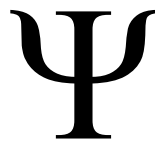


2020-2021

Clinical Psychology  
Doctoral Program  
Supplement to the Department of  
Psychology Graduate Student  
Manual

(revised 08/7/20)



**DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY**  
**UNIVERSITY OF NORTH TEXAS**

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## I. MISSION AND AIMS

The UNT Clinical Psychology Doctoral Program's mission is to provide evidence-based training that prepares graduates to join the diverse health service psychology workforce as highly competent, ethical, and productive contributors to the science and practice of clinical psychology. The following four aims promote that mission:

- Aim #1: Knowledge Acquisition. Two outcomes are associated with this aim: (a) acquisition of discipline specific knowledge, and (b) acquisition of depth knowledge in clinical psychology.
- Aim #2: Professionalism. Students are expected to demonstrate the standing, practice, and methods of an emerging health service psychologist.
- Aim #3: Clinical Skills. Students demonstrate emerging competence in evidence-based practice of psychology.
- Aim #4: Research Skills. Two outcomes are associated with this aim: (a) conduct of research at the investigator level, and (b) demonstrable ability to disseminate and defend findings.

The aims of our program are consistent with the definition of health service psychology as “the integration of psychological science and practice in order to facilitate human development and functioning” (Standards of Accreditation, 2015, p. 1).

Our program is designed to develop knowledge, skills, and professional competencies to enable our graduates to contribute to and advanced the evidence-base of the field across a wide range of practice and/or scientific settings. Our integrative training approach is consistent with a scientist-practitioner and PhD model. Upon conferral of the doctoral degree, our students are well prepared to identify as Clinical Psychologists.

Consistent with the APA description of Clinical Psychology as a specialty (<https://www.apa.org/ed/graduate/specialize/clinical>), our program ensures our graduates are able to apply the theoretical knowledge germane to the specialty, address behavioral and mental health issues, and competently apply procedures associated with the specialty of Clinical Psychology (e.g., assessment, intervention, consultation, and research).

Our program’s training model is sequential, cumulative, increasingly complex, and designed to prepare students for both clinical research and professional practice. It is intended to prepare our students for careers in academic, research, or practice settings.

## II. GRADUATE APPLICATION AND ADMISSION

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

1. Completed the department’s prerequisite semester hours in Psychology (including statistics).
2. Compose and submit a brief statement of personal background and professional goals.

3. Submit a personal resume.
4. Submit GRE scores (Verbal and Quantitative sections mandatory)
5. 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 most 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 9-12 hours for dissertation and 1-6 hours for internship. The qualified and accepted student may enter the doctoral program holding either a bachelor's or master's degree. All students must file all degree plans (Master's, if applicable, and Ph.D.) in their first semester; refer to the Psychology Department Graduate Student Manual for samples of these plans. Please also see the Psychology Department Graduate Student Manual for specific instructions that pertain to education in the history and systems of psychology.

Students who are admitted to a doctoral degree program in the Psychology Department sometimes have prior graduate coursework that would meet doctoral requirements. Coursework is evaluated in the Psychology Department (for General Core Requirements) or by the Clinical Program (for Clinical Core Requirements) to determine equivalency to doctoral course requirements. If the coursework is sufficient to meet doctoral program requirements the doctoral course requirement may be waived. Requirements met by prior coursework do not appear on the doctoral degree plan, reducing the number of required hours for the doctoral degree. A maximum of 30 credits can be met by prior coursework; typically no more than 12 of those credits may be used to meet the Clinical Core Requirements. For doctoral programs of 90 credit hours or more, the psychology doctoral degree plans require a minimum of 60 credits taken within the UNT system (or more per program

requirements). Should a student wish to waive any courses, requests must be submitted for approval to the Director of Clinical Training using the form available on the department's Graduate Coordinator's Virtual Office webpage (with syllabi attached to each form).

By keeping program-required credit hours minimal for degree attainment, clinical students are free to enhance their training by taking a variety of available elective courses and practica. Students often choose to take more electives than would be needed to meet minimum requirements. The minimum hours (excluding credit hours associated with practica, thesis, dissertation, and internship) that are required above the bachelor's degree are divided as follows:

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<b>A. GENERAL CORE REQUIREMENTS</b>	<b>Hours</b>
Psyc 5090 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 6030 Biological Bases of Behavior	<u>3</u>
	17
<b>B. CLINICAL CORE REQUIREMENTS</b>	<b>Hours</b>
Psyc 5420 Assessment I	4
Psyc 5430 Assessment II	4
Psyc 6480 Ethics in Clinical Psychology*	3
Psyc 5780 Psychopathology	3
Psyc 6000 Introduction to Psychotherapy	3
Psyc 6300 Theory & Application of Multicultural Counseling	3
Psyc XXXX An advanced psychotherapy course approved by the Program**¥	3
Psyc 6XXX An advanced assessment 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 Ethics in Clinical Psychology. The Clinical Program Committee evaluates other courses that could potentially meet this requirement on a course-by-course basis.

\*\*Currently, courses approved to meet this requirement are PSYC 6630 Series on Psychotherapy Theory, Research, and Practice; PSYC 6060 Group Psychotherapy; PSYC 5590 Diverse Family Systems; and PSYC 6410 Psychopathology and Treatment of Adolescents and Young Adults. 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.

\*\*\* Currently, courses approved to meet this requirement are PSYC 6420 Neuropsychological Assessment; PSYC 6450 Psychodiagnostic Assessment; and PSYC 6460 Structured Interviews and Advanced Assessment Methods. Students may petition approval of other courses on an individual basis)

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

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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. Students must also take a course in Human Development (PSYC 5010) though the timing of this course is not specifically sequenced as part of the core offerings by the program (the course is taught by a developmental psychologist from the behavioral sciences program in the larger Department of Psychology).

The sequence for individual students is determined by the student in consultation with his/her/their Clinical Program advisor. Students' knowledge and competencies are assessed by evaluations of student performance by course instructors (class discussions, exams and written assignments), final grades, annual student evaluations, practicum evaluations, and defenses of the thesis and dissertation proposals and final documents.

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.

The doctoral program in Clinical Psychology requires of each student a minimum of 3 full-time academic years of graduate study plus completion of an internship prior to awarding the doctoral degree. At least 2 of the 3 academic training years must be at UNT.

### **C. ELECTIVE FORENSIC EXPERIENCE**

The Elective Experience in 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 forensic elective draws on the expertise of the clinical faculty. Research by Dr. Rogers has been nationally recognized for its contributions to Miranda, competency to stand trial, and malingering. In addition, expertise in clinical forensic training is provided by Dr. Rogers, board-certified (ABPP) in forensic psychology, Dr. Callahan, board-certified (ABPP) in clinical psychology, and Dr. Parsons, who offers specialization in forensic applications to neuropsychology.

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.

## Scope

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

### *Phase 1*

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.<sup>1</sup>

#### Required:

PSYC 6460: Diagnostic and Structured Interviewing

PSYC 6520: Forensic Psychology: Theory and Practice

#### Recommended:

PSYC 6900/6910: Special Problems: Research Practicum with a forensic emphasis (2 semesters)<sup>2</sup>

PSYC 6835: External Research Practicum

### *Phase 2*

The primary focus during Phase 2 is the completion of two semesters at a forensic externship site approved by the Clinical Faculty Committee. Forensic externships will be informed by the program's External Practicum Coordinator about which clinical students applying to their sites have completed Forensic Training Phase 1.

#### Required:

PSYC 6820/6830: Practicum (external clinical section of the course offering)

As Phase 2, clinical students will be encouraged to complete their theses and/or dissertations on forensic topics.

## Credentials

Clinical students completing both phases of the Elective Experience 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. ELECTIVE CLINICAL NEUROPSYCHOLOGY EXPERIENCE**

The Elective Experience in Clinical Neuropsychology Training is designed to provide doctoral students in clinical psychology with documentation of specialized training in clinical neuropsychology. Competitive internships often value prospective interns with additional training that is consistent with the Houston Conference on Specialty Education and Training in Clinical Neuropsychology guidelines.

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<sup>1</sup> Courses 6460 and 6520 cannot be taken in the first year.

<sup>2</sup> 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).



## Background

Clinical neuropsychology is a specialization within clinical psychology that is recognized by the American Psychological Association (as well as internationally). Leadership of Division 40 of APA, the National Academy of Neuropsychology (NAN), the American Academy of Clinical Neuropsychology (AACN) and the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) have described integrated education and training in the specialty of clinical neuropsychology that is both programmatic and competency-based. Integration is expected to begin with doctoral education from a scientist-practitioner model, leading to a combined, primarily practice, or primarily academic career.

## Scope

In keeping with the scientist-practitioner model, clinical students choosing this elective experience will have training that builds both the necessary knowledge base as well as skills.

### *Knowledge Base*

In addition to the departmental core and the clinical core courses, clinical neuropsychology necessitates knowledge of foundations for the study of brain-behavior relationships and foundations for the practice of clinical neuropsychology. This core knowledge may be acquired through multiple pathways, not limited to courses, and may come through other documentable didactic methods. The following courses are required of students wishing to complete the clinical neuropsychology experience, but students must acquire additional didactic opportunities during their doctoral, internship, and post-doctoral training before meeting the minimum necessary requirements as detailed by the Houston conference guidelines.

PSYC 6650: Psychoneuroimmunology  
PSYC 6420: Neuropsychological Assessment

### *Skills*

To foster skills, students completing this experience will be encouraged to complete their theses and/or dissertations on clinical neuropsychology topics. In addition, the following research training is required:

PSYC 6835: Research Practicum (2 semesters; with a clinical neuropsychology emphasis)

With respect to clinical practicum, students must complete two semesters at a clinical neuropsychology externship site approved by the Clinical Program Committee.

Students selecting to complete the Elective Clinical Neuropsychology Experience are advised that the Houston conference guidelines specifically require that internship must be completed in an APA or CPA approved professional psychology training program.

## Credentials

Clinical students completing the requirements of the Elective Experience in Clinical Neuropsychology Training will receive a certificate. Letters from the Director of Clinical Training to internships will also affirm this additional level of training.



## E. PRACTICUM TRAINING

Prepracticum and practicum experience in Clinical Psychology begins in the first semester and continues for a minimum of three years to ensure that training is sequential, cumulative, and increasing in complexity. The practicum training begins with more closely supervised experiences in our department's Psychology Clinic and progresses to external placements where students have greater autonomy and opportunity to develop more advanced levels of competency under the supervision of experienced licensed psychologists.

In the Psychology Clinic, the development of clinical skills occurs through the student's participation each year on a vertical practicum team consisting of students from three levels of training (prepracticum, assessment practicum and psychotherapy practicum). Each vertical team is a cohesive, hardworking unit of about six to eight members under the supervision of a licensed health service psychologist. An academic year's service on the practicum team, at each level, offers a focused practical experience informed by the theoretical orientation of the supervising psychologist. Care in the annual assignment of students to different practicum teams (accomplished by the Director of Clinical Training) provides students with exposure to a breadth of supervisory orientations. Each practicum supervisor utilizes empirically-based readings, didactic experiences, and case consultation from her/his/their theoretical approach to the professional practice of psychology. Weekly practicum team meetings permit the opportunity for case rounds and in-depth presentations and the consideration of assessment and treatment issues. Team meetings typically involve the demonstration of clinical methods, the use of empirically-based evidence to inform practice, and the consideration of individual differences and cultural issues as they apply to individual cases. Finally, discussions often include (a) supervision theory and processes, (b) ethical standards, and (c) professional roles and responsibilities.

### Prepracticum

In conjunction with the Assessment I and II sequence during the first year of study, students have a practicum team responsibility of approximately 10 hours per week. They acquire basic skills with respect to objective and projective assessment methodologies, diagnostic interviewing, systematic behavioral observation, and relationship formation. Other professional responsibilities include record keeping, appointments, adherence to UNT Psychology Clinic policies and procedures, case management problems, ethical issues, and professional demeanor. First year students also receive a preliminary introduction to advanced clinical methods. Their roles on the practicum team include observation of and supervised involvement in the practicum activities of advanced team members and the supervising psychologist, as well as participation in weekly team meetings. In addition, all first-year clinical program students (across teams) meet weekly for a proseminar with readings and discussion drawn primarily from the American Psychological Association's (APA) Recovery to Practice Curriculum as well as the Society for Health Psychology's Integrated Primary Care Psychology Curriculum. During prepracticum, students are expected to 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

During the second year of study (or its equivalent), clinical students have a practicum team responsibility of approximately 12-15 hours each week. This experience occurs following courses in assessment and psychopathology and in conjunction with core courses in ethics and psychotherapy. Second year students are expected to acquire assessment skills responsive to referral questions, while also achieving 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. Their role on the team includes provision of clinical evaluation services (assessments, psychological reports, consultations to referral sources). In addition, they supervise less advanced team members, develop skills in psychotherapy, and participate in weekly team meetings. During the assessment practicum (usually encompassing two semesters), 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.

### Psychotherapy Practicum

Following the assessment practicum, clinical students are involved in psychotherapy and consultation. Usually during the third year of study, these students assume a senior position on the vertical team and have a practicum team responsibility of about 20 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. Psychotherapy practicum students are expected to meet the minimum quantitative requirements described below over a minimum of two semesters 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 profession-wide competencies (PWCs). Students are advised to the PWCs expected of them via the common practicum syllabus (see Current Students section of the program website for a copy), and a copy of the PWC rating form is available to students as Appendix A in this manual. Students must satisfy both the PWCs as well as the quantitative requirements before advancing to the next practicum level.

## **F. EXTERNAL PRACTICUM TRAINING**

External practicum placements are often available for third and fourth year students who have met all of the benchmarks associated with prepracticum, assessment practicum, and psychotherapy practicum. Second year students generally are not permitted external placements, with the rare exception of some students who have entered the program with an earned master's degree already. Completion of all prepracticum and practicum benchmarks at UNT is still required of such students. Students must have their master's thesis completed and successfully defended prior to beginning external practicum placement. Additionally, students must have completed the required course in ethics. Students beginning their 5<sup>th</sup> 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 External Practicum Coordinator 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 involve 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.

While the UNT Psychology Clinic typically exposes our students to diversity closely matching representation of the larger Denton community, external practicum experiences vary according to the nature of the clinical setting. While many placements occur in medically-oriented settings (e.g., Dallas VAMC), several are located within private group practices. One consideration in the selection of sites is their demonstrated ability to allow our students further exposure to diverse populations presenting with a variety of clinical assessment and intervention issues.

### **Guidelines for External Clinical Practicum Placement Feasibility**

All external clinical practicum arrangements must specifically be approved by the Clinical program. The following guidelines are used to determine the appropriateness of a potential external practicum placement.

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

1. **We prefer that the primary supervisor be a licensed psychologist who holds a Ph.D. in clinical psychology.**
  - The primary supervisor must be at the same site as the practicum experience.
  - The 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.
  - The primary supervisor must also agree to provide evaluation of the practicum student's PWCs near the end of each semester.
  
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 inpatient and outpatient 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 External Practicum Coordinator. Students who interested in a VA practicum experience should carefully review Appendix E of this manual, TQCVL Verification Process for the Clinical Psychology Doctoral Program in the Department of Psychology at the University of North Texas, prior to making their interests known to the External Practicum Coordinator.
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 Program'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 External Practicum Coordinator prior to formally contacting any external sites. If a new practicum site is approved, students putting forward the initiative will be given first priority.

## **G. RECORDS**

Your responsibilities: 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](http://www.appic.org).

Our responsibilities: Student education and training paper records are maintained in the Department of Psychology by the Graduate Coordinator staff position. These records are maintained indefinitely to support verifications for licensure. Records are stored in several locked file cabinets in locked rooms. Neither program faculty nor students have keys to these cabinets or rooms, though faculty may gain access via the Graduate Coordinator as needed. Program faculty may house working notes or other documents related to the training of students (e.g., supervision notes). Such documents are housed either within locked faculty offices and/or on university approved servers. The Clinical Program maintains only digital files pertaining to students. Any paper received (e.g., letters from internships) is either sent to the Department's Graduate Coordinator for storage in the appropriate student's paper file or converted to digital format before being shredded. All digital files are kept on a password protected, university approved server that meets FERPA and HIPPA standards. Faculty are periodically required by the university to complete data privacy and security trainings to stay abreast of security related threats. Faculty are also required to complete FERPA training to guard against inappropriate release of educational records pertaining to students. Faculty training records are maintained by the university's centralized human resources department to ensure compliance with policies concerning student records.



## H. RESEARCH TRAINING

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) who will serve as an initial Research Advisor. The student should begin the year by communicating directly with the Research Advisor about involvement on her/his/their 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/their 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 verbally provide Research Advisors with summary feedback (de-identified).

### Master's Thesis

During the second year, 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 may be required to successfully complete remedial coursework in research design in 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. Students must have their master's thesis completed and successfully defended prior to beginning external practicum placement. Students beginning their 5<sup>th</sup> 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/their 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. 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 Psychology<sup>3</sup>; or (c) a faculty member from another university especially appointed to the committee through the Department of Psychology.<sup>3</sup> 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 Qualifying Examination. Students engaged in data gathering prior to the dissertation proposal, should refer to Appendix C in this manual for more information.

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<sup>3</sup> Non-department psychologists may apply for a temporary status.



Completion of the form located in Appendix C must be accomplished by the student and provided to the Director of Clinical Training (DCT) before any data collection ensues. Students must successfully propose a dissertation prior to applying for internship.

Students who enter the program with a master’s degree without a research thesis in the discipline of psychology must also enroll in PSYC 6610 Independent Research (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
TOTAL HOURS		15

### 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 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 dissertation 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/their 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/their 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.

## **I. MASTER OF SCIENCE DEGREE**

The Clinical Psychology program makes provision for students to obtain a Master's degree en route to the Ph.D. in Clinical Psychology. This master's degree is obtained only by doctoral students who enter the program without a master's 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 become a Licensed Psychological Associate (LPA) 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 LPA credentialing. The course requirements are as follows:

<b>Master's Degree Requirements</b>	<b>Hours</b>
PSYC 5420 Assessment I	4
PSYC 5430 Assessment II	4
PSYC 5700 Quantitative Methods I	4
PSYC 5710 Quantitative Methods II	4
PSYC 5780 Psychopathology	3
PSYC 6820/6830 Prepracticum	2
PSYC 5950 Thesis	6

The remaining credit hours necessary to reach the 30 credit hour minimum for degree attainment may be accomplished via additional practicum credits and/or completion of PSYC 5060, 5090, 5640, or 5790. Students must file the degree plan for both the master's and doctoral degree during the first semester of graduate study.

## **J. QUALIFYING EXAMINATION**

The Qualifying Examination is the doctoral entrance examination. Prerequisites for the examination are completion of all of the required general and clinical core courses (with the exception of the Advanced Psychotherapy requirement, which may be completed after the qualifying exam, if the student so desires) and successful defense of the master's thesis.

### *Content of the Qualifying Examination*

The Online Campus TestMASTER program, administered through the Association for Advanced Training in the Behavioral Sciences (AATBS), constitutes the qualifying exam. Online Campus TestMASTER is a computerized multiple-choice examination consisting of 225 items that cover eight content domains, in addition to diversity knowledge:

1. Biological Bases of Behavior: [knowledge of (a) biological and neural bases of behavior, (b) psychopharmacology, and (c) methodologies supporting this body of knowledge]
2. Cognitive–Affective Bases of Behavior: [knowledge of (a) cognition, (b) theories and empirical bases of learning, memory, motivation, affect, emotion, and executive function, and (c) factors that influence cognitive performance and/or emotional experience and their interaction]
3. Social and Cultural Bases of Behavior: [knowledge of (a) interpersonal, intrapersonal, intergroup, and intragroup processes and dynamics, (b) theories of personality, and (c) diversity issues]
4. Growth and Lifespan Development: [knowledge of (a) development across the full life span, (b) atypical patterns of development, and (c) the protective and risk factors that influence developmental trajectories of individuals]
5. Assessment and Diagnosis; Test Construction: [knowledge of (a) psychometrics, (b) assessment models and instruments, (c) assessment methods for initial status of and change

- by individuals, couples, families, groups, and organizations/systems, and (d) diagnostic classification systems and their limitations]
6. Treatment, Intervention, Prevention and Supervision: [knowledge of (a) individual, couple, family, group, organizational, or community interventions for specific problems/disorders in diverse populations, (b) intervention and prevention theories, (c) best practices and practice guidelines, (d) consultation and supervision models, and (e) evidence supporting efficacy and effectiveness of interventions]
  7. Research Methods and Statistics: [knowledge of (a) research design, methodology, and program evaluation, (b) instrument selection and validation, (c) statistical models, assumptions, and procedures, and (d) dissemination methods]
  8. Ethical, Legal and Professional Issues: [knowledge of (a) codes of ethics, (b) professional standards for practice, (c) legal mandates and restrictions, (d) guidelines for ethical decision-making, and (e) professional training and supervision]

You will be provided with informal notification of your exam results by the exam vendor upon completion of the examination. The minimum passing score is 70%. Formal notification will be provided in writing directly from the Director of Clinical Training and documented in your file. If you are not successful in passing the examination, you must take the examination again at the next offering. Exams are offered in May, August, and December of each year. Failing to pass the re-examination triggers a progress evaluation within the program that may result in the student's separation from the program.

#### **K. CLINICAL INTERNSHIP (2-6 hours)**

A required clinical internship of one full calendar year (minimum of 2000 hours) is required. In order to be eligible to apply for internship, students must complete successfully the general core courses, the clinical program core courses, and the master's thesis. Successful performance on both the Qualifying Examination and dissertation proposal defense is a prerequisite to application for internship.

Once a trainee is approved by the Program to apply for internship, she/he may apply to any accredited internship program. Students may also apply to sites that are not APA-accredited, as long as the internship sites is an APPIC member). However, before a trainee can rank a non-APA-accredited internship program in the APPIC matching system, Clinical Program approval is required. Students who choose to apply to a VA internship should carefully review Appendix E of this manual, TQCVL Verification Process for the Clinical Psychology Doctoral Program in the Department of Psychology at the University of North Texas, prior to submitting any applications.

Careful review must 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 (including direct observation) 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.
6. Documentation of evaluation of profession-wide competencies.
7. Clear articulation of how interns demonstrate competency as the appropriate level.

## **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 may apply to students engaged in various types of employment, per the Department of Psychology. 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. 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 must be filed during the fall semester of the first year of training. 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.

## **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.

## **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 approving issuing of enrollment codes 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 Program, she or he will then become the student's program advisor. If the major professor is not a member of the Clinical Program, 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 semester, 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. 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.** Prior to committing to employment of a psychological nature, students should meet with the DCT to make appropriate arrangements. Failure to do so is in direct conflict with the policies in the Graduate Student manual for the entire Department as well as an ethical breach.

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 prepracticum 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/their degree program. Separation of the student from the doctoral program in Clinical Psychology may occur if: (a) severe problems exist and a period of remediation 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, or (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 practica 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).

## B. 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](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 Clinical 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 occurs late in the spring semester. Each student produces documentation of their training portfolio that is submitted to their program advisor. The Clinical Program, minus the student representatives, meets to review the information (grades, practicum evaluations, scholarly work and other relevant data). The student’s advisor produces a mentor evaluation letter outlining the Clinical Program’s review and provides a summary to include with a letter of evaluation from the Director of Clinical Training. The letter is sent to the student and a copy placed in her/his/their 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 Practicum Evaluation Items* 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 (DCT) on a case-by-case basis. The DCT 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 and/or individual student matters). 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 Clinical Program and place business on the agenda of the Program 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 Clinical Program. 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. Each of the student representatives is allowed a vote on motions.

## **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 Psychology Clinic Manual, other procedural guides employed at external practicum placements, and of course this Program Manual.

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).

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.

**A. Grievances:** The Clinical Psychology Program Grievance Policy encompasses any Clinical Psychology Program graduate student concern not covered by the University grade challenge policy or the University's Sexual Harassment and Anti-Discriminatory Harassment policies that are not of a criminal nature. Concerns covered by the grievance policy may include, but are not limited to, concerns about student credit for research; working relationships between students and faculty members; review of comprehensive exam grading; review of dissertation committee decisions, etc. In sum, any non-criminal issue (not covered by existing university grade challenge and sexual and anti-discriminatory harassment policies) that arises during the course of a student's career that is not resolvable through direct communication with the involved parties may be channeled through the grievance process of the program. All inquiries and complaints will be treated confidentially.

**B. Grievance Procedure:** If a student believes that he/she has been subject to an incident(s) meriting filing a grievance, the first steps are to pursue informal resolution of the conflict. The grievant should first:

- Discuss his/her/their concerns directly and immediately with the party(ies) causing the grievance; and/ or
- Consult with the Director of Clinical Training about the incident for suggestions about how best to proceed; and/ or
- Consult with his/her/their faculty advisor about the incident for suggestions about how best to proceed; and/ or
- Consult with the Student Representatives about the incident for information about recommended procedures and university resources available to the grievant (see below).

If the complaint cannot be resolved informally, a written grievance may be composed and given to the Student Representatives (who will share it with the Director of the Clinical Training on behalf of the complainant), given directly to the Director of Clinical Training, or given to the Department Chair.

The Clinical Program committee will seek to deal expeditiously, confidentially and fairly with the grievance expressed. If the grievance concerns a specific faculty member (rather than a grievance concerning a policy or other non-entity) a three person Grievance Committee will be



formed as follows: the student(s) submitting the grievance will select a Clinical Program faculty member to serve on the Grievance committee; the specific faculty member(s) concerned will select another Clinical Program faculty member to serve on the Grievance Committee; the two Clinical Program faculty members on the Grievance Committee will jointly identify a third faculty member (who may or may not be a member of the Clinical Program, but must be from the Department of Psychology) to serve as the final member of the Grievance Committee. In the event that the grievance concerns a policy or other non-entity, Grievance Committee will be comprised of the entire Clinical Program Committee (including student representatives). The Grievance Committee will not consider evidence outside the parameters of the grievance (e.g., grade records of students, publication records of faculty members will not be examined unless they are pertinent to assessing the merit of the case). A goal of the grievance process will be a conciliatory tone with an expectation of a learning outcome.

The Committee will meet to discuss the grievance as soon as feasible, but no later than 45 calendar days, and ensure that grievances not covered by the Clinical Program grievance policy are referred to the appropriate governing body (e.g. grade appeals, sexual harassment, discrimination, criminal allegations). All inquiries, complaints, and investigations will be treated confidentially. The Director of Clinical Training will keep a copy of formal complaints/grievances and will, if required, share this with accrediting bodies. However, any shared information will be provided in de-identified format. No record of the complaint will be kept in the complainant's student records file.

### **C. 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 have a disability and have not registered with ODA, we encourage you to do so.

The Program and Department also comply 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.

### **D. Statement on Licensure**

Our program adheres to APA accreditation standards and prepares students for entry into the profession of Clinical Psychology. Given the varied and changing requirements across jurisdictions, we cannot assure, nor is it our responsibility, that graduates will meet all requirements for licensure in all states or territories. You are encouraged to become familiar with state licensing laws and discuss your curricular plan with your major professor and/or the DCT as needed.

# Appendix A

## Profession-wide Competencies

Note that evaluations are completed only after the trainee has completed all of the requirements for the semester under review. Evaluations are based on his/her/their current level of competency, in comparison to operationalized benchmarks, and are submitted electronically. For each item, the rater slides a bar across the rating line to provide feedback to the student regarding strengths and weaknesses. The comprehensive codebook for specific anchors in each area is maintained by, and available from, the UNT Psychology Clinic Director and the Director of Clinical Training and provided to supervisors while completing evaluations.

---

### 1. Research

A.

#### Scientific Mindedness

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

#### B. Scientific Foundation of Psychology - Knowledge of core science

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

### 2. Ethical and Legal Standards

A.

#### Knowledge of ethical, legal and professional standards and guidelines - Knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/ professional codes, standards and guidelines; laws, statutes, rules, regulations

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

#### B. Awareness and Application of Ethical Decision Making - Knows and applies an ethical decision-making model and is able to apply relevant elements of ethical decision making to a dilemma

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

#### C. Ethical Conduct - Knowledge of own moral principles/ethical values integrated in professional conduct

No information



Does not meet expectations

Readiness for Practicum

Well Developed Competence

### 3. Individual and Cultural Diversity

**A.**

**Self as shaped by individual and cultural diversity** (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) **and context**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**B. Others as shaped by individual and cultural diversity** (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) **and context.**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**C. Interaction of self and others as shaped by individual and cultural diversity** (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) **and context**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**D. Applications based on individual and cultural context - Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**E. Empowerment -- Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**4. Professional Values, Attitudes, and Behaviors**

**A.**

**Integrity – Honesty, personal responsibility and adherence to professional values**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**B. Deportment - Understands how to conduct oneself in a professional manner (appropriate communication and physical conduct, including attire, across different settings)**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**C. Professional Identity - Emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**D. Accountability - Accountable and reliable (consistently reliable; consistently accepts responsibility for own actions)**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**E. Concern for the welfare of others - Consistently acts to understand and safeguard the welfare of others**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**F. Reflective Practice - Broadened self-awareness; self- monitoring; reflectivity regarding professional practice (reflection-on-action); use of resources to enhance reflectivity; elements of reflection-in-action**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**G. Self-Assessment - Broadly accurate self-assessment of competence; consistent monitoring and evaluation of practice activities**

No information

Does not meet expectations    Readiness for Practicum    Well Developed Competence

**H. Self-Care – Attention to personal health and well-being to assure effective professional functioning**

No information

Does not meet expectations    Readiness for Practicum    Well Developed Competence

**I. Skills Development -- Knowledge of the supervision literature and how clinicians develop to be skilled professionals:**

No information

Does not meet expectations    Readiness for Practicum    Well Developed Competence

**5. Communication and Interpersonal Skills**

**A.**

**Interpersonal Relationships**

No information

Does not meet expectations    Readiness for Practicum    Well Developed Competence

**B. Expressive Skills – Ability to clearly and articulately express oneself**

No information

Does not meet expectations    Readiness for Practicum    Well Developed Competence

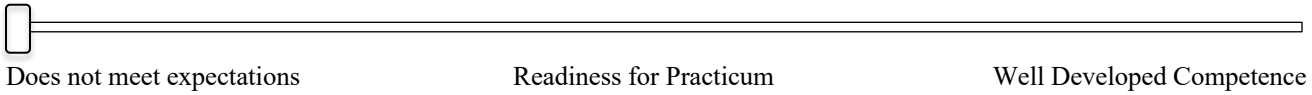
**C. Affective Skills - Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback non-defensively**

No information

Does not meet expectations    Readiness for Practicum    Well Developed Competence

**D. Clinical Skills**

No information

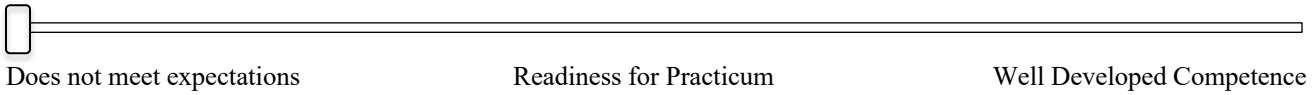


**6. Assessment**

**A.**

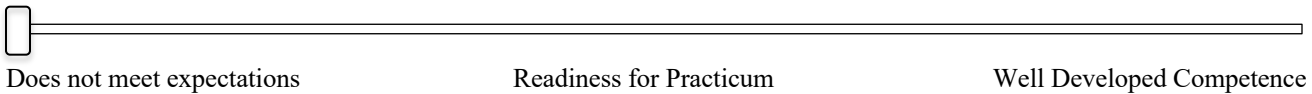
**Diagnosis**

No information



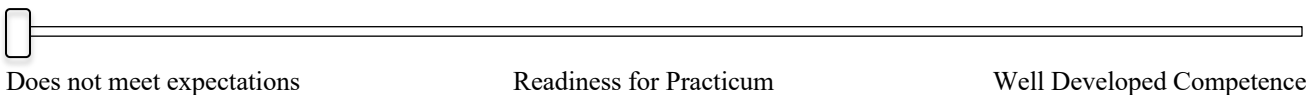
**B. Measurement and Psychometrics**

No information



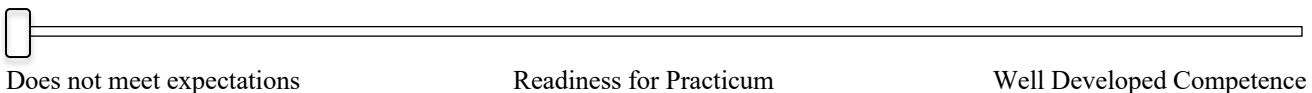
**C. Evaluation Methods**

No information



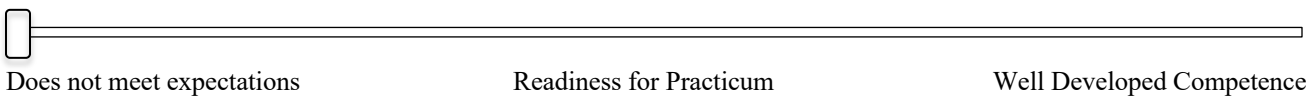
**D. Application of Methods**

No information



**E. Conceptualization and Recommendations**

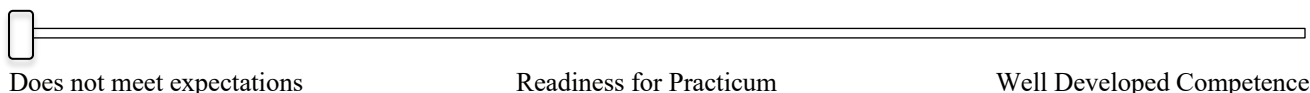
No information



**7. Intervention**

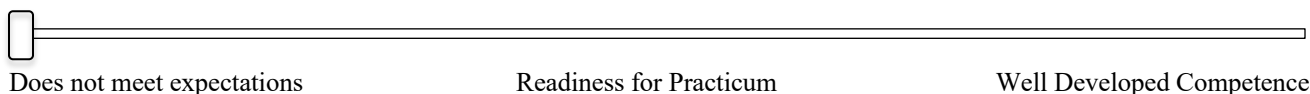
**A. Intervention Planning -- Formulates and conceptualizes cases and plan interventions utilizing at least one consistent theoretical orientation**

No information



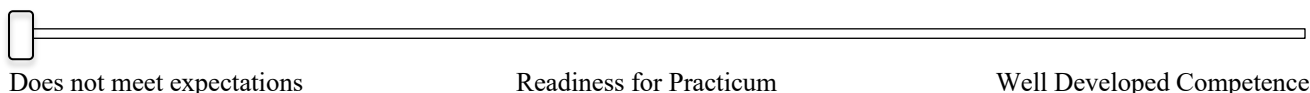
**B. Intervention Implementation**

No information



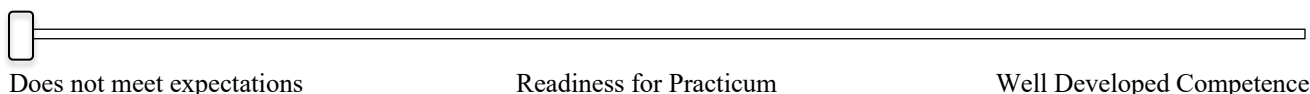
**C. Knowledge of Interventions – Knowledge of scientific, theoretical, empirical and contextual bases of intervention, including theory, research, and practice**

No information



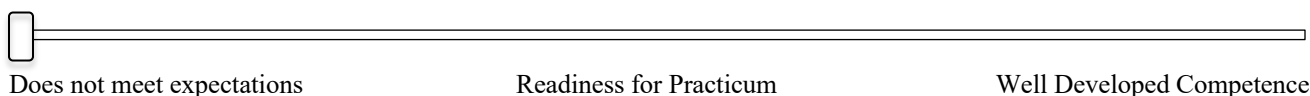
**D. Scientific Foundation of Professional Practice - Knowledge, understanding, and application of the concept of evidence-based practice**

No information



**E. Progress Evaluation**

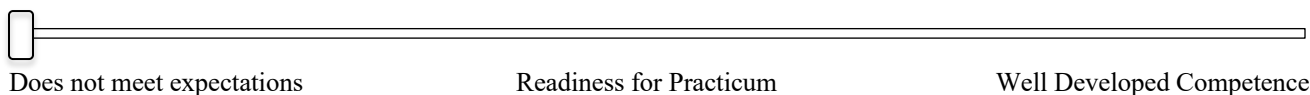
No information



**8. Supervision**

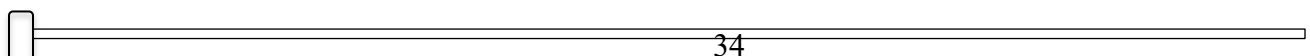
**A. Expectations and Roles -- Knowledge of purpose for roles in supervision**

No information



**B. Processes and Procedures -- Knowledge of procedures and processes of supervision**

No information



Does not meet expectations

Readiness for Practicum

Well Developed Competence

**C. Awareness of Factors Affecting Quality -- Knowledge about the impact of diversity on all professional settings and supervision process including self as defined by APA policy**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**D. Participation in Supervision Process -- Observation of and participation in supervisory process (e.g., peer supervision):**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**E. Ethical and Legal Issues -- Knowledge of and compliance with ethical/professional codes, standards and guidelines; institutional policies; laws, statutes, rules, regulations, and case law relevant to the practice of psychology and its supervision**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**9. Consultation and Interprofessional / Interdisciplinary Skills**

**A.**

**Knowledge of the shared and distinctive contributions of other professions**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**B. Functioning in multidisciplinary and interdisciplinary contexts**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**C. Understands how participation in interdisciplinary collaboration/ consultation enhances outcomes**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**D. Respectful and productive relationships with individuals from other professions**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**E. Role of Consultant**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**F. Addressing Referral Question**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence

**G. Application of Methods -- Consultation**

No information

Does not meet expectations

Readiness for Practicum

Well Developed Competence



## 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

    Measures

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  
Measures

Results

Discussion

Study Findings and Significance  
Directions for Future Research

References

Appendices

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

## Appendix C

### Self-Initiated Archival Dataset for Dissertations

The UNT Clinical Psychology Program allows graduate students to utilize archival data sets, when deemed appropriate, as the basis of a thesis or dissertation. A timing problem occasionally occurs when a doctoral student enters the program with a thesis that is accepted by the DCT as meeting the Clinical Program's standards. The student's dissertation proposal must wait until the general and clinical core courses are successfully completed, and the qualifying exam is passed. This sequence could delay data collection by several years.

The Clinical Committee discourages dissertation-delayed students from collecting their own dissertation data without the proper oversight. Oversight is provided by the following procedures:

1. The student must meet the basic requirements: The student must be in good standing with a master's thesis from a different university that met the UNT Clinical Program's standards.
2. The student must complete the IRB application.
3. The student must also complete a 1-2 page summary entitled "Methodological Review of Proposed Self-Initiated Archival Dataset for Dissertations."
4. The major professor and one other clinical faculty must initial the Methodological Review as "adequate to proceed." If the major professor is not a member of the clinical faculty, then a second clinical faculty must also initial it.

The following outline should be followed for the Methodological Review

1. List of Research Questions with Proposed Analyses
2. Power Analysis
3. List of Measures
4. Population and Inclusion Criteria
5. Statement by the Student and Review by Faculty (see below)

#### **Statement by the Student:**

I realize that this is simply a methodological review regarding the adequacy of the sample and methods to address the research questions. I understand it will be entirely the responsibility of my dissertation committee to decide whether my proposal is adequate in terms of its scholarship, originality, and contributions to research.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

#### **Clinical Faculty Review:**

This Self-Initiated Archival Dataset is "adequate to proceed" but with no assurances as to its success at the proposal or defense stages.

\_\_\_\_\_  
Initial and date

\_\_\_\_\_  
Initial and date

## Appendix D

# University of North Texas Clinical Psychology Program External Practicum Supervision Notification Form

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Note: This form must be completed and returned to the UNT Clinical Psychology External Practicum Coordinator upon initiation of an external practicum and upon any change in the supervision at the site (either a change in the supervisor or in the amount of supervision to be received).

Practicum Student Name: \_\_\_\_\_

Practicum Site: \_\_\_\_\_

Duration of Practicum:      From      /      /20      to      /      / 20

Practicum Hours Per Week: \_\_\_\_\_

Supervision Hours Per Week: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Mailing Address of Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

---

*ON-SITE SUPERVISOR (MUST BE A PSYCHOLOGIST) TO FILL OUT THIS SECTION*

Note: THIS IS NOT A CONTRACT. Signature below signifies only your current statement of supervisory status with the practicum student and identifies you to the UNT Clinical Program and your agreement to provide feedback to the student and the program director at regular intervals. It is the student's responsibility to notify the UNT Clinical Program of any change in supervisory status.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Texas License #: \_\_\_\_\_ Supervisor's Email Address: \_\_\_\_\_

---

Return the original\* of this form to:      Randall J. Cox Ph.D.  
External Practicum Coordinator  
Clinical Program  
Department of Psychology  
1155 Union Circle #311280  
University of North Texas  
Denton, Texas 76203

\*Copies of this form may be kept by the student and/or the supervisor for their records.

## Appendix E

### TQCVL Verification Process for the Clinical Psychology Doctoral Program in the Department of Psychology at the University of North Texas

The *Trainee Qualifications and Credentials Verification Letter* (TQCVL) is a letter that DCTs are required to sign and submit to the VA on behalf of each trainee that will be training within any VA setting. The letter contains personal and medical information (e.g., vaccination status) to which the DCT is customarily not privy.

The following is a set of guidelines for handling this VA requirement to protect the privacy and respect the self-determination of clinical psychology students as they decide if they wish to pursue VA training opportunities. This process is also in place to ensure that the DCT feels comfortable signing a document that attests to information not appropriate for a DCT to review or evaluate (e.g., vaccination records). For this documented policy, the term *DCT* refers to the current Program Director of the Clinical Psychology Ph.D. Program at Illinois Tech or an acting DCT who has been appointed the role of acting Program Director in the absence or unavailability of the current DCT.

1. Inclusion of information about the TQCVL VA requirement in this program manual is intended to make the process transparent to all program students. Students who do not wish to disclose information required by the TQCVL letter have the option not to pursue VA training.
2. Students pursuing VA training and for whom the VA has requested a DCT-endorsed TQCVL must, per the VA, complete the following steps:
  - a. obtain a tuberculosis screening (with a formal physician note and signature attesting to this screening)
  - b. satisfy one of the following: i) obtain a hepatitis B vaccine, ii) show formal documentation of having already received such a vaccine (with a formal physician note and signature attesting to this vaccination), or iii) a signed declination waiver.
  - c. satisfy one of the following: by November 30<sup>th</sup> of the preceding year i) obtain an influenza vaccine, ii) show formal documentation of having already received such a vaccine (with a formal physician note and signature attesting to this vaccination), or iii) a signed declination waiver and a written acknowledgement that declining this waiver requires wearing a face mask at VA facilities during the entirety of the influenza season.
  - d. sign a program-specific statement that
    - i. permits the DCT to screen your name against the Health and Human Services' list of Excluded Individuals
    - ii. acknowledges that should your name show up on the Health and Human Services' list of Excluded Individuals, the DCT will be unable to endorse your TQCVL
    - iii. sign a program-specific statement that, if assigned to male at birth, a US citizen or immigrant, and between 18 and 25 years old (inclusive of 18 and 25), you have registered with Selective Service or will provided a Status Information Letter. *Male* for this purpose is defined as those individuals born male on their birth certificate regardless of current gender. Federal law requires that most males living in the US between the ages of 18 and 25 (inclusive of 18 and 25)

register with the Selective Service System. This includes individuals who are US citizens, non-US citizens and dual nationals, regardless of their immigration status. Only male, non-US citizens on a student or visitor visa are exempt from registration. Males required to register, but who fail to do so by their 26th birthday, are **barred from any position in any Executive Agency**.

- e. For non-US citizen trainees,
  - i. provide the DCT with documented proof of current immigrant or non-immigrant status. This may include visa status documents, permanent resident card, Deferred Action for Childhood Arrivals (DACA) trainee Employment Authorization Document (Form I-766), and other forms as requested by the VA during this process
  - ii. sign a statement that permits the DCT to provide this documented proof of current immigrant or non-immigrant status along with the TQCVL to the VA.

The foregoing are mandatory requirements set by the VA. The DCT has no ability to waive or modify them. Of course, the decision to pursue training at the VA is at the sole option of the student, and a student who does not wish to comply with these requirements may seek training at a non-VA facility.

- 3. To protect the privacy and security of the information required to be collected for the TQCVL, the following protocols will be followed:
  - a. Any information collected by the DCT for the purposes of completing your TQCVL will be reviewed only by the DCT for purposes of completing the TQCVL or verifying information on the TQCVL. No other faculty will have access to this information.
  - b. The information for completing the TQCVL will be stored in a password protected drive by the DCT. Other than the DCT, no other faculty, staff, or students will have access to the TQCVL information at UNT.
  - c. Information for the TQCVL will be stored for 1 year passed the date of earning the Ph.D. or otherwise discontinuing from the program. At this time, the TQCVL will be destroyed by the DCT.

## Appendix F

Please note this manual is a supplement to the Department of Psychology Graduate Student Manual. Information in this manual may be superseded by the Department Manual, the Toulouse Graduate School, or UNT Policy when appropriate. Students may find the below Table to be a useful crosswalk of additionally salient policies and procedures.



Item	Document(s) in which policy appears	Program-level	Department/ Institution-level
Academic recruitment and admissions, including general recruitment/admissions and recruitment of students who are diverse	<ul style="list-style-type: none"> <li>• Clinical Psychology Doctoral Program Supplement to the Department of Psychology Graduate Student Manual</li> <li>• Policies of the University of North Texas / 07.011 Admissions</li> </ul>	<ul style="list-style-type: none"> <li>• Program Supplement : Pages 9-10 and Appendix E (page 49)</li> <li>• Recruitment and Retention Procedures: Pages 5-7</li> </ul>	<ul style="list-style-type: none"> <li>• UNT Policy 07.011 Pages 1-2</li> </ul>
Degree requirements	<ul style="list-style-type: none"> <li>• Clinical Psychology Doctoral Program Supplement to the Department of Psychology Graduate Student Manual</li> <li>• Department of Psychology Graduate Student Manual</li> </ul>	<ul style="list-style-type: none"> <li>• Program Supplement : Pages 10-28</li> </ul>	<ul style="list-style-type: none"> <li>• Department Manual: Pages 7-11, 12-18</li> </ul>

<p>Administrative and financial assistance</p>	<ul style="list-style-type: none"> <li>• Department of Psychology Graduate Student Manual</li> <li>• Toulouse Graduate School Student Success Manual</li> <li>• Policies of the University of North Texas / 07.004 Satisfactory Academic Progress Requirements for Financial Assistance</li> <li>• Policies of the University of North Texas / 07.005 Coordination of University Scholarship Administration</li> </ul>		<ul style="list-style-type: none"> <li>• Department: Pages 2-5</li> <li>• Graduate School Manual: Pages 10-13</li> <li>• UNT Policy 07.004 Pages 1-5</li> <li>• UNT Policy 07.005 Pages 1-4</li> </ul>
<p>Student performance evaluation, feedback, advisement, retention, and termination decisions</p>	<ul style="list-style-type: none"> <li>• Clinical Psychology Doctoral Program Supplement to the Department of Psychology Graduate Student Manual</li> <li>• Department of Psychology Graduate Student Manual</li> <li>• Policies of the University of North Texas / 07.014 CARE Assessment Team and Involuntary Student Medical Withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>• Program Supplement : Pages 28-32 and Appendix E (page 49)</li> </ul>	<ul style="list-style-type: none"> <li>• Department Manual: Pages 18-22</li> <li>• UNT Policy 07.014 CARE Team Pages 1-9</li> </ul>

Due process and grievance procedures	<ul style="list-style-type: none"> <li>• Clinical Psychology Doctoral Program Supplement to the Department of Psychology Graduate Student Manual</li> <li>• Department of Psychology Graduate Student Manual</li> <li>• Policies of the University of North Texas / 07.016 Student Complaint</li> </ul>	<ul style="list-style-type: none"> <li>• Program Supplement : Pages 33-34 and Appendix E (page 49)</li> </ul>	<ul style="list-style-type: none"> <li>• Department Manual: Pages 23-24; 29-30</li> <li>• UNT Policy 07.016 Pages 1-4</li> </ul>
Student rights, responsibilities, and professional development	<ul style="list-style-type: none"> <li>• Department of Psychology Graduate Student Manual</li> <li>• Toulouse Graduate School Student Success Manual</li> <li>• Policies of the University of North Texas / 07.018 FERPA</li> <li>• Policies of the University of North Texas / 07.06 Free Speech and Public Assembly</li> <li>• Policies of the University of North Texas / 07.019 Student Organizations (applies to GASP and PASC grad student organizations in the Department)</li> <li>• Policies of the University of North Texas / 07.012 Code of Student Conduct</li> </ul>	<ul style="list-style-type: none"> <li>• Program Supplement Appendix E (page 49)</li> </ul>	<ul style="list-style-type: none"> <li>• Department. Manual: Page 24</li> <li>• Graduate School Manual: Pages 5-10 and 13-15</li> <li>• UNT Policy 07-018: Pages 1-11</li> <li>• UNT Policy 07.06 Pages 1-8</li> <li>• UNT Policy 07.019 Pages 1-7</li> <li>• UNT Policy 07.012 Pages 1-25</li> </ul>

<p>Nondiscrimination policies</p>	<ul style="list-style-type: none"> <li>• Clinical Psychology Doctoral Program Supplement to the Department of Psychology Graduate Student Manual</li> <li>• Department of Psychology Graduate Student Manual</li> <li>• Policies of the University of North Texas / 16.004 Prohibition of Discrimination, Harassment, and Retaliation</li> <li>• Policies of the University of North Texas / 16.006 Information and Procedural Guidelines for Pursuing and Resolving a Complaint of Prohibition of Discrimination, Including Sexual Harassment</li> <li>• Policies of the University of North Texas / 16.001 Disability Accommodation for Students and Academic Units</li> </ul>	<ul style="list-style-type: none"> <li>• Program Supplement : Page 34 and Appendix E (page 49)</li> </ul>	<ul style="list-style-type: none"> <li>• Department Manual: Page 1</li> <li>• UNT Policy 16.004: pages 1-4</li> <li>• UNT Policy 16.006: Pages 1-12</li> <li>• UNT Policy 16.001 Pages 1-8</li> </ul>
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