of divorce, inner-city ethnic minority children, bereaved children, and school-based programs.

Some features of particular strength of the Community/Prevention area at ASU include the opportunity for students to be involved in the development, implementation, and evaluation of preventive interventions in close collaboration with the faculty. Our prevention program emphasizes a close integration between theory, intervention development and evaluation, and methodology. Students also have the opportunity to be involved with research projects that have focused on the study of child and family adaptation to high-stress situations such as divorce, bereavement, and acculturation; and the development, implementation, and evaluation of preventive interventions.

Students with an emphasis on Community/Prevention are strongly encouraged to attend the weekly informal seminar in Prevention Research. Students are also advised to take Advanced Treatment Methods courses in which they get hands-on experience in the development and implementation of preventive intervention programs and to take methodology courses such as Prevention Research Methodology, which provide skills in the analysis of community-based studies. It is also recommended that students become involved in field placements in community-based agencies, and conduct their MA and Ph.D. research in prevention or community research.

**Community/Prevention Clinical Faculty**

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| --- | --- |
| **Clinical Faculty** | **Research Area/Interests** |
| Dr. Manuel Barrera | Prevention and behavioral treatment for type 2 diabetes, social support interventions. |
| Dr. Laurie Chassin | Prevention of cigarette smoking and substance abuse |
| Dr. Will Corbin | Prevention studies designed to reduce alcohol related harms among college students and other young adult populations. |
| Dr.Thomas Dishion | Relationship dynamics with children and their peers and families associated with the development of antisocial behavior, violence and drug abuse. The design and evaluation of adaptive and tailored interventions for families that prevent and promote mental health and reduce substance use in children and families, across cultural groups and community contexts. |
| Dr. Nancy A.Gonzales | Cultural and community influences on Mexican and Mexican American family processes and adolescent development; Prevention of school dropout and mental health problems in low income communities; culture adaptation of prevention and treatment interventions |
| Dr. Suniya Luthar | Vulnerability and resilience in youth and adolescents among diverse populations including substance use and emotional distress of children in affluent families; the effects of family mental illness on children. |
| Dr. Sharlene Wolchik | Effects of divorce on children and their parents; design and evaluation of prevention programs for divorce families and children who have experienced parental bereavement |
| Dr. Alex Zautra | Life stress; measurement of quality of everyday life, prevention- oriented health programs |

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| **Affiliated Faculty** | **Area** | **Health-Related Research** |
| Dr. David MacKinnon  | Quantitative | Quantitative methods in preventive/community psychology. |

Joint JD-Ph.D. Program: Clinical Psychology Options

In 2006-07 the College of Law and the Department of Psychology launched a joint JD/PhD program. Graduate programs in clinical, developmental, and social psychology participate. The Program adopts a public policy orientation, with the intention of training students to hold professional positions in academia, think tanks, the government, and public interest-oriented non-governmental organizations. While students may ultimately decide to practice law, become a jury consultant, or otherwise enter the realm of business, these professional endeavors will not be strongly encouraged. It is not a Forensic Psychology training program.

There are two training options for students who have interests in clinical psychology.

Students who want actual clinical training through practica, community placements, and a year-long internship could consider Option A. This option provides training that is likely to meet psychology licensure requirements in most states after the student completes post-doctoral requirements. Students who elect Option A are subject to APA accreditation requirements and are included in annual reports to APA.

Students who select the Clinical Research option (Option B) will be able to acquire the general knowledge base in clinical psychology through coursework and special expertise in our research emphases in child, health, and prevention through thesis, comprehensive examination, and dissertation work. This option omits the clinical training experiences (Clinical interviewing, 2nd year practicum, advanced clinical practica, a community placement, and internship) and breadth courses that are required for psychology licensure. Students who elect this option are not subject to APA accreditation requirements.

Overall, the JD-PhD options include the following:

JD requirements (60 credits, completed over span of 2 years, not shared with PhD)

Joint requirements (30 credits, completed over span of 1 ½ years, shared)

The joint requirements consist of the following:

Law and Psychology: Theory and Methodology (3)

Selected Topics in Law and Psychology (2)

Psycholegal Research (minimum of 6 credits)

Externship (minimum of 3 credits)

One semester of teaching (4)

Topics in Law, Psychology, and Public Policy (minimum of 12 credits)

Option A PhD requirements (79-80 credits, the equivalent of one-year half-time clinical placement, and one-year internship completed over span of 5-6 years, not shared with JD)

OR

Option B PhD requirements (54 credits, completed over span of 2 ½ years, not shared with JD)

Course Options for the Law and Psychology JD/PhD Program

The table below shows the Psychology course requirements for the Standard Clinical PhD and options for interfacing with the Law and Psychology JD/PhD program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course/training activity | Credit | Standard Clinical PhD | Option AJD-Ph.D.With Internship  | Option B JD-Ph.D.Clinical Research |
| Analysis of Variance | 3 | X | X | X |
| Multiple Regression | 3 | X | X | X |
| Psychotherapy or Child and Family Therapy | 3 | X | X | X |
| Psychopathology | 3 | X | X | X |
| Assessment or Assessment ATM | 3 | X | X | X |
| Clinical Interviewing & Ethics | 3 | X | X |  |
| Clinical Research Methods | 3 | X | X | X |
| History & systems | 2 or 3 | X | X |  |
| 2nd year practicum | 6 | X | X |  |
| ATM-clinical | 3 | X | X |  |
| ATM-clinical or teaching | 3 | X | \* | \* |
| Affective basis of behavior | 3 | X | X |  |
| Cognitive basis of behavior | 3 | X | X |  |
| Social basis of behavior | 3 | X | X |  |
| Bio basis of behavior | 3 | X | X |  |
| Substantive electives | 6 |  |  | X\*\* |
| Human development | 3 | X | X |  |
| Thesis | 6 | X | X | X |
| Dissertation | 12 | X | X | X |
| Research (or electives) | 12 | X | X | X |
| Comprehensive exam | 0 | X | X | X |
| 1 yr half-time placement | 0 | X | X |  |
| Internship | 2 | X | X |  |
|  |  | 82-83 | 79-80 | 54 |

Note: Law and joint Law-Psychology seminars will provide grounding in professional issues.

\* Students in the joint program will be required to teach.

\*\* Students will add emphasis to their programs by taking advanced courses (e.g., child, health, prevention or quantitative courses)

Student Evaluation

The clinical faculty work closely with students in the program and vigorously promote open, supportive and collegial relationships. Thus, students’ progress through the program is tracked on an “informal” basis through numerous contacts with program faculty. Any academic or clinical concerns can usually be addressed early. The clinical faculty and the student’s advisor participate in a more formal review of each student on a yearly basis, evaluating progress in coursework, TA or RA assignments, research (Master or Dissertation or Comprehensives as well as publications) and clinical work (performance in practica and placements).

Of the 45 or so clinical students enrolled in our program across all cohorts, six to eight advanced students are usually on their internships at APA-approved sites across the U.S. The remaining students are in full-time residence. If academic or professional problems do arise, the 3:1 student-to-faculty ratio makes it highly likely that counseling and cooperative problem solving efforts will be available. Family considerations or the reappraisal of career directions represent the most commonly stated reasons for student-initiated leaves of absence or withdrawals.

Students provide feedback and evaluations of the clinical program in several ways. They evaluate their academic courses, clinical training placements and internships (e.g., the amount and quality of their supervision, client contact, etc.). In addition, student representatives serve on the clinical training committee and are invited to serve on a number of subcommittees as well.

Frequently Asked Questions about Our Program

Each year the program receives phone calls or email messages from interested persons wishing to know “more details” about the process of graduate admissions than are usually found in our general catalogs or other descriptive materials. Some of the typical areas of inquiry include the following:

“Adequate” Preparation for Doctoral-Level Studies. Individuals who did not major in psychology, or who graduated from college quite some time ago, or who have obtained advanced degrees in other areas (e.g., engineering, nursing, etc.) often inquire about what they should do to maximize their chances of admission to our clinical program. Our first response is that they should read the enclosed program materials carefully before deciding whether ASU is really the best choice, in light of the applicant’s perceived career needs. We weigh heavily an applicant’s demonstrated skills, talents, and knowledge base in scientific psychology when selecting potential Ph.D. candidates. There is almost no substitute for coursework in experimental methodology, statistics, personality and abnormal psychology. Thus, many applicants are advised to spend up to two years in “making up” undergraduate-level coursework, prior to applying to our program (and spending an average of five additional years in pursuit of their doctorate). Experience in human service settings does not prepare students for success in programs such as ours. Finally, we have found that individuals with little formal background in psychology rarely have a realistic idea of how a contemporary Ph.D.-level clinical psychologist functions. Applicants desiring a career as full-time psychotherapists or counselors are advised to consider other routes than the Ph.D. degree in clinical psychology.

Letters of Recommendation. Applicants often ask about the importance of letters of endorsement. Basically, good letters will not offset a low grade point average or poor GRE performance. However, with a strong academic record, the letters most definitely assist us in determining which applicants would best fit into our program. Who should one ask to write such letters? Letters from psychology professors or researchers are considered to be the most informative. Letters from one’s high school principal, family doctor, or legislator carry little weight, simply because such persons cannot make an informed assessment of an applicant’s potential as a doctoral student in a research-oriented program such as ours.

“Unofficial” Graduate Studies. Applicants planning to move to the Phoenix area for various reasons often ask if taking graduate-level courses, in a non-matriculated status, will give them a “head start” in our graduate curriculum. Because most of our courses are open only to students officially accepted into the clinical training program, there is no mechanism for truly saving time while waiting to be admitted, although occasional specialty seminars (PSY 591) will be open to non-matriculated students with permission of instructor.

Part-Time Study. As noted earlier, students are expected to work full-time toward the completion of their Ph.D. degree while in the program.

Financial Support. In-state and out-of-state tuition is waived for all students who are supported by university-based research and teaching assistantships. In addition to tuition waivers, research and teaching assistants receive a stipend. Students are usually supported for five years of graduate study through departmental resources. Students are encouraged to compete for national awards and grants that provide training stipends and support for research activities.

Admission of Students with Master’s Degree. Does having a Master’s degree in psychology help or hinder one’s chances of admission? A student who does well in a master’s program increases his or her chances of obtaining strong and informed letters of recommendation, research experience, field experience, and a better sense of career objectives. If admitted, MA-level students may exempt several required courses, and may not need to prepare another formal master’s research project. However, an MA degree will not substitute for the undergraduate GPA and GRE score admission credentials.

Transfer Credits. Ordinarily, ASU doctoral students must earn at least 54 credits of ASU coursework. Transfer students who have not earned a masters degree, may transfer up to 30 credits of previous graduate work. Those transfer students who have completed a masters degree before being admitted to ASU may transfer up to 30 credits that were earned as part of masters degree and an additional 12 credits that were not used to fulfill the masters degree requirements.

Some transfer students who have completed masters theses may not need to complete another masters thesis if the faculty judges the prior master’s thesis research as acceptable for a degree in clinical psychology. The decision about transfer credit is made in conjunction with the program director and the student’s program advisor.

Admission Schedules. Applications are accepted for admission in the fall semester (which begins mid-August). We do not admit students in the spring or summer.

## How to Apply

The Department of Psychology Ph.D. program admits annually for programs of study (i.e., prospective students applying in Fall 2016 would have a program start date of Fall 2017).

The deadline for applications are as follows:
**December 5** – Developmental, Quantitative, Developmental Law
**December 15** – Clinical, Clinical-Law
**January 5** - Behavioral Neuroscience, Cognition, Action & Perception, Social, Social Law

The Psychology department notifies applicants of admissions status through ASU’s Graduate College no later than April 15th. (i.e., if you apply in Fall 2017, you are notified no later than April 15, 2016).

Applicants need to download and complete the following forms; they are required and will need to be submitted online during the application process:

* [Statement of Purpose](http://psychology.clas.asu.edu/sites/default/files/statementofpurpose2013.doc) Form
* [Applicant Response](http://psychology.clas.asu.edu/sites/default/files/response_0.doc) Form
* [Assistantship Application](http://psychology.clas.asu.edu/sites/default/files/assistantshipapp_0_0.doc) Form

Other requirements:

* Vita/Resume
* Transcripts from all institutions; both official documents and copies
* GRE\* scores; both official documents and copies
* TOEFL Score
* Name and address of three university faculty who will write Letters of Recommendation for you

\*Students applying to all programs must submit GRE Aptitude scores. Students applying to the clinical program are strongly encouraged to submit Advanced GRE scores.

Instructions:

1. Initiate an online ASU Graduate Admissions Application through the Graduate Education web site: <https://webapp4.asu.edu/dgsadmissions/Index.jsp>
2. Complete the “General Information Section.” You will be asked to enter information on your GPA, GRE scores and universities that you’ve attended.
3. Complete the Degree Section.
	1. Click "Find Your Degree/Certificate Program"
	2. Select “Social Science, Policies & Issues” as your degree program category.
	3. Select “Tempe” as your degree program campus.
	4. Select “Psychology (PhD)” or “Quantitative Research Methods (PhD)” as your degree program.
		1. The Quantitative Program is accessed under the Quantitative Research Methods (PhD) degree program; the Academic plan code is **LAPSYQUPHD**.
		2. The Behavioral Neuroscience, Clinical, Cognition, Action and Perception (CAP), Developmental, Social and Psych - Law programs are accessed under the Psychology (PhD) degree program; the Academic plan code is **LAPSYQUPHD**.
	5. Enter the planned year of enrollment
	6. Enter Scholarship Program information
4. List faculty members with whom you have consulted.
5. You will need three academic letters of recommendation from faculty members who know you well. Provide names and email addresses for each person writing letters for you—they will then receive an e-mail with instructions on how to complete the recommendation online. Three letters are required but you may submit four letters of recommendation.
6. Complete the Master’s Degree Information
7. Prepare and upload a [Statement of Purpose](http://psychology.clas.asu.edu/sites/default/files/statementofpurpose2013.doc). Please use the Statement of Purpose form provided.
8. Complete and upload the [Applicant Response Form](http://psychology.clas.asu.edu/sites/default/files/response_0.doc).
9. Complete and upload the [Assistantship Application](http://psychology.clas.asu.edu/sites/default/files/assistantshipapp_0_0.doc).
10. Prepare and upload a current Curriculum Vitae or Resume.
11. Submit the online ASU Graduate Admissions Application.
12. Pay the Application Fee.
13. Contact *each* college or univeristy you attended and request they mail your official paper transcripts to ASU:

Arizona State University
Graduate College Admissions
Interdisciplinary Building, B-Wing, Room 170
PO Box 871003
Tempe, AZ 85287-1003

1. Have ETS (Educational Testing Service) provide ASU with official GRE scores. The GRE General Exam is the only standardized test required of all ELS Ph.D. Program applicants. The ETS Institutional Code for **ASU = 4007**. The **Department Code = 5199**.
2. If appropriate, complete and submit a paper copy of the Financial Guarantee Form. This form must be completed by anyone who will attend ASU while holding an F-1 or J-1 visa. Send the form to:

Arizona State University
Graduate College Admissions
Interdisciplinary Building, B-Wing, Room 170
PO Box 871003
Tempe, AZ 85287-1003

1. If appropriate, have official TOEFL scores sent to ASU. Most applicants from a country in which the native language is not English must submit TOEFL scores.
2. **A copy of the GRE scores and transcripts must be emailed to the department at** **PsychDocs@asu.edu** **in addition to those you submit online with your application to the Graduate College.**  We make this request because on occasion, we do not have access to the original documents sent to the Graduate College in time for the Application review. In the subject line of the email include your name and application number so we can match the documents to your application file.
3. **Any questions?** Please contact us at psychgrad@asu.edu or call 480-965-7606.

### Internships

 A full year APA accredited internship is required of all students. Below is a list of internship sites where our students have been placed.

Alberta Hospital Edmonton, Edmonton, Alberta, Canada

Ann and Robert H. Lurie Children’s Hospital, Chicago, IL

Ann Arbor VA Health System, Ann Arbor, MI

Arizona State University, Counseling & Consultation, Tempe, AZ

Atascadero State Hospital, Atascadero, CA

Audie Murphy Memorial VA, San Antonio, TX

Baltimore VAMC, Baltimore, MD

Baylor College of Medicine, Houston, TX

Beth Israel Medical Center, New York

Boulder County Mental Health Center, Boulder, CO

Brown University Internship Consortium, Providence, RI

Center for Behavioral Health, Bloomington, IN

Child & Family Guidance Center, Northridge, CA

Children’s Hospital National Medical Center, Washington, D.C.

Children’s Hospital of Philadelphia, Philadelphia, PA

Children’s Memorial Hospital, Chicago, IL

Children’s Hospital (OSU), Columbus, OH

Denver General Hospital, Denver, CO

Duke University, Counseling and Psychological Services, Durham, NC

Duke University Medical Center, Durham, NC

Emory University, Atlanta, GA

Fairfield Hills Hospital, Newton, CT

Geisinger Medical Center, Danville, PA

Harvard Medical School, The Children’s Hospital, Boston, MA

Jessie Brown VA Medical Center, Chicago, IL

Indiana University Medical School, Indianapolis, IN

La Rabida Children’s Hospital, Chicago, IL

Langley-Porter Neuropsychiatric Institute, San Francisco, CA

Mailman Center for Child Development/University of Miami

Malcolm Grow Medical Center; Andrews Air Force Base, MD

Medical College of Pennsylvania, Philadelphia, PA

Medical University of South Carolina, VAMC Consortium, Charleston, SC

Morrison Center, Portland, Oregon

Michael Reese Hospital & Medical Center, Chicago, IL

Montefiore Medical Center of Albert Einstein College of Medicine, Bronx, NY

New York University at Bellevue Hospital Center, New York, NY

Northwestern University Medical School, Chicago, IL

Oregon Health Sciences University, Portland, OR

Pacific Clinics, Pasadena, CA

Payne Whitney Clinic; New York Presbyterian Hospital, New York, NY

Phoenix Children’s Hospital (PCH), Phoenix, AZ

Phoenix VA Healthcare System, Phoenix, AZ

Rush-Presbyterian-St. Luke’s Medical Center, Chicago, IL

Rusk Institute, New York University Medical Center, New York

Saint John’s Child and Family Development Center, Santa Monica, CA

Southern California Kaiser Permanente, Vista, CA

Southwest Behavioral Health Services, Phoenix, AZ

Stanford Children's Hospital, Stanford, CA

SUNY Upstate Medical University, Syracuse, NY

Taylor Manor Hospital, Ellicott City, MD

The Children's Health Center/Lucile Salter Packard Children's Hospital, Vista, CA

Tulane University Health Sciences Center, New Orleans, LA

University Behavioral HealthCare/Robert Wood Johnson Medical School, Piscataway, NJ

UCLA School of Medicine, Los Angeles, CA

University of California-Davis, Sacramento Medical Center, Sacramento, CA

UCSD/San Diego VA, San Diego, CA

University of San Diego Counseling Center, San Diego, CA

University of Colorado School of Medicine, Aurora, CA

University of Illinois School of Medicine, Chicago, IL

University of Kansas Medical Center, Kansas City, KS

University of Maine Counseling Center, Orono, ME

University of Miami School of Medicine, Miami, FL

University of Michigan/Rackham Institute, Ann Arbor, MI

University of Minnesota Medical School, Minneapolis, MN

University of Missouri Health Sciences Consortium, Columbia, MO

University of New Mexico Health Sciences Center, Albuquerque, NM

University of North Carolina Medical School, Chapel Hill, NC

University of Rochester Medical Center, Rochester, NY

University of South Florida, Tampa, FL

University of Southern California/Children’s Hospital, Los Angeles, CA

University of Texas Health Science Center, San Antonio, TX

University of Texas Medical School, Houston, TX

University of Vermont, Burlington, VT

University of Washington School of Medicine, Seattle, WA

University of Wisconsin, Madison, WI

VA Boston Healthcare System, Boston, MA

VA Connecticut Healthcare System, West Haven, CT

VA Hospital, Salt Lake City, UT

VA Medical Center, University of California, San Francisco, CA

VA Long Beach Healthcare System, Long Beach, CA

VA Northern California Healthcare System, Martinez, CA

VA Outpatient Center, Brooklyn, NY

VA Palo Alto Health Care System, Palo Alto, CA

VA Portland Medical Center, Portland, OR

VA Puget Sound, Seattle WA

VA Southern Healthcare, Tucson, AZ

VA Southwest Consortium/MNVAHC, Albuquerque, NM

Walter Reed Army Medical Center, Washington, D.C.

Western State Hospital, Tacoma, WA

Western Psychiatric Institute, Pittsburgh, PA

Yale University School of Medicine, New Haven, CT