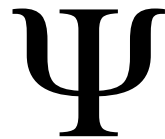


2011-2012
CLINICAL PSYCHOLOGY
DOCTORAL PROGRAM
MANUAL

(revised 06/21/11)



DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY
UNIVERSITY OF NORTH TEXAS
2011-2012 Academic Year

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I. PHILOSOPHY AND GOALS

We believe that the Clinical Program's philosophy is best described as a “student-centered scientist-practitioner model,” in the spirit of the scientist-practitioner model proposed at a national conference in Boulder, Colorado in 1949. Borrowing from a person-centered conceptual model, we are convinced that similar values of autonomy, responsibility, and integration of self (both as an individual and professional psychologist) may be applied to clinical training. In addition, we expect that students will develop an identity both at the university level (via a supportive community of graduate students and faculty) and at the professional level as a psychologist.

The core values expressed by the clinical program at the University of North Texas are threefold: (a) a respect for the individual, (b) a commitment to excellence, and (c) a genuine integration of science and practice. Respect for the individual within the context of a supportive community is manifested in the promotion of autonomy, an acknowledgment of our differences, an appreciation of each other's contributions, and an acceptance of responsibility. We firmly believe that respect for the individual should be modeled by the faculty and promoted in both students and clients.

Our commitment to excellence requires that high standards of research and clinical practice be maintained. We believe that excellence (i.e., rigorous standards for students and productive careers for faculty) can be achieved without sacrifice of individuality. In this regard, we have streamlined the core requirements so that more tailored programs of coursework and research may be pursued. In addition, we hope to promote students' own search for excellence through self-examination; we believe honest self scrutiny is vital to the integrity of both research and clinical practice.

Towards the goal of actual integration, our research courses and research teams emphasize the clinical relevance of scientific inquiry. By the same token, clinical courses and practica are grounded in theory and informed by empirical research. The program philosophy is that clinical practice should be grounded in scientific knowledge and that scientific inquiry should be informed by and relevant to clinical practice, which is consistent with principles put forth at the Gainesville conference in 1990. Although we acknowledge the diversity of research interests among students as well as the importance of non-applied research, we encourage students to wrestle with clinical questions and applied populations of their own choosing as thesis and dissertation topics.

Incorporating needs for research excellence with individual choice, we expect clinical students to involve themselves with one of the department's research advisors immediately upon entry and actively participate in research of interest to them. An aspiration, although not a formal requirement, is that students will author or co-author a published paper by the end of the third year. Knowledge of the editorial process and critiques by external reviewers are invaluable in demystifying the publication process and promoting excellence in research.

Respect for students' autonomy requires considerable flexibility in the Clinical Program. Towards this end, we have established a relatively small set of core course requirements and we place responsibility on the students and their major advisors to develop coursework and research consistent with their individual goals and training needs.

Our program's training model is sequential, cumulative, increasingly complex, and designed to prepare students for both research and practice, ultimately preparing our students for careers in academic, research, practice, or policy settings.

During the first year students are enrolled in coursework targeted at developing foundational skills and competencies. Basic personal and intellectual skills, attitudes and values, and a core of professional knowledge is the primary focus. This foundational knowledge, skills, attitudes and values are baseline competencies from which students build in subsequent years of training. For example, the first-year curriculum is comprised of coursework on statistics, research design, psychopathology and assessment. First year students are expected to begin formulation and development of a master's thesis proposal. First year students also participate on practicum teams primarily for the purpose of observation and socialization into clinical practice. The goals of the first year practicum student are acquisition of basic skills with respect to objective and projective assessment methodologies, diagnostic interviewing, systematic behavioral observation, relationship formation, and other professional responsibilities (record keeping, appointments, agency policies and procedures, case management problems, equipment usage, ethical issues, and professional demeanor). Before beginning applied training in practicum, students are expected to have acquired basic theoretical and research knowledge related to diagnosis, assessment, and intervention; diversity, professional ethics, and skills for learning and applying research knowledge in the clinical setting.

During the second year, students who have demonstrated sufficient mastery of basic information and skills to prepare them to make good use of the practicum experience, begin practical work which builds on foundational coursework from the first-year. The practicum training occurs following courses in assessment and psychopathology and in conjunction with core courses in ethics and psychotherapy. The goals of the second year student are to acquire assessment skills in areas of special client needs and, most importantly, to achieve the integration of assessment, conceptual-interpretive, and expressive (oral and written) skills. Their role on the practicum team includes provision of clinical evaluation services (assessments, psychological reports, consultations to referral sources), supervision of less advanced team members, observation of activities of advanced team members, basic introduction to therapy approaches, and participation in weekly team meetings. Similarly, second-year students' research focus turns from the foundational statistical and research methodology training to progress and possibly completion of the master's thesis. In summary, the second-year curriculum allows for the initial acquisition of functional competencies and skills.

During the third year students enroll in coursework that is specifically designed to provide advanced educational and training opportunities. For example, the third-year curriculum is comprised of a psychotherapy practicum (including opportunities to learn about the supervision process by providing supervision and consultation to less advanced students), advanced electives (including an advanced psychotherapy techniques course) and a master's thesis project. The goals of the third year practicum student are to develop treatment skills for short-term interventions and psychotherapy. Their roles on the practicum team include clinical treatment services, psychological evaluation services of a highly specialized nature, and consultation services to adjunct resources and community agencies. They also provide supervision to less advanced team members and participate in weekly team meetings. In their research work, students at this level complete their thesis, gain experience in research writing and presenting, and consolidate their research knowledge as they begin preparation for comprehensive exams.

Following the third year students devote their time to enhancing clinical skills, typically through an external practicum placement, as well as completion of the comprehensive core exam and dissertation proposal defense. Students are then admitted to doctoral candidacy and may apply for internship upon program approval. During the 12-month, full-time pre-doctoral internship training experience students are expected to demonstrate advanced integration of science and practice in a

variety of professional activities which continues throughout the internship year in preparation for independent practice and licensure.

To summarize, the Clinical Program is structured in a manner to afford students the educational and training opportunities adequate to provide breadth and depth to become competent clinical psychologists. The program includes core courses required of all clinical students that addresses foundational knowledge and functional skills necessary for competent practice in professional psychology (i.e., data analysis and research methods; psychological measurement and assessment; intervention, consultation, and supervision; professional ethics and multicultural competence). A master's thesis must be completed for those entering with a bachelor's degree or those entering with a master's degree that did not require a thesis and/or is not within the discipline of psychology. Additionally, all students must pass a comprehensive core exam to be admitted into doctoral candidacy, complete a doctoral dissertation project and a one-year pre-doctoral clinical internship.

Although not bound to a formal mentorship model, we believe that a mentorship climate is highly conducive to close faculty-student collaboration and effective modeling of the scientist-practitioner paradigm. Through small "teams" of researchers (students at different stages in their training being mentored by a faculty researcher), we believe that a group mentoring process is possible. Similarly, vertical practicum teams (graduate students at differing levels of training) afford a rich opportunity for students to observe, gain experience, and participate within a group mentoring environment. Unlike formal mentoring models, we want to ensure considerable flexibility in changing major advisors and research teams.

The faculty is committed to the training and preparation of clinical psychologists with an awareness of the diversity of professional roles. To prepare students pursuing academic careers, a strong research program and published papers are essential. For those desiring clinical practices, working knowledge of assessment methods and sophistication in psychotherapy will be important. When an integrated scientist-practitioner model is functioning optimally, students should have the training and background to pursue a professional career in either academic or applied settings. We want this option to be available to students at the University of North Texas.

The first priority of the program is its students. The clinical faculty has an identity, however, that exists beyond training. As an example of a shared commitment that transcends training, the clinical faculty members share the goal of developing innovative assessment methods. Given the diversity of the faculty's research interests, this goal has numerous facets that include new psychometric measures, content analysis, community-based measures of stress and coping, and structured interviews. We believe that such research offers exciting possibilities for the continued growth of clinical psychology. Moreover, such collaborative efforts will increase the general enthusiasm for clinical research as well as enhanced clinical training of students.

As part of the commitment to personal adjustment and knowledge of the psychotherapeutic process, students in Clinical Psychology are encouraged to pursue their own psychotherapy with psychologists outside of the University. We see this facet of the program as enhancing students' effectiveness in clinical practice and experiential understanding of the therapeutic process.

The goals and objectives of the Clinical Program are as follows:

Goal #1: To provide students in our doctoral program with broad and general training in the field of psychology in a sequential and cumulative manner that builds incrementally in complexity.

Objective 1A: Students will gain the requisite knowledge covering the breadth of scientific psychology including biological aspects, cognitive and affective aspects, social aspects, history and systems, psychological measurement, research methodology, and techniques of data analysis and to apply these areas as appropriate.

- **Competency 1A1:** Successful completion (e.g., grade of B or better) of coursework on biological aspects of behavior (PSYC 5790), cognitive and affective aspects of behavior (PSYC 5640), and social aspects of behavior (PSYC 5090). Students must also successfully complete two graduate level statistics courses (PSYC 5700, 5710), History and Systems of Psychology (PSYC 5060), Research Methodology Applications (PSYC 6400), and a minimum of three assessment courses.
- **Competency 1A2:** Successful completion of the qualifying comprehensive core examination demonstrating breadth and depth of knowledge in scientific psychology. Successful completion is defined as a minimum score of 14 points after combining all six graders of each of four sections.
- **Competency 1A3:** Successful completion of a master's thesis project, including a literature review demonstrating knowledge in scientific psychology. Successful completion is defined as having the paper and the oral defense approved by a majority of the thesis committee faculty.
- **Competency 1A4:** Successful completion of an empirical dissertation, including an extended literature review demonstrating knowledge in scientific psychology.

Goal #2: To produce graduates who have the ability to conduct methodologically sound psychological research of potential benefit to the practice of psychology as well as the proficiency to critically evaluate the research of others.

Objective 2A: Students will gain the theoretical and methodological skills to conduct and evaluate research.

- **Competency 2A1:** Successful completion of coursework on research methodology (PSYC 6400) and techniques of data analysis (PSYC 5700, 5710).
- **Competency 2A2:** Successful completion of a master's thesis project (PSYC 5950).
- **Competency 2A3:** Successful completion of the qualifying exam which is comprised of four sections (Assessment, Psychopathology, Psychotherapy and Research) with issues of ethics and diversity infused throughout the exam.
- **Competency 2A4:** Successful completion of an empirical dissertation, including an extended literature review demonstrating in-depth knowledge of the research area.
- **Competency 2A5:** Graduate students are trained and encouraged to independently contribute to the knowledge base of psychology through the publication and/or presentation of original research. Although aspirational and not a formal requirement of the Clinical Program, students are encouraged to author or co-author a published paper by the end of the third year. Knowledge of the editorial process and critiques by external reviewers are invaluable in demystifying the publication process and promoting excellence in research. To facilitate this immersion into the research process, students are assigned to a research mentor upon entry into the program. The research advisor can thus involve even the newest of students in various aspects of on-going research projects (those being conducted by the advisor and/or those being conducted by members of the advisor's "team" of advisees).

Goal #3: To produce graduates who have the requisite knowledge and skills for entry into the practice of clinical psychology.

Objective 3A: Students will gain specialized knowledge in the scientific, methodological, and theoretical foundations for the practice of clinical psychology.

- **Competency 3A1:** Successful completion of coursework (e.g., grade of B or better) in Professional Ethics in Clinical Psychology (PSYC 6480), Psychopathology (PSYC 5780), Theory and Application of Multicultural Counseling (PSYC 6300), Introduction to Psychotherapy (PSYC 6000), three courses in psychological assessment, an advanced psychotherapy techniques course and Advanced Practicum (PSYC 6820, 6830).
- **Competency 3A2:** A rating of “satisfactory” or better in applying scientific and theoretical foundations across practicum sites.
- **Competency 3A3:** Successful completion of a 12-month Pre-Doctoral Internship Program.
- **Competency 3A4:** Graduates are expected to be knowledgeable consumers of psychological research results, and to have the ability to incorporate evidenced-based information into practice (see item 17 on practicum evaluation form).

Objective 3B: Students will gain exceptional knowledge in assessment and diagnosis.

- **Competency 3B1:** Successful completion of coursework (e.g., grade of B or better) in Psychopathology (PSY 5780), Theory and Application of Multicultural Counseling (PSYC 6300) and three courses in psychological assessment.
- **Competency 3B2:** Successful completion of a minimum of 10 formally evaluated psychological assessments as part of the practica experience.
- **Competency 3B3:** A rating of “satisfactory” or better in assessment and diagnosis across practicum sites (see “Clinical and Relationship Skills” section on practicum evaluation form, particularly items 2, 3 & 4).
- **Competency 3B4:** Demonstrated entry level competence in the use of major tests of intelligence, behavior, and psychopathology as well as in the ability to produce accurate written assessment summaries (see practicum evaluation form, particularly items 2 & 18).
- **Competency 3B5:** Successful completion of a 12-month Pre-Doctoral Internship Program.

Objective 3C: Students will gain exceptional knowledge in the design, implementation, and evaluation of psychological interventions.

- **Competency 3C1:** Successful completion of coursework (e.g., grade of B or better) in Psychopathology (PSYC 5780), Theory and Application of Multicultural Counseling (PSYC 6300), Introduction to Psychotherapy (PSYC 6000), one advanced psychotherapy techniques course and three courses in psychological assessment.
- **Competency 3C2:** A rating of “satisfactory” or better in design, implementation, and evaluation of psychological interventions across practicum sites (see “Clinical and Relationship Skills” section on practicum evaluation form as well as items 13 & 14).
- **Competency 3C3:** Satisfactory review in these areas from internship placement.
- **Competency 3C4:** As part of the commitment to personal adjustment and knowledge of the psychotherapeutic process, students in the Clinical Program are informed via the Program Manual and in a meeting with the director of training that they are encouraged to pursue their own psychotherapy with psychologists outside of the university. We see such pursuit as enhancing students' effectiveness in clinical practice and experiential understanding of the therapeutic process.

Goal #4: To train well-socialized and capable clinical psychologists.

Objective 4A: Students will gain knowledge and appreciation of diversity across content areas of science and practice, conducting their work in an ethical fashion, in a manner that takes into account the rights and needs of the individuals with whom they are directly involved and other members of society.

- **Competency 4A1:** Graduates are expected to be aware of major sources of individual and group variation and to understand how such diversity affects psychological processes, clinical presentation, and responsiveness to intervention. Successful completion (e.g., grade of B or better) of a course from Theory and Application of Multicultural Counseling (PSYC 6300).
- **Competency 4A2:** A rating of “satisfactory” or better in having a respect for diversity and the ability to adapt relationship and treatment strategies in light of each client’s personal experience in cultural, familial, and other important social contexts across practicum sites (see practicum evaluation form, particularly items 1, 8, 11, 13, 14 & 21).

Objective 4B: Students will be prepared to make ethically and legally informed decisions about clinical, research, and other professional issues.

- **Competency 4B1:** Successful completion (e.g., grade of B or better) of Professional Ethics in Clinical Psychology (PSYC 6480).
- **Competency 4B2:** A rating of “satisfactory” or better in professional and ethical behavior on regular student evaluations and across practicum sites see practicum evaluation form, particularly item 13).
- **Competency 4B3:** Completion of the qualifying exam which is comprised of four sections (Assessment, Psychopathology, Psychotherapy and Research) with issues of ethics and diversity infused throughout the exam. Successful completion is defined as a minimum score of 14 points after combining all six graders of each of the four sections.
- **Competency 4B4:** Students are expected to deliver professional services and/or conduct clinical research in a manner that shows dedication to applicable ethical, professional practice and legal standards.

Objective 4C: Students will be involved in professional organizations at local, state, and national levels, demonstrating a strong professional identity with a demonstrated commitment to lifelong professional growth and development.

- **Competency 4C1:** Graduates of the program are expected to participate in ongoing professional activities consistent with principles of life-long learning, scholarly inquiry, and professional problem-solving as psychologists (e.g., belonging to professional organizations, publishing, continuing education). During the course of annual student evaluations and via review of the results of the former student survey, the program gathers information regarding initial employment, professional memberships as well as professional activities of our graduates.

II. GRADUATE APPLICATION AND ADMISSION

Admission into the program is on a competitive basis. All applicants must have 3 professional reference letters sent to the Program. The minimum requirements in order to be considered for admission are that the student must:

1. Have 24 prerequisite semester hours in Psychology (including statistics and three of the following: experimental psychology, cognition, learning, perception/sensation, motivation, physiological psychology, psychological measurement, and research thesis).

2. For students with a master's degree, the master's work must have included the completion of a thesis (or equivalent).
 3. Compose and submit a brief statement of personal background and professional goals.
 4. Submit a personal resume.
 5. Submit GRE scores (Verbal and Quantitative sections mandatory)
- and
6. Meet at least one (1) of the following six (6) criteria:
 - a. 3.0 overall on the BA
 - b. 3.5 on the last 60 hours of the BA
 - c. 3.5 in undergraduate Psychology coursework
 - d. 3.5 on a completed Master's Degree (exclusive of practicum and thesis)
 - e. Completed Doctoral Degree in another field
 - f. First or second author on an article in a peer-reviewed scientific or professional journal

Admission to the Clinical Program at the University of North Texas is not based on any single criterion or sum of quantitative measures of achievement. Motivation, aptitude, and self-awareness are highly valued, as are skills in communication, research methods, and scientific writing. Life experiences relevant to research, human services, and cultural diversity are also valued and should be described in the background and goals statement. Financial aid is available to many students during their doctoral studies.

III. ADMISSION TO THE GRADUATE SCHOOL

In addition to departmental admission, each student must be admitted to the Graduate School. That is, separate admission must be made to the Dean of the Graduate School. Note that the student meeting standards for the Department also will meet standards for the Graduate School.

IV. DOCTOR OF PHILOSOPHY DEGREE REQUIREMENTS

The Ph.D. degree in Clinical Psychology requires a minimum of 90 semester hours beyond the bachelor's degree and a one-year supervised clinical internship. This semester hour requirement does not include six hours of master's thesis credit but does include 12 hours for dissertation and six for internship. The qualified and accepted student may enter the doctoral program holding either a bachelor's or master's degree. All students must complete two degree plans (both a Master's and Ph.D.) in their first semester; refer to the Psychology Department [Graduate Student Manual](#) for samples of these plans. The maximum amount of transfer credit for appropriate master's degree work is 30 semester hours. A student entering with a master's degree (or equivalent) may, upon approval of the Clinical Program Committee, transfer a maximum of 12 appropriate semester hours beyond the master's degree, provided the work has been taken in a department offering a doctoral degree in psychology. Should a student wish to transfer credit for core courses, requests must be submitted for approval to the Director of Clinical Training.

The minimum hours required above the bachelor's degree are divided as follows:

A. GENERAL CORE REQUIREMENTS	Hours
Psyc 5060 Advanced History and Systems of Psychology	3
Psyc 5090 Graduate Social Psychology	3
Psyc 5640 Cognitive and Affective Bases of Behavior	3
Psyc 5700 Quantitative Methods I	4
Psyc 5710 Quantitative Methods II	4
Psyc 5790 Advanced Physiological Psychology	<u>3</u>
	20

B. CLINICAL CORE REQUIREMENTS	Hours
Psyc 5420 Assessment I	4
Psyc 5430 Assessment II	4
Psyc 6480 Professional Ethics in Clinical Psychology*	3
Psyc 5780 Advanced Psychopathology	3
Psyc 6000 Introduction to Psychotherapy	3
Psyc 6300 Theory & Application of Multicultural Counseling	3
Psyc XXXX An advanced psychotherapy techniques course approved by the Program**¥	3
Psyc 6XXX An advanced assessment course, either e.g., Diagnostic and Structured Interviewing, Psychodiagnostic Assessment, Neuropsychological Assessment or other approved course	<u>3 or 4</u>
	26 or 27

*Practice-based ethics is a vital component of clinical training. Clinical students are required to complete an ethics course with an intensive experiential format which trains them to apply ethical standards and professional practices to address competently ethical dilemmas and quandaries. Experiential methods include role-playing, perspective-taking, and self-awareness (e.g., methods structured to reveal potential biases and vulnerabilities). At present, this program requirement is satisfied by PSYC 6480, Professional Ethics in Clinical Psychology. Other courses that could potentially meet this requirement would be evaluated on a course-by-course basis by the Clinical Program Committee.

**Currently, courses approved to meet this requirement are Series on Psychotherapy Theory, Research, and Practice; Advanced Psychotherapeutic Techniques; Group Psychotherapy; Introduction to Marriage and Family Therapy; Counseling for Sexual Dysfunction and Other Psychosexual Disorders; Psychopathology and Treatment of Adolescents and Young Adults; and Psychodynamics. If other Psychology Department courses are thought to meet this requirement, the instructor or a student may request that the Clinical Program approve that particular course for meeting the requirement. However, ONLY courses within the Department of Psychology will be considered.

¥This course may be taken prior to OR AFTER the student completes comprehensive examinations. All other Clinical Core courses must be completed as a prerequisite to taking comprehensive examinations.

The clinical core requirements are designed to provide advanced training in assessment and

treatment. In addition, students are required to take two additional courses that are central to their development as professional psychologists (an ethics course and one on multicultural issues). Consistent with the program's respect for individuality, students become sensitized to issues of multicultural diversity through this course as well as through their clinical practica.

The department and graduate school both require continuous enrollment. Failure to remain continuously enrolled during long semesters will result in being removed from the program.

C. ELECTIVE FORENSIC FOCUS

The Elective Focus on Forensic Training is designed to provide doctoral students in clinical psychology with an additional credential and specialized training in forensic psychology. Competitive internships often value prospective interns with additional training involving specialized assessments whether or not they include a forensic rotation.

Background

The UNT Clinical Program is very fortunate to have three faculty members (Rogers, Neumann, and Sewell) with established research programs in forensic psychology. In addition, two faculty members have considerable professional experience in forensic practice: Rogers, board-certified (ABPP) in forensic psychology and Callahan, board-certified (ABPP) in clinical psychology.

The UNT leadership has recognized the importance of forensic sciences and has created an interdisciplinary research cluster. Importantly, its plan calls for the recruitment of a senior researcher in forensic psychology in the next two years.

The American Psychology-Law Society (APLS), in acknowledging UNT's contributions to the training in forensic psychology, invited UNT to be listed as a clinical doctoral program with specialized forensic training. This should be accomplished in the next year.

Scope

In keeping with the scientist-practitioner model, clinical students in this elective focus will have training in both forensic practice and research. It is conceptualized in two phases.

Phase 1

Phase 1 is conceptualized as coursework and research practicum with a forensic focus. It should be completed in the first three years. Because of course patterning (e.g., electives on alternating years), clinical students must plan to take these courses as soon as it is feasible.¹

PSYC 6460: Diagnostic and Structured Interviewing

PSYC 6520: Forensic Psychology: Theory and Practice

PSYC 6900: Special Problems: Research Practicum with a forensic emphasis² (2 semesters)

Phase 2

The primary focus on Phase 2 is the completing of two semesters at a forensic externship site approved by the Clinical Faculty Committee. Forensic externships will be informed by the Director of Clinical Training about which clinical students applying to their sites have completed Forensic Training Phase 1.

As Phase 2, clinical students will be encouraged to complete their theses and/or dissertations on forensic topics. It is envisioned that an advanced forensic seminar will be implemented that will be

¹ Courses 6460 and 6520 cannot be taken in the first year.

² Although typically in a forensic or correctional setting, clinical settings can be used if the research has direct bearing on forensic practice (e.g., malingering).

periodically taught by different faculty members with forensic expertise.

Credentials

Clinical students completing both phases of the Elective Cluster in Forensic Training will receive a certificate. Letters from the Director of Clinical Training to internships will also affirm this additional level of training.

D. PRACTICUM EXPERIENCE

Practicum experience in Clinical Psychology begins in the first semester and continues for a minimum of three years. The development of clinical skills occurs through the student's participation each year on a vertical practicum team consisting of students at year levels one, two, and three. Each vertical team is a cohesive, hardworking unit of about five to seven members under the supervision of a clinical psychologist. A year's service on the practicum team, no matter what the year level of the student, offers an intense, deep, practical experience with the orientation of the supervising psychologist. Care in the assignment of students to practicum teams each year provides students with exposure to a breadth of supervisory orientations. Students are assigned to a team for one year, with repetition of supervisors being avoided during the first three years of practicum. The Director of Clinical Training is responsible for the assignment of vertical practicum teams. Breadth of training along with the preferences of supervising psychologists and clinical students are considered in making such assignments.

Prepracticum (normally first year)

In conjunction with the Assessment I and II sequence during the first year of study, students have a practicum team responsibility of less than 10 clock hours per week. The goals of the first year student are acquisition of basic skills with respect to objective and projective assessment methodologies, diagnostic interviewing, systematic behavioral observation, relationship formation, and other professional responsibilities (record keeping, appointments, agency policies and procedures, case management problems, equipment usage, ethical issues, and professional demeanor). First year students also receive a preliminary introduction to advanced clinical methods. Their roles on the team include observation of, and technical assistance for, the practicum activities of advanced team members and the supervising psychologist, as well as participation in weekly team meetings. Over the course of the first year of training (Fall and Spring semesters combined), first year students must meet the minimum quantitative requirements described below in order to fulfill their responsibility to their practicum team.

1. Log at least 50 hours of case observation and assessment.
2. Log at least 25 hours of individual supervision from advanced team members and supervising psychologist.
3. Log at least 30 hours of group supervision from weekly team meetings.

Assessment Practicum (normally second year)

During the second year of study (or its equivalent), clinical students have a practicum team responsibility of about 12-15 clock hours each week. This experience occurs following courses in assessment and psychopathology and in conjunction with core courses in ethics and psychotherapy. The goals of the second year student are to acquire assessment skills in areas of special client needs and, most importantly, to achieve the integration of assessment, conceptual-interpretive, and

expressive (oral and written) skills. Second year students also are introduced to therapy approaches through observation of advanced level team members and assistance as behavioral technicians and as cotherapists. Their role on the team includes provision of clinical evaluation services (assessments, psychological reports, consultations to referral sources), supervision of less advanced team members, observation of activities of advanced team members, basic introduction to therapy approaches, and participation in weekly team meetings. During the assessment practicum year (Fall and Spring semesters combined), students must meet the minimum quantitative requirements described below in order to fulfill their responsibility to their practicum team.

1. Log at least 90 hours of Assessment (minimum of 10 full batteries) and therapy services.
2. Log at least 25 hours of supervision provided to less advanced team members.
3. Log at least 30 hours of individual supervision from advanced team members and supervising psychologist.
4. Log at least 30 hours of group supervision from weekly team meetings.

Therapy Practicum (normally third year and beyond)

After completing the assessment practicum, clinical students assume a senior position on the vertical team and have a practicum team responsibility of about 20 clock hours per week. This experience occurs in conjunction with advanced coursework and clinical electives. The goals of the third year student are to develop treatment skills for short-term interventions and psychotherapy. Their roles on the team include clinical treatment services, psychological evaluation services of a highly specialized nature, and consultation services to adjunct resources and community agencies. They also provide supervision to less advanced team members and participate in weekly team meetings. Therapy practicum students must meet the minimum quantitative requirements described below over the course of a practicum year in order to fulfill their responsibility to their practicum team.

1. Log at least 120 hours of direct patient contact.
2. Log at least 50 hours of supervision provided to less advanced team members.
3. Log at least 30 hours of supervision from supervising psychologist.
4. Log at least 30 hours of group supervision from weekly team meetings. Weekly team meetings permit the opportunity for case rounds and in-depth presentations, the consideration of assessment and treatment issues, the demonstration of clinical methods, and the discussion of ethical standards and professional responsibility/liability.

General Note

In addition to the quantitative requirements for each year of practicum, clinical students also are evaluated each semester on their qualitative performance. A copy of the practicum evaluation form appears in the Clinic Manual. Students must satisfy both qualitative and quantitative requirements before advancing to the next practicum level. When a supervising psychologist finds the performance of a team member unsatisfactory and supervisory feedback is unsuccessful in rendering improved performance, the supervisor may elect to make arrangements through the Director of Clinical Training for additional observation. This will involve the appointment of another supervising psychologist to oversee and evaluate the student with a sub-sample of the caseload.

Practicum Level	Course Requirement: Fall/Spring	Total Hours
First Year	PSYC 6820/6830 Prepracticum (1 hr enrollments)	2
Second Year	PSYC 6820/6830 Advanced Practicum (3 hr enrollments)	6
Third Year	PSYC 6820/6830 Advanced Practicum (3 hr enrollments)	6
TOTAL HOURS		14

(Students may arrange special, advanced practicum experiences beyond the minimum requirements above. Enrollment in optional advanced practicum counts beyond the basic 90 hour degree plan.)

E. EXTERNAL PRACTICUM EXPERIENCES

External practicum placements are often available for third and fourth years. Second year students generally are not permitted external placements. Student's must have their master's thesis completed and successfully defended prior to beginning external practicum placement. Students beginning their 5th year without their master's thesis successfully defended will NOT be allowed to enroll in any practicum course.

The responsibility of assigning external practica resides with the DCT and is a delicate balancing act in trying to meet the needs of students, the Clinical Program, and external practicum sites. The students' needs are reflected in (a) their readiness to provide professional services in an external placement, and (b) their needs/interests in developing particular clinical skills. The needs of the Clinical Program involves the provision of vertical teams, which would not be possible if a disproportionate number of advanced students were placed off campus. The needs of the practicum sites are often both specific and diverse in providing tailored clinical services to particular populations.

Guidelines for External Clinical Practicum Placement Feasibility

All external clinical practicum arrangements must specifically be approved by the Clinical Psychology Program faculty. Following are the guidelines that will be used to determine the appropriateness of a potential practicum placement.

The quantitative supervisory guidelines are based on a two-day-per-week practicum placement. Placements differing in quantity must interpolate/extrapolate from these guidelines to determine appropriate minimum supervision.

1. The primary supervisor must be a licensed psychologist who holds a Ph.D. in clinical psychology.

- This primary supervisor must be at the same site as the practicum experience.
- This primary supervisor must agree to provide at least one hour of direct, face-to-face individual supervision per week, regardless of any secondary supervisory relationships arranged.

- This primary supervisor must also agree to provide written evaluation of the practicum student's experience near the end of each semester (evaluation forms are provided by the UNT Clinical Psychology Program).
- 2. Secondary supervisory arrangements may be established with appropriately-credentialed practitioners in addition to the primary supervisory relationship.**
- The primary supervisor assumes the responsibility for the quality and quantity of such secondary supervision, ensuring its appropriateness in relation to the training level of the student and the practical experiences being required.
 - Secondary supervision may not take the place of the minimum one hour per week of direct supervision by the primary supervisor.
 - Example: A student under the supervision of a licensed Ph.D. clinical psychologist may be placed under the secondary supervision of a psychologist whose degree is in behavioral medicine for the purpose of a particular clinical rotation. Supervision from the behavioral medicine psychologist would be in addition to the supervision from the primary supervisor.
- 3. The primary functions of the practicum must be “clinical” in nature, such as psychotherapy, clinical evaluation/assessment, and consultation.**
- This requirement does not constrain the type of “site” that is feasible; for instance, appropriate clinical practica could take place in schools and detention facilities, as well as in the more traditional in-patient and out-patient mental health facilities.
 - Proposed practica intended to gain experience in non-clinical domains (e.g., school psychology, industrial/organizational psychology, etc.) must be separately arranged as “electives” and do not fulfill the student's clinical practicum requirements within the UNT Clinical Psychology Program.

The Process of Applying for External Practicum

In the spring semester, communication between interested eligible students and the DCT begin to assess the external training needs and opportunities. Several steps are followed to involve students in the process.

1. Students interested in external practicum should make their interests known to the DCT.
2. Students who express an interest will be reviewed by the Clinical Committee with respect to their readiness. In determining readiness for external practicum experiences, the Clinical Committee considers a variety of factors. For external practica involving primarily assessment, preparation involves satisfactory completion of a substantial proportion of the assessment requirements in the internal practicum setting. For external practica involving psychotherapy/treatment, preparation involves satisfactory completion of a substantial amount of psychotherapy requirements in the internal practicum setting AND successful completion of the master's thesis. This latter requirement for external therapy practicum has been instituted to ensure that students do not sacrifice their research progress in favor of external practicum experiences that can be highly time-demanding. For all levels of external practica, the

student's general ability to function effectively in the clinical setting (use of supervision, communication with other professionals, record-keeping/administrative tasks, etc.) is a consideration in the Clinical Committee's determination of readiness.

3. Students deemed sufficiently prepared for external practicum are then connected to external practicum supervisors so that they may set up an interview and visit the external site. If programmatic needs are satisfied, then the negotiations are between the student and external supervisor with the approval of the DCT on the final arrangement.
4. Student initiative in finding new external practicum sites is welcome. However, students should meet with the DCT prior to formally contacting any external sites. If a new practicum site is approved, students putting forward the initiative will be given first priority.

F. RECORDS

Clinical Record-Keeping

In addition to record-keeping required by the Clinic and/or any external practicum sites, it is the responsibility of students to keep records on of all clinical activities. This includes "indirect" clinical hours (those hours spent doing clinically-relevant things but not face-to-face with clients).

Clinical record-keeping should begin at the very beginning of one's clinical training. Internship sites will require extensive information from applicants; the better your records are, the easier the application process will be. It is recommended that the APPIC internship application be monitored (as it is an evolving application form) to ensure that records will facilitate eventual application; the APPIC application can be obtained at www.appic.org.

G. RESEARCH EXPERIENCE

Consistent with the program philosophy, students are expected to remain actively involved in research. The plan for research training is to continually have students as active participants in research along with the coursework which provides them with the techniques and skills for systematic examination of problem areas. As research skills are developed and refined, students gain experience and responsibility in more advanced and independent projects. Relatedly, advanced students acquire skills in the development and direction of projects as well as in the supervision of less experienced members of research teams.

First Year Research Involvement

During the first year, concurrent with enrollment in the Advanced Statistics and Research Design sequence (Quant. I & II), first year students also have the responsibility to join the activities of a research team. Students are assigned a "Major Professor" as a starting point (i.e., this is the research team on which she/he is initially to be a member). The student should begin the year by communicating directly with the Research Advisor about involvement on her/his research team.

Because of the diversity of our faculty, membership on a research team will mean very different things depending on the team. Some Research Advisors conduct formal "team meetings" and operate the group somewhat like a vertical practicum team. Some Research Advisors choose to involve team members at particular levels (including first year members) in collaborative project

efforts. This may mean working on on-going research projects (i.e., those of other team members or of the Research Advisor) concurrent with the development of the student's own research ideas. Yet other Research Advisors choose to work more individually (or via small interest groups), without a formal "team" structure.

The important thing is for a student to choose a research team, in collaboration with the Research Advisor, that best fits her/his research interests. Then, the student should actively engage with that team. If the Research Advisor has specific requirements for involvement, then the student should make every effort to meet them. If the Research Advisor's approach is to respond to the student's initiative (rather than to require specific actions), then it remains the student's responsibility to be continually active as a researcher. A good rule of thumb is as follows: ***Never let a week pass without committing time and effort to research.*** If a student is on a highly structured research team, that time and effort initially might be spent performing tasks as directed by others. If a student is on a less structured team, then that time and effort must be more self-initiated and individually communicated with the Research Advisor. Students are encouraged to discuss concerns related to research advising with the Research Advisor directly. In addition, the Director of Clinical Training will solicit feedback regarding research supervisors at least annually and provide research supervisors with summary feedback from students at that time.

Master's Thesis

During the second year following students' enrollment in the Advanced Statistics (i.e., Quantitative Methods I) and Research Design (i.e., Quantitative Methods II) coursework, and Research Methodology Applications and as they move more deeply into the conceptual and empirical knowledge base of psychology, students have an increased responsibility for the activities of their research team. Under the direction of a faculty member, students organize their own ongoing research effort, involve beginning members of the team in basic research skills that include literature search procedures, experimental design, laboratory methods, equipment instrumentation, project management, data reduction and statistical analysis, and provide supervision and guidance. The thesis requires a major professor and two other faculty members for a thesis proposal defense meeting and to conduct the final defense of the thesis. It is strongly recommended that students schedule their thesis proposal meeting for the second year early in the Fall term (which necessitates beginning to draft the thesis proposal during the first year). Students who do not successfully defend their thesis proposal by the end of the Fall semester in year 2 will be required to successfully complete a departmental course in Research Methodology Applications during the Spring semester of year 2 to scaffold their development. The final oral defense of the thesis project is expected to occur during the year 2 Spring term or the Summer term prior to year 3. Graduate School guidelines for preparing the master's thesis proposal and the final manuscript are available from the Graduate School. See Appendix B for program Guidelines for Thesis/Dissertation Proposals. Student's must have their master's theses completed and successfully defended prior to beginning external practicum placement. Students beginning their 5th year or beyond without their master's thesis completed will NOT be allowed to enroll in any practicum course.

Dissertation

The dissertation is viewed as a rigorous measure of the student's breadth of understanding and scientific base of psychological work, and the depth of his/her ability to integrate concepts

into a systematic schema from which assumptions and hypotheses can be tested and reasonably interpreted. Dissertation research and subsequent comprehensive oral examination of high quality mark the student as a serious scholar. The current rules for constructing a dissertation committee will be described below. However, these rules are constrained by departmental rules that may change. Any changes made to the departmental rules may result in the Program revising its rules accordingly. Any such revisions to rules regarding dissertation committee composition will be duly announced and will apply to any newly formed dissertation committees, regardless of year of entry into the Program. Under current departmental and Program rules, the dissertation committee must have, as its basic structure, three persons employed as faculty members by the Department of Psychology or as regular members of a Department of Psychology program committee. Each committee may, but is not required to, have additional members from outside the Department of Psychology. An additional member may be (a) a UNT faculty member from another department; (b) a community professional especially appointed to the committee through the Department of Psychology³; or (c) a faculty member from another university especially appointed to the committee through the Department of Psychology.³ Additional members may not replace the three departmental members.

Students may defend a dissertation proposal only after successfully completing the general core requirements and the Concentration Core Examination. Students must successfully propose a dissertation prior to applying for internship.

Students who enter the program with a masters degree without a research thesis in the discipline of psychology must also enroll in PSYC 6610 Psychological Research Seminar (4 hrs) and complete an approved research project.

First Year or Fall of 2nd year	Successful thesis proposal	
First or Second Year	PSYC 5950 Master's Thesis	6
Third Year	PSYC 6950 Dissertation	9-12
	TOTAL HOURS	15-18

Guidelines for Dissertations

The dissertation is the hallmark of scholarly productivity within a scientist-practitioner program. As such, the Clinical Program Committee has established guidelines to be observed by both students and clinical advisors in the planning and execution of dissertation projects. Students are encouraged to work with both clinical and non-clinical psychology faculty in meeting these guidelines.

Topic Areas. It is expected that dissertations will be conducted on topic areas that are explicitly clinical in nature. Certainly, studies conducted with clinical populations usually will meet this guideline. However, this topical constraint does not preclude studying non-clinical populations (including community, university, and even professional samples), but the direction of inquiry should be toward clinical aims. "Clinical aims" are herein defined as efforts toward

³ Non department psychologists may apply for a temporary status.

understanding forms of psychological distress, disorder, treatment, and/or their psychological sequelae as well as the prevention thereof. Studies of non-clinical topics, while valued within the broader context of psychological inquiry, are not acceptable as dissertation topics.

Scope. It is expected that dissertations should allow the student to display competency in a broad array of research skills. Generally, this implies the following tasks:

- (1) reviewing an existing body of literature that is sufficiently developed so as to require integrative and critical thinking in order to derive novel research questions;
- (2) development of hypotheses based upon the research questions derived and some theoretical/logical rationale;
- (3) designing a study to test these hypotheses;
- (4) conducting the study, usually including the collection of new data;
- (5) analyzing the data to test the hypotheses;
- (6) analyzing the data in exploratory ways to generate new hypotheses for future research;
- (7) interpreting the results in the context of the existing literature;
- (8) writing a manuscript documenting the entire process; and
- (9) defending the manuscript and process before a dissertation committee.

Within this scope guideline, purely theoretical dissertations are not acceptable. Dissertations using secondary data are subject to special rules. For the purposes of these rules, the term “secondary data” refers to data that were collected by someone other than the student. Any dissertation (including those relying solely on secondary data) requires the approval of the dissertation committee only. However, at least one of the two required research projects (the thesis or the dissertation) must involve original data collection on the part of the student. Any thesis or dissertation that includes a meaningful portion of original data collection by the student may also include analysis of secondary data (i.e., an original/secondary data mixed-method approach is acceptable). It is the responsibility of the clinical faculty members on the student's dissertations committee to ensure that this rule is met before accepting a dissertation proposal that will use only secondary data.

Standardization of Dissertation Defenses: Role of Clinical Faculty

1. After 12-18 months of work, the defense is truly the capstone of the Ph.D. training experience.
2. The dissertation defense is partly symbolic and partly substantive.
3. On a symbolic/tradition-bound perspective, the function of the clinical faculty is largely to show respect for the student with an unhurried and prepared examination.
4. From a substantive perspective, each clinical faculty must address the formal question, “Does this research represent high quality research that is an original contribution to psychology?”
5. Also from a substantive perspective, each clinical faculty must address whether the doctoral candidate has made an independent contribution and not a derivative effort.

Role of Major Professor/Chair of the Defense

1. Advise and assist doctoral students in selecting committee members that will be thoughtful, prepared, and unhurried in proposal and final defenses.
2. Ensure that dissertations are in final form, both substance and writing, so that the defense will proceed smoothly and not become bogged down in obvious oversights.
3. If significant changes in sampling or methodology are needed after the proposal has been

approved, require that the student consult with committee members well in advance (prior to data collection, if possible).

4. Provide leadership as Chair of the Defense to ensure a collegial yet formal atmosphere that is consonant with the importance of a dissertation defense.
5. Trust students' mastery of the dissertation; attempts to "run interference" on challenging questions derogates students' abilities.
6. Within the context of four-member committees with one outside member, contribute substantially to examination of the student's dissertation.
7. Orchestrate the defense so that both the traditional/symbolic and substantive perspectives of the dissertation defense are conducted in a thorough and unhurried manner.

Structure of Clinical Dissertation Defenses

1. Schedule sufficient time for an unhurried and thorough defense (minimum of 2 hours).
2. A minimum of two clinical faculty members are needed on a dissertation defense.

Changing Research Advisors

As stated above, the initial Research Advisor is assigned to the student. It is fine for student to be discussing research with others in the department, and/or attending other research team meetings, even if not immediately intending to change primary Research Advisors. However, if at some point the student realizes that she/he wants to be primarily connected with a new Research Advisor, the following steps should be taken:

1. The student discusses her/his interests and desires with the potential new Research Advisor. Although faculty persons will differ as to the point at which she/he will be willing to *sign on* as a Research Advisor, most will need to be convinced that interests are sufficiently aligned and that the student's commitment and skills are acceptable to them.
2. If the new advisor is agreeable to become the student's Research Advisor (sometimes referred to as "Major Professor"), then the student is to fill out the "Clinical Psychology Research and Program Advisor Change Form" (available from the Graduate Coordinator).
3. The student signs the form.
4. The student has the form signed by the new Research Advisor.
5. The student turns the form in to the Director of Clinical Training.
6. Finally, the student needs to communicate directly with the previous Research Advisor that a change has been made.

Non-Clinical Research Advisors. When a Clinical Program student has a Clinical Program faculty member as her/his Research Advisor, then that faculty person also serves as the student's "Program Advisor". However, Clinical Program students are encouraged to pursue research with any psychology department faculty person. If a student forms a working relationship with a Research Advisor who is not a member of the Clinical Program, then the student still needs a Program Advisor to oversee general matriculation. The Program Advisor needs to be a Clinical Program faculty member who will also be on the student's thesis or dissertation committee. For this reason, signing on with a non-Clinical Research Advisor also involves securing a Program Advisor. Because of the thesis/dissertation committee involvement, this selection must be made in consultation both with the Research Advisor and with the potential Program Advisor. Thus, the Clinical Psychology Research and Program Advisor Change Form has places for the designation and confirmation of a Program Advisor in the event of changing to a non-Clinical Research Advisor.

H. MASTER OF ARTS AND MASTER OF SCIENCE DEGREES

The Clinical Psychology program makes provision for students to obtain a Master's degree enroute to the Ph.D. in Clinical Psychology. This masters degree is obtained only by doctoral students who enter the program without a masters degree in psychology. The requirements for this degree can be completed by the end of the second year. This degree, being a degree in Psychology, not Clinical Psychology, is not a terminal master's degree and will not completely prepare the student to achieve certification as a Psychological Associate (PA) in Texas because it does not contain sufficient practicum experience. However, by the end of the student's third year, a sufficient number of hours of practicum will have been obtained and the student may then seek PA credentialing. The course requirements are as follows:

Master's Degree Requirements	Hours
PSYC 5420 Assessment I	4
PSYC 5430 Assessment II	4
PSYC 5700 Quantitative Methods I	4
PSYC 5710 Quantitative Methods II	4
PSYC 5780 Advanced Psychopathology	3
PSYC 6820/6830 Prepracticum	2
One of the following: PSYC 5060, 5090, 5640, or 5790	3
PSYC 5950 Thesis	6
	30

Students are strongly urged to file the degree plan for both the master's and doctoral degree during the first semester of graduate study. A sample Masters Degree Plan form can be found in the Psychology Department Graduate Student Manual.

I. COVERAGE OF HUMAN DEVELOPMENT

The exposure of all Program students to the current body of knowledge in human development, as it pertains to the scientific, methodological, and theoretical foundations of practice within professional psychology, is achieved mainly through the Program's required clinical practica. However, APA accreditation requirements specify that all students must "demonstrate substantial understanding of and competence in" this specific area of psychology. To fulfill this requirement, each student may choose between various course options OR a Human Development Competency Exam.

Course Options

1. Lifespan Option – This option involves taking one elective course on normative human development across the lifespan.

2. Applied Clinical Option – This option involves taking one applied elective course in the childhood/adolescent domain AND one applied elective course in the older adult domain. Courses that are currently allowed on the childhood/adolescent side are Child Psychotherapy and Child Psychopathology. Courses currently allowed on the older adult side would be Psychology of Aging as well as Death and Dying. Other courses conceptually consistent with this option can be proposed by students or faculty for consideration of allowance on a course-

by-course basis.

Human Development Competency Exam Option

The Human Development Competency Exam (HDCE) is constructed by the Clinical Psychology Doctoral Program faculty and administered to each student during any semester (the student's choice) prior to sitting for the Clinical Comprehensive Examination. The HDCE is based upon the experiences with human development considered by the faculty to be ubiquitously essential in the course of completed practicum training, as well as upon a defined reading list that focuses on practice issues relating to human development. This reading list is available from the Director of Clinical Training. The HDCE is an objective test, multiple choice in format, and is assessed for content validity by cross-referencing the questions with sections of readings in the HDCE Reading List. A passing score on the examination is 80% or higher (consistent with scores that achieve B or better in classroom situations).

J. CLINICAL CORE COMPREHENSIVE EXAMINATION

The objective of the Clinical Core Comprehensive Examination is to provide the student the opportunity to demonstrate:

1. competency in research and scholarship,
2. the ability to perform independently,
3. the ability to integrate theoretical, practical, and empirical material,
4. knowledge of the relevant contemporary and historical literature, and
5. the ability to present written material in a cogent, integrated fashion.

The Clinical Core Comprehensive Examination is a doctoral entrance examination. Prerequisites for the comprehensives are the general and clinical core courses (with the exception of the Advanced Psychotherapy requirement, which may be completed after comprehensive exams, if the student so desires) and successful defense of the master's thesis.

Content of Comprehensives

Assessment (includes: cognitive, personality, and limited vocational assessment; focus on adults but some understanding of assessment issues with children is necessary; relevant aspects of professional and ethical issues).

Psychopathology (includes: normal and abnormal psychological functioning; focus on adults with some optional questions applying to children; relevant aspects of professional and ethical issues).

Psychotherapy (includes: theoretical and practical understanding of psychological treatment strategies; understanding of principles and techniques from a variety of theoretical treatment orientations; focus on adults with some optional questions focusing on children; relevant aspects of professional and ethical issues).

Research (includes: research design; statistics; relevant aspects of professional and ethical issues).

Structure of Comprehensives

Professional and Ethical Issues are integrated into each of the above four content areas (within each content area Professional and Ethical Issues include: understanding and application of the Ethical Principles of Psychologists and Code of Conduct; current professional issues in Clinical Psychology).

There may be one required question in each of the four areas. Required questions will be answered by everyone. Generally, required questions will deal with Professional and Ethical Issues in the respective domains. In a section with a required question, there will be four additional questions. Students will pick two of these four additional questions to for a total of three questions in the section. If there is no required question in a section, students will pick three of five choice questions.

Grading for Each Question: Scoring System

- 0: Complete Fail -- The student's answer: (a) is patently wrong (by omission or commission); or (b) contains elements that would indicate a propensity for unethical behavior (e.g., "fudging" data, willingness to enter dual relationships, etc.).
- 1: Marginal Fail -- The student's answer indicates: (a) a misconception of the question and therefore is largely irrelevant; (b) a weak understanding of the necessary components of the correct answer (e.g., listing of the critical elements of the correct answer with no cogent presentation of the "meaning" of the elements); and/or (c) a basically correct presentation of necessary components but with one (and no more than one) patently wrong component (however, if this incorrect component represents an unethical propensity, the error would be considered "0" as per above).
- 2: Marginal Pass -- The student's answer presents a basically correct, but insufficiently substantiated understanding of the critical components. Such an answer would leave the grader wondering, "If the student explained more fully what she/he is thinking, would it be better, or worse?" This type of response is analogous to a "query" response on a WAIS -- the presentation offers insufficient information to make a comfortable judgment, because elaboration might fortify or "spoil" the response.
- 3: Pass -- The student's answer provides all critical components with demonstration of adequate understanding of these components.
- 4: Excellent Pass -- The student's answer provides all critical components with (a) demonstration of superior understanding of the components; and/or (b) presentation of some particularly creative approach, conceptualization, or tie-in of other information demonstrative of superior understanding of the general domain.

Overall Grading

On any one section, the examinee must score at least a total of 14 points from all six graders (two graders per question) on the three answers to consider that section passed.

No single "Excellent Pass" answer would secure a section pass (i.e., at least one of the other questions would need to be in the Marginal Pass-to-Pass range).

There is no point contribution from an answer that is viewed as a "Complete Fail."

Sections that are completely in the Marginal Pass-to-Fail range are considered failed (i.e., a score of 3 or more on at least one question is necessary for passing a section).

Feedback

Students will be provided their average score per question for each section and typed feedback (graders anonymous) for each question.

General Notes

Students will sign up with the Comprehensive Exam Coordinator (as announced via e-mail) in order to take the exam. Each separate answer will be given a random number I.D.; thus, graders will not know which answers were written by the same student. All four sections of the exam must be passed for the student to pass the Clinical Core Comprehensive Examination. Students who fail any section of the exam must retake the failed area at the next scheduled examination. If more than two sections are failed, the student must retake the entire exam at the next scheduled examination. Students who retake the exam are encouraged to use written and oral feedback from the program faculty in order to plan a remedial program of study with their program advisor. Failure of the re-examination triggers a progress evaluation that can result in the student's separation from the program.

K. CLINICAL INTERNSHIP (2-6 hours)

A required clinical internship of one full calendar year provides further sophistication in the adoption of an applied role model, giving emphasis, focus, evaluation, and more direction to a career choice in professional style and function.

Once a trainee is approved by the Program to apply for internship, she/he may apply to any internship program (including those that are not APA-accredited, and even those that do not participate in the APPIC matching system). However, before a trainee can rank a non-APA-accredited internship program in the APPIC matching system (or “accept” an internship that is not in the APPIC matching system), Program approval is required.

In order to be eligible to apply for internship, students must complete successfully the general core courses, the clinical concentration core courses, and the master's thesis. Successful performance on both the Clinical Core Examination and dissertation proposal defense is a prerequisite to application for internship.

Other Non-APA Internship Positions

All students are encouraged to participate in an APA approved internship. However, for various reasons, this might not always be possible or desirable. Careful review will be given to the educational experience offered to interns at facilities that do not have APA approval. Students need to work closely with the Director of Clinical Training during the application phase in order to assure that the placement offers an acceptable training experience. Generally, criteria for internship acceptability are:

1. Adequate supervision is provided to clinical interns.
2. Interns are exposed to diverse patient populations.
3. The faculty are qualified to provide internship training.

4. Additional educational forums are provided (rounds, seminars).
5. The faculty offer sufficient models for professionalism in research and practice.

L. COURSE LOAD REQUIREMENTS

The maximum course load each semester is 3 courses and practicum. Students must maintain a minimum course load of 9 hours each semester in order to qualify for full-time student and residence status. Further restrictions apply to students engaged in various types of employment. They are outlined below.

1. Students who meet any of the following criteria are restricted to a maximum concurrent course load of 9 semester hours (i.e., two courses and practicum):
 - a. employed in a half-time assistantship
 - b. employed in a half-time non-departmental position
 - c. employed as a teaching fellow with two courses
2. Students who meet any of the following criteria are restricted to a maximum concurrent course load of 12 semester hours and a minimum concurrent course load of 9 semester hours:
 - a. employed in a quarter-time assistantship
 - b. employed in a quarter-time non-departmental position
 - c. employed as a teaching fellow with one course

Slight overages are permissible when they occur due to enrollment in one-hour labs that accompany some courses. In any case, pre-approval must be obtained from the program advisor and director of clinical training for a student to undertake a course overload or to fall below the minimum course load of 9 semester hours (this excludes the internship year and thereafter). Refer to the departmental Graduate Student Manual with respect to leaves of absence and non-enrollment during regular semesters. Students generally are expected to spend their summers on campus during the first two years of the program. Their time will be devoted to a combination of thesis research and coursework.

M. GRADUATE DEGREE PLANS

Degree plans are filed during the semester that the student completes 12 semester hours of graduate coursework. Guidelines for preparing and filing degree plans appear in the Psychology Department Graduate Student Manual. Degree plans are developed in consultation with the student's program advisor. After preparation of the degree plan, the student sends the typed plan to the Director of Clinical Training for review and approval. Sample degree plans appear in the Graduate Student Manual.

A student who has received a master's degree at another university may request a transfer of credit toward the Clinical Psychology degree. In such instances, the student should provide in writing the following information to the instructor who teaches the equivalent course at UNT: grade, catalog description of the course; course syllabus; text(s) used; papers and/or other requirements assigned; methods of evaluation employed in the course; and any other relevant information. This form must accompany the degree plan for each course transferred.

N. DEGREE PLAN CHANGES

To initiate a degree plan change, the student must first obtain a copy of the Degree Plan Change form from the psychology graduate coordinator's office (see the Departmental Manual for this process). Changes in elective coursework or committee membership need to be initiated in consultation with the program advisor and/or major professor. In addition, changes in committee membership need to have the agreement of faculty who are involved in the change. See the Graduate Student Manual for a sample of the Change in Degree Plan.

O. ACADEMIC REQUIREMENTS

All students are expected to make satisfactory and continuous progress throughout their program of study. Students must attain A's or B's on all General and Clinical program core requirements. Students who fall below a 3.00 grade point average during the first 12 semester hours of graduate study may be placed on academic probation by the Dean of the Graduate School. In addition, certain courses include the prerequisite of a cumulative B average (6820, 6830, 5950, 6840, 6850, 6950) for permission to enroll. Satisfactory completion of the degree program requires (among other things) an accumulative B average. Continuous progress in the Clinical program is evidenced, in part, by student's successive enrollment during Fall and Spring semesters in the conceptual and technical coursework of their degree plan (including Psyc 6950) until the Ph.D. objective is reached. Should circumstances arise that discourage the student's full-time enrollment during the regular semesters, then he/she must request prior program approval for either a temporary reduction in courseload or a temporary leave of absence from the Clinical Program (See the departmental Graduate Student Manual for procedures for filing these requests). A Leave of Absence Request Form (obtained from the graduate coordinator's office) must be submitted to the DCT. Failure to maintain satisfactory and continuous progress in the degree program may result in the student's separation from the program.

V. ADVISORS, COMMITTEES, AND CONSULTATION

Prior to matriculation, all incoming students to the doctoral program in Clinical Psychology will be assigned a program advisor by the Director of Clinical Training. The advisor will be a member of the Clinical Program Committee. This person will have the responsibility of helping the student with program planning and other academic advisement, and for signing pre-registration/registration Course Approval forms during the student's studies in the doctoral Clinical Program. It is important that each student stay in close contact with the program advisor give that it is that professor's responsibility to help the program faculty evaluate the student's progress. Similarly, the program advisor will assist students in understanding and utilizing feedback and recommendations from the program faculty. If a student's research advisor is a member of the Program faculty, then the same faculty member will serve as both research advisor and program advisor for the student.

The research advisor for the thesis and for the dissertation need not be the same person. If this person is a member of the clinical committee, she or he will then become the student's program advisor. If the major professor is not a member of the clinical committee, then the student will have two faculty advisors, one for research and one for programmatic matters. At least one member of the thesis and two members of the dissertation committee must be on the Clinical Program faculty.

Before the end of the first academic year, the Graduate School requires that students file a master's and doctoral degree plan and designate a master's thesis committee and a doctoral dissertation committee, respectively. These are separate degree plans, separate research advisor (major professor), and separate committees, although overlapping membership may be preferred by the

student. If a student has chosen a research advisor for the thesis or the dissertation at the time the master's or doctoral degree plan is filed, such advisor(s) will sign off on the degree plan(s) as major professor. If the student has not settled on a research advisor, then the program advisor will sign off on degree plans as the temporary major professor. See the Graduate Student Manual for details on filing the degree plan.

VI. PROFESSIONAL REQUIREMENTS

All students who are admitted into the doctoral program in Clinical Psychology are chosen because they appear to have outstanding potential for completing the requirements for the Ph.D. and for developing broad professional roles as clinicians, researchers, and teachers. Admission to the doctoral program represents a commitment on the part of the faculty to sponsor the student's pursuit of the Ph.D. Most students fulfill the expectations that form the basis of admission and sponsorship.

Clinical Psychology is a professional as well as an academic program. Consequently, the program faculty is responsible to the public and the profession for ensuring that graduates of the program have adequate clinical skills and demonstrate responsible professional behavior. This responsibility exists while a student is in the graduate program. Consequently, **no student may engage in work of a psychological nature without adequate supervision AND prior approval from the program committee**. Approval forms for extra-departmental professional employment are available in the Psychology Graduate Coordinator's Office.

Adequate clinical skills involve the ability to work with and take responsibility for clients. These skills will be assessed throughout the student's practicum training, including participation in the pre-practicum activities during the first year. Graduate students in Clinical Psychology are expected to behave in accordance with accepted professional and ethical standards. Guidelines for adequate professional behavior are provided in part by the following American Psychological Association publications: Ethical Principles of Psychologists, Casebook on Ethical Standards of Psychologists, Ethical Principles in the Conduct of Research with Human Subjects, Guidelines for Providers of Psychological Services, and Specialty Guidelines in Clinical Psychology. Students should become immediately familiar with these guidelines and bring questions and concerns to practicum and research supervisors, course instructors, and other faculty.

Any student who appears unlikely to succeed professionally, regardless of grades earned, may be separated from his/her degree program. Separation of the student from the doctoral program in Clinical Psychology may occur if: (a) very severe problems exist and a period of remediative effort does not offer a constructive course of action, (b) the student fails to make satisfactory improvement in an area(s) of need during a period of attempted remediation, and (c) other extreme circumstances exist.

VII. STUDENT EVALUATIONS

Frequent and informative performance feedback is demonstrably helpful to students in their learning, and also assists them in planning their own scholarly and professional development and choosing their career goals. Feedback is especially important for clinical students because of the unusual range of behavioral dimensions that comprise good clinical performance, including dimensions that in most other professions are considered too "personal" to be relevant. Thus, annually students will receive letters of evaluation from the Director of Clinical Training that both notes their status regarding formal degree requirements and presents feedback from clinical faculty on the student's strengths

and any areas of faculty concern. Faculty will endeavor to comment on the student's performance as a scholar, clinician, researcher, and community member. Personal qualities that represent notable strengths or that may hamper the individual's growth and training if not remediated will also be described in order to enhance the student's awareness of her or his social impact.

A. INSUFFICIENT PROGRESS

Students who are making insufficient progress will be expected to engage in a remediation plan. Examples of insufficient progress include (but are not limited to) (1) not successfully completing a thesis proposal by end of fall term in year two, (2) not accomplishing the clinical hours associated with the year of training (see earlier in this manual for the expected hours per training year, (3) obtaining a grade of C or below in a course, (4) not completing final thesis defense in a timely manner. Common remediation strategies include (but, again, are not limited to) (1) enrollment in extra coursework to address research skill deficits, (2) delaying advancement in clinical practice until thresholds (either clinical or research in nature) are met, (3) repeating coursework. Remediation plans may be tailored to specific student needs (e.g., to address specific competencies that are not on target (see Appendix A).

B. MISCONDUCT

In contrast to insufficient progress, are evaluative procedures for academic misconduct. Students are reminded that academic misconduct will not be tolerated and will be treated in accordance with the "Code of Student Conduct and Discipline," which may be viewed at http://www.unt.edu/csrr/student_conduct/index.html. Please also refer to the official statement of UNT regarding these matters, which may be accessed as part of the *Student Handbook* at the following website: <http://www.unt.edu/csrr> Please note that specific penalties may be assigned by the Program. For further information on academic misconduct, penalties, and appeal procedures, please refer to the "Code of Student Conduct and Discipline."

C. ANNUAL REVIEW

The annual student evaluation process typically occurs late in the spring semester. Each student produces documentation which is submitted to their program advisor. The Clinical Committee meets to review the information (grades, practicum evaluations, scholarly work and other relevant data). The student's advisor produces an evaluation form outlining the Committee's review and provides a summary to include with letter of evaluation from the Director of Clinical Training mentioned above. The letter is sent to the student and a copy placed in her/his student file. Students who have difficulties with Clinical Program competencies (e.g., failure to defend a thesis proposal in a timely manner/by the end of the third year) are scheduled a time to meet with the Clinical Committee to outline a specific written plan for remediation which includes a timeline. When remediation is successful, the student is informed in writing that "good standing" has been reestablished. If a remediation plan needs to be revisited or revised, these processes are documented in writing to the student. In a case in which remediation has been repeatedly attempted, the Clinical Committee gives the student a final deadline in writing by which he/she must remediate. The student is informed in writing that the consequence of not meeting this deadline is separation from the Clinical Program. Students can also be separated from the Clinical Program for other reasons (e.g., plagiarism), which are governed by university policies (see Student Handbook; Departmental Graduate Student Manual).

Monitoring of the student's completion of the formal degree requirements and competencies

development ensures that both student and faculty are made aware of any deficits in the student's progress through the program and remedial procedures may be planned and implemented. This monitoring approach should obviate the need for a more general probationary status. To this end, students' training and skill development will be monitored during the annual review process (please see Clinical Program Competencies Checklist in Appendix A).

This mechanism is designed to encourage and recognize students' development and achievements, and also to identify maladaptive trends that should be discouraged or remediated before they can hamper the student's progress through the program. Students should be notified at the earliest possible opportunity if there is any credible evidence by their performance or conduct that they might have difficulty meeting the requirements for the degree or the minimum standards required of a professional psychologist (e.g., passing the licensing examination, conducting a consistently ethical practice). Such notification should be both in person from the faculty advisor and in writing from the Director of Clinical Training, and shall encourage the faculty advisor and the student to discuss the observations and/or suggestions for remedial action, as appropriate.

In the rare event that an emergent student need develops too rapidly or is too debilitating to be addressed by the evaluation letter mechanism, individual faculty who notice such problems will inform and consult with the Director of Clinical Training on a case-by-case basis. The program director may in turn consult with the program faculty and/or the student. We recognize that student needs for physical or mental care must be handled with special sensitivity to confidentiality both within and outside our community.

D. COMPREHENSIVE NATURE OF EVALUATION

Students should know that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainee's knowledge or skills may be assessed (including, but not limited to, emotional stability and well being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure—insofar as possible—that the student-trainees who complete the program is competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of administrative authority, the Program, faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and faculty, students and trainees should know that faculty, training staff, and supervisors will evaluate competence in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede

professional development or functioning); and (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

This policy is applicable to settings and contexts in which evaluation would appropriately occur (e.g., coursework, practica, supervision), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). However, irrespective of setting or context, when a student-trainee's conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the student-trainee, (b) raises questions of an ethical nature, (c) represents a risk to public safety, or (d) damages the representation of psychology to the profession or public, appropriate representatives of the program may review such conduct within the context of the program's evaluation processes.

Although the purpose of this policy is to inform students and trainees that evaluation will occur in these areas, it should also be emphasized that the program's evaluation processes and content typically include: (a) information regarding evaluation processes and standards (e.g., procedures should be consistent and content verifiable); (b) information regarding the primary purpose of evaluation (e.g., to facilitate student or trainee development; to enhance self-awareness, self-reflection, and self-assessment; to emphasize strengths as well as areas for improvement; to assist in the development of remediation plans when necessary); (c) more than one source of information regarding the evaluative area(s) in question (e.g., across supervisors and settings); and (d) opportunities for remediation, provided that faculty, training staff, or supervisors conclude that satisfactory remediation is possible for a given student-trainee.

VIII. STUDENT REPRESENTATION

During the spring/summer of each academic year, two students from the graduate program in Clinical Psychology are elected by their peers to serve as representatives on the Clinical Program Committee for the following academic year. These representatives will have full voting privileges and participate in most of the business brought before the Clinical Committee (some exceptions include individual personnel matters, individual student matters, composing and grading Clinical Core Comprehensive Examinations). Perhaps the most important objective of student representation on the Clinical Committee is to provide a liaison with students in the program. The involvement of the representatives in the business before the Committee is intended to facilitate the coordination of activities and intercommunication of faculty and students.

Representatives are expected to take an active role in their attention to the interests and needs of those they serve. In this way, they can provide input into the discussion of the Committee and place business on the agenda of the Committee meetings for consideration, clarification, and/or decision. Likewise, representatives are expected to be helpful in providing information and feedback to other students where it could be of general concern to them. Their informed contributions should be most helpful and influential in the deliberations of the Committee. It is anticipated that on some matters, the input of representatives might best be accomplished by a systematic survey of graduate students for their individual opinions.

IX. POLICIES, PROCEDURES, AND APPEALS

Students are advised to obtain and consult the UNT booklet entitled STUDENT GUIDE from the Dean

of Students Office in order to acquaint themselves with official University policies, regulations, and procedures that concern student conduct and discipline, grade appeals, open records, events and activities, and resources available. Other pertinent information will be found in the UNT Graduate Catalog. Students also are responsible to the policies and procedures found in the departmental Graduate Student Manual, the Applied Training Unit Psychology Clinic Manual, other procedural guides employed at external practicum placements, and of course this Clinical Psychology Doctoral Program Manual.

Students who have a grievance with the policies and regulations of the Clinical Psychology program are encouraged to discuss this with their program advisor, their student representatives, or the program director. Clarification of the nature and guiding intentions of these policies and regulations is in the best interests of all concerned, and may be incorporated into ongoing program evaluations. From time to time, a student might wish to have a regulation or decision of the Clinical Program reconsidered on the basis of her or his personal need. On these occasions, the student, working in conjunction with the program advisor, may bring an appeal to the Clinical Committee and/or the Director of Clinical Training for review. Most often accommodations can be made that mutually satisfy the needs of the student and the program. All program policies and decisions concerning students are subject to the approval of the Departmental Chairperson and the Graduate School. Students who wish departmental level review of a program decision should submit their grievance to the Departmental Chairperson. The department also offers an ombudsman upon request. Further appeals processes are outlined in the publications referenced above (i.e., UNT Student Handbook, Departmental Graduate Student Manual).

Americans with Disabilities

The Department of Psychology and the Clinical Psychology Program cooperates with the Office of Disability Accommodation (ODA) to make reasonable accommodations for qualified students with disabilities (cf. Americans with Disabilities Act and Section 504, Rehabilitation Act). If you are disabled and have not registered with ODA, we encourage you to do so.

The Department also complies with the University's policies concerning discrimination and sexual harassment. If you have any complaints please contact the departmental chairperson or UNT's Equal Opportunity Office.

Appendix A

INTRODUCTION

The faculty in the Clinical Program has identified the following core competencies that graduates of our training program at the University of North Texas should obtain. We do not expect students to become experts in all areas, but do expect a student to exhibit competency in all of the areas depicted below. At least once annually students are expected to review their progress in these areas of competencies, discuss them with their advisors, other faculty members, and student colleagues, and establish goals for the subsequent academic year to ensure that all competencies are obtained at the time of graduation. The columns to the left are to indicate experience in an area of competency during a specific year in the program. The column on the right is to check off once a student has obtained competency in that area.

RESEARCH COMPETENCIES

Experience? program yr					Competent?	
1	2	3	4	5	X	
A. Problem Conceptualization						
1. Knowledge						
					Student can identify areas in need of review, data-based work, and/or conceptual work	
					Student is able to describe and discuss basic and applied research and how it is essential to clinical practice	
2. Skills in reviewing literature						
					Student is able to conduct a satisfactory critical review and evaluation of an area of research	
					Student is able to recognize principal strengths and limitations of specific empirical studies	
					Student is able to perform a comprehensive literature search using computerized search strategies	
3. Skills in hypothesis development						
					Student can state a research question (hypothesis) using operational terms	
					Student can define independent and dependent variables operationally	
B. Research Design						
1. Knowledge						
					Student can state rationale for selecting either single-subject or group designs	
					Student can state the difference between a descriptive, correlational, and experimental research design	
2. Skills in Research Design						
					Student selects design appropriate to hypothesis(es) being tested	
					Student selects appropriate subject(s) for study	
					Student selects and/or develops dependent measures with appropriate attention to reactivity, representativeness, reliability, observer bias, and convergent and discriminant validity.	
					Student can identify variables that may confound experimental findings and determines whether any such confounding variables are present in a specific design	

					Student can identify the various types of experimental controls available in conducting research and determine the necessity of using any of these experimental controls for a specific study	
					Student displays sensitivity to issues of cultural diversity in selection of study participants and research question	
3. Skills in Single Subject Research Design						
					Student can design a study to address a specific research question using single subject design (e.g., reversal, multiple baseline designs)	
					Student can state advantages and disadvantages of the reversal design, the multiple baseline design, changing criterion design, withdrawal design, and the AB design in selecting an appropriate design	
4. Skills in Group Research Design						
					Student can design a study to address a specific research question using a group design (e.g., factorial designs)	
					Student can state advantages and disadvantages of different sampling techniques (e.g., random, stratified, and probability) in devising a sampling strategy	
C. Data Collection						
					Student collects data in a standardized way	
					Student follows APA guidelines regarding Ethical Principles for Psychologists in conducting a study (e.g., detects and evaluates risks vs. benefits, minimizes risks where possible)	
					Student follows guidelines for ethical conduct of research outlined by appropriate university committees (e.g., IRB)	
D. Data Analysis						
1. Single Subject Designs:						
					Student makes informed decisions regarding data reduction, making decisions about invalid or missing data	
					Student constructs figures containing elements necessary for interpreting results of research	
					Student states reliable conclusions concerning the presence or absence of demonstrated relations between variables	
2. Group Designs:						
					Student makes informed decisions regarding data reduction, making decisions about invalid or missing data	
					Student can identify basic procedures for analyzing data in group design studies (e.g., ANOVA, multiple regression)	
					Student can use computerized statistical programs used in data analysis	
					Student can state an appropriate rationale regarding choice of statistical analyses	
					Student can conduct fundamental data analytic procedures (e.g. discriminant function analysis, ANOVAS, multiple regression)	
					Student can state assumptions of parametric tests and can state when to use nonparametric tests	
					Student competently uses either planned comparisons or post hoc tests of multiple mean comparisons to follow up significant effects	
E. Communication of Findings						

1. Written Communication					
					Student writes at least one acceptable review, conceptual, or empirical paper
					Student writes using APA style
2. Oral Communication					
					Student presents research findings clearly in oral form
					Student presents at least one formal talk based upon empirical research using slides and/or overhead projector
F. Research Productivity and Specialization					
					Student successfully defends Master's thesis
					Student successfully defends a Dissertation
					Student can state an identified specialty area of research

CLINICAL COMPETENCIES

Experience? program yr					Competent?	
1	2	3	4	5	X	
A. Assessment						
1. Clinical Interviewing						
					Student can provide the client an appropriate rationale for the structure of the interview	
					Student adequately discusses limits of confidentiality in the first session	
					Student can interview a wide variety of clients with problems representing a range of severity or difficulty	
					Student obtains information on environmental factors which may be contributing to the client's problems or which may serve as possible resources in dealing with the problems	
					Student modifies style to fit a particular client communicating with clients using lay language	
					Student administers at least one structured diagnostic interview to provide DSM-IV diagnoses	
					Knowledge regarding psychopathology related to the population(s) served by the practicum sites	
					Student has conducted a clinical interview with more than one person (couple, family member, etc.) in a session	
					Student manages crisis situations with good judgment	
					Student discusses reimbursement effectively with clients	
					Student gathers developmental and family history, history of previous psychiatric or medical care, of any client, regardless of age, ethnicity, gender, or presenting problem	
					Student accurately conducts a mental status evaluation of a client during an interview	
2. Psychological Assessment						
					Student conducts a comprehensive background history	
					Student selects assessment methods appropriate for identified problems	

					Student competently administers and interprets one of the major standardized intelligence scales appropriate for children (Wechsler, Stanford-Binet)	
					Student competently administers and interprets one of the major standardized intelligence scales appropriate for adults (Wechsler)	
					Student competently administers and interprets one of the major standardized academic achievement scales appropriate for children and adults (Woodcock-Johnson)	
					Student can state the purpose and basic procedures involved in neuropsychological testing	
					Student administers and scores self-report inventories competently (BDI, STAI, etc.)	
					Student administers and scores projective inventories competently (Rorschach, TAT, etc.)	
					Student can state the purpose and procedures of projective testing (e.g., Rorschach, TAT)	
					Student has administered and interpreted a measure of psychopathology (e.g., MMPI, PAI, etc.)	
					Student has written a comprehensive psychological evaluation, which clearly addresses the referral question	
					Knowledge of scientific, theoretical, empirical and contextual bases of psychological assessment	
					Ability to integrate assessment data from different sources for diagnostic purposes	
					Knowledge of test construction, validity, score reliability and related assessment psychometrics	
					Training in principles and practice of systematic administration, data-gathering and interpretation for assessment, including identifying problems, formulating diagnoses, goals and case conceptualizations; understanding the relationship between assessment and intervention, assessment of treatment progress and outcome	
					Student possesses a working knowledge of the APA Code of Ethics and the APA standards for psychological tests and measurements	
B. Treatment Planning						
					Student can identify the presented problems of the client in terms of individual's behavior, affect and relevant life circumstances	
					Student interacts with the referral source (sometimes the client) to identify the general nature of the problem	
					Student uses assessment and case formulation of problems identified by client to develop treatment plans	
					Student develops an intervention plan to reduce symptoms (client distress) based upon empirical literature	
					Student writes treatment plans that specify desired outcomes (goals), treatment conditions (e.g., when, where etc.), and method for monitoring progress or changes	
					Student can defend the selection of the treatment strategy empirically, logically, and/or theoretically	
					Student describes explicitly how treatment objectives will be measured throughout the therapeutic process	
					Student can cite the literature regarding interventions for problems observed in the clinical setting	
					Student accurately prioritizes treatment according to client's abilities and life circumstances	

C. Intervention				
				Training in basic clinical skills, such as empathic listening, framing problems, etc.
				Knowledge of scientific, theoretical, empirical and contextual bases of intervention
				Ability to apply specific empirically supported treatment methods
				Recognize and understand the ethical dimensions/features of his/her own attitudes and practice in the clinical setting
				Knowledge about the nature and impact of diversity in different clinical situations (e.g., clinical work with specific racial/ethnic populations)
				Training in assessment of treatment progress and outcome (e.g., Outcome Questionnaire-45)
				Student can describe a variety of treatment strategies available for solving problems that occur in adulthood
D. Treatment Monitoring, Documentation, and Supervision				
				Student presents recorded material (audio/visual, audio) to supervisors during supervision meetings
				Student uses objective criteria to determine need to modify the treatment strategy
				Student prepares and presents an organized case presentation to the clinical supervisor in a succinct and timely manner
				Student writes reports incorporating information gathered in a fashion appropriate to the audience and which would permit a similarly trained professional to design and implement an effective treatment
				Student provides feedback to referral source, when appropriate
				Student writes treatment progress notes in a timely manner
				Student establishes and collects appropriate fees for service
E. Supervision of Others and Consultation				
				Consultative reports are well organized, succinct and provide useful and relevant recommendations to other professionals
				Understanding of the consultant's role as an information provider to another professional
				Student provides peer supervision in clinical assessment, intervention, and case management
				Student consults with other professionals (e.g., teachers, physicians) regarding treatment issues
				Ability to work collegially with fellow others
				Ability to provide helpful feedback to peers and receive such feedback nondefensively from peers
				Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is necessary
				The ability to use supervision, consultation and other resources to improve and extend skills
				Knowledge of literature on supervision (e.g., models, theories & research)
				Knowledge of how supervision responds appropriately to individual and cultural differences

ACADEMIC COMPETENCIES

Experience? program yr					Competent?	
1	2	3	4	5	X	
					Student passes core and elective courses with at least a grade of B	
					Student is on time in completing academic responsibilities	
					Student participates in classroom discussions	
					Student passed all sections of the Clinical Core Comprehensive Examination	

PROFESSIONAL DEVELOPMENT COMPETENCIES

Experience? program yr					Competent?	
1	2	3	4	5	X	
					Student effectively reviews or edits manuscripts prepared by others	
					Student has joined and is involved (e.g., attending conference) in at least two professional organizations	
					Student gives at least one presentation at a national or regional professional meeting	
					Student submits at least one conference poster or paper for publication in which he or she is an author	
					Student demonstrates assertive communication with faculty members and peers when necessary	
					Students reads articles monthly in professional journals that pertain to the science and practice of clinical psychology	
					Knowledge of ethical/professional codes, standards and guidelines; knowledge of statutes, rules, regulations and case law relevant to the practice of psychology	
					Seek appropriate information and consultation when faced with ethical issues	
					Practice appropriate professional assertiveness related to ethical issues	
					Knowledge and understanding of the principles and findings related to individual and cultural diversity (ICD) as they apply to professional psychology	
					Understanding of one's own situation (e.g., one's ethnic/racial, socioeconomic, gender, sexual orientation; one's attitudes towards diverse others) relative to the dimensions of ICD (e.g., class, race, physical disability etc.)	
					Understanding of the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues, etc.)	
					Ability to work effectively with diverse others in assessment, treatment and consultation	
					Ability to seek and use resources that support healthy functioning when experiencing personal distress	
					Commitment to life-long learning and quality improvement	

Created 6-07-09 based on the Competency Checklist (West Virginia, 2006, Keven Larkin, Director of Clinical Training) and The Practicum Competencies Document Outline: Report on Practicum Competencies (Hatcher and Lassiter, 2006).

Appendix B

Clinical Psychology Program Guidelines for Sections and/or Items to be Included in Thesis Proposals, Theses, Dissertation Proposals, & Dissertations

These are meant to be guidelines, not hard and fast rules. However, substantial deviations from the recommended inclusions should carry the approval of the major professor and (if the major professor is not on the Clinical Program) the Clinical Program member of your committee. Formatting of all manuscripts should follow APA style with allowable flexibility for non-publication-submitted documents (e.g., figures and tables can be in text, etc.).

THESIS or DISSERTATION PROPOSAL

Title Page

Abstract

Introduction

Background/Literature Review

Significance

Hypotheses/Questions

Method

Participants

Procedures

Instruments

Proposed Data Analysis

Discussion (brief) or potential outcomes

References

Appendices

Unpublished Measures

Informed Consent Form (if used)

IRB Approval Verification

Appendix B
Continued

THESIS or DISSERTATION FINAL DOCUMENT

Title Page

Table of Contents (listing page numbers of major sections, tables, figures, appendices, etc.)

Abstract

Introduction

- Background/Literature Review
- Significance
- Hypotheses/Questions

Method

- Participants
- Procedures
- Instruments

Results

Discussion

- Study Findings and Significance
- Directions for Future Research

References

Appendices

- Unpublished Measures
- Informed Consent Form (if used)
- IRB Approval Verification

