

National Council of Schools and Programs  
of Professional Psychology  
(NCSPP)

**Manual for Directors of Clinical Training**

Much of this manual was originally created for CUDCP  
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Adapted for NCSPP, August 2008, 2010.

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## **Table of Contents**

<b>Section 1: Scope and Nature of the DCT Position</b>	<b>2</b>
<b>Section 2: NCSPP and Related Organizations</b>	<b>2</b>
<b>Section 3: DCT Responsibilities and Duties</b>	<b>4</b>
<b>Section 4: Faculty</b>	<b>6</b>
<b>Section 5: Students</b>	<b>7</b>
<b>Section 6: General Training Issues</b>	<b>9</b>
<b>Section 7: Clinical Training Issues</b>	<b>9</b>
<b>Section 8: Administration</b>	<b>13</b>
<b>Section 9: Finances</b>	<b>14</b>
<b>Section 10: Program Brochure, Handbook and Public Materials</b>	<b>15</b>
<b>Section 11: Legal Issues</b>	<b>16</b>
<b>Section 12: Promises and Pitfalls</b>	<b>19</b>
<b>Section 13: Advice for (New) DCTs</b>	<b>20</b>
<b>Section 14: Resources</b>	<b>22</b>

## **Section 1: Scope and Nature of the DCT Position**

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Wisocki, Grebstein, and Hunt (1994) were the first to study the Director of Clinical Training's position in any depth, and describe it as "critical" and "pivotal" for Clinical Psychology training programs. In brief, they found that most DCTs find the job to be positive and rewarding, and want to continue in the position. Nevertheless, numerous difficulties were found to be common, including less satisfying relationships with fellow faculty, more paperwork, and less time for personal research and other regular faculty work, among other issues. Their survey indicated that DCTs hold their administrative position for an average of four years. The Wisocki et al. article, referenced in this manual in the resources section, provides a comprehensive view of the DCT position, and is highly recommended reading.

Each DCT decides for him or herself, in part, what the DCT position will be. There are also a variety of other influences that determine the scope and influence of the DCT role. For example, it may be different depending on whether the DCT was hired from outside the Department for that specific administrative post, or whether he or she was appointed or elected from within. As another example, the DCT's position also will differ depending on the number and strength of other graduate programs in the Department.

## **Section 2 – NCSPP and Related Organizations**

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NCSPP has formal and informal relationships with numerous other organizations that deal with the training of psychologists. A lists common acronyms for organizations related to NCSPP is attached.

### **NCSPP**

According to our web site The National Council of Schools of Professional Psychology "developed as an organization through which leaders in the field of professional psychology education could exchange information and develop ideas on how to enhance the quality and development of their programs...NCSPP, through its representatives, works to develop standards for professional psychology education. The group provides consultation to new and existing programs of professional psychology, and maintains liaisons with other individuals and organizations involved in psychology education. For more information please consult the web site at: [www.ncspp/info](http://www.ncspp/info) or email Jeannie Beaff at: [ncspp@cox.net](mailto:ncspp@cox.net).

### **Related Organizations**

#### **APPIC**

The Association of Psychology Postdoctoral and Internship Centers (APPIC) is the organization that provides accreditation for internships and postdoctoral fellowships in professional psychology (i.e., Clinical, Counseling, and School Psychology). According to the APPIC website, "Universities and schools offering doctoral programs in psychology can subscribe to APPIC for \$225.00, plus \$90 fee for the APPIC match. The subscription package includes one copy of the *APPIC Directory*, a discount for additional copies of the directory for students or faculty, a subscription to the *APPIC Newsletter*, and direct notification from the National Matching Service of their students' internship results." An on-line directory is also currently

available to internship applicants and is included in the cost of the student's APPIC registration fees. The APPIC directory is updated in the late summer each year. The invoice for the subscription is mailed to programs on May 1 of each year. For more information, refer to the APPIC web site at: [www.appic.org](http://www.appic.org).

### **ADPTC**

The Association of Directors of Psychology Training Clinics (ADPTC) is the national organization for directors of psychology training clinics. According to their web site, ADPTC members include “directors of clinics that are typically associated with pre-doctoral graduate training programs in professional psychology—clinical, community, counseling, clinical child, and school psychology—at regionally accredited universities.” Professional membership is \$60.00 per year. ADPTC has an annual meeting at the APA convention each year, publishes a newsletter, and sponsors an e-mail network that can be helpful in identifying current issues for training clinics as well as help in establishing and maintaining a clinic. For more information, refer to the ADPTC web site at: [www.adptc.org](http://www.adptc.org).

### **CUDCP**

According to the CUDCP web site, CUDCP's purpose is to “promote the advancement of graduate education within the field of clinical psychology. Consistent with this purpose, CUDCP member programs shall strive to train future clinical psychologists who promote human welfare, the growth of psychological science, and the professional practice of psychology.” This organization is the PhD program's equivalent to NCSPP. For more information, refer to the CUDCP's website: [www.cudcp.org](http://www.cudcp.org).

### **CCTCP**

According to the CCTCP web site, the Council of Counseling Psychology Training Programs (CCTCP) “represents the interests of counseling psychology in virtually any forum that might affect training...and supports its members by disseminating training-relevant information and by providing a vehicle to communicate with one another.” This organization is the Counseling Psychology's equivalent to NCSPP. For more information, refer to the CCTCP web site at: [www.lehigh.edu/ccptp](http://www.lehigh.edu/ccptp).

### **CDSPP**

Council of Directors of School Psychology Programs (CDSPP) is the School Psychology's equivalent to NCSPP. For additional information, refer to their web site at: [www.uky.edu/Education/EDP/schprog](http://www.uky.edu/Education/EDP/schprog).

### **CoA**

The Commission on Accreditation (CoA) is part of the Office of Program Consultation and Accreditation in the Education Directorate of the American Psychological Association (APA). The CoA is “recognized as a specialized accreditor by the U.S. Secretary of Education and the Commission on Recognition of Postsecondary Accreditation (CORPA); and is a member of the Association of Specialized and Professional Accreditors (ASPA)” (American Psychological Association, 1996c). The CoA is responsible for the APA accreditation process, including site visits. The current structure of the CoA includes 32 members and was established in January 2008 taking the place of the former Committee on Accreditation.

The fees associated with accreditation for 2008 include the following.

Annual Accreditation.....	\$2000
Application Fee.....	\$2000
Site Visit Charge for doctoral programs.....	\$4500
Appeal Hearing Fee.....	\$2000

Fees may go up from year to year. For more information, refer to the APA Program and Accreditation web site at: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation).

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### **Section 3 – DCT Responsibilities and Duties**

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The DCT's position is almost universally one of great responsibility. The amount of authority associated with the role varies widely among programs and individual DCTs. In established programs, there is usually an existing hierarchy for authority in the Department and Clinical program. The DCT position, however, has been likened to “herding cats,” (Wisocki et al., 1994) in that one attempts to organize, shape, and otherwise cajole highly independent creatures (i.e. faculty!) who do not want to be controlled in any way.

#### **Office Hours**

It is recommended that the DCT maintain weekly office hours for clinical students to visit and discuss various matters, including curriculum and other training issues, career planning, relationship with faculty members, personal problems, and the like.

#### **Timeline**

It may be useful to develop a timeline, by month or date, indicating when specific duties are to be carried out. For example, if practicum evaluations need to be sent out at the end of each semester in time for them to be returned prior to the assignment of grades, then it may be helpful to indicated November, 15, April 1, and July 15 as dates for them to be sent to clinical supervisors.

#### **Surveys**

In recent years, DCTs have literally been bombarded with surveys from fellow psychologists and students seeking to evaluate various aspects of clinical training. Pat Wisocki once kept a list of surveys received in the course of one academic year and counted 36 of them. It is likely impossible to complete all of the surveys. Obviously the use of a data base including relevant information will make any responses easier. Each DCT has to decide which of the surveys to which she or he will respond, as it will be almost impossible to answer them all. The important surveys and mailings that must be attended to include the annual accreditation report to APA and NCSPP's survey. DCTs may also want to preferentially respond to requests for information about their programs that appear in publications undergraduates consult in choosing programs to which they will apply (e.g., APA's *Graduate Study in Psychology*) if you want your program included in material distributed nationally.

#### **Recommendation Letters and Certification of Status**

There is a large amount of paperwork that is inherent in the DCT's functioning. Not the least of these duties is responding to requests for letters of recommendation, which are often required of

the program's training director. In applying for internships, there is a large volume of letters and internship readiness form ("Verification of Internship Eligibility and Readiness" for the APPI) that must be completed and then signed by the DCT. It is recommended that the DCT establish a policy and procedures for students to provide information (e.g., electronically), including names and addresses to which letters are sent, to promote efficiency in this time-consuming process. Letters of recommendation to organizations that can provide funding for graduate students are frequently required, as are references for postdoctoral fellowship applications. Additionally, as former students are licensed, there are requests to complete forms from state licensing boards, detailing students' academic and clinical curricula. Many of these forms must be notarized, so it is important to establish access to a notary public.

### **Responsibility and Authority**

In most departments, the DCT role has a great deal of responsibility associated with it, but relatively little authority. DCTs may or may not control any portion of budgets for the Clinical Program or the departmental clinic. There may be some authority over the assigning of faculty to teach clinical courses, but that may be like "herding cats," as previously mentioned. Much of the decision-making in the clinical program is conducted by the faculty as a whole or committees (e.g., admission of students, hiring of clinical faculty, promotion and tenure decisions), so any "power" the DCT has is often based on persuasive abilities with fellow faculty. Nevertheless, the DCT role is one that students and fellow faculty may perceive as having great power. Because this perception may be threatening to the Chair, other administrators in the department, and other faculty it is important that the DCT foster good working relations and open communication with the various factions of the department in order to do his or her job effectively.

### **Intra-University and Inter-School Relationships**

It is important that DCTs maintain a relationship with other behavioral and mental health-related programs at the university (e.g., School Psychology, Clinical Psychology, MSW programs). Such contacts are desirable so that professional issues of mutual concern (e.g., state licensure laws) can be discussed, as well as to allow for the possibility of students taking courses across the programs. These relationships can also be important in terms of coordinating efforts across programs in securing practicum sites, avoiding competition if it would be disruptive to training. In some localities and states, the training directors of behavioral and mental health-related training programs (e.g., psychology graduate programs and internships) meet periodically to discuss matters of mutual concern. This can be very helpful as often different programs share the same practicum sites and have similar issues due to their locale being rural or urban, highly impacted with numerous students, or difficulty in dealing with a particular aspect of training.

### **State Psychological Association and State Licensing Board**

Maintaining lines of communication between the Clinical Program and the state's psychological association is necessary for a variety of reasons, including the state association's link, in many states, with the licensing board. As state associations make recommendations about licensing board membership, and changes in the states licensing law, it is important for the Clinical Program to be connected with the state psychological association. While the DCT will want to be a member of the state's psychological association, it is not necessary for him or her to be the one primarily responsible for maintaining the liaison. Delegation of tasks such as this one can make the DCT's job more manageable. For additional information about the national organization

representing state and provincial licensing boards, refer to the Association of State and Provincial Psychology Boards' at: [www.asppb.org](http://www.asppb.org).

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## Section 4 – Faculty

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Among many other activities, it is recommended that the DCT maintain close working relationships with fellow faculty, particularly but not exclusively with the clinical faculty. One of the negative features of the DCT position that has been reported is strained or distant relationships with other faculty (Wisocki et al., 1994). Contact with other faculty outside of meetings is recommended to facilitate good communication.

The DCT is also typically very involved in recruitment of new clinical faculty, and often serves as chair of the search committee. A critical issue in the selection of new faculty is their eligibility for licensure in the state or province. In some places, faculty who are hired immediately after internship, without a postdoctoral fellowship year, may never be licensed. The issue of providing clinical service opportunities, and clinical supervision, for new faculty so that they can pursue licensure is another important consideration that should be clearly specified in their hiring agreement.

Given the leadership role of the position the DCT serves as a role model not only for students, but also for other faculty. This modeling may include such activities as involvement in research, attendance at professional meetings, and self-care.

The DCT should ensure that there is mentoring for younger clinical faculty, provided by the DCT and perhaps other more senior faculty. Involving senior faculty in the life of the program can also be an important function for the DCT. The DCT may be involved in helping to resolve patterns of problem behavior in faculty, particularly in terms of faculty-student relationships. Finally, the DCT may want to utilize retreats for faculty, and perhaps students, every few years, to allow for perspective about the program and its goals.

The DCT coordinates the clinical supervision and consultation provided to students. In many departments, the DCT also has the responsibility of assigning faculty to teach clinical courses. Moreover, the DCT sometimes coordinates the activities of adjunct clinical faculty. The DCT, through contacts in the local community, may involve Clinical Psychologists from other academic units, agencies, or practices, in the clinical training of students. In making these individuals a part of the training program, the DCT may want to propose them for adjunct faculty status.

Non-clinical faculty may not understand and/or may disagree with a policy of giving teaching credit to clinical faculty for supervision in the department's training clinic or providing consultation to students in practica outside of the department. This issue can arise particularly in summers, when many faculty are not paid, but still provide research supervision to students. If clinical faculty are paid to provide clinical consultation and supervision in the summer, there may be related antagonism from nonclinical faculty.

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## Section 5 – Students

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As noted by Wisocki et al. (1994), DCTs often become closer to students, while having more distant relationships with fellow faculty. Virtually all of the DCT's functioning directly or indirectly impacts students. The close working alliance with students is one of the most positive aspects of the position. Since the DCT is administering a training program, the students are the most important aspect. These relationships with students are so meaningful that they can last one's entire career and life. Students can even be considered the "product" or "outcome" of the entire training enterprise.

### Evaluation

It is essential that students be provided regular feedback about their progress in the program. Some of this feedback should be in written form (e.g., once a year per APA accreditation standards), to provide information formally, and to create a "paper trail" of data for future reference (e.g., for recommendation letters), including the hopefully avoided prospect of having to terminate a student. Evaluation information should include both academic and clinical arenas. Many programs use standardized evaluation forms and also include personal characteristics as a part of regular evaluations.

### Admissions

Administering the selection of new students is arguably the most important role of the DCT. Admissions is an extremely time-consuming process, one that the DCT should plan for in his or her spring schedule each year. According to APA guidelines, applicants to doctoral programs be given offers of admission for the fall semester at any time, but accepted persons have until April 15, of each year to reply or change their minds (APA, 1996d). NCSPP members are encouraged to abide by a policy promulgated by the Council of Graduate Students, endorsed by the APA Office of Graduate Education, and presented in the APA publication, *Graduate Study in Psychology*, regarding deadlines for acceptance of offers. (Council of Graduate Schools website: [www.cgsnet.org/](http://www.cgsnet.org/).)

As a DCT, one often deals with disappointed applicants who were denied admission. These individuals can be quite vociferous in their objections. Sometimes, interested third parties (e.g., parents, state legislators, university presidents) also become involved in trying to ensure an applicant's acceptance or to reverse a negative decision. Having an admissions policy (e.g., stipulating an admissions committee), following a set of procedures related to that policy, and being able to articulate the policy and procedures can be essential in effectively interacting with rejected applicants and interested third parties so they can understand the fairness of the decision. Applicants also sometimes ask for feedback, including written information, about improving their applications so they can reapply the next year. A form letter describing the admissions process and the criteria used in making decisions are helpful in responding in these situations.

### Database

Most programs have a computer database on their students. This information is important for inclusion in reports on programs that must be submitted annually to APA and for self-study reports that are required in association with the APA site visit process that takes place at least every seven years. Most of this information is required for APA reports at some time.

**Diversity**

Achieving and maintaining diversity in one's training program is an important goal, one that the DCT can provide leadership in promoting (see Office of Ethnic Minority Affairs, 1996). The DCT can help to ensure that recruitment efforts include potential applicant groups with a variety of personal characteristics and backgrounds. Retention of students is an important consideration too. The DCT should also work with clinical faculty and students to insure that the program's atmosphere is supportive of student diversity. Many departments and programs have diversity issues committees in which the DCT may want to be involved. Moreover, there are frequent opportunities to coordinate recruitment and retention activities with college-and-university-wide efforts. Along with student diversity, faculty diversity is an important consideration as well. The APA Office of Ethnic Minority Affairs has published numerous documents (available on-line and/or in print) that can assist in ethnic minority faculty and student recruiting and retention efforts as well as providing guidelines for ethical provision of service and conducting research with diverse clients/participants. For more information, refer to their website at: [www.apa.org/pi/oema](http://www.apa.org/pi/oema). In addition look for the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* ([www.apa.org/pimulticulturalguideelines.pdf](http://www.apa.org/pimulticulturalguideelines.pdf)).

Similar information is available through APA Public Interest Directorate for support in addressing issues relating to other aspects of diversity. For example:

Disabilities Issues in Psychology Office: [www.apa.org/pi/homepage.html](http://www.apa.org/pi/homepage.html)

Lesbian, Gay, and Bisexual Concerns Office; [www.apa.org/pi/lgbt](http://www.apa.org/pi/lgbt)

Women's Program Office: [www.apa.org/pi/wpo](http://www.apa.org/pi/wpo)

Also, the APA Graduate Student (APAGS) group also provides information for students with diverse backgrounds: [www.apa.org.apags/diversity](http://www.apa.org.apags/diversity)

**Alumni**

As students graduate, their data base information can be transferred into an alumni data base, which many DCTs find useful in tracking alumni, sending alumni newsletters, organizing alumni events, and soliciting donations. Gatherings of alumni are often possible at state, regional, and national conventions. At the annual meeting of the APA, there is an alumni night in which departments can have tables for alumni to visit. Alumni often report that they look forward to these reunions and generally come to appreciate their programs more as time passes after graduation. Many programs request information from their alumni through surveys, collecting information that is required that is required from APA accreditation reports.

**ABD Status**

Students completing an internship and then maintaining "all but dissertation" (ABD) status for long periods of time (or forever!) have been a problem for many programs. To alleviate this difficulty, a policy can be instituted in which students must have successfully proposed their dissertation prior to either applying for or accepting an internship offer.

## **Section 6 – General Training Issues**

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### **Review of Nonclinical Courses**

The DCT and clinical faculty should periodically (e.g., every two years) review the content of the basic science and methodology courses required by the program, through reviewing syllabi, discussing the course with the instructor, surveying students, and so on. In this way, the program may help to maintain currency and quality of the course offerings.

### **Funding**

Advocating for adequate funding for students is an important function of the DCT that can be quite time-consuming. Programs that rely on mental health facilities in the community to fund their students may confront serious problems as funding patterns change in mental health care delivery. DCT's acting as an advocate for students in discussions with the Department Chair, Dean of the Graduate School, or other administrators can directly influence the number and value of graduate assistantships. The DCT may also need to actively develop new funding possibilities or maintain existing contracts or arrangements with external clinical or research training sites.

Students often regard funding as one of their most crucial concerns. Inadequate and unstable funding can be a serious distraction to students and can contribute to decisions to drop out of training programs. Together with other clinical faculty, the DCT should encourage students to apply for scholarships and fellowships whenever possible and appropriate to support their training interests.

## **Section 7 – Clinical Training Issues**

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### **Courses**

It is especially important to review clinical courses on a regular basis, again perhaps every two years. Retreats or all day faculty meetings are excellent opportunities to review the clinical curriculum as a whole.

### **Program Training Clinic**

The DCT may or may not also be the Director of the training clinic. It is generally advisable to separate these duties and assign the administrative duties for the training clinic to another person other than the DCT. Adding the responsibilities for a training clinic can be a burden for the already-busy DCT. If there is a separate Director or Coordinator of the training clinic, it is recommended that the lines of responsibility and authority be clearly outlined. For example, does the Clinic Director/Coordinator report to the DCT, the Department Head, or both? The duties of the Clinic Director/Coordinator should be clearly outlined.

Evaluation of students' performance in the department's clinic is an important aspect of training. Most programs provide for evaluation on standard forms on a semester or quarter basis. More frequent, informal feedback by supervisors should typically be encouraged as well.

An in-house clinic can be advantageous for a clinical program in many ways, as it prompts the integration of academics and practice, as well as research and practice. Such clinics can provide the initial training of inexperienced students, and specialty training for more advanced students.

Some programs also incorporate advanced students into the clinic's operation, giving them valuable experience as mid-line supervisors for new students.

### **Practica**

Administering a practicum program can be the most time-consuming part of the DCT's job. In some programs, the Director/Coordinator of the training clinic or Associate Director of Clinical Training takes on this responsibility, to coordinate out-of-department placements with students' training needs and requirements for departmental assistantships, including staffing the Department's clinic. Some programs utilize funding from practicum sites to support their students. With static or shrinking university budgets, such arrangements are becoming increasingly necessary. It should be noted, however, that there are certain costs and limitations associated with out-of-department paid practica. The DCT, or another administrator, may spend great amounts of time in locating and negotiating with agencies, taking time away from other aspects of clinical training. Also, the need to continue such arrangements year-to-year may force students in any one year to take practicum positions that they find undesirable or are indirectly related to their primary training needs. It is also possible that the facilities may require intensive training in areas not considered essential by the training program, thereby creating a conflict. As already noted, national and state changes in health care systems make this task increasingly difficult.

It is advisable for the DCT or another clinical program to be very involved in administering a practicum placements program, if one exists. Leaving students to fend for themselves in locating sites is potentially disastrous, both for the individual student and the program. Ensuring appropriate supervision is certainly an important consideration, and one that students may not attend to as closely when there is a need to secure funding. It is recommended that the DCT, or other administrator, maintain open lines of communication with external practicum supervisors and agency administrators. Having a long-term working relationship can be advantageous to all involved (Kennedy & McNeil, 1996); McNeil & Carter, 1996). Some programs appoint external practicum supervisors as adjunct faculty, and sponsor a once-per-year afternoon of meetings for them, including continuing education opportunity or other activities or benefits. A practicum fair during which students can meet with site directors is also valuable.

Coordinating the practicum program involves considerable contact with students, to ascertain their training needs and personal wishes, and trying to match those as closely as possible to the available or potential positions. Developing criteria for assignment of such positions is highly desirable so that the process is fair and transparent.

Having placements outside of the university can be helpful to students in generalizing their training, and preparing them for the "real world" outside of graduate school. Such practica can be helpful for students in deciding what they do and do not want to do with their careers. More immediately, such community experience can be advantageous to students in adding to their credentials for internship applications. Further references regarding practicum placements are provided in the Resources section.

### **Internships**

Advising students who are applying to internship is extremely important, particularly given that these students are at a very vulnerable time in their career. Significant anxiety is typical, and the DCT will probably want to help prevent unproductive concerns by providing copious amounts of information.

Meeting with students who will be applying is essential; typically, group meetings are held for efficiency. It is recommended that the DCT first meet with students in the spring prior to internship applications in the fall. Preparation for the internship experience, however, should occur even earlier and be integrated into the fabric of the clinical program. With increasing numbers of applicants, and a relatively static number of internship sites, competition for internships is increasing, as is students' anxiety.

It is important that DCTs keep abreast of current APPIC policies and procedures. A copy of APPIC's current policy and procedure document is located in on the APPIC website at: [www.appic.org](http://www.appic.org). It is recommended that the DCT encourage potential applicants to go online and discuss questions they might have at a meeting with them. This process is fraught with dilemmas of choice and ethics which the student is typically ill-equipped to handle because she or he has (hopefully) never gone through it before! Ethical breaches, or transgressions in appropriate professional or other interpersonal interactions, can affect not only the student involved, but future generations of your students with a particular internship site.

The computerized application form streamlines the application process for students. It is advisable that DCTs review this form with students to ensure that there is consistency in how they complete the various sections. APPIC currently has a "Verification of Internship Eligibility and Readiness" form which certifies the student's amount of clinical experience. DCTs are required to sign this form online and in so doing, certify the student's academic, clinical, and personal readiness for internship.

It is recommended that DCTs advise their students to keep track of their clinical experiences from their first day of graduate school (and remind them to do so annually). Toward this end, there are a couple of computer based systems for tracking practicum hours. Both these systems have links on the APPIC website at: [www.appic.org/training/7\\_4\\_training\\_web\\_links.html-Practicum](http://www.appic.org/training/7_4_training_web_links.html-Practicum).

One of the challenges encountered by DCTs and clinical programs is having deadlines which the student must meet in order to apply for internship. Some programs require that students successfully defend their dissertation proposal prior to making application for internship. Such deadlines seem to be a very good idea, and can help to alleviate the ABD ("all but dissertation") problem in post internship students. Nevertheless, there is a tendency for students to delay in defending their proposals, which can put a severe time crunch on the DCT and other clinical faculty in late fall (the application deadline for any internships). Students who are applying for internship also often look to the DCT for advice about preparing for interviews or ranking their preferred sites---activities that frequently occur in December and January.

In terms of other internship information, some psychological societies may sponsor program events at their meetings to bring together internship sites and potential applicants. For example the Association for Advancement of Behavior Therapy has an internship symposium each year. Various Child Psychology groups (e.g. Division of Clinical Child Psychology, Society of Pediatric Psychology) host an “Internships on Parade” each year at the APA convention for child clinical and pediatric psychology internship programs. Numerous articles and books relating to internship application and acceptance are referenced in the resources section of this manual. It should be noted that some of this material is dated, but contains “gems” of wisdom, and others may contain advice with which a DCT may disagree. The DCT may want to make some of these materials available to students after reviewing them.

Students will appreciate the DCT providing them a list of internship sites which have accepted their program’s students. Distributing such a list, perhaps covering the previous five years, can be helpful to your students in guiding them to internships that are a good match for them. It can also be useful to publicize to students the number of hours (including the range) of practicum training that previous successful students have reported on their APPI form for internship. Students often overestimate the number of hours of experience required to be successful, and seeing this information can be reassuring.

### **Postdoctoral Fellowships**

Increasingly, students are opting to continue their formal training in a post-internship year or years. Sometimes students use this year to complete their dissertations, to get a necessary year of postdoctoral training for licensure, or to provide additional development of research skills/publication record prior to pursuing an academic position. It has become increasingly important to follow alumni from the program well after graduation. Information about their careers will be required for APA accreditation self-study reports.

### **APA Accreditation Issues**

Criteria for accreditation of professional psychology doctoral and internship training programs are regularly revised or clarified with Implementing Regulations. DCTs are referred to APA’s accreditation documents, as a comprehensive discussion of accreditation issues is beyond the scope of this manual. Suffice it to say that accreditation is a time-consuming process. Yearly reports are required, and periodic self-studies are important. Preparing self-study reports prior to APA site visits, and the site visit itself, requires a substantial time commitment on the part of the DCT and clinical faculty.

It is important for the DCT to keep updated about the status of APA accreditation issues in that requirements may change. For example, new information may be requested, necessitating the addition of those data to the Clinical program’s database. Having and reading a copy of the most recent accreditation manual is a must. The *Guidelines & Principles* and *Implementing Regulations* documents are both particularly important and can be found on the APA Program Consultation and Accreditation website at: [www.apa.org/ed/accreditation/](http://www.apa.org/ed/accreditation/).

Additionally, it is suggested that the DCT have copies of the last two APA site visit reports on the program, for referencing in making program modifications and planning for the next visit.

Such documents can also be useful in securing necessary Department, College, and University resources.

## **Section 8 – Administration**

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### **Administrative Structure**

Administrative structures for Clinical Psychology training programs vary widely. Usually, the DCT reports directly to the Department Chair. One may also interact with a Director of Graduate Studies on issues such as curriculum, teaching assistantships, admissions, and graduate requirements. It is advisable that these relationships be specified in terms of lines of authority and responsibility. There may be an assistant or associate DCT(s), and perhaps coordinators of various subcomponents of specialty tracks within the clinical program (e.g. Child Clinical or Behavioral Medicine, or Clinical Disaster Psychology specialty training).

It is essential for the DCT to have adequate secretarial and clerical assistance (e.g., at least a half-time administrative secretary). It is best to clarify the amount of secretarial time and commitment available to the DCT prior to accepting the position. Other resources helpful to the DCT include a graduate student research assistant or teaching assistant, up-to-date computer technology, and generous telephone, photocopying, and travel budgets. Results from the Annual Survey required by APA can help inform DCTs (and administrators) of the kinds of benefits/perks often associated with the DCT position.

### **Relationships with Other Administrators and Entities**

In the DCT role, a positive working relationship with the Department Chair and Director of Graduate Studies is helpful. Regularly scheduled meetings are probably important with these individuals, to promote communication and future planning, and to prevent problems. The DCT also will want to maintain contact with Directors/Coordinators of other departmental graduate and undergraduate programs. Additionally, it may be politically astute for the DCT to be known to College and University administrators (e.g., the Dean), as there will be occasions that necessitate direct interactions with them (e.g., accreditation site visits).

As already noted earlier in this manual *NCSPP and Related Organizations*, the DCT will probably want to have a working relationship with other mental health training programs in the University and community. There is a potential for sharing resources (e.g., classes), as well as for competition with Counseling Psychology, Social Work, and Psychiatry programs in garnering University (e.g., funding, space) and community (e.g., practicum slots) resources. Given the nature of their role, DCTs also have the potential to provide considerable guidance and assistance to state entities (e.g., testifying to the state's psychology licensing board), helping to shape policies and procedures that will affect program graduates.

### **Meetings and Minutes**

It is recommended that minutes be kept for all meetings of the clinical faculty. The DCT may be able to arrange for a secretary to take these minutes, may rotate the responsibility among the faculty, or may personally keep minutes. These minutes may be posted for students (with confidential portions removed, such as those related to individual students), and distributed to all members. Archiving these minutes is important for future retrieval related to policy questions

and matters of precedence. Future DCTs in your department will appreciate having a complete set of minutes, and other documents, to which they can refer. Many programs include student representatives in meetings of the Clinical faculty, and some include them as voting members. It is important for the DCT to work with these student representatives as they can serve a liaison function, facilitating communication between the clinical faculty and students.

### **Clinical Training Policies and Procedures**

It is important for clinical training policies and procedures to be in written form so that students can refer to them. There are also important legal reasons, as later articulated in this manual in *Legal Issues section* for this information to be in written form. In many programs, the clinical training policies and procedure are part of a larger graduate program handbook. Typically, this handbook is revised yearly. The various policies and procedures document (e.g., admissions brochure, graduate handbook, web page) obviously need to be consistent with each other. It may be useful to have students sign that they have read the material so that they can be held accountable for the material.

### **State/Provincial Licensing Boards**

DCTs vary widely in their relationship to the licensing board in the state in which their program resides. For programs that place many of their graduates in the state in which the program is located, it is typically that the relationship with the licensing board is strong. It is very helpful if a member of the regular clinical faculty, or adjunct clinical faculty, serves on the state licensing board, so as to provide for ready communication between the board and the program. In states in which there are numerous Clinical and Counseling Psychology training programs, it may be helpful to have a working relationship with training directors or faculty from those other programs, to coordinate efforts with the state licensing board. For information on licensure requirements for individual states/provinces as well as information about the licensing exam and licensure mobility, refer to the ASPPB website at: [www.asppb.org](http://www.asppb.org).

## **Section 9 - Finances**

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Establishing and maintaining Clinical Psychology doctoral training programs requires a substantial commitment of financial and other resources by the University, College, and Department. Funds need to be allocated on an annual basis for the following expenses (as of 2008).

- Annual Accreditation Fee - \$2,000.00 payable in August of each year for the upcoming academic year (i.e., September – August).
- APPIC subscription fees for graduate programs - \$315.00 per year (\$225+\$90).
- NCSPP program membership - \$125.00 per year.
- ADPTC membership - \$150.00 per year

In addition to these annual fees, Clinical programs have a variety of other expenses, the most notable of which is the site visit fees for doctoral programs, coming at least once every seven years, are currently \$4,500.00. Other expenses include but are not limited to travel costs for the DCT or other faculty to visit off-campus practicum sites and for the DCT to attend the annual

NCSPP; summer salary for the DCT and other clinical faculty; and additional secretarial expenses. In addition, if your program maintains a training clinic, additional resources are needed to support space/equipment needs, secretarial and clerical resources are needed to support maintenance and operation expense monies.

## **Section 10 – Program Brochure, Handbook, and Public Materials**

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Virtually every program has a brochure that is available (usually online) to prospective applicants. This brochure describes the training program, its philosophy and model of training, and information about faculty and the community in which the program resides. The DCT should review the program’s web information at least twice yearly, and update it as necessary. A listing of websites from NCSPP member programs is provided on the NCSPP website at: [www.ncspp.info](http://www.ncspp.info).

Information about programs is also presented in various summary guidelines for applicants, some of which are sponsored by psychological societies, and others that are commercially available. Typically, surveys requesting information for these guides are sent to the Department periodically. It is a good idea to review them yearly to ensure congruity with your current program description, and consistency across guides. Additionally, information about programs’ credentials (e.g., Doctoral Psychology Programs Meeting Designation Criteria, a joint publication by the Association of State and Provincial Psychology Boards and the National Register of Health Service Providers in Psychology) and outcomes (e.g., information about scores on the Examination for Professional Practice in Psychology, published by the association of State and Provincial Psychology Boards, 1998) is reported annually. Certain psychological societies (e.g., Association for Advancement of Behavior Therapy) sponsor articles in their newsletters and other publications about training programs (e.g., McNeil, 1995); the DCT may want to author or co-author such an article.

The graduate program handbook, used by current students and faculty, also contains the program description, but includes a great deal of other policy and procedure information as well. One issue that must be considered is whether students are bound to the policies and procedures in the handbook that is current at the time of their entry into the graduate program, or can they (or must they) use handbook policies and procedures that are revised thereafter. Also, if students can use handbook policies and procedures subsequent to their admission date, must they choose one handbook or another, or may they pick and choose policies and procedures among the various handbooks since their admission. Clarification of these issues (in writing) is recommended. For all materials, it is important that there be internal consistency in internal consistency in policies and procedures, a factor that may be reviewed by APA site visit teams. It is also crucial that programs follow their stated policies and procedures, as listed in these materials. Typically, these materials are reviewed yearly and revised. Most programs now provide this information on their websites and link to departmental and university data.

### **Full Disclosure of Information in Program Materials (print and electronic)**

APA is currently requiring a “full-disclosure” statement on University and College web pages including material on length of program, number of students who graduate in various years, and other information that might be particularly useful to prospective students.

## **Section 11 – Legal Issues (information provided by Russ Newman)**

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The information contained herein should not be construed as legal advice and is provided for background purposes only. It is strongly recommended that DCTs establish a relationship with their university attorney's office for consultation, including but not limited to advice concerning specific issues and cases, as well as applicable state and local laws. It is strongly recommended that DCTs have knowledge about and materials readily available regarding their university's sexual harassment and social justice policies and procedures. It is also useful to know the legal advisers of your state's psychological association.

As in many professional endeavors, the potential for lawsuits to be brought against clinical faculty is a serious concern which must be recognized and dealt with accordingly. The most common areas in which the potential for legal liability exists for DCTs and clinical faculty are subsequently listed. Although the risk for liability in these areas can never be completely eliminated, it can be sufficiently minimized so as to not create an obstacle to the smooth functioning of clinical programs.

In addition to the professional liability insurance that one typically procures to cover the provision of clinical services, it is recommended that DCTs ascertain whether their activities as administrators are covered through a university or personal policy. Moreover, it is recommended that similar considerations be addressed for all clinical faculty, to insure coverage both of their university-related clinical activities (including supervision) and other educational functions (e.g., in the classroom, as a thesis or dissertation chair).

### **Denial of Admission**

DCTs and clinical faculty must contend the threat of a lawsuit by disgruntled unsuccessful applicants for admission to training programs. Notwithstanding those cases in which some type of "illegal" discrimination has occurred (e.g., rejection on the basis of ethnicity, gender, age, or disability), suits in this area are usually not successful. ***The key to minimizing the risk of liability is to have established criteria and procedures for deciding upon who gets admitted and who does not, and to stick by them.*** Although some parts of the decision-making process are undoubtedly less objective than others, making the process as objective as possible will provide good protection against subsequent lawsuits. Rating each applicant in clearly articulated areas will provide evidence that decisions will not be made arbitrarily. Such areas may include grade point averages, GRE scores, interviewers' summaries and ratings, letters of recommendation, biographical data, previous life experiences, and extra-curricular activities. Personal characteristics of an applicant inevitably figure into the decision-making process. This reality is unlikely to present a problem, ***provided that*** those characteristics have some content validity to clinical program performance. To the extent that personal characteristics are utilized in decision-making, personal interviews with applicants support the process.

Psychologists have a wealth of training and expertise in objectifying, evaluating, and assessing individual performance potential, and this background should not be forgotten when making admissions decisions. It is also helpful to keep in mind that, from a legal standpoint, it may be

easier to defend a denial for admission than a termination from the program after a marginal applicant has been admitted.

### **Termination of Student Enrollment**

Perhaps the greatest increase of a threat of a lawsuit in recent years has occurred in the area of termination of students from Clinical programs. In general, the courts have permitted school authorities considerable latitude in determining whether a student has failed to meet academic/program requirements and virtually absolute discretion in determining what the academic/program requirements are. In essence, the potential for a successful lawsuit of this type is relatively small, so the high degrees of anxiety about it are unwarranted. There are some key points, however, which clinical faculty must bear in mind to minimize the risks which do exist.

First, the courts apply different standards depending upon whether an educational institution is publicly or privately supported. For publicly funded educational institutions, whether or not termination of a student has been appropriately carried out will depend upon whether “due process” has been afforded the student. In other words, the court will look to see what procedures have been followed by the state institution since dismissal of a student may constitute a deprivation of liberty or property within the meaning of the Fourteenth Amendment to the United States Constitution.

The U.S. Supreme Court, in *Board of Curators of the University of Missouri v. Horowitz*, 435 U.S. 78 (1978), held that in dismissing a medical student for failure to meet academic standards, the school satisfied due process requirements informing the student of the faculty’s dissatisfaction with her clinical progress and the danger that this posed to continued enrollment in the program. Further, because the ultimate decision to dismiss the student was “careful and deliberate,” the student could not object. The same Court in *Goss v. Lopez*, 419 U.S. 565 (1975), held that no formal hearing was required, only an “informal give-and-take” between the administrative body dismissing the student that would at least give the student “the opportunity to characterize his conduct and put it in what he deems the proper context.”

Practically speaking, due process requirements can be satisfied by: providing the student with notification that the student’s academic work or clinical performance is placing the student’s status in jeopardy; making expectations for improved performance clear to the student and within what time frame improvement is expected; providing the student with an opportunity to explain his or her situation; and ultimately deciding to terminate a student (if expectations for improvement are not met) in a noncapricious, careful, and deliberate manner.

Private institutions are not subject to constitutional due process requirements. Hence, a student in a private institution cannot sue for violations of due process. There are, however, analogous actions which may be brought by a disgruntled student who has been dismissed for academic or clinical performance reasons. While the actual legal grounds which may be alleged can vary (e.g., violation of “fundamental fairness,” breach of contract pursuant to terms expressed in a program bulletin or a university catalogue), the factors looked at by a court are likely to be similar to those in due process cases. As a practical matter then, maintaining the same procedures as those recommended for publicly funded institutions are likely to minimize the risk or liability and maximize discretion for publicly funded institutions are likely to minimize the risk of

liability and maximize discretion for the program in establishing criteria for expected academic and clinical performance.

The second key point to be understood is that the law views differently dismissal for academic reasons and dismissal for disciplinary reasons. In contrast to the relatively limited amount of due process required for dismissal based on academic failure, the required procedures to accomplish dismissal for disciplinary reasons are more onerous. In particular, dismissal for disciplinary reasons, according to the Supreme Court, requires that the student be given oral or written notice of the charges against him and, if he/she denies them, an explanation of the evidence the authorities have and an opportunity to present his/her side of the “story,” *Goss v. Lopez*, 419 U.S. 565 (1975). In addition, a public hearing may be required since disciplinary actions have a sufficient resemblance to traditional judicial and administrative fact finding.

### **ADA Accommodations for Students**

This area of law is an evolving one, and is based on the American Disabilities Act of 1990 and Rehabilitation Act of 1973 (sec. 504). The standard is that there must be “reasonable accommodation” for challenged students. If there is a question about admission of a challenged student, the most relevant question might be regarded whether it would be dangerous if he/she were to be in the profession. Possible accommodations for students include: (a) increase in length of time permitted for completion of requirements, (b) decreased class schedule each term, (c) leave of absence for intensive treatment, (d) course substitution, (e) increase in length of time allocated for completion of exams, (f) providing a reader, (g) providing a quiet room to complete an examination, and (h) providing auxiliary services through taped tests, interpreters, or tutors.

### **Negligent Supervision**

This area of vicarious liability, in which there is indirect legal responsibility of a principal for the actions of an agent (e.g., a supervisor’s responsibility for a supervisee), has a specific application to faculty connected with training clinics or practica. This tort, or “civil wrong,” occurs when a client is injured as a result of services provided by a student and it is determined that the poor treatment was the result of less than adequate supervision provided by the clinical faculty member charged with the responsibility of supervising the student’s clinical work. Sufficient supervisory time spent reviewing the student’s work and careful documentation by both the student-clinician and the supervisor are absolute necessities for minimizing the risk of this type of liability. Also, a thorough knowledge and understanding by the supervisor of each client who is being seen by the supervisee is a must. While this guideline may simply appear to be common sense, there are some cases in which supervisors have found themselves facing negligent supervision suits from clients who they were unaware were being treated by their supervisees. This, of course, is a less likely occurrence in the context of a carefully thought out and structured clinical training program than in settings where no formal training is established. It is possible not only for the client to bring action against a supervisor, but for a supervisee to bring an action as well. A related issue is that it is also appropriate, and consistent with ethical standards, for clients to be aware that they are receiving services by a trainee under supervision.

### **Student Privacy Issues**

Educational law requires that all information about students be kept private. This can constrict the sharing of concerns between supervisors and DCTs. The best way to handle this is to give the

students informed consent that information relevant to their clinical skills may be shared between clinical faculty and site supervisors. A signed consent form each year is recommended.

### **Sexual Harassment**

By the nature of their position, DCTs often are in the role of counseling students with complaints of various types, including sexual harassment, from faculty, fellow students, or others in the academic environment. Often, the DCT acts to assist a student in directly addressing these concerns him or herself. The DCT may have a unique role, however, in having the responsibility for reporting and responding to suspected sexual harassment, even if the aggrieved party does not do so, or requests that the DCT not take action. As already recommended, DCTs should have information readily available about their universities' policies and procedures for reporting alleged sexual harassment.

### **Educational Malpractice and Negligent Training**

Clinical services provided to clients in training clinics or practicum settings are another area of potential liability that is, practically speaking, no different than that which the clinician faces in other settings. Good clinical judgment, using adequate consent forms for clients and careful record-keeping practices will go a long way to keep the risks low. There is precedence for a university to be named in a suit because of a breach of educational standards. It is usually considered contrary to public policy, however, for courts to usurp the authority of the state psychology licensing board, and the state regents for higher education, which the state legislature has deemed having oversight in matters of psychological services and educational training. A concern about students moonlighting and giving the appearance of working under the supervision of the university may be addressed by regulating such practices by program policies and procedures, and specifically directing students to inform employers and clients their work is unrelated to their university affiliation.

### **Summary**

Despite the ability to minimize risks or liability, it is recommended that all faculty obtain professional liability insurance, especially those who supervise the clinical work of students. Although many universities "cover" faculty members in the performance of their university-based responsibilities, situations can arise where individual coverage is desirable if not necessary. For example, the interests of a university may diverge from or be in conflict with the interests of an individual psychologist faculty member. Having your own attorney and your own liability coverage may prevent an unwarranted result (e.g., an undesirable settlement) which is good for the university but not the faculty member. Liability insurance for students who are performing clinical functions is also well worth considering.

## **Section 12 – Promises and Pitfalls**

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The DCT position can be tremendously rewarding, in that one can positively influence the lives of a great many future Clinical Psychologists, and perhaps the field as a whole. There are many interpersonal rewards for this work. Being a DCT can also bring professional recognition and advancement in a variety of ways. Most DCTs, however, find the position quite demanding and often discover that their research productivity declines. It is important to balance one's various roles, not only investing time as DCT, but as a faculty member, mentor for students, professional

psychologist, researcher, and clinician. The time-intensiveness of the DCT position poses common pitfalls: Becoming a “workaholic” and an “efficiency freak” (trying to do everything in one’s life in the most efficient way possible). One’s personal life can also suffer, in that time can be taken away from it; the stresses of the position can lead to preoccupation outside of work. Being a DCT may make one particularly vulnerable to isolation and other problems associated with maintaining a professional role in our society. Sharing these concerns and issues with other DCTs can be helpful and assist in putting your perspective. Attending the annual NCSPP meeting is one way to do this networking. Another way is to join the NCSPP listserv.

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## **Section 13 – Advice for (New) DCTs**

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### **NCSPP LISTSERV**

It is recommended that you sign on to the NCSPP LISTSERV. This e-mail network will provide you an awareness of current issues affecting clinical training, as well as access to fellow DCTs who may help you with training issues and unique problems. Contact Jeanne Beaff to find out how to join the LISTSERV.

### **Consultation**

Consulting with other DCTs concerning unique issues can be very helpful in getting an objective view of a situation. As mentioned above, one can make these contacts at the annual NCSPP meeting, or through the LISTSERV. Another avenue for consultation is utilizing former DCTs who may still be on your Department’s faculty.

### **Promotion and Tenure**

It is certainly not preferable to take a DCT position without tenure (if available), because the time demands of the position take away from other activities (Wisocki et al., 1994), particularly research. If you do not have tenure, (but need or want it), or wish to apply for a promotion (e.g., from Associate to Full Professor), it will be essential for you to make a commitment to, and follow through on maintaining time for research (or other required activities). The administrative demands of the DCT position can easily be all-encompassing, and one can suffer personally and professionally while being altruistic in administrating the clinical training program. This is not good for you or the program.

### **Reading**

Providing yourself with a base of information from the literature is likely to be helpful to you in gaining a perspective on the role of the DCT. The article by Wisocki et al. (1994), regarding the role of DCT, that has been referred to in this manual is an important source. Other helpful materials are listed in the resources section of this manual.

### **APA Site Visitor Training**

It is a good idea to receive the training to become a site visitor because it provides a broad perspective from which to view clinical training and it provides a valuable service to the profession. To be a site visitor, it is necessary to attend a day-long training session, often held in conjunction with national meetings (e.g., APA, NCSPP). Being on the “other side” of a review can be eye-opening and gives you another perspective on your own program.

**Survey Requests**

You will probably be inundated with survey requests from graduate students and other colleagues to describe various aspects of your program. It is probably impossible to complete all of those surveys. The most important surveys to complete are those from APA and NCSPP. Survey information that will be listed in organizations' (e.g., AABT) listing of graduate programs in Clinical Psychology are probably also essential to complete, if you want your program included in material distributed nationally.

**Mailing Lists**

It is a good idea to ensure that you are on the mailing lists of various organizations that send information to you as a training director. Inform the current Secretary of NCSPP of your new role or changes in the DCT position. Also, advise APA's Office of Accreditation, APPIC, and any other organization that may regularly send your program training-related information.

**NCSPP and Other Meetings**

It is recommended that new and experienced DCTs attend the annual NCSPP meeting typically held the third week of January. It provides a good opportunity to further your professional development, to earn Continuing Education credits, to receive peer support, to acquire new ideas, and to rejuvenate your interest in administering a training program.

**Self-care**

The stresses (and joy) of being primarily responsible for a training program can be tremendous and unprecedented in one's professional life. All professionals are vulnerable to unique stresses, and can encounter personal problems that are primarily related to or exacerbated by their jobs. DCTs, who balance administrative, teaching, research, and service roles, would seem to be particularly susceptible to overwork, isolation, and as already noted in this section, resentment and burnout. Continuing to work on your own professional goals (e.g., research), therefore, is important, albeit, at a reduced level, as one can easily over commit to the DCT role. You will probably not continue as a DCT for your entire career, so maintaining activity in areas you previously found rewarding is a good idea. Most DCTs did not enter academics and specifically plan other professional activities. Having the opportunity to interact with Clinical Psychologists outside of one's own faculty can be particularly reassuring. Finally, maintaining a personal life outside of psychology may be of special importance to DCTs, giving them "time off" from the many stresses of the job.

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## Section 14 – Resources: Articles, Books, and Online Materials

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### DCTs and Training

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