Clinical Health Psychology and Behavioral Medicine

Clinical Health Psychology Preceptorship at the University North Texas Health Science Center

The mission of UNTHSC is to improve the health and quality of life for the people of Texas and beyond through excellence in education, research, clinical care and community engagement and to provide national leadership in primary care. UNTHSC values compassion, teamwork, pride, integrity, innovation and excellence in all its mission centric activities.

UNTHealth Patient Services is the largest multi-specialty group practice in Tarrant County and includes 238 DO and MD Physicians, Nurses, Physician Assistants, Nurse Practitioners, Psychologists and other health practitioners.

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THE UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER: AN OVERVIEW

The Joint Doctoral Program in Clinical Health Psychology and Behavioral Medicine is accredited by the American Psychological Association. The program is part of the UNTHSC Texas College of Osteopathic Medicine (TCOM) and the Department of Psychiatry and Behavioral Health. UNTHSC campus is located at 3500 Camp Bowie Boulevard Fort Worth, TX 76107.

The University of North Texas Health Science Center originated as the Texas College of Osteopathic Medicine (TCOM) in 1970. Then a private medical school, TCOM contracted with basic science instructors from UNT to teach the medical students. In 1993 TCOM became a state funded medical college and the Graduate School of Biomedical Sciences was established – thus becoming the UNTHSC (1999). Later, as the UNTHSC, a Physician Assistant Masters program was created, and a School of Public Health (1997) was added.

Recently with the addition of a School of Health Professions, the PA program moved from TCOM to the School of Health Professions and joins with a new Physical Therapy graduate program. 1,576 students are enrolled in medicine, PA, public health, and basic science graduate programs.

In keeping with its commitment to research, the Health Science Center has several institutes and centers including the Institute for Aging & Alzheimer's Disease, Institutes for research in Cancer, Cardiovascular Disease, Physical Medicine, Manual Medicine, Hispanic Health, and the Eye Research Institute. UNTHSC also has a Center for Women's Health, Minority Health, Education, Research and Outreach, and the Mental Sciences Institute.

The UNT Center for Human Identification's DNA database is housed at the Health Science Center, and it is one of only three DNA labs in the United States dedicated to identifying the remains of missing persons. The Health Science Center also serves as home to several National Institutes of Health-funded programs, including the Texas Center for Health Disparities Research, the Manual Medicine Research Center, and the multi-institutional Research Education Program.

The main campus is on a hill overlooking downtown Fort Worth and the museum district. The entrance to the atrium is on Camp Bowie with no parking access. The main parking access is on Clifton, south of the campus, called “Lot A”. The campus spans
about 33 acres in the heart of Fort Worth's Cultural District across the street from the Amon Carter and Kimball museums, and is growing with new academic and research facilities. It is bound by 7th Street on the North and Camp Bowie on the South, and is growing to the West.

The Center for Biohealth (CBH) is at the foot of the hill closest to downtown Fort Worth (West side of the campus). Its access is from Camp Bowie Boulevard, a new academic center is being built on the East side of the campus and can be seen from Montgomery Street which North runs from I30 to 7th street past the Science Museum, and between the new academic center and the original campus. An inner drive goes one way through the campus, passing the Library, to the Patient Care Center (PCC). The inner drive is accessed off Montgomery just past the intersection of Camp Bowie and Montgomery.

The EAD building is the tallest eight story building housing academic offices, some classrooms, conference rooms, and some research laboratories. The UNTHSC leadership offices are located on the 8th floor of the EAD, accessible from both the south and north ends of the building.

The EAD building is linked to the RES building via a skywalk on the 4th floor. RES houses biomedical sciences labs, classrooms, offices. The Library houses biomedical communications and technology hubs, a lunch café, and meeting rooms.

Since clinical health psychology students will be paid as a ‘Graduate Teaching Assistant’ (20 hours per week), students will receive a UNTHSC Employee Handbook as well as spend the initial eight (8) hours in New Employee Orientation by the UNTHSC Human Resources Department.

Christina Burress, MBA, Associate Director for the Department of Psychiatry and Behavioral Health, is the liaison with UNTHSC Human Resources.

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INTERESTING FACTS

The Gibson D. Lewis Health Science Library, with access to virtually the entire wealth of the world’s current medical knowledge, is accessible to the public seven days a week through sophisticated information search networks and computer databases.

UNT Health provides health care to individuals and families with over half a million patient visits annually. Physicians from both allopathic and osteopathic training programs provide health care in 24 medical and surgical specialties and subspecialties, including allergy/immunology, family practice, cardiology, neurology, obstetrics, oncology, orthopedics, psychiatry, sports medicine, and neurosurgery.
The Health Science Center achieved a 60% growth in research funding over four years — the highest of all the health science centers in Texas. The Health Science Center actively collaborates with several health and technology businesses throughout the DFW area including TECH Fort Worth, Texas Health Resources, and UT Arlington.

At the UNTHSC, we proudly serve North Texas communities through a variety of community and school outreach programs. For example, the Health Science Center founded the annual Hispanic Wellness Fair in 1999, which provided free health screenings and information to more than 16,000 people in 2006, and also founded the annual Cowtown Marathon. UNTHSC faculty and students partner with local and rural grade schools and high schools in science education. We also serve as a medical partner for the DFW Breast Cancer 3-Day Event and participate in 14 state and federally funded programs that bring students and teachers onto campus each summer. Students volunteer at community shelters and outreach programs locally, nationally, and globally.
JOHN PETER SMITH HEALTH NETWORK: AN OVERVIEW

Academic Affairs

JPS Health Network is an urban teaching hospital with a long history of training health care workers and physicians. Currently, the institution sponsors programs that are accredited through the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA) and the Council on Podiatric Medical Education (CPME).

John Peter Smith Hospital is the largest training institution in Fort Worth with a strong Family Medicine presence. Training is important to the mission of JPS in its efforts to meet the health care needs of Tarrant County. Family Medicine is the largest residency with more than seventy graduates annually in Family Medicine, Sports Medicine, Geriatrics and added skills in Obstetrics, Emergency Medicine, and Pain Medicine. If you are interested in family medicine, this is a great environment for an experience rich in primary care leadership.

JPS is also the training site for a large variety of superb specialty care training programs including a Transitional Internship, Psychiatry, Obstetrics and Gynecology, Orthopedic Surgery, General Surgery, Oral and Maxillofacial Surgery Otolaryngology, Ophthalmology, Podiatry, and Radiology. JPS residents receive training in a wide variety of skills, receive lectures from nationally recognized leaders, and actively participate in research and scholarly activity.

Tarrant County Hospital District is proud of its tradition of training highly qualified healthcare leaders.

History

In October 1877, future Fort Worth mayor John Peter Smith deeded five acres of land at what is now 1500 South Main Street to provide a place where individuals from Fort Worth and Tarrant County "could have the best of medical care." It would be many years before his vision for a facility on that location would be realized, but not so long before the first public hospital for the community was established.

In 1906, a hospital affiliated with the Fort Worth Medical College was opened in Fort Worth free to all accident cases and any other cases which the authorities would accept, and the foundation for JPS Health Network was laid. Seven years later, county commissioners agreed to match city funds for the operation of a city and county hospital, which soon opened with 25 beds.

By 1938, the downtown location was well past adequate for the demands of the region, and construction of the new hospital, on the land donated by John Peter Smith, began. The 166-bed City-County Hospital rose to many challenges, including the polio epidemic, and served as the main trauma center for Tarrant County. In 1954, the name of the hospital was officially changed to John Peter Smith Hospital, and in 1959 the
Tarrant County Hospital District was created to give the organization a sound financial footing.

The 1970s and 1980s saw tremendous expansion as John Peter Smith Hospital continued to grow. By the 1990s, the need for community care was apparent, and health centers were established across the county.

Today, JPS Health Network continues to serve the needs of the families in Tarrant County, working to improve health status and access to health care. The facilities on Main Street have grown to a hospital licensed for beds that is attached to a Patient Care Pavilion – a five-story acute care facility, along with an outpatient care center and a dedicated facility for psychiatric services.

**Services and Location:**

At John Peter Smith Hospital special services include:

- **Trauma:** Tarrant County's Only Fully Accredited Level I Trauma Center
- **Emergency, Inpatient & Outpatient Psychiatric & Behavior Health**
- **Cardiology**
- **Cancer**
- **Dental**
- **Orthopedics & Sports**
- **Internal Medicine**
- **Robotic Surgery**
- **Women's Services**

In addition to the main hospital campus, JPS also operates four (4) outpatient clinics strategically located in Tarrant County. The Trinity Springs Pavilion is a psychiatric facility that is utilized for crisis stabilization, short-term treatment and family education. It is located on the network’s main campus. JPS also has a psychiatric emergency center in John Peter Smith Hospital and operates a partial hospitalization program that is designed to help patients function within their homes and communities.

For additional information, receive driving directions & to view a detailed map: [www.jpshealthnet.org](http://www.jpshealthnet.org)

For more information about locations within the JPS Health Network, please contact:

1500 South Main Street
Fort Worth, Texas 76104
817-921-3431
CORE COMPETENCIES

The following statements are intended as broad, high-level summaries of the required objectives that demonstrate competence in clinical health psychology and clinical settings.

Psychotherapy

-Accurately diagnose psychopathology using the 5-Axis DSM IV system

-Identify salient predisposing, precipitating and perpetuating elements of patients’ problems

-Will demonstrate basic proficiency in the techniques of:
  
  Psychodynamic Psychotherapy
  Short Term Counseling and Crisis Intervention
  Combined Psychopharmacology and Psychotherapy
  Cognitive/Behavioral Psychotherapy
  Supportive Psychotherapy

-Understands the basic defensive structure, unconscious conflicts, and functional deficits of his/her patients

Use supervision effectively to improve knowledge, skills and professional attitudes

-Work effectively with other professionals

-Present a case in a clear, well-organized, and appropriately detailed manner

-Maintain appropriate boundaries with patients over the course of the treatment. Recognize basic transference & countertransference phenomenon.

-Provide adequate documentation

-Demonstrates considerate and sensitive behavior in dealing with patients, their families and other professionals

-Demonstrate awareness of social, medical, vocational and financial resources needed by patients.

-Identifies and make appropriate referrals to other care providers and coordinate care shared by such providers

-Work effectively with a multi-disciplinary treatment team

-Each patient will be reviewed every week
- Demonstrate documentation of services provided

**Psychological Assessment, Testing & Evaluation**

- Will demonstrate basic proficiency with projective instruments (i.e. Rorschach)
- Will demonstrate basic proficiency with objective personality instruments (i.e. MMPI-2)
- Will demonstrate basic proficiency with intelligence tests (i.e. WAIS IV)
- Will demonstrate basic proficiency with neuropsychological tests (i.e. NAB)

- Will demonstrate the ability to choose, use and interpret a broad range of assessment methods appropriate to:
  - to the client and service delivery system in which the assessment takes place;
  - to the type of intervention which is likely to be required.

- Conducting appropriate risk assessment and using this to guide practice

- Will demonstrate the ability to include:
  - formal procedures (use of standardized instruments);
  - systematic interviewing procedures;
  - other structured methods of assessment (e.g. observation or gathering information from others)

- Demonstrate a basic understanding that any evaluation/assessment findings should include environmental suggestions and/or recommendations required for the patient to be safe & as successful as possible

- Demonstrate a basic understanding of geriatrics, family case conferences as well as the fundamentals in the assessment & evaluation of dementia

- Understand that the patient’s family and/or attending physician & other medical professionals are important sources of information & every effort should be made to consult them

- Understand that every patient shall be evaluated & assessed within the parameters of the patient’s abilities and/or injury(s)

- Understand the “audience” that will be utilizing the report & tailor the report in such a way as to make it concrete & functional

- Understand Key Elements in Formulating Written & Verbal Reports

  - Inpatient Medical Facility or Hospital:
    - Keep it Brief & Concise. If further evaluation is necessary this should be indicated; however, a report must be made on what the evaluation has
revealed thus far.

-In addition to reporting any functional, neuropsychological findings (i.e. status, problems, deficits, etc, the psychological functioning of each patient must be determined (i.e. anxiety, depression, personality style, etc). This should be integrated & concisely reported.

-The report must be integrated, concrete, useful & functional for the medical staff while the patient is in the hospital as well as any specific, post discharge recommendations.

-What kind of behavior & interaction will the medical staff likely experience with the patient? The family? Is the patient or family difficult & how could the staff deal with them?

-Is there anything that staff should be vigilant about (i.e. should be watchful for any increase in depressive indicators)?

Transferable Skills

- Deciding, using a broad evidence and knowledge base, how to assess, formulate and intervene psychologically, from a range of possible models and modes of intervention with clients and service systems.

- Generalizing and synthesizing prior knowledge and experience in order to apply them in different settings and novel situations.

- Demonstrating self-awareness and working as a reflective practitioner.

- Ability to think critically, reflectively and evaluatively.

Psychological Formulation

- Developing formulations of presenting problems or situations which integrate information from assessments within a coherent framework, that draws upon psychological theory and evidence and which incorporates interpersonal, societal cultural and biological factors.

- Using formulations with clients to facilitate their understanding of their experience.

- Using formulations to plan appropriate interventions that take the client’s perspective into account.

- Using formulations to assist multi-professional communication, and the understanding of clients and their care.

- Revising formulations in the light of ongoing intervention and when necessary re-formulating the problem.
Psychological Intervention

- On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client, and to do this in a collaborative manner with:
  - individuals;
  - couples, families or groups;
  - services/organizations.

- Implementing interventions through and with other professions and/or with individuals who are professionally and/or legally involved with a client, or who care for a client by virtue of family or partnership arrangements.

- Recognizing when (further) intervention is inappropriate, or unlikely to be helpful, and communicating this sensitively to clients and careers.

Evaluation

- Selecting and implementing appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organizational), and using this information to inform and shape practice. Where appropriate this will also involve devising innovative procedures.

- Auditing clinical effectiveness.

Personal and Professional skills

- Understanding of ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants.

- Appreciating the inherent power imbalance between practitioners and clients and how abuse of this can be minimized.

- Understanding the impact of difference and diversity on people’s lives, and its implications for working practices.

- Working effectively at an appropriate level of autonomy, with awareness of the limits of own competence and accepting accountability to relevant professional and service managers.

- Managing own personal learning needs and developing strategies for meeting these.

- Using supervision to reflect on practice, and making appropriate use of feedback received.
- Developing strategies to handle the emotional and physical impact of own practice and seeking appropriate support when necessary, with good awareness of boundary issues.

- Working collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints.

**Communication and Teaching**

- Communicating effectively any clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences (e.g. to professional colleagues, and to users and their care givers).

- Adapting style of communication to people with a wide range of levels of cognitive ability, sensory acuity and modes of communication.

- Preparing and delivering teaching and training which takes into account the needs and goals of the participants (e.g. by appropriate adaptations to methods and content).

- Understanding of the supervision process for both supervisee and supervisor roles.

**Service Delivery**

- Adapting practice to a range of organizational contexts, on the basis of an understanding of pertinent organizational and cultural issues.

- Understanding of consultancy models and the contribution of consultancy to practice.

- Awareness of the legislative and national planning context of service delivery and clinical practice.

- Working with users and care givers to facilitate their involvement in service planning and delivery.

- Working effectively in multi-disciplinary teams.

- Understanding of change processes in service delivery system.
CLINICAL PRECEPTORSHIP

The clinic training at the UNTHSC Preceptorship has three (3) distinct & separate rotations which are: John Peter Smith Hospital Trauma Center, Geriatric Medicine & General Inpatient/Outpatient Psychiatry which also involves Sleep Medicine Services one (1) day per week. It should be noted that as a general guideline, when students are not attending their academic classes or involved in approved research time, they are expected to be engaged in their clinical rotations. Actual time may be less and can be discussed on an individual basis with the respective rotation clinical supervisor.

UNT-HEALTH STUDENT OUTPATIENT CLINIC
LOCATION: PATIENT CARE PAVILION – UNTHSC
PRIMARY SUPERVISORS: MANDY JORDAN, PH.D., ED MILES, PH.D.

To ensure that students are grounded in fundamental clinical psychology, students will also provide clinical services at the UNTHealth Psychiatric outpatient clinic for one (1) half-day or five (5) hours per week throughout the entire year. Students will provide diagnostic services that may involve both, neuropsychological & “traditional” psychological evaluations; however, the primary emphasis is geared towards on-going, individual psychotherapy. In addition to individual supervision, participation in bi-weekly consultation group throughout the year also affords students the opportunity for group supervision as well as direct discussion about any aspect of their experience during the year at the UNTHSC Preceptorship. Please note that the UNTHSC Student Clinic operates on a set, low, fee of $10.00 per hour and “third party” payors will not be billed.

PRECEPTORSHIP: CLINICAL ROTATIONS

GENERAL PSYCHIATRIC INPATIENT & OUTPATIENT
LOCATION: TARRANT COUNTY HOSPITAL DISTRICT-JOHN PETER SMITH HOSPITAL-Ft. WORTH
PRIMARY SUPERVISORS: MANDY JORDAN, PH.D., CINDY CLAASSEN, PH.D., APRIL WEICHMANN, PH.D.

The following material is designed to provide the student with a set of background readings in psychodynamic developmental theory consistent with the overall biopsychosocial psychodynamic emphasis of the JPS health network psychiatric residency program. The selected readings will cover the developmental continuity from early childhood, adolescence and adulthood. Thus, the psychopathological continuity from the adolescent unit (AIU) to the adult units (2NW, 2SW and CSU) will be more easily understood and conceptualized.

Given the short term stabilization mission of Trinity Springs, it is essential that any prospective employee at the doctoral level possess a practical and working knowledge of these developmental issues. Working knowledge of the DSM-IV and the basic psychiatric mental status is also encouraged. The CHP students’ unique background and training at UNT and UNTHSC will hopefully have ample and rich
opportunities for integration of that knowledge into the diagnostic and disposition of TSP patients.

The initial 2 to 3 weeks of the inpatient rotation will consist of familiarization with the four multidisciplinary treatment teams on the two inpatient adult units (2SW, 2NW). The student will first observe the interdisciplinary team synchrony and then gradually participate actively in each of the four treatment teams. They will encounter a wide range of severely debilitating psychopathology. As a publicly supported county hospital, JPSH serves a diverse population of socio-economically disadvantaged patients as its primary mission. The student will thus have the opportunity to integrate developmentally grounded formal psychodiagnostic information within that socioeconomic context.

An important component of the General Psychiatric Inpatient/Outpatient Rotation includes psychological testing, assessment & written reports on adolescents and adults. Specific referral questions are generated by the attending psychiatrist and/or treatment team and may involve the utilization of “traditional” psychological tests (i.e. Wechsler, T.A.T., Rorschach, MMPI-2, etc) or neuropsychological tests (i.e. Neuropsychological Assessment Battery, etc). Psychological evaluations will typically include a verbal presentation to the respective treatment team and may involve a conference with family & the “identified patient.”

The inpatient rotation at Trinity Springs includes active participation in all four of the inpatient treatment teams. After this, the students are exposed to court commitment procedures which can lead to referral to a state hospital facility for longer-term, intensive treatment. While not actively participating in court proceedings, they are asked to imagine themselves in the position of having to testify regarding a patient’s mental status, diagnosis and recommended treatment. Additionally, they participate in the adolescent unit triage, treatment planning and disposition. During each of these experiences they may receive requests for psychological assessment and one-to-one brief, supportive psychotherapy and family involvement and discharge planning. Lastly, they actively participate in a crisis stabilization unit (CSU). Students participate in active group treatment defined by short-term solution focused therapy. This service hopefully prevents progression to a more intensive level of care.

For the next several weeks students will have the opportunity to observe the social work and nursing staff run a variety of individual, family and group interventions on AIU, 2SW and CSU. These will range from basic diagnostic information, chemical dependency related issues, process groups, medication compliance, and discharge planning. The student will then have ample opportunity to independently engage patients on a one-to-one and group level on AIU, 2SW and CSU primarily.

For the remainder of the rotation the student will be encouraged to direct their efforts toward individual and group treatment and eventual disposition/discharge planning. Supervision will emphasize the integration of standard assessment/diagnostic information with the therapeutic skills unique to CHP background and knowledge. The student will thus be able to envision a far more comprehensive CHP driven discharge plan.
Sleep Disorders
Location: UNTHSC Sleep Diagnostic Center
Primary Supervisor: Sherif Al-Farra, MD

The rotation consists of one day a week where students are exposed to 20-24 patients with sleep related disorders in a clinical setting. The focus is on the medical aspects of these patients with an emphasis on how psychological conditions impact sleep and vice versa.

Students are assigned part of a chapter in "The International Classification of Sleep Disorders, Second Edition" each week and students are able to complete the book before the end of the rotation. We also go over consensus statement articles published in the journal Sleep.

Geriatric Medicine (Neurological Aspects of Psychiatric Disorders in Aging)
Location: UNTHSC Department of Psychiatry
Primary Supervisor: Jim Hall, PhD

The three month Geriatrics rotation provides extensive didactic training and clinical experience in aging and geriatric psychology for the Health Psychology students. The focus of the rotation is on understanding cognitive impairment in the elderly and the effect these impairments may have on the elderly person and their family and caregivers. The students conduct psychological and neuropsychological evaluations and provide psychological services to the elderly, their families and other caregivers. The results of the evaluations are presented to the patient and family members at a Family Conference by the healthcare team composed of the attending physician, a geriatric psychologist and social workers. Health Psychology students work side by side with 3rd and 4th year medical students and physician assistant students in the Memory Disorders Clinic. The training model focuses on not only collaboration but on true integration with other healthcare professionals in providing services to the elderly. Students attend grand rounds and participate in the research efforts of the geriatric psychologists. Weekly supervision is provided along with case focused direct supervision. One afternoon per week, students will participate in providing services at the UNT Health Memory Clinic which is an outpatient service designed to determine if memory problems are due to normal changes associated with aging, treatable physical causes, or chronic changes in brain function.

John Peter Smith Hospital-Level I Trauma
Location: Tarrant County Hospital District-John Peter Smith Hospital-Ft. Worth
Primary Supervisors: Kelly Stille, PsyD, Ed Miles, PH.D., April Weichmann, PH.D.

John Peter Smith Hospital (JPS) is accredited as a Level I Trauma Center. In order to be accredited as a Level I Trauma Center, Neuropsychological Evaluations are required to be available & performed; however, the JPS Trauma Center has requested that neuropsychological and/or psychological assessments (“Consults”) be performed on every patient that is admitted to Trauma. Thus, each trauma patient (and family if available) is evaluated by a psychologist and students will be performing these evaluations or “consults” (“consults” are typically screenings or a shorter version of a full...
or comprehensive neurocognitive or psychological evaluation) and a written report must be in the patient’s hospital chart within 24 hours. Students will verbally present findings in both, Trauma Rounds and Trauma Staffing to physicians, physician assistants, nurses and other medical personnel. At the end of this rotation, students will be able to determine whether a neurocognitive, psychological or combination assessment should be performed and will be comfortable in both, tailoring the written and verbal reports to the immediate hospital environment as well as providing discharge recommendations. Further, case presentations and discussions will occur with JPS 2nd Year Psychiatric Residents on a weekly basis. One afternoon per week, students will participate in providing services at the JPS Memory Clinic which is an outpatient service designed to determine if memory problems are due to normal changes associated with aging treatable physical causes or chronic changes in brain function.

ACADEMIC COURSES AND REQUIREMENTS

*6820/6830. Health Psychology Preceptorship - Practicum

Practical experience that will focus on the integration of the health psychologist with physicians & other health professionals where the health psychologist functions as an important member of the primary care team in a manner that overcomes barriers to this integration. The goal is for the student-doctor to achieve an advanced degree of competence in skills, knowledge, judgment, and ethics that will allow for the development of a greater understanding and identification with the role of the professional Clinical Health Psychologist. Students enroll in 6 total semester credit hours (SCH) of practicum hours, 3 each semester. It is possible the practicum hours may be scheduled between 7 AM and 9 PM on some assignments depending on the requirements of the attending psychologist and the modality. Further, the student can expect to be in their assigned clinics between 24 – 32 hours per week with an average of 28 hours. Academic & research time is insured and vacation time will be negotiated with the Rotation Clinical Supervisor. The practicum rotations are graded based on criteria (see Appendix II) using a scale of 1 to 5 provided by each practicum supervisor.

Psy 6010. Geriatric Clinical and Health Psychology

Geriatric Clinical and Health Psychology is a course designed for clinical/health psychology doctoral students and those in other disciplines who have an interest in understanding, researching and treating health related issues in the elderly. The course presents a review of the clinical and research issues related to the elderly. The goals of the course are to prepare the students to critically evaluate the existing literature and develop an empirically based approach to the assessment, treatment and investigation of this population.

*Psy 6410. Introduction to Pharmacology/Clinical Therapeutics

The Introduction to Pharmacology/Clinical Therapeutics presents basic pharmacology, an approach to the classification of the most common drugs used in primary care
practice and the clinical application of those drugs. The course will prepare Health Psychology students to recognize the nature and effects of drugs used in primary care including those that are centrally acting and have psychoactive effects. Attention will be given to major drug classifications, common characteristics of the drug class, such as mechanism of action and common side effects, and the commonly used drugs in that category. The overall goal of this course is for the student to develop a basic knowledge in pharmacokinetics and pharmacodynamics of drug therapies. Secondly, the student should develop a system of organizing and gaining an understanding of major drug classifications, their mechanism of action, the major side effects, and commonly used drugs in each category.

6210. Clinical Neuropsychology and Cognitive Rehabilitation

4 SCH. An overview of neurocognitive disorders including methods for diagnostic differentiation, theoretical foundations, research methodology, clinical methods, clinical applications, and current issues. Prerequisite(s): PSYC 6720 or consent of department. Offered each Spring.

PSYC 6498. Psychology Research Seminar and Practicum

4 SCH. This course will focus on the initiation, conduct, and consummation of advanced research projects, as well as dialogues related to the art and practice of publishing. The purpose of the practicum is twofold: to engender an appreciation for scholarship and to engage students in research projects that have a high probability of resulting in journal publications. Prerequisite(s): doctoral standing in psychology. May be repeated for credit.

*6780. Cardiovascular Behavioral Medicine

3 SCH. An in-depth examination of current issues and research in cardiovascular behavioral medicine, emphasizing cardiovascular measurement, research methods, individual differences and biobehavioral perspectives on the pathophysiology, assessment and treatment of cardiovascular diseases. Prerequisite(s): PSYC 6720 or consent of department.

*6900-6910. Special Problems

1-3 SCH each. For doctoral students capable of developing a problem independently through conferences and activities directed by the instructor. Problem chosen by the student with the consent of the instructor. May be repeated for credit. Offered each semester.

6810. Treatment Outcomes in Health Care

3 SCH. This course provides students with the basic knowledge and skills to effectively design and implement treatment outcome measurement strategies in health care settings. The course will also provide computer instruction to facilitate the effectiveness
of treatment outcome measurement. Students will learn about the various settings in which outcome measurement occurs, such as family medicine clinics, pain centers, hospitals, pharmaceutical industries, and psychiatric facilities. Database management, quality control, and analysis of health care data will be demonstrated. Students will develop and analyze a simulated treatment outcome database of their own and present their findings in class. Offered each Fall.

*5390. Human Physiology – For Clinical Health Psychology*

3 SCH. Study of the physiology of the human organ systems and cellular function focusing on endocrine, nervous, cardiovascular, muscular, respiratory, digestive, reproductive and excretory systems. Understanding of this material provides students the physiological principles to apply to clinical medicine, disease processes, and pharmacotherapeutics.

* Required courses during clinical health psychology preceptorship

**Optional Educational Activities: Attendance Encouraged**

**JPS Behavioral Medicine - Grand Rounds**
Location: Trinity Springs Pavilion
Every Friday 12-1  Lunch Provided
Content: Behavioral Medicine
CME Credit 1Hour

Students Will Make One (1) Grand Round Presentation in the Late Spring or Summer Semester.

**UNTHSC - Grand Rounds**
Location: UNTHSC, Ft. Worth
Every Wednesday 12-1
Content: Medical Content Varies
CME Credit 1Hour
Appendix I
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Appendix II
PAPER EVALUATION FORM
Clinical Health Psychology & Behavioral Medicine Consortium Practicum Evaluation

Practicum Student: ________________________________ Date: __________________________
(Month, Day, Year)

Supervisor: ________________________________

Semester under review: ___________________ Practicum year/type: ___________________

Faculty Supervisor's Texas Psychologist License #: ________________________________

Directions Please evaluate the trainee only after s/he has completed all of the practicum requirements for the semester under review. Evaluations should be based on his/her current level of progress and competence while working in the Psychology Clinic. Circle the number of the scale that best describes the trainee's competence as given in the descriptions below. More specific feedback can be provided in the comment section that follows each category. Rate each category independently. A description of the scale points is given below.

- **N-** Insufficient data to rate at this time.

- **1-** Competence considered to be in need of further training and/or requiring additional growth, maturation, and change on the part of the trainee in order for him/her to be effective in the various skill areas; trainee should not be allowed to function independently and very close supervision is required at the current time.

- **2-** Competence currently considered to be below average for trainee's practicum year/practicum type, but with further supervision and experience, is expected to develop satisfactorily; independent functioning is not currently recommended and close supervision is required at the current time.

- **3-** Competence is at or above the minimal level necessary for average functioning with normative moderate supervision required. Performance is clearly satisfactory and is commensurate with level of training/professional development.

- **4-** Competence assessed to be above average; trainee can generally function independently with periodic need for supervision.

- **5-** Competence very well developed and trainee can function independently with little or no supervision required for good functioning. Supervisor may only need to act as professional consultant.

Signatures A copy of this evaluation will be filed in the trainee's permanent Program file. The signature below attests only to the fact that the signee has seen the evaluation and reviewed its contents. A trainee's signature on this document does not in any way indicate that he or she either agrees or disagrees with the contents; only that this evaluation's contents were seen and reviewed. Trainees have the right at any time to file a response with the Director of Training for placement into the trainee's permanent Program file along with this evaluation; any such response will also be shared with the associated supervisor. The signature of the Practicum Supervisor below attests to the fact that the trainee has completed all of the casework and associated responsibilities of the practicum according to the stated requirements.

Trainee: ________________________________ Date: __________________________
Trainee:

\[ N = \text{Insufficient Info.} \quad 1 = \text{Marginal} \quad 2 = \text{Below Average} \quad 3 = \text{Average} \quad 4 = \text{Above Average} \quad 5 = \text{Excellent}\]

### A. Clinical and Relationship Skills

1. **General Relationship Skills** - established rapport, conveyed empathy, showed awareness of own impact on clients, and showed respect for clients. \( N \) 1 2 3 4 5
   
   Comments:

2. **Assessment Skills** - demonstrated appropriate knowledge and use of assessment instruments; was able to appropriately interpret and discuss test results with clients. \( N \) 1 2 3 4 5
   
   Comments:

3. **Diagnostic Skills** - incorporated multiple sources of data; demonstrated good knowledge of DSM-IV; used diagnosis to establish client goals and make appropriate referrals. \( N \) 1 2 3 4 5
   
   Comments:

4. **Conceptualization Skills** – formulated clinical hypotheses that were grounded in a theoretical framework, demonstrated an ability to integrate discrete and isolated aspects of the client’s behavior. \( N \) 1 2 3 4 5
   
   Comments:

5. **Intervention Skills** - showed flexibility in using a variety of theoretically-based and appropriate strategies to help clients work toward identified goals. \( N \) 1 2 3 4 5
   
   Comments:

6. **Therapeutic Relationship** – used silence effectively, managed resistance, offered appropriate self-disclosures, maintained appropriate professional boundaries (these are examples of aspects of an effective therapeutic relationship) \( N \) 1 2 3 4 5
   
   Comments:

7. **Crises Management** - recognized and handled clinical crises and emergencies in a professional manner. \( N \) 1 2 3 4 5
   
   Comments:

8. **Consultation Skills** - worked effectively with significant others (family members, teachers, relevant professionals) to help meet client needs. \( N \) 1 2 3 4 5
   
   Comments:

Average score for Clinical and Relationship Skills  (total / # Items with 1-5 rating): _____
Trainee:

N = Insufficient Info.  1 = Marginal  2 = Below Average  3 = Average  4 = Above Average  5 = Excellent

B. Professional Presentation and Behavior

9. Professional Behavior - showed readiness and ability to assume and discharge assigned duties; on time for scheduled appointments. Comments:

10. Self Presentation - presented self in a professional manner through physical appearance/dress, composure, organization, confidence, and desire to help.
Comments:

11. Management of Personal Issues in a Professional Manner - Controls personal stress, psychological dysfunction, or emotional reactions so that they do not affect case conceptualization, professional interactions with clients and their families, or relationships with colleagues and other professionals.
Comments:

12. Self-care - demonstrated an awareness of personal limitations; avoided accepting too many responsibilities.
Comments:

13. Ethical Knowledge & Practice - demonstrated understanding of ethical principles; showed awareness of ethical dilemmas as they occurred; conformed to ethical principles in professional work and practice.
Comments:

14. Knowledge and practice of Diversity Issues - demonstrated understanding of diversity issues related to concerns of clients and colleagues; showed awareness of ethnic, cultural, sexual preference, and religious concerns as they arose; sought consultation and additional knowledge from a variety of appropriate non-client sources to enhance relationship and practice.
Comments:

15. Intake report & Progress Notes - completed intake reports and case notes in a timely manner, and included relevant professional information in a manner which could be used and interpreted by other professionals.
Comments:

Average score for Professional Presentation and Behavior (total / # items with 1-5 rating): _____
C. **Supervision Behavior and Knowledge Demonstration**

16. **Knowledge Base** - demonstrated good understanding of theories and research in psychology, human development, counseling/psychotherapy, assessment, and psychopathology.
   
   Comments:

   N = Insufficient Info.  1 = Marginal  2 = Below Average  3 = Average  4 = Above Average  5 = Excellent

17. **Scientist-practitioner Modeled** - demonstrated understanding of the importance of reading articles/books relevant to case.
   
   Comments:

18. **Written Communication Skills** - showed ability to write clearly in a professional style that is clear, succinct, and devoid of unnecessary jargon.
   
   Comments:

19. **Oral Communication Skills** - showed ability to use oral language to communicate effectively with clients, supervisors, and colleagues.
   
   Comments:

20. **Supervisory Involvement** - sought supervision when needed, openly shared concerns and ideas with supervisor, demonstrated openness to feedback, used supervisory suggestions to make improvements.
   
   Comments:

21. **Self Awareness** - demonstrated understanding of personal reactions to clients and a willingness to discuss the potential impact on the therapeutic relationship/process.
   
   Comments:

    Average score for Supervision Behavior and Knowledge Demonstration (total/# items with 1-5 rating): _____
D. Practicum Team Behavior

22. Interpersonal Skills – demonstrated cooperative discourse (e.g., refrained from interrupting, did not dominate, contributed actively); demonstrated respect for others and appropriate boundaries. N 1 2 3 4 5

Comments:

23. Organization – came to team meetings prepared with tapes, files, questions and concerns. N 1 2 3 4 5

Comments:

24. Collegiality - attended and actively participated in team meetings; provided helpful feedback to others; demonstrated sensitivity to other’s needs. N 1 2 3 4 5

Comments:

25. Attitude Toward Learning – demonstrated a willingness to admit mistakes (i.e., non-defensiveness), used persons other than supervisor for skill development, showed a willingness to be observed/evaluated. N 1 2 3 4 5

Comments:

Average score for Practicum Team Behaviors (total / # items with 1-5 rating): _____

Average overall score: ________________________________

26. Other Feedback & Comments (please discuss specific areas of strength and areas for growth) -
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INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct. The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term reasonable means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.
In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE
Psychologists are committed to increasing scientific and professional knowledge of behavior and people’s understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work. This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES
This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence
Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists’ obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.

Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility
Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct.

Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.
Principle C: Integrity
Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice
Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity
Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect 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 consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work
If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations
When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations
If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the
work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees
Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints
Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents
Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence
(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.
(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist’s activities or
roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm
Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships
(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest
Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services
When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships
Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals
When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)
3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nonetheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy And Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)
4.04 Minimizing Intrusions on Privacy
(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.
(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures
(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.
(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations
When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes
Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements
(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.
(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.
(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others
(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.
(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)
(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs
To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.
5.04 Media Presentations
When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials
Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation
Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees
6.01 Documentation of Professional and Scientific Work and Maintenance of Records
Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)
(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.
(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment
Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements
(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.
(b) Psychologists' fee practices are consistent with law.
(c) Psychologists do not misrepresent their fees.
(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)
(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients
Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated,
and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources
In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees
When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching
(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)
(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information
Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy
(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)
(b) Faculty who are or are likely to be responsible for evaluating students’ academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance
(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.
(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.
7.07 Sexual Relationships With Students and Supervisees
Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval
When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research
(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)
(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research
Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants
(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.
(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research
Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation
(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.
(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)
8.07 Deception in Research
(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study’s significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.
(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.
(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing
(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.
(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.
(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research
(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.
(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)
(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.
(g) When it is appropriate that an animal’s life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results
(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)
(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism
Psychologists do not present portions of another’s work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit
(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)
(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.
(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student’s doctoral dissertation. Faculty advisors discuss
publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information. (b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.) (b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.) (c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques. (b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation. (c) Psychologists use assessment methods that are appropriate to an individual’s language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers. (b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.
(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data
(a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists’ notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)
(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction
Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results
When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists’ judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons
Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results
(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.
(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services
(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.
(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)
(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results
Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.
9.11. Maintaining Test Security
The term test materials refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy
(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)
(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)
(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families
(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist’s role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)
(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy
When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others
In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client’s/patient’s welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners
Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients
(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.
(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant
factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy
When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy
(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.
(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.
(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

History and Effective Date Footnote
This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, http://www.apa.org/ethics. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.
Appendix IV
STUDENT SAMPLE SCHEDULE
<table>
<thead>
<tr>
<th>Site</th>
<th>Monday</th>
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<th>Wednesday</th>
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<tr>
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- **Site**: TSP Psych, TSP Therapy, Trauma Consult, JPS Gero Psyc, UNT Psych
- **Days of the Week**: Monday, Tuesday, Wednesday, Thursday, Friday
- **Time Slots**: AM, PM
- **Names**: Jordan, Miles, Stille, Hall, Al-Farara, Student 1, Student 2, Student 3, Student 4, Student 5, Student 6, Vo

The table outlines the schedule for different sites and days, with specific names assigned to each time slot.
<table>
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Appendix V
PROFESSIONAL RESUMES/VITAS
FACULTY
KEY STAFF
CURRICULUM VITAE

SHERIF T. AL-FARRA, MD, FCCP, DABSM

University of North Texas Health Science Center of Fort Worth, Texas
Department of Internal Medicine

Office: (817) 735-5401

CURRENT POSITION:

Associate Professor of Medicine. Chief, Division of Pulmonary and Critical Care Medicine and Sleep Medicine. University of North Texas Health Science Center, Fort Worth: July 2002 to present.

POST-DOCTORAL TRAINING:

- Fellowship: July 1995 to June 1998
  Division of Pulmonary and Critical Care Medicine,
  Department of Internal Medicine
  Henry Ford Hospital
  Detroit, Michigan

- Chief Medical Resident: July 1994 to June 1995
- Internship/Residency: July 1991 to June 1994
  Department of Internal Medicine
  Henry Ford Hospital
  Detroit, Michigan

- Residency: February 1989 to June 1991
  King Faisal Hospital and Research Center
  Riyadh, Saudi Arabia

- Pre-graduation Internship: February 1988 to January 1989
  King Saud University Program
  Riyadh, Saudi Arabia

EDUCATION:

Doctor of Medicine, January, 1989
King Saud University College of Medicine
Riyadh, Saudi Arabia
GPA 4.45/5 and Honors

WORK EXPERIENCE:

Senior Staff Physician, Department of Internal Medicine, Deaconess Billings Clinic, Miles

CERTIFICATION:

ABSM, Sleep Medicine: Certified, April 2003.

MEMBERSHIPS:

Fellow of American Academy of Sleep Medicine
Fellow of the American College of Chest Physicians.
American Medical Association.

LICENSURE:

Current License, Texas: # L4211.
Current License, Physician and Surgeon, Washington State # MD00046565
Previous License, Montana: #8446.
Previous License, Medicine, State of Michigan: #4301058510.

COMMITTIES AND ADMINISTRATIVE SERVICES:

Member, Recruitment, Retention and Compensation Committee, UNTHSC-FW
Member, Credentialing Committee, UNTHSC-FW.
Compliance officer, Department of Medicine UNTHSC-FW.
Medical Director, UNT Sleep Center.
Medical Director, Sleep Analysis Centers of Texas.
Chair, Emergency Department Committee, Holy Rosary Hospital, 4/2000 – 1/2002.
Medical Director, Hospice, Holy Rosary Hospital, 4/2000 – 1/2002.
Member, ICU Quality Improvement Team, Division of Pulmonary Medicine. 1997-98.
Chief Resident, Internal Medicine, Henry Ford Hospital. 1994-95.
Chair, House Staff Council, Henry Ford Hospital. 1994-95.
Chair, House Staff Council Education Subcommittee. 1994-95.
Member, Henry Ford Medical Association Executive Committee. 1994-95.
Member, Graduate Medical Education Council, Henry Ford Hospital. 1994-95.
Member, Pharmacy and Therapeutics Committee. 1994-95.
Member, Resident of the Year Judging Committee 1995.
Member, Residency Selection Committee, Department of Medicine. 1994-95.
Member, Clinical Pathways Committee. 1994-95.

SPECIAL TRAINING:

Sleep Disorder Center, August 4th -September 3rd 1999
Harper Hospital (Wayne State University)
Detroit, Michigan

HONORS/AWARDS:
Outstanding Teaching Award (Elected by the University of Michigan Students).  1993.

PRESENTATIONS/POSTERS:

Sleeping Better, the Role of Primary Care. 28th Annual Dr. Stanley Weiss Practical Topics in Primary Care. South Padre Island, Texas. June 2008


Unusual manifestation of a tuberculoma, case presentation. Meet the Professor, Michigan chapter of the American College of Physicians, Traverse City, Michigan, September 1994.

Pulmonary hypertension due to pulmonary venous granulomatosis in a patient with sarcoidosis. Poster Finalist at the National American College of Physicians Meeting, Miami, Florida, April 1994.

Complex partial status epilepticus as the presenting feature of sarcoidosis. Presented at the Michigan chapter of the American College of Physicians Meeting, September 1993.


LECTURES:
Core-Curriculum Pulmonary, Critical Care and Sleep Lecture Series: Department of Internal Medicine, UNTHSC, 2002-2010.

Pulmonary, Critical Care and Sleep Medicine Lecture Series, Physician Assistant Program 2003-2009.


Hanta Virus, Case Presentation and Review of the Literature. Primary Care and Internal Medicine Division, Holy Rosary Hospital, June 2001.
Asthma, An Approach to Therapy. Primary Care and Internal Medicine Division, Holy Rosary Hospital, May 2001.

Obstructive Sleep Apnea. Sponsored by the Parish Nurses, Miles City Health Care Clinic, March 2001.

Numerous Pulmonary and Critical Care Presentations to the Nursing and Respiratory Therapy Departments at the Holy Rosary Hospital.

Critical Care Grand Rounds: Division of Pulmonary Medicine, February 1998. Barotrauma.


Seminars in Pulmonary Medicine: Division of Pulmonary Medicine, September 1996. Steroid Resistant Asthma.

Critical Care Grand Rounds: Division of Pulmonary Medicine, May 1996. Controversies in the Use of Pulmonary Artery Catheters.

Seminars in Pulmonary Medicine: Division of Pulmonary Medicine, February 1996. Anaerobic Lung Infections.

Core-Curriculum Lecture: Department of Internal Medicine, August 1994. Diabetic Keto-Acidosis.
Cynthia (Cindy) A. Claassen, Ph.D.

CURRICULUM VITAE

Name: Cynthia (Cindy) A. Claassen, Ph.D.

Citizenship: USA Highest Federal Civilian Grade: GS-14

A. Education

University of Nebraska-Lincoln
Lincoln, Nebraska
BS, Secondary Education

University of Georgia
Athens, Georgia
MEd, Educational Psychology

University of Texas Southwestern Medical Center at Dallas
Dallas, Texas
PhD, Clinical Psychology

B. Professional experience

2010-present Consultant, National Institute of Mental Health Suicide Research Consortium; Supervisor, Jane Pearson, PhD. 
Duties: Provide support to the NIMH team working with the National Action Alliance for Suicide Prevention Research Prioritization Task Force.

2010-present Associate Professor—Department of Psychiatry, University of North Texas Health Science Center; Supervisor, Alan Podawiltz, DO. 
Duties: Develop and supervise an individual psychotherapy training program for JPS psychiatry residents; research appointment at UNTHSC.

2010-present Associate Professor—Mental Sciences Institute, University of North Texas Health Science Center; Supervisor, desAnges Cruser, PhD 
Duties: Provide support to the Mental Sciences Institute; conduct suicide prevention and trauma research.

6/09-7/10 Associate Professor—Department of Psychiatry, University of Rochester Medical Center, Rochester, New York. 
Duties: (Adjunct Position only)

6/09-6/10 Research Psychologist—VISN 2 Center of Excellence for Suicide Prevention, Canandaigua Veteran’s Administration Medical Center, Canandaigua, New York. 
Duties: Developing research projects with Clinical Interventions and Health Services Research Core; supervised Clinical Core research personnel; managed IRB work for all Clinical Core projects; Executive Committee Member; presented research materials in a variety of settings, both internal to the CoE and nationally; liaison work with external
investigators; other duties as assigned.

9/07-6/09  
Associate Professor—Department of Psychiatry (School of Medicine); Division Clinical Psychology (School of Biomedical Graduate Studies) and Department Rehabilitation Counseling (School of Allied Health) UT Southwestern. Duties: Increasing lecture duties in medical student and psychiatry resident courses; served on Candidate Selection, Clinical Qualifying Committees; lectured in medical student and psychiatry resident courses; private patient caseload of 5-10 pts / week in Psychiatry Dept Faculty Clinic; other duties as assigned.

8/07-6/09  
Clinical Director, Trauma Psychosocial Support Team—Parkland Memorial Hospital, Dallas, TX Duties: Developed this Level I Trauma Service’s drug & alcohol screening and brief intervention program (SBIRT), as well as an auxiliary program providing services to families, victims of violence, trauma recidivists, the newly bereaved and the newly disabled; supervised the team of clinicians on service; provided training and Grand Rounds on relevant topics to the Department of Surgery and at national conferences; served on various hospital committees – Trauma Executive Committee; Mid-Level Staff, and during ACS accreditation site visits. Also developed a pre-surgery evaluation protocol for use with cardiac and pre-bariatric surgery patients; private patient caseload of 5-10 pts / week in Psychiatry Dept Faculty Clinic

6/03-6/07  
Co-Investigator and Project Director, Project IMPACTS — Implementation of Algorithms for Computerized Treatment of Depression, Mood Disorders Research Program and Clinic, Dept. of Psychiatry, UT Southwestern  Duties: Hired and trained research staff; recruited sites; developed and implemented site-specific implementation protocols; monitored data collection; conducted weekly project management team and administrative / staff meetings; wrote and published manuscripts; consulted on other research projects and clinic activities; provided clinical oversight for multiple projects; worked with senior Clinic staff on personnel issues; other duties as assigned.

10/99-6/03  
Clinical Director, Multidisciplinary Chronic Pain Management Program, Parkland; Duties: Developed, implemented and managed this behavioral health program in conjunction with Departments of Anesthesiology, Psychiatry and Psychology. Provided direct clinical care in the form of psychoeducational/psychotherapeutic group and individual psychotherapy; developed a clinical rotation on the service for doctoral and master’s level students and provided supervision for these individuals.

9/95-6/03  
Supervising Psychologist (1995-2001) and Chief of Service (2001-2003), Psychology Division—Parkland Memorial Hospital, Dallas, Texas. Duties: Coordinated a cross-disciplinary hospital-based service in support of general medical, surgical, and psychiatric patient care as offered on an inpatient, outpatient, consult liaison and urgent care basis within Parkland

55
Memorial Hospital; trained and mentored approximately 60 PhD candidates in this setting with multiple individual and group training sessions per week; developed and coordinated a professional development seminar series emphasizing behavioral health interventions; developed smoking cessation, behavior modification / contingency contracting and milieu therapy programs for inpatient psychiatry; trained students in motivational interviewing and other brief intervention formats for use with problems involving substance misuse, treatment adherence, pain control, complicated bereavement, and bad news interviews; consulted to services beyond those directly served; provided direct clinical care on inpatient, consult liaison and emergency department services; performed all administrative duties related to personnel, budget, work flow, interdepartmental relations; private patient caseload of 5-10 pts / week.

1/06-9/07 Assistant Professor--Department of Psychiatry (School of Medicine); Division Clinical Psychology (School of Biomedical Graduate Studies) and Department Rehabilitation Counseling (School of Allied Health); UT Southwestern. Duties: Taught graduate-level personality assessment; supervised PhD candidate psychotherapy and psychological assessment trainees; served as Psychology Director, Southwest Adult Psychotherapy Referral Service; served on Clinical Training, Candidate Selection, Clinical Qualifying and Psychology Steering Committees; lectured in medical student and psychiatry resident courses; was Chair or committee member of 30 Thesis or Dissertation committees; other duties as assigned.

C. Honors and awards

2010: Co-Chair, Death Certification Task Force, International Association for Suicide Prevention

2009: Invited Reviewer, Hong Kong Special Administrative Region Food and Health Bureau, Research Office solicitation for Mental Health grants, China

2009: Invited Reviewer, Department of Veterans Affairs Health Service Research and Development MERIT and Pilot Grant Review Programs


2009: Invited member, Texas EMS, Trauma & Acute Care Foundation’s Mentorship / Advisory Committee. (Committee serves as a Texas not-for-profit operational support arm for the Texas Department of State Health Services in its efforts to develop the Texas Emergency Medicine Service /
Trauma System, in areas such as Emergency Health Care, Trauma System, Bioterrorism/Crisis Management, Research, Injury Prevention and Injury Control System development.)

2009: Invited reviewer, US Army Medical Research and Materiel Command’s Suicide Prevention and Counseling Research Grant Review Program 2009 (SPCR09)

2007: Recruited to serve on the World Health Organization’s Global Burden of Disease project’s Injury Subcommittee, charged with revision of the suicide metric used to calculate global burden of suicide, funded through the University of Washington’s Institute of Health Metrics and Evaluation by the Bill and Melinda Gates Foundation

2007: Appointee, International Working Group to Improve Accuracy of Suicide Statistics, International Association for Suicide Prevention (IASP), which serves as the international organization for suicide prevention-related research and advocacy.

2007: Level II Participant, Summer Research Institute in Suicide Prevention, University of Rochester, June, 2007

2005: Recognized by Red Cross & Dallas County Medical Reserve Corp (Post Katrina) for leadership role in Psychiatric Emergency Service, Dallas Convention Center during Hurricane Katrina Disaster Relief Effort


2000: Peer-nominated independent case reviewer for disputed insurance claims, Medical Care Ombudsman Program (MCOP)

D. Professional societies
   1. Memberships:
      International Association for Suicide Prevention
      American Association of Suicidology
      American Association of Emergency Psychiatry
      American Public Health Association
      American Psychological Association
   2. Offices held
      2009-present: Co-Chair, Death Certification Task Force, International Association for Suicide Prevention

E. Teaching experience
   1. UNTHSC-FW (None)
2. Other supporting materials
   a. Lectures or courses – Medical
      a. Medical Student Lectures, University of Texas Southwestern Medical Center, Dallas, Texas.
         i. Learning theory
         ii. Introduction to suicide risk assessment
         iii. Introduction to Psychological Assessment
         iv. (CAMS class) Introduction to Biofeedback
      b. Psychiatry Resident Lectures:
         i. Suicide risk assessment
         ii. Learning theory & Contingency Contracting
         iii. Biofeedback
         iv. Research Track PGYs – Intro to Statistical Reasoning
         v. Psychological Assessment
   b. Lectures or courses – Graduate
   c. Lectures or courses – Physician Assistant
   d. Lectures or courses – Public Health
      a. Suicide from a Public Health Perspective (2006-2009) MPH course. University of Texas Southwestern Medical Center, Dallas, Texas.
   e. Grand rounds presentations
      a. 2010—UNT Health Sciences Center: “Behavior Contracting on an Inpatient Unit,” presented, December, 2010, Fort Worth
      d. 2009 UT Southwestern Psychiatry Research: “Clinical works in Progress: Study Design Issues for Research in At-Risk Populations”
      e. 2006 UT Southwestern Psychiatry Research: “Clinical Works in Progress: Impulsive Aggression in Acutely Suicidal States”

f. Veteran's Administration Center of Excellence for Suicide Prevention presentations
   i. (2009) “Improving Care for Veterans through the Use of Peer Support in Suicide Prevention.” Canandiagua VAMC

f. Hospital staff presentations
      a. Principles of Suicide Risk Assessment;
      b. Early Interventions for Post Traumatic Stress Disorder
      c. Motivational Enhancement Therapy
      d. Psychological Assessment
      e. Chronic Pain Management / SBIRT Program
      a. Psychological Assessment
      b. Contingency Contracting
   d. (2009) Nursing Administration: Bailant Groups for Nursing Staff

g. Supervision
   i. Hospital
      a. (2010 - ) John Peter Smith Psychiatry Residents:
         Introduction to individual psychotherapy (3 lectures) and individual supervision of all PGY 3s and 4s in both cognitive behavior and psychodynamic psychotherapy.
      b. (2007-2009) Parkland's Level I Trauma Service:
         Supervised and directed a 5-member Psychosocial Support Team for the Parkland Hospital Trauma Service. Duties included development and administration of SBIRT (Screening, Brief Intervention and Referral for Treatment of alcohol and drug-abusing Trauma Service Patients); grief counseling protocols; adjustment to disability protocols; acute post traumatic stress and bad news interview protocols; treatment adherence protocols; family member psychosocial education; and Trauma Service staff burn-out psychoeducation.
         Supervision of doctoral- and masters-level psychology students. Included triaging and supervising requests for psychological assessment on inpatient, outpatient and consult liaison psychiatry services; modeling and
supervision of direct clinical services for 8-N and OPC psychotherapy groups or individual psychotherapy cases; presentation at administrative meetings, hospital-based didactics case conferences; modeling direct patient care in individual and group settings primarily with behavioral and/or cognitive behavioral interventions.

d. (1999-2003) Parkland’s Chronic Pain Management Program: Supervision of doctoral and masters level students. Included supervision of intake interviews and staff presentations, modeling and supervising direct clinical services for multidisciplinary chronic pain management program; supervision of individual behavioral therapy sessions for 10-12 patients per week.

ii. Student rotations -- medical and/or PAS

  a. (1995-2003) UT Southwestern Dept of Psychiatry Psychotherapy Training Clinic: Supervision of psychiatry residents individual psychotherapy cases. Included serving as the Psychology director for the clinic, triaging and assigning cases, monitoring resident compliance with documentation and billing requirements, and developing and implementing a “buddy” system whereby psychology patient cases could access low cost psychopharmacological services and psychiatry residents could access psychological assessment services.

iii. Graduate students -- major professor and/or committee member


  c. Phillips, Jennifer M. "Gender contribution to a biopsychosocial predictor model of chronicity in temporomandibular disorders." Robert Gatchel, Chair. August, 1999


  f. Levalds, Cinzia. "The effect of providing optimal levels of information to mammography screening


h. **Weatherford, Pauline R.** “A preliminary study: Preference fore information and education attainment/SES. The effects on anxiety and satisfaction when presenting for mammography.” Cindy Claassen, Chair. May, 2001


j. **King, Audrey F.** “Stress responses in asthmatics.” Cindy Claassen, Chair. August, 2001

k. **Jenkins, Jennifer S.** “Assessing the application of the stages of change model’s a correlate of outcomes in the treatment of chronic pain.” Cindy Claassen, Chair. November, 2001


m. **Wall, Alessandra.** “Anatomy and metabolic control in adolescents in insulin dependent diabetes mellitus.” Sunita Stewart, Chair.


y. **Bass, Ting.** “Identifying Trauma Factors that Predict Suicide-Specific Hopelessness in Female Veterans with Chronic PTSD resulting from Military Sexual Trauma.” July, 2009. Alina Suris, Chair.

z. **Rose, Lindsey.** “Consistency of Self-Reported Suicidal Intent Following a Suicide Attempt.” Cindy Claassen, Chair, May, 2010.


iv. Research laboratory -- medical and/or graduate students (None)

v. Post-doctorate associates (Post-Doctoral Supervisees, UT Southwestern)
   a. Mood Disorders Research Program and Clinic—Fellowship, 2005: Isik Turker, MD
   b. Departments of Surgery & Psychiatry—Post Doc, 2004-2005: Craig Field, PhD
   c. Department of Psychiatry—Pre / Post-Doc, 2008-2009: Anne Ellis PhD

F. Service
   1. TCOM committee memberships (None)
      a. **UT Southwestern Departmental Committees**
         2008-2009 Institutional Review Board, UT Southwestern
         2006-2007 Search Committee for Medical Director, Psychiatry Emergency Department, Parkland Hospital
         2003-2004 Dean’s Committee: MSI Stress Management Curriculum Development Committee
         1995-2003 Clinical Service Committee, Psychiatry, UT SW
         1996-2003 Clinical Psychology Clinical Training Committee
         1999-2003 Clinical Psychology Steering Committee
2. Patient care
   a. Individual Psychotherapy—Private Fee Patients, 1995-2009: Carried a continuous caseload of 5-10 private patients throughout this time, through the Department of Psychiatry Faculty Clinic and the Southwestern Psychotherapy Referral Service.
   b. Individual Psychotherapy—Low Fee Patients, 1995-2009: Carried a continuous caseload of 1-3 low fee patients throughout this time, through the Department of Psychiatry Southwestern Psychotherapy Referral Service.
   c. Individual Supportive Interventions—Consult Liaison and Trauma Service, 2007-2009: Provided direct service to hospital patients and their families throughout this time, through the Parkland Hospital Trauma Service.
   d. Psychological and Neuropsychological Assessment, 1995-2009: Provided assessment services, both through Parkland Hospital Psychology Service and through Department of Psychiatry Faculty Clinic to private fee patients, hospital patients (inpatient, outpatient, consult liaison service, chronic pain management services) and UTSW faculty/staff/family members.
   e. Psychoeducational and Psychotherapeutic Process Groups, 1995-2003: Served as the primary treatment provider for the Parkland Chronic Pain Management Service, running 2.5 hour groups once or twice weekly on a continuous basis. Inpatient psychiatry unit process groups, primary psychotherapist, 1 hr per day, 5 days per week, 1995-2003
   f. Hospital Staff Consultation and Referral, 1995-2009: Made these services available to Parkland Hospital and UT Southwestern staff throughout this time.

3. Professional service -- local, state, national, international

National
   2005: Steering Committee, National Psychiatric Emergency Room Coalition, (PERC) International research network focusing on psychiatric emergencies

State
   2009: Invited member, Texas EMS, Trauma & Acute Care Foundation’s
Mentorship / Advisory Committee. (Committee serves as a Texas not-for-profit operational support arm for the Texas Department of State Health Services in its efforts to develop the Texas Emergency Medicine Service / Trauma System, in areas such as Emergency Health Care, Trauma System, Bioterrorism/Crisis Management, Research, Injury Prevention and Injury Control System development.)

Local
2005: Psychology Coordinator, UT Southwestern Psychology response to Hurricane Katrina Disaster Relief – Recognized by Red Cross & Dallas County Medical Reserve Corp (Post Katrina) for leadership role in Psychiatric Emergency Service, Dallas Convention Center

4. Community service
Youth group leader, choir member, Church council and member of various other committees, Ft. Worth / Dallas Mennonite Church

G. Professional activities

1. Journal reviewer for: Archives of General Psychiatry; British Journal of Psychiatry; Psychiatric Services; Journal of Clinical Psychiatry; Psychiatry Research; Journal of Affective Disorders; European Child and Adolescent Psychiatry; Depression and Anxiety; Social Science and Psychiatric Epidemiology; Social Science and Medicine; British Journal of Guidance and Counseling; Injury Prevention; Emergency Medicine

2. Grant reviewer for: Hong Kong Special Administrative Region Food and Health Bureau, Research Office solicitation for Mental Health grants, China; Department of Veterans Affairs Health Service Research and Development MERIT and Pilot Grant Review Programs; US Army Medical Research and Materiel Command’s Suicide Prevention and Counseling Research Grant Review Program; National Health Service’s Programme Grants for Applied Research, National Institute For Health Research Central Commissioning Facility for United Kingdom Dept of Health, London.


H. Scholarly activity
1. Grants and contracts – funded

Current
Agency: American Foundation for Suicide Prevention
Title: Does the Nature of Post-Suicide Attempt Medical Treatment In the ER Impact the Risk of Repetition?
P.I.: Cindy Claassen, Ph.D
Role on Project: Principal Investigator

Agency: Timberlawn Research Foundation
Title: When Do Family Relationships Fail To Protect Against Self-Harm During Suicidal Crises?
P.I.: Cindy Claassen, Ph.D
Role on Project: Principal Investigator

Past

Agency: NIMH
I.D.# R01 MH-164062-01A1
Title: Computerized Decision Support System for Depression
P.I.: Madhukar Trivedi, M.D
Role on Project: Co-Investigator and Project Administrator

Agency: Borderline Personality Disorder Research Foundation
ID# Young Investigator
Title: “Stability of Dimensional Personality Trait Expression Found in Acutely Suicidal and Traumatic Injury Patients with BPD in the ER
P.I.: Cindy Claassen, Ph.D.

Agency: Timberlawn Foundation
I.D.# Pilot Project
Title: “Interpersonal Functioning and Pain-Related Outcome”
P.I.: Cindy Claassen, Ph.D.

Agency: NIMH
I.D.# 1 R43 MH070977-01A1
Title: “An Intelligent System for Clinical Trials”
P.I.: Mansur R. Kabuka, Ph.D.
Role in Project: Site Project Coordinator

2. Grants and contracts – pending

Agency: SAMHSA
I.D.# Task Order Proposal No. 280-10-0350
Title: “Returning Warriors Technical Assistance Center: Strengthening Behavioral Health Care Systems and Services
for Returning Service Members, Veterans, and their Families (RSMVF)."
P.I.: Robert W. Glover, Ph.D., Executive Director, National Association of State Mental Health Program Directors
Role in Project: Consultant

3. Grants and contracts -- not funded

I.D. #: N/A
Title: “Enhancing Follow-Up Treatment Adherence among ED Patients seeking Treatment for Suicide Attempts”
P.I.: Cindy Claassen, PhD

4. Other invited seminars

a. Local and state
   2009: “The Parkland Trauma Service SBIRT Program for Screening for Drug and Alcohol Misuse.” Presented at North Texas Regional Trauma Services Conference, Spring ‘09
   2005: Presbyterian Hospital Psychiatry Grand Rounds. “Clinical Epidemiology of Suicide.” Dallas, Texas.

b. National

c. International
   2007: Invited Symposium Chair & Presenter: International Association of Suicide Prevention. Researchers Roundtable: Old Challenges, New Directions in Suicide Epidemiology
   2007: Invited Symposium: “Sources of Rate Error in US Suicide Statistics:
   2002: Invited Symposium: “Suicide Research in the ED”

5. Publications

a. Full-length papers – published


22) Claassen CA, Camody T, Bossarte RM, Trivedi MH, Elliott S, Currier GW. Do Geographic Regions with Higher Suicide Rates also have Higher Rates of Nonfatal Intentional Self Harm? Suicide and Life Threatening Behavior 38(6), 637-649, 2008


b. Full-length papers -- in press


c. Full-length papers – submitted – N/A

d. Chapters, reviews, books


d. Abstracts


6. Presentations at professional and/or scientific meetings

2011: American Association of Suicidology: “Changing the Legacy of Suicide through Scientific Advancement: A Progress Report on the National Suicide Prevention Research Agenda” accepted for presentation, April 2011 Portland OR

2011: American Association of Suicidology: “Does the Nature of Post-Suicide Attempt Medical Care Impact the Risk of Repetition?” accepted for presentation, April 2011 Portland Oregon


2007: International Association for Suicide Prevention: “Assessing suicide rate accuracy and the impact of sociodemographic risk factors: Perspectives from three continents,” Killarney, Ireland

2006: 11th European Symposium on Suicide and Suicidal Behavior. “Relationship between impulsivity and aggression in imminent-risk suicidal states.” Portoroz, Slovenia

2005: University of Hong Kong Public Health Research Centre & Medical and Health Research Network: “Occult help-seeking in medical settings prior to suicide.” Hong Kong, China


“Emergency treatment of acutely suicidal states: Literature review and proposed research agenda.” Barcelona, Spain

1999: Caucasian and African-American Differences on the MMPI-2: A Study of Psychiatric Inpatients and an Examination of Associated Empirical Correlates Huntington Beach, California
CURRICULUM VITAE

James R. Hall, Ph.D., L. Psych., FABMP, FGICPP, FACAPP
UNT Health Science Center at Fort Worth
3500 Camp Bowie Boulevard at Montgomery
Fort Worth, TX  76107
(817) 735-2334

EDUCATION

Ph.D. Clinical Psychology University of Nevada, Reno, Nevada, 1974
B.A. History (Honors) University of Iowa, Iowa City, Iowa, 1967
Licensure Texas Psychology License 22477
Certificate in Dispute Mediation Texas Wesleyan School of Law, 1997

PROFESSIONAL EXPERIENCE

2007 – present
Associate Professor of Psychiatry, Behavioral Health and Neuroscience (Psychology), UNT Health Science Center at Fort Worth

2004 – 2008
UNTHSC Director, Joint Collaborative Ph.D. in Clinical Psychology with a concentration on Health Psychology/Behavioral Medicine, UNTHSC/UNT, Denton

2003 – 2007
Associate Professor and Chair, Department of Psychology, UNT Health Science Center at Fort Worth

2000 - present
Associate Professor, Department of Internal Medicine, Division of Geriatrics, UNT Health Science Center at Fort Worth

2000 - present
Coordinator, Behavioral Health/Mental Health Geriatric Fellowship, UNT Health Science Center at Fort Worth

1998- present
Director, UNTHSC Memory and Dementia Evaluation Clinic, UNT Health Center at Fort Worth

1985 - 2000
Associate Professor, Department of Psychiatry and Human Behavior
Vice-Chairman and Director, Division of Psychology
UNTHSC Health Science Center at Fort Worth

1995 - 2000  Director of Psychological Services, Geriatric Psychiatry Unit, Flow Rehabilitation Hospital, Denton, Texas

1991 - 1999  Director of Psychological Training and Internship, Department of Psychiatry, UNT Health Science Center at Fort Worth

1991 - 1995  Director of Geriatric Neuropsychology Fellowship, Department of Psychiatry, UNT Health Science Center at Fort Worth

1991 - present  Adjunct Associate Professor, Health Psychology-Behavioral Medicine Program, Department of Psychology, UNT Denton

1982 -1985  Associate Professor, Department of Psychology, Associate Professor, Department of General and Family Practice, Texas College of Osteopathic Medicine

1979 -1981  Associate Professor of Psychology, Associate Professor of Family Medicine, Ohio University College of Osteopathic Medicine, Athens, Ohio

1977 -1979  Associate Professor of Psychology, University of Tennessee at Chattanooga, Chattanooga, Tennessee

1976 -1977  Associate Professor of Psychology, University of Albuquerque, Albuquerque, New Mexico

1976 -1977  Research Director, Center for Criminal Justice Studies, University of Albuquerque, Albuquerque, New Mexico

1974 - 1976  Assistant Professor of Psychology, University of Albuquerque, Albuquerque, New Mexico

1971 -1974  Assistant Professor of Psychology and Human Relations, New England College, Henniker, New Hampshire
PROFESSIONAL AFFILIATIONS

Texas Psychological Association
Gerontological Society of America
Society of Behavioral Medicine
American Psychological Association

PUBLICATIONS AND PRESENTATIONS

Publications


Hobson, V. Hall, J.R. Humphreys-Clark, M. Schrimsher, G. & O’Bryant, S.E. (2009, in press) Identifying Functional Impairment with Scores from the Repeatable Battery for the


Publications (cont.)


Non-Peer Reviewed Publications


Manuscripts Under Review

Hall, J., Johnson, L., Davis, T. & Comwell, S. & O’Bryant, S. GDS factor structure for cognitively impaired: Item endorsement patterns among geriatric patients diagnosed with AD, VaD and MCI. (Under review- International Psychogeriatrics)

Wiechmann, A., Hall, J. & O’Bryant, S. The Utility of the Spatial Span in a Clinical Geriatric Population (under review- JINS)

Harvey, M. Hall, J., & O’Bryant, S. Patterns of categorical naming and cognitive impairment. (Under Review- Neuropsychology)


Ross, S., Franks, S.F., Hall, J.R. and Carderelli, R. The Influence of Acculturation and Psychosocial Factors on Glycemic Control in Mexicans and Mexican Americans with Type II Diabetes. (Under Review- Ethnicity and Disease)

Published Abstracts


Manuscripts in preparation

O’Bryant, S., Hall, J., Hobson, V., Barker, R., Cullum, M, Lacritz, L, Massman, P., Waring, S. BDNF levels, BDNF polymorphisms and Neuropsychological Test Performance in Alzheimer’s Patients.

Hall, J., O’Bryant, S. & Waring, S. Pro-Inflammatory makers – IL-1, IL-6, TNF alpha, CRP – and the expression of depressive symptoms in Alzheimer’s disease

Hobson, V., Hall, J.R. & O’Bryant, S.E. Predicting WMS Memory Scores from the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS).

Lacritz, L.H., Cullum, C.M., O’Bryant, S., Hall, J., Massman, P., Waring, S., and Reisch, J. 
Normative Data for the Texas Card Sorting Test: A Brief New Executive Function Measure.

Budd, M., Franks, S. & Hall, J. Short form of the Boston Naming Test.

Bereolos, N., Franks,S.F., Hall, J.R. Cage, A.C. The Role of Acculturation in the Health Belief Model for Mexican-Americans with Type II Diabetes: A test of the Health Belief’s Model

Bereolos, N., Franks,S.F., Hall, J.R. Cage, A.C. Knowledge and Self Efficacy in Rural Mexican Diabetics

O’Neill, A., Franks, S. F., Hall, J.R., Toledo, R.J., Bereolos, N., Bustos, R.,
The effects of social support on glycemic control of native Mexican diabetics.

Presentations


presented to the 61st annual scientific meeting of the Gerontological Society of America, Washington, D.C.


Comett, P. and Hall, J.R. (April, 2005) Cardiovascular risk factors in dementia. A paper presented to the 26th Annual Scientific Meeting of the Society for Behavioral Medicine, Boston, Mass.


Hall, J.R. (February, 2000) Assessment of dementia. Invited presentation to the 2nd Annual Conference on Psychiatry and the Elderly, Denton, TX


Hall, J.R. (1986, March). Issues in sexuality and sex therapy. Invited address given to Psi Chi Annual Conference, Loyola University, New Orleans, LA.


Hall, J.R. (1984, February). Behavioral medicine and cardiac care. Invited address given to the Southeastern Regional American Heart Association Nurses Conference, Chattanooga, TN.


Hall, J. R. (1983, August). Teaching psychology in undergraduate family medicine. In L. Matthews (Chair). Teaching Psychology in Medical Settings. Symposium conducted at the meeting of the American Psychological Association, Anaheim, CA.


Technical Reports


Psychological Tests


Book Chapters


Video Productions


Editorial Boards
Medical Psychotherapist

Abstract Reviewer
American Psychological Association
Society for Behavioral Medicine

Ad Hoc Reviewer
Pediatrics
Aging and Mental Health
Journal of Medical Ethics
Journal of Clinical Psychology in Medical Settings
Neurocase
Journal of Clinical Neuropsychology
Journal of Psychopathology and Behavioral Assessment

Scientific Boards
Scientific Advisory Board Lexicor Medical
Texas Alzheimer's Research Consortium Steering Committee – Content Expert
Texas Alzheimer's Research Consortium Neuropsychology Committee
Project Frontier Affective Disorders Section
Project Frontier Neuropsychology Section

Grand Rounds Presentations 2002-2009
UNTHSC Grand Rounds-.Ft. Worth, Tx September 11, 2002
Psychological Effects of 9-11: One year after
UNTHSC Grand Rounds- 10/15/2003, Ft. Worth, Texas
Behavioral Disorders in Late Stage Dementia
UNTHSC Grand Rounds- 2/18/2004, Ft. Worth, Texas
Advances in the clinical assessment of ADHD
UT-Houston Department of Pediatrics Grand Rounds- 6/1/2004, Houston
Clinical Assessment of ADHD.
UNTHSC Grand Rounds – May 8, 2007, Ft. Worth, Texas
Mild Cognitive Impairment
UNTHSC Grand Rounds – Feb 27, 2008, Fort Worth, Texas
Late life Depression and Dementia
JPS Psychiatry Grand Rounds- March 27, 2009, Fort Worth, Texas
Depression of Alzheimer’s Disease
CME Presentations 2002-2009

Conference on Terrorism Fort Worth, Texas Feb 28, 2002
- Coping with terrorism

Health Care System Special Medical Conference- Wichita Falls, Texas Jan 18 , 2003
- Ethical Issues in Clinical Practice

Symposium on Behavioral Issues in Type 2 Diabetes- Fort Worth, Texas Feb 15, 2003
- Personality, Communication and Managing Type 2 Diabetes

- Psychosocial Issues in Diabetes

- Assessing Alzheimer’s Disease

- Communication in Medical Practice

Symposium on Behavioral Issues in Management of Type 2 Diabetes, Dallas, Texas May 10, 2003
- Communication and the Management of Type 2 Diabetes

Conference on Pain and Pain Management Fort Worth, Texas May 16, 2003
- Ethical Issues in Pain Management

Fall Medical Update 10/4/2003, Ft. Worth, Texas
- Facilitating Lifestyle Change

Managed Care Physicians Executives Houston, Texas 4/2/2004,
- Compliance and Adherence in Diabetes

Conference on Treatment of Rheumatoid Diseases Fort Worth, Texas 5/8/2004
- Chronic Illness and Compliance

Weiss Conference on Family Practice South Padre, Texas 6/23/2004,
- Enhancing Patient Adherence, A behavioral approach

Weiss Conference on Family Practice South Padre, Texas 6/24/2004,
- Use of QEEG in assessing ADHD

Alzheimer’s Disease Spring Conference Fort Worth, Texas March 30, 2006
- Cognitive changes and assessment

Weis Conference on Family Practice, South Padre, Texas June 29, 2007
- Motivating Change in diabetes

Women and Mid-life Depression St. Louis, Mo June 8, 2007
- Woman and depression in midlife

Texas Alzheimer’s Disease Association Austin, Texas August 23, 2007
- Neuropsychology of Alzheimer’s and MCI

UT, Tyler Primary Care Update, Tyler, Texas Feb 1, 2008
- Managing the difficult Patient

Alzheimer’s Disease Spring Conference, Fort Worth, Texas March 26, 2009
- Treatment of behavioral Disorders in Alzheimer’s Disease

Alzheimer’s Disease Spring Conference, Fort Worth, Texas March 26, 2009
- Role of Caregivers in the Treatment of Behavior Problems in the AD patient

Family Practice Update, Dallas, Texas May 8, 2009
- Motivating patients for smoking cessation
Recent Grant and Clinical Trials Activity

2008  Investigator  Phase III, Multicenter, Randomized, Double-Blind, Parallel Group, Efficacy and Safety Trial of Bapineuzumab in Patients with mild to moderate Alzheimer’s Disease who are APOE4 carriers
$890,000 for 2 years
Funded - start date 6/1/2008
Elan

2008  PI  Depressive symptoms, inflammatory markers and rate of decline in Alzheimer’s disease
Texas Alzheimer’s Research Consortium

2007  Sub-Investigator  Phase III Trial, Open-Label Efficacy of the Exelon Transdermal patch on patients who failed oral dementia agents
$64,000
Funded Novartis

2006  Sub-Investigator  Inflammatory markers and genetic factors in Alzheimer’s Disease
$225,000 yearly for 4 years
Funded Texas Alzheimer’s Research Consortium

2006  PI  Equipment Grant
$25,200 Driver Simulator
Funded Raydon Corporation

2006  PI  Normative Data Base for QEEG
$54,300
Funded Lexicor Medical

2005  PI  QEEG Patterns and Level of Cognitive Functioning in the Elderly
$17,792
Funded Lexicor Medical

2004  PI  QEEG Patterns and Levels of Cognitive Functioning in the Elderly
$76,800
Funded Lexicor Medical

2004  Co-PI  Assessment of Pain in Demented Elderly
$194,320
NIH
Not Funded

2003  Co-PI  Training Communication Processes in Post-Graduate Physicians
$70,000
Stemmler Foundation
Not Funded

2002  PI  The use of a driver simulator in assessing the driving ability of mildly demented drivers.
<table>
<thead>
<tr>
<th>Year</th>
<th>Role</th>
<th>Project Description</th>
<th>Funding Body</th>
<th>Amount Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>Co-Investigator</td>
<td>Grehlin levels and hunger in post bariatric surgery patients.</td>
<td>UNTHSC Faculty Grant</td>
<td>$8000 Funded</td>
</tr>
<tr>
<td>2001</td>
<td>Co-Investigator</td>
<td>A 30-week, double blind, placebo-controlled trial to evaluate safety and efficacy of Galantamine in the treatment of dementia secondary to cerebrovascular disease.</td>
<td>Raydon Corporation</td>
<td>$23,000 Funded</td>
</tr>
<tr>
<td>2001</td>
<td>Co-Investigator</td>
<td>A 30-week, double-blind, placebo-controlled trial to evaluate safety and efficacy of Galantamine in the treatment of dementia secondary to cerebrovascular disease.</td>
<td>Jansen Research Foundation</td>
<td>$91,500 Funded</td>
</tr>
<tr>
<td>2001</td>
<td>Co-Investigator</td>
<td>A randomized, double-blind, placebo-controlled evaluation the safety and efficacy of Memantine in patients with mild to moderate dementia of the Alzheimer’s Type.</td>
<td>UNTHSC Faculty Grant</td>
<td>$14,000 Funded</td>
</tr>
<tr>
<td>2001</td>
<td>Co-PI</td>
<td>The Impact Program: A new model for diabetes care</td>
<td>UNTHSC Faculty Research Grant</td>
<td>$14,802 Funded</td>
</tr>
<tr>
<td>2000</td>
<td>Program Director</td>
<td>Geriatric Fellowship in Medicine, Dentistry and Mental Behavioral Health</td>
<td>Bureau of Health Professions</td>
<td>$1,500,000 for 5 years Funded</td>
</tr>
<tr>
<td>2000</td>
<td>Investigator</td>
<td>A 24-week, multicentered, parallel-group, placebo-controlled study of the efficacy, tolerability and safety of estrogen in the treatment of Alzheimer’s disease in outpatient women treated with Donepezil.</td>
<td>Pfizer Research</td>
<td>$90,000 Funded</td>
</tr>
</tbody>
</table>
Mandy J. Jordan, Ph.D.
Curriculum Vitae

4108 Pershing Ave., Fort Worth, TX 76107
(940) 206-7066, drmjjordan@gmail.com

EDUCATION

8/08
Ph.D., Clinical Psychology *(APA Accredited)*
University of North Texas
Research Professor: Richard Rogers, Ph.D., ABPP

Dissertation Title: Readiness for Change as a Predictor of Treatment Effectiveness: An Application of the Transtheoretical Model

9/07
Pre-Doctoral Internship in Clinical and Forensic Psychology *(APA Accredited)*
Dept. of Justice, Bureau of Prisons, Federal Correctional Complex, Butner, NC
Training Director: Rhett Landis, Ph.D., ABPP

12/04
Master’s of Science, Clinical Psychology
Research Professor: Richard Rogers, Ph.D., ABPP
Thesis Title: Decisional Balance Scale: Restructuring a Measurement of Change for Adolescent Offenders

12/97
Bachelor’s of Arts, Psychology and Philosophy
University of Wisconsin - Madison

PROFESSIONAL EXPERIENCE

5/10 to Present
Assistant Professor – UNTHSC Psychiatry & Behavioral Health
John Peter Smith Hospital at Fort. Worth.

Provide individual, group and family psychotherapy for adults, children & adolescents. Diagnostic & evaluation services for private, public & Court referrals including Court Testimony. Neuropsychological Evaluation, Assessment & Consults for JPS inpatient as well as on an outpatient basis.

10/07 to Present
Dr. Goodness and Associates, A Clinical and Forensic Practice – Keller, TX
Position: Forensic and Clinical Postdoctoral Fellow and Provisionally Licensed Psychologist; Supervisor: Kelly Goodness, Ph.D.
Duties: Provided neuropsychological, vocational, and disability assessments for a general clinical population and through the Department Assistive and Rehabilitation Services. Conducted outpatient forensic evaluations for juvenile and adult offenders. Provided individual therapy and consultation with adolescents and adults with a variety of problems including depression, anxiety, psychosis, and Pervasive Developmental Disorders (e.g., Asperger’s Disorder).

9/06 – 9/07
Dept. Of Justice, Bureau of Prisons, Federal Correctional Complex - Butner, NC
Position: Forensic Psychology Intern; Primary Supervisors: Jill Grant, Psy.D. Michael Bourke, Ph.D., Dawn Graney, Psy.D., and Kate Freiman-Fox, Ph.D.
Duties: Responsible for conducting forensic evaluations on federal male inpatient mental health population. Evaluations focused on criminal responsibility, competency, involuntary medication, violence risk assessments, sex offender risk assessments, and psychosexual evaluations. Conducted sex offender treatment and competency restoration groups. Provided monthly monitoring for inmates with major mental illness. Assessed
eligibility for interferon treatment, consulted with medical services, and provided individual therapy, group therapy, and crisis intervention. 6/04 - 8/06

Corely & Associates - Allen, TX
Duties: Provided individual assessment services to children, adolescents, and adults focusing on emotional, behavioral, and learning problems at a private practice. Conducted psychotherapy for adolescents diagnosed with Asperger’s Disorder and children with conduct problems.

1/05 - 8/05
Bureau of Prisons, Federal Medical Center, Carswell - Fort Worth, TX
Position: Psychology Extern; Primary Supervisors: James Shadduck, Ph.D., Trent Evans, Ph.D., and Kristy Dromgoole, Ph.D.
Duties: Conducted forensic assessments, facilitated individual and group competency restoration treatment. Provided individual and group therapy, psychoeducational classes, and psychological assessments to federal female inmates on inpatient and outpatient mental health units and in the general population.

9/01 - 6/05
University of North Texas Psychology Clinic - Denton, TX
Position: Clinical Practicum Student; Primary Supervisors: Kenneth W. Sewell, Ph.D., Craig Neumann, Ph.D., Amy Williams, Ph.D., Randall Cox, Ph.D.
Duties: Provided psychotherapy and assessment services to children, adolescents, adults and families in a community mental health setting. Assessments included referrals from the Denton County Juvenile Probation Department. Responsible for weekly on-call crisis coverage and intake interviews.

2/98 - 7/01
State of Wisconsin, Dept. of Corrections, Fox Lake Correctional Institution B Fox Lake, WI
Position: Psychological Services Associate, Supervisor: Linda Feger, Ph.D.
Duties: Conducted crisis intervention, individual counseling, and comprehensive psychological evaluations for adult male state inmates with a variety of internalizing and externalizing problems, including anxiety, depression, sleep disorders, grief, and adjustment disorders. Also conducted risk assessments for suicidal and homicidal inmates. Facilitated anger management, domestic violence, sex offender treatment groups. Participated in a prison-wide multi-disciplinary team for treatment efficacy. Co-authored Domestic Violence and Anger Management Treatment Groups. Selected as member of hostage negotiation team. Worked on violence intervention team aimed at reduction of gang activity.

6/95 - 7/01
Domestic Abuse Intervention Services, Madison, Wisconsin
Duties: Provided crisis counseling by telephone. Offered resources for housing, employment, health care, finances, and legal issues. Collaborated with staff on assessment and admission of women and children into shelter. Facilitated support groups and provided individual counseling for women who were involved or had left an abusive relationship.

PROFESSIONAL SOCIETIES

3/02 – Present American Psychology – Law Society

TEACHING EXPERIENCE

9/09 to Present University of North Texas, Department of Clinical Psychology - Denton, TX
Position: Adjunct Faculty; Supervisor: Randall Cox, Ph.D.
Duties: Provided supervision to a multi-level team of graduate students in the Clinical Psychology program. Taught graduate students how to conduct psychological evaluations and psychotherapy to children, adolescents, adults, and families in a community mental health setting.

8/05 - 5/06  Psychology 3530, Psychology of the Offender,  
Dept. of Psychology and Dept. of Criminal Justice, University of North Texas  
Position: Teaching Fellow  
Supervising Faculty: Linda Marshall, Ph.D.  
Duties: Developed and conducted lectures on topics related to forensic psychology, including competency to stand trial, insanity, and dangerousness evaluations, criminal court procedures, and case laws. Additional responsibilities included preparing and grading examinations, and holding weekly office meetings.

8/02 - 5/04  Psychology 1000, Psychology of Learning and Success, Department of Psychology, University of North Texas  
Position: Teaching Fellow  
Supervising Faculty: Trent Petrie, Ph.D.  
Duties: Prepared and delivered lectures on a variety of topics, including attribution theory, information-processing, memory, personality development, health. This class is designed to help students develop academically and succeed at the university level. In addition to conducting lectures, responsibilities included proctoring and grading exams, grading term papers, and holding weekly office hours.

SCHOLARLY ACTIVITY

9/09 to Present  Co-Investigator with the Department of Human Services, Juvenile Justice NSW, Sydney Australia  
Title: Reliability and validity analyses of the Decisional Balance Scale – Adolescent Offenders.  
Description: Project involved evaluating the effectiveness of three treatment programs for juvenile offenders in NSW Australia. Validation of the DBS-AO was also evaluated on an Australian adolescent offender population.

6/05 – 5/08  Dissertation Research  
Dissertation Committee Chair: Richard Rogers, Ph.D., ABPP  
Title: Readiness for change as a predictor of treatment effectiveness: An application of the Transtheoretical Model.  
Description: Project involved assessing participants’ level of treatment amenability and its impact on treatment effectiveness. Predictive and construct validity of the Decisional Balance Scale for Adolescent Offenders (DBS-AO), developed during Master’s thesis, was also evaluated. Participants were 100 youthful offenders at Gainesville State School, a maximum-security facility.

8/03 - 8/06  Graduate Research Assistant  
Research Director: Richard Rogers, Ph.D., ABPP  
Duties: Coordinated data collection and performed statistical analyses of multiple research projects related to clinical forensic assessment involving psychopathy, competency to stand trial, malingering, and psychopathology. Supervised graduate students involved in collaborative research projects.
Research Director: Richard Rogers, Ph.D., ABPP
Duties: Participated in projects with adult male and female inmates, and adolescent male offenders, including administering semi-structured interviews and other measures for the assessment of psychopathology, competency to stand trial, psychopathy, and malingering. Also participated in a treatment outcome study of a group CBT program for at-risk youth at the Denton County, Texas Juvenile Justice Alternative Education Program. Responsibilities included developing treatment modules and facilitating group treatment.

Thesis Committee Chair: Richard Rogers, Ph.D., ABPP
Title: Decisional Balance Scale: Restructuring a measurement of change for adolescent offenders.
Description: Developed and validated a measure for assessing treatment amenability in adolescent offenders. Items for the Decisional Balance Scale for Adolescent Offenders (DBS-AO) were developed through prototypical analyses and focus groups with youthful offenders and correctional treatment staff at Gainesville State School. The DBS-AO was validated on 239 adolescent offenders. Final measure resulted in sound psychometric properties.

ARTICLES (PUBLISHED AND IN PREPARATION)


PRESENTATIONS


Robert Edwin Miles  
3500 Camp Bowie  
Ft. Worth, Texas 76107  
(817) 735-2400

Education

1986  Ph.D.  California School of Professional Psychology - Fresno, CA  
       Clinical Psychology  
       Dissertation: A Personality Investigation of Anorexia Nervosa and Bulimia

1984  M.A.  California School of Professional Psychology - Fresno, CA  
       Clinical Psychology

1983  MHR  University of Oklahoma - Norman, OK  
       Professional Psychology Specialization in Human Relations

1980  B.A.  University of Oklahoma - Norman, OK  
       Psychology  
       Licensed Clinical Psychologist in the State of Texas  
       <Active Status>  
       Licensed Clinical Psychologist in the State of Florida  
       <Active Status>  
       Licensed Clinical Psychologist in the State of Oklahoma  
       <Inactive Status>

Former Board Member: Big Brothers & Sisters of Green Country  
       Tulsa Urban League Youth Ranch

Licensed Private Pilot

Administration/Leadership/Clinical Delivery

Director of Mental Health for the State of Florida which acts as the Florida Mental Health  
Authority with direct supervision of all fifteen (15) District Offices; two (2) forensic  
state hospitals; two (2) civil state hospitals; one (1) privatized, civil state hospital; one  
(1) privatized, adult sexual perpetrator residential treatment program & five  
thousand state employees. Responsibilities include, but are not limited to: program  
development, implementation, policy, performance, contractual authority, provider  
evaluation, & maintenance with direct fiscal & overall management of the Florida  
mental health delivery system.

Successfully expanded The Brown Schools of Oklahoma by 33%  

Was the sole owner of Therapeutic Interpretations (T.I.) which was a private corporation  
in the State of Oklahoma. When founded, T.I. had just been awarded one contract
for a small adolescent residential, crisis intervention program. T.I. was successfully expanded as three years later, T.I. operated five (5) adolescent residential treatment programs located throughout the State of Oklahoma with a total of eighty-two (82) occupied beds with a waiting list. Further, T.I. had five outpatient clinics that provided mental health services for adults, adolescents, children & families. Contracts were negotiated with the Oklahoma Department of Human Services, Oklahoma Office of Juvenile Affairs, U.S. Department of Justice, Colorado Department of Human Services, Oklahoma Department of Probation & Parole, Youth Services of Tulsa & Laureate Psychiatric Hospital. Sold all assets of Therapeutic Interpretations to The Brown Schools of Oklahoma. At the time of the sale, T.I. was regarded as operating the best adolescent residential programs in Oklahoma & the residential, staff secure, delinquent, sexual offender program obtained national acclaim.

When hired, Tulsa Regional Medical Center’s Behavioral Health only operated two adult inpatient programs and one acute, children & adolescent unit. Successfully designed, implemented & operated a thirty-five (35) bed, psychiatric, residential treatment program for difficult to treat adolescents, a twelve (12) bed staff secure, long term residential facility for delinquents, public & private in-school programs, two day treatment programs & three outpatient clinics (one was an exclusive managed care outpatient clinic).

When hired, the L.E. Rader Center (at the time, the only secure treatment facility for Adjudicated Delinquents in the State of Oklahoma) was in great turmoil with riots, assaults, frequent utilization of solitary confinement, frequent AWOL’s from campus & had a significant percentage of youth on psychotropic medication (26%). At the time of my resignation five years later, the Rader Center had not experienced any major disturbances (riots, barricades, etc). In the last three years, the facility had not utilized solitary confinement, experienced any assaults on staff or AWOL’s & only 8% of the youth were on psychotropic medication. Designed & implemented the first adolescent, residential treatment program for sexual offenders in the State of Oklahoma. A national audit by the American Correctional Association not only found 100% compliance on all standards, but determined that the Rader Center operated one of the best secure, residential treatment programs in the United States. Initiated a recidivism study utilizing Federal, State & County data and it was determined that 60% of the youth treated at the Rader Center had no further contact with either the adult or juvenile justice system.

Professional Experience

2007 – Present: Director of Psychology for the University of North Texas Health Science Center & John Peter Smith Hospital in Ft. Worth.

Director of the Division of Psychology in the Department of Psychiatry and responsible for all psychological services & activities. Director for the UNT-Denton Clinical Health Psychology Preceptorship as well as instruction and clinical supervision of the JPS Psychiatric Residency Program. Individual, group and family psychotherapy for adults, children & adolescents. Diagnostic & evaluation services for private, public & Court
referrals including Court Testimony. Neuropsychological Evaluation, Assessment & Consults for JPS Level I Trauma as well as on an outpatient basis.

2005 – 2007: Executive Director for the North Texas Behavioral Health Authority. Responsible for all aspects of the Metropolitan Dallas Mental Health Authority & surrounding seven counties which includes administration; policy, program development; data analysis; coordination with providers, Behavioral Health Organization; Texas State Agencies; Jail Diversion and system oversight in the delivery of public mental health services for a seven county area in and around Dallas, Texas. NTBHA provided direct supervision & oversight for the $140 million community mental health system.

2003 – 2005: Director of Mental Health for the State of Florida with the Department of Children & Families. Functioned as the Commissioner of Mental Health for Florida which includes direct supervision; administration; programs; policy; development; budget authority; legislative analysis & response; coordination with Federal & State agencies; contract authority, management & evaluation of contract, private provider services in their quality, scope, coordination & performance in the mental health delivery system of Florida in their local communities. Provide direct supervision of Adult Mental Health; Children’s Mental Health; state forensic hospitals; state & privatized civil hospitals; an adult, residential sexual perpetrator program; all fifteen (15) District Offices & all “300 plus” private contractors.


1995 - 1998: Chief Executive Officer of Therapeutic Interpretations, Inc (T.I.) Responsible for all aspects of a personal, privately owned company that operated five, free standing, residential treatment programs for adolescents across the State of Oklahoma. Further, Therapeutic Interpretations operated five, free standing, outpatient facilities that provided rehabilitation, treatment & preventive programs for children, adolescents & adults. Negotiated contracts with the U.S. Department of Justice; Colorado Department of Human Services; Oklahoma Department of Corrections, Probation & Parole; Office of Juvenile Affairs (Oklahoma) & the Department of Human Services (Oklahoma). Sold T.I. to The Brown Schools of Oklahoma.

1995 - 1996: Consultant (30 hours per week) for the Oklahoma Office of Juvenile Affairs, L.E. Rader Center for administrative and clinical services. Re-designed and implemented entire residential, delinquent treatment program for a 150 bed, maximum & medium facility which included a 16 bed Diagnostic & Evaluation Program.
1992 - 1995: Director of Alternative Services at Tulsa Regional Medical Center. (Oklahoma)  Administration, supervision, consultation and coordination of a wide range of behavioral services for children, adolescents and adults. Specifically, residential programs, in-patient psychiatric programs, day treatment services, psychiatric school based programs, E.A.P. programs, outpatient programs, prevention programs and residential treatment programs for delinquents. Program development, implementation, budget development & authorization, operations and other issues as they relate to the overall effective management of residential & outpatient programs.

1991 - 1992: Adjunct Professor to the University Center at Tulsa. (Oklahoma) Instruction of graduate students in mental and psychological diagnostic testing including the administration, scoring, interview, interpretation & write-up of the results and entire Psychological Evaluation.

1987 - 1992: Director of Programs at the L.E. Rader Center (Oklahoma). Responsible for the overall management, supervision & administration of the treatment program located at the Oklahoma juvenile training school for Adjudicated Delinquents. At the time, the Rader Center was the only secure facility (86 bed co-ed residential program; 16 bed residential Diagnostic & Evaluation Program) for delinquents in the State of Oklahoma. Also supervised & performed state & federal referred psychological evaluations which included expert testimony for Courts. Designed, authored and implemented a comprehensive, delinquent treatment program and a residential, Diagnostic & Evaluation Program. Designed & implemented the first residential sexual offender treatment program for adolescents in the State of Oklahoma.

1989 - 1991: Adjunct Professor to The University Center at Tulsa. (Oklahoma) Instruction of Psychology graduate students in applied assessment, evaluation & diagnostics.

1987 - 1988: Adjunct Professor, Tulsa Junior College. (Oklahoma) Instruction of undergraduate courses in psychology.

1982 - 1983: Psychological Assistant at Lexington Assessment & Receiving Center and Lexington Correctional Center (Oklahoma Department of Corrections). Performed individual & group therapy; psychological testing & written reports for the purpose of the classification of all inmates admitted to the custody of the Department of Corrections. Designed & implemented adult offender program.

Internship/Practicum(s)

1985 - 1986 Pre-Doctoral Internship - United States Department of Justice - Bureau of Prisons (California): Individual & Group Therapy with maximum & minimum security inmates at the Federal Prison Camp (minimum security) & United States Penitentiary (Level 5, maximum security) in Lompoc, California. Performed psychological evaluations for Federal Court; Evaluations of disciplinary & administratively detained inmates; Crisis intervention; Individual & group psychotherapy; Conducted interviews & screening for individuals applying for employment positions with the U.S. Department of Justice,
Bureau of Prisons; Conducted research on the effect of psychological interventions in the area of staff attrition.

1984 - 1985: Crisis intervention services at the Valley Medical Center Emergency Room (California). Performed diagnostics, evaluations & assessments of children, adolescents & adults in order to make appropriate recommendations & disposition for emergency mental health services.

1983 - 1984: Functioned in the capacity of an outpatient therapist at the San Luis Obispo Mental Health Center (California).

1981 - 1982: Functioned in the capacity of an inpatient & outpatient therapist at the Phil Smalley Children's Center (Oklahoma).

1980 - 1982: Functioned in the capacity of an outpatient therapist at the Central Oklahoma Community Mental Health Center (Oklahoma).
Amanda Oglesby  
10008 Wandering Way  
(817) 300-9912  
Benbrook, TX 76126  
fwhome@charter.net

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EDUCATION

Master’s Degree (MS) in Clinical Research Management  
(with Institutional Review Board internship)  
University of North Texas Health Science Center, Fort Worth, TX  
December 2009

BA in Experimental Psychology (minor in Biology)  
University of Texas at Arlington, Arlington, TX  
August 1994

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RELEVANT COURSEWORK

<table>
<thead>
<tr>
<th>Developmental Psychology</th>
<th>Social Psychology</th>
<th>Counseling &amp; Clinical Psychology</th>
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</thead>
<tbody>
<tr>
<td>Behavior and Motivation</td>
<td>Psychology of Language</td>
<td>Physiological Psychology</td>
</tr>
<tr>
<td>Human Subject Protection</td>
<td>Statistics</td>
<td>Behavior Modification</td>
</tr>
</tbody>
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PROFESSIONAL QUALIFICATIONS

<table>
<thead>
<tr>
<th>Human Subject Research Coordinator</th>
<th>Test Administration</th>
<th>Research Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling Experience</td>
<td>Test Scoring and Interpretation</td>
<td>Test Coordination</td>
</tr>
<tr>
<td>Risk Management</td>
<td>Behavioral Observations</td>
<td>Data Collection</td>
</tr>
<tr>
<td>Patient Interviews/Assessments</td>
<td>Database Mgmt</td>
<td>Regulatory Guidance</td>
</tr>
</tbody>
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PROFESSIONAL EXPERIENCE

UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER  
Department of Psychiatry and Behavioral Health  
April 2010 – present

TESTING SPECIALIST  
Responsible for the administration, scoring, and interpretation of neuropsychological tests in order to assess cognitive functioning. Duties include recording behavioral observations as well as preparing and entering data into records and databases. Also responsible for maintaining testing materials and supplies as necessary.

UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER  
Office for the Protection of Human Subjects (OPHS)  
Fort Worth, TX  
May 2009 – Dec 2009
INSTITUTIONAL REVIEW BOARD INTERN
Reviewed incoming human subject research protocols and identified potential regulatory issues. Created software modules to manage data set that tracks OPHS activity, including recurring template for use by OPHS staff. Maintained regulatory database and provided reports and documentation as required. Designed document management system for adverse event reports. Customized template for processing incoming protocols. Obtained “Presentation Training” for education and outreach services. Designed and conducted original human subject research project entitled “The State of IRB Staff in America.”

OTHER EXPERIENCE

2008: Assisted/Shadowed Dr. Russell Elleven in SMART Addiction Recovery Group, Fort Worth, TX
2007: Shadowed Dr. Frank Papa, D.O. in the Emergency Room, Huguley Medical Center
2005-2008: Studied Advanced Sciences - University of Texas at Arlington and Tarrant County Junior College (organic chemistry, biochemistry, microbiology, physiology, physics, etc.) and was stay-at-home mother
1999-2005: Volunteered for multiple organizations and charities and was a stay-at-home mother
1998-1999: Facilitated the operations of a general family practice clinic: Dr. Keith Livingstone, M.D. in Fort Worth, TX
1997: Resided in Geneva, Switzerland and studied French
1990-1992: Dr. David Lief (podiatrist) – Receptionist and back office assistant, Irving, TX

LEADERSHIP POSITIONS

2007-2008: Board of Directors, Westside UU Church, Fort Worth, TX
2005-2006: Vice Chair of Religious Education Committee, Westside UU Church
2004-2005: Board of Directors and Historian for the Benbrook Early Childhood PTA, Benbrook, TX

HONORS

● Alpha Chi Honororary Society, 4.0 Honor Roll, UTA, Arlington, TX
● College of Science Academic Excellence Award, UTA
● Golden Key International Honor Society
● Psi Chi (Psychology) Honor Society
EDUCATION
Undergraduate
- University of Oregon, Eugene Oregon, Bachelor of Science in Political Science, Secondary Emphasis: Public Affairs, Community Development, and Community Services. August 1978

Graduate

Medical
- Doctor of Osteopathy, Oklahoma State University, Tulsa, Oklahoma, College of Osteopathic Medicine, May 20, 1995

Residency
- Psychiatric Resident Internship, Portland, Oregon, Department of Psychiatry, Oregon Health Sciences University, July 1, 1995 - June 30, 1996.
- General Psychiatric Residency, Lubbock, Texas, Department of Neuropsychiatry and Behavioral Sciences, Texas Tech University Health Sciences Center, July 1, 1996 - June 30, 1999.

Post Graduate
- Clinical Research Fellow, Lubbock, Texas, Texas Tech University Health Sciences Center, January 2001 - December 2001.

Certification
- American Board of Psychiatry and Neurology, General Psychiatry, June 2004
- Texas State Board of Medical Examiners: K1900 (Active)
- Oregon State Board of Medical Examiners: 20027 (Inactive)

PROFESSIONAL EXPERIENCE
September 2009 – Present
Chair, Department of Psychiatry, Assistant Professor, Department of Psychiatry University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas.

September 2009 – Present
Chair, Department of Psychiatry, JPS Health Network, Fort Worth, Texas.

April 2009 - September 2009
Interim Vice President of Health Affairs, Texas College of Osteopathic Medicine, University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas.
November 2008-April 2009
Acting Dean, Texas College of Osteopathic Medicine, University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas.

October 2005 – April 2009
Chair, Department of Psychiatry, Assistant Professor, Department of Psychiatry University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas.

October 2005 – April 2009
Chair, Department of Psychiatry, JPS Health Network, Fort Worth, Texas.

December 2004 - October 2005
Chair, Department of Psychiatry, North Texas Affiliated Medical Group, Fort Worth, Texas.

August 2003 – December 2004
Interim Chair, Department of Psychiatry, North Texas Affiliated Medical Group, Fort Worth, Texas.

August 2003 – October 2005
Interim Chair, Department of Psychiatry, University of North Texas Health Sciences Center, Texas College of Osteopathic Medicine, Fort Worth, Texas.

August 2003 – October 2005
Interim Chair, Department of Psychiatry, J P S Health Network, Fort Worth, Texas.

January 2002 - June 2003
Director of Residency Training, J o h n  P e t e r  S m i t h  H o s p i t a l  N e t w o r k , D e p a r t m e n t  o f Psychiatry, Fort Worth, Texas.

November 2001 – October 2005
Staff Psychiatrist, North Texas Affiliated Medical Group, Fort Worth, Texas.

July 1999 - December 2001
Director of Residency Training, Instructor, Department of Neuropsychiatry, Texas Tech University Health Sciences Center, Lubbock, Texas.

July 1999 – February 2002
Staff Psychiatrist, Assistant Instructor, Department of Neuropsychiatry, Texas Tech University Health Sciences Center, Lubbock, Texas.

July 1998 - June 1999
Psychiatric Chief Resident, Post Graduate Year Four, Department of Neuropsychiatry and Behavioral Sciences, Texas Tech University Health Sciences Center, Lubbock, Texas.

July 1996 - June 1999
Psychiatric Resident, Department of Neuropsychiatry and Behavioral Sciences, Texas Tech University Health Sciences Center, Lubbock, Texas.

July 1995 - June 1996
Psychiatric Resident, Post Graduate Year One, Department of Psychiatry, Oregon Health Sciences University, Portland, Oregon.

August 1991 - May 1995
Medical School, Oklahoma State University College of Osteopathic Medicine, Tulsa, Oklahoma.

January 1987 - August 1991
Training Specialist III, Oklahoma Department of Mental Health, Public Information, Prevention, and Human Resource Development Division, Oklahoma City, Oklahoma.

August 1984 - December 1986
Human Resource Development Education Coordinator, Oklahoma Department of Mental Health, Public Information, Prevention, and Human Resource Development
Division, Oklahoma City, Oklahoma.

**December 1978 - June 1981**
Graduate Advisor, Wallace School of Community Service and Public Affairs, University of Oregon, Eugene, Oregon.

**December 1977 - August 1978.**
Division Head-Community Services, E.S.C.A.P.E. Field Studies Program, University of Oregon, Eugene, Oregon.

**August 1973 - August 1975**
Graphic Illustrator, Headquarters United States Army Europe, Office of the Deputy Chief of Staff Operations, Executive Division, Heidelberg, Germany.

**January 1973 - August 1973**
Clerk Typist, Headquarters United States Army Europe, Office of the Deputy Chief Staff Operations, Plans Division, Heidelberg, Germany.

**HONORS & AWARDS**
1. Top Docs, Psychiatry Category, Fort Worth Magazine, April 2010
2. Super Docs, Psychiatry Category, Texas Magazine, December 2009
3. Top Docs, Psychiatry Category, Fort Worth Magazine, April 2009
5. Top Docs, Psychiatry Category, Fort Worth Magazine, April 2008
7. Tops Docs, Psychiatry Category, Fort Worth Magazine, April 2007
8. Super Docs, Psychiatry Category, Texas Magazine, December 2006
10. Tops Docs, Psychiatry Category, Fort Worth Magazine, April 2005
11. Mentor of the Year, Department of Psychiatry, Psychiatric Residents, John Peter Smith Hospital, June 2004
12. Certificate of Appreciation, Texas Medication Algorithm Project, April 1999
13. Recipient of the Psychiatric Resident of the Year Award presented by Pfizer U.S., May 13, 1999
15. Recipient of The Psychiatry and Behavioral Sciences Department Award, Oklahoma State University College of Osteopathic Medicine, May 19, 1995
16. Dean’s Award for Academic Excellence, Oklahoma State University, College of Osteopathic Medicine, December 1993
17. Class of 1995 Student Appreciation Award, Oklahoma State University College of Osteopathic Medicine, December 1991
18. Alpha Eta Alpha Chapter of the Phi Theta Kappa Honor Society at Rose State College, Midwest City, Oklahoma

**PROFESSIONAL SOCIETIES**

**National:**
American Osteopathic Association, 1991 - Present
American Medical Association, 1996 - Present
American Psychiatric Association, 1996 - Present

**State:**
Texas Medical Association
Texas Osteopathic Medical Association
Texas Society of Psychiatric Physicians
Local:
Tarrant County Medical Society
Tarrant Society of Psychiatric Physicians

OFFICES HELD
November 2008-Present
Tarrant County Medical Society, Board of Directors, Ex-Officio
October 2003 – Present
Physician Rehabilitation Committee, Member, Tarrant County Chapter, Texas Medical Association
Tarrant County, Texas Society of Psychiatric Physicians. Vice President
January 2004 – June 2005
Tarrant County, Texas Society of Psychiatric Physicians. Communications Secretary.

TEACHING EXPERIENCE
1. UNTHSC-FW – Behavioral Science Content Coordinator 2002- Present
   A. Lectures or courses – Medical
      • University of North Texas Health Science Center, Texas College of Osteopathic Medicine, Second Year Medical Students, Behavioral Health Course Consultant (Winter 2003, Fall 2003, Spring 2005, Spring 2006, spring 2007); Addictive Disorders, Depressive Disorders, Human Sexual Development, Intro to Medical Epidemiology
      • University of North Texas Health Science Center, Texas College of Osteopathic Medicine, Third Year Medical Students, Psychiatry Rotations (Monthly Rotation Schedule)
   
   B. Lectures or courses -- Physician Assistant
      • University of North Texas Health Science Center, Texas College of Osteopathic Medicine, Second Year PA Students, Behavioral Health Course Consultant (Winter 2003, Fall 2003); Addictive Disorders, Depressive Disorders, Human Sexual Development, Intro to Medical Epidemiology
   
   C. Supervision
      • Student Rotations -- Medical and/or PA
         1. Dustin Demoss, DO, Student (October 2008) Design-a-Case and Psychotherapy Introduction
         2. Doug Segars, MPH/DO Student, Committee Member (2006-2007)
      
      • Graduate Students -- Major Professor and/or Committee Member
         1. Doug Segars, MPH/DO Student, Committee Member (2006-2007)
      
2. Texas Tech University Health Sciences Center - Lubbock
   A. Lectures or Courses – Medical
      • Texas Tech University Health Sciences Center First Year Medical Students. Introduction to Neuropsychiatric Disorders - (3hrs) 1999-2000, 2000-2001
• Texas Tech University Health Sciences Center Medical School, Amarillo Third Year Medical Students. Substance Abuse Disorders, 1999-2000; Confidentiality, 1999-2000; Ethics, 1999-2000
• Texas Tech University Health Sciences Center Third Year Clinical Rotations, Oral Examiner 1999 - January 2002
• Texas Tech University Health Sciences Center Fourth Year Clinical Rotation Supervisor
• Psychiatry Rotation Coordinator, Third Year Medical Students, Texas Tech University Health Sciences Center, Lubbock, Texas, July 2001 - December 2001

3. Psychiatry Residency Training
   A. John Peter Smith Hospital, Psychiatric Residency Program
      • John Peter Smith Hospital, Psychiatry Residency Program ACGME Residency Review Committee Site visit, August 2002
      • John Peter Smith Hospital, Tarrant Count Hospital District, Department of Psychiatry Residency Training. Intro to Addictive Psychiatry, Working with the Aggressive Patient, Introduction to Psychotherapy, 1 hour each didactic week, Depressive Disorders, Psychotic Disorders, ECT Training, Spring 2002 - Present
      • John Peter Smith Hospital, Psychiatry Residency Program Resident Supervision and Clinical Preceptor 4 Residents, 2002-Present
      • John Peter Smith Hospital, Psychiatry Residency Program Resident Didactic and Education Schedule, 2002 - present
      • John Peter Smith Hospital, Psychiatry Residency Program Implemented Formal Mock Oral Program, May 2002 - Present
      • John Peter Smith Hospital, Psychiatry Residency Program Evaluation Criteria Development, Resident Evaluations by faculty; Resident Evaluations of faculty, Resident Evaluations of Rotations January; Global 360 degree evaluation of Residents January 2002
      • John Peter Smith Hospital, Psychiatry Residency Program Revised Resident Goals and Objectives, January 2002 - present

   B. Texas Tech University Health Sciences Center, Residency Training Program
      • Texas Tech University Health Sciences Center Psychiatry Residency Program ACGME Residency Review Committee Site visit, October 2001
      • Texas Tech University Health Sciences Center Resident Supervision and Clinical Preceptor; 5 Residents 2000-2001; 4 Residents 1999-2000
      • Texas Tech University Health Sciences Center Psychiatry Resident Didactic and Education Schedule; 1999-2000, 2000-2001, 2001-2002
      • Designed and Implemented Formal Mock Oral Program, May 2000
Mock Oral for Psychiatry Residents 2000 – 2001
• Revised Resident Goals and Objectives 1999 – 2001
• Neuropsychiatric Focused Didactic Schedule 1999 – 2001
• Preceptor for Masters Nursing Student, July 2000 - December 2000

C. Resident Program Policy Development
• Preceptor Program Policy
• Call Responsibility Policy
• Vacation Policy
• Moonlighting Policy
• Revised Resident Rotation Goals and Objectives
• Member of the Internal Medicine Internal Review Committee
• Developed the 2000 Neuropsychiatry Internal Review Report
• Developed the Program Information Form for the 2001 Review of TTUHSC, Department of Neuropsychiatry, Psychiatric Residency Program

SERVICE
1. UNTHSC Committee Memberships
• UNTHSC Council of Deans, November 2008-present
• UNTHSC Executive Team, November 2008-present
• UNTHSC Leadership Development Institute, November 2008-present
• Vice President, UNTHHealth, November 2008-present
• Chair, UNTHHealth Budget and Finance Committee, September 2008 – Present
• Board Member of UNTHHealth, October 2005-April 2009
• President’s Council for Strategic Clinical Affairs, University of North Texas Health Sciences Center, TCOM, August 2006 – Present
• Chairs Committee, Member, University of North Texas Health Sciences Center, TCOM, August 2003 – Present
• Director Joint Admission Medical Program, University of North Texas Health Sciences Center, TCOM, May 2003 - Present
• TCOM, Admissions Committee, University of North Texas Health Sciences Center, August 2002 – August 2008

2. Professional Service -- Local, State, National, and International
• Mental Health Association of Tarrant County, 2003-present
• Mental Health Connections, 2005-2009
• Frew Advisory Council, November 2008-present
• Vice Chair of the Board of Directors for the State of Texas Joint Admission Medical Program, University of North Texas Health Sciences Center, TCOM, August 2007 - Present.
• Board of Directors for the State of Texas Joint Admission Medical Program, University of North Texas Health Sciences Center, TCOM, May 2003 - Present.
• Chairs Committee, Member, John Peter Smith Hospital Network, August 2003 - Present
• Medical Practice Committee, John Peter Smith Hospital Network, August 2003 - Present
• Medical Executive Committee, Member, John Peter Smith Hospital Network, August 2003 - Present
• August 2003 - Present. Member North Texas Affiliated Medical Group, Peer Review Committee.
• Chairs Committee Member, North Texas Affiliated Medical Group, August 2003 - October 2005
• Medical Education Committee, Member, John Peter Smith Hospital Network, January 2002- Present
• Graduate Medical Education Task Force for Liaison Committee on Medical Education (LCME), Texas Tech University Health Sciences Center. October 1999 - December 2001
• Graduate Medical Education Committee, Member, Texas Tech University Health Sciences Center, July 1999 - December 2001
• Physician Rehabilitation Committee, Texas Medical Association, September 1997 - July 2000
• President of the Medical Staff at Sunrise Canyon Hospital, September 2000 - February 2001.
• Member of the Texas Medication Algorithm, Schizophrenic Research Project, December 1997 - June 2000
• Member of the Residency Training Committee, Oregon Health Sciences Center, School of Medicine, Department of Psychiatry, August 1995 - June 1996
• Member of the Oklahoma State University, College of Osteopathic Medicine, Curriculum and Revision Task Force, July 1992 - June 1993
• Class President for the Oklahoma State University, College of Osteopathic Medicine, Class of 1995, July 1992 - June 1993
• Member of the Student Senate, the Undergraduate American Academy of Osteopathy, July 1992 - June 1993
• President of Student's Osteopathic Surgery Association, Oklahoma State University, College of Osteopathic Medicine, December 1992 - June 1993
• Administrator of the Wilkinson Trust for the Oklahoma Department of Mental Health and Substance Abuse Services, June 1990 - August 1991
• Board Member, Oklahoma Aids Research and Education. Trainer of Trainers, September 1988 - August 1991
• Arbitrator for the Oklahoma City Branch of the Better Business Bureau, October 1987 - December 1990
• Vice President, Alpha Eta Alpha Chapter of the Phi Theta Kappa Honor Society at Rose State College, Midwest City, Oklahoma, July 1985 - June 1986

SCHOLARLY ACTIVITY
1. Research Support
   A. Ongoing
      Claassen (PI) 2008-2010
      Timberlawn Psychiatric Research Foundation
      When do Family Relationships Fail to Protect against Self-Harm during Suicidal Crisis?
      Role: Site PI
Jones (PI)  
UNTHSC Psychiatry and Behavioral Health Department  
Animal Behavior under Chronic Stress Conditions  
Role: Co-Principal Investigator  
2006-2010

Cruser (PI)  
The Role of Residual Effects of Trauma in Serious Mental Illness  
Role: Co-Investigator  
2006-2010

Cruser (PI)  
Analysis of Emergency and Inpatient Psychiatric Services Utilization within the JPS Health Network  
Role: Co-Investigator  
2007-2009

Podawiltz (PI)  
UNTHSC Obstetrics and Gynecology Department  
Depressive Symptoms and Correlates among Perinatal Women  
Role: Co-Principal Investigator  
2007-2009

Lykens (PI)  
Individual Factors of an Incarceration History Contributing to Frequent Psychiatric Emergency Service Utilization  
Role: Co-Principal Investigator  
2007-2010

B. Completed

Podawiltz (PI)  
Pfizer  
A Six Week Double Blind Multicenter Placebo Controlled Study Evaluating the Efficacy and Safety of Flexible Doses of Oral Ziprasidone as add-on, adjunctive therapy with Lithium, Valproate or Lamotrigine in Bipolar I depression  
Role: Principal Investigator  
2006-2008

Podawiltz (PI)  
Factors Affecting Length of Stay at the JPS Trinity Springs Pavilion Psychiatric Inpatient Unit  
Role: Principal Investigator  
2001-2002

Podawiltz (PI)  
Texas Technical University Health Sciences Center  
Determining Treatment Needs and Outcomes for Forensic Psychiatry Outpatients  
Role: Principal Investigator  
2001-2002

Cruser (PI)  
Hogg Foundation for Mental Health Services  
Major goal of this study: Stress and Coping in Female Parolees with Mental Illness in Austin, TX  
Role: Co-Investigator  
2001-2002

Podawiltz (PI)  
The 5HT7 Receptor: Site of Action of Antidepressant Drugs  
2001-2002

Podawiltz (PI)  
Religion and Depression and their relationship to Suicide  
2001-2002

Podawiltz (PI)  
Factors Associated with Missed First Appointments to a Psychiatric Clinic  
2001-2002


F1D-MC-HGGU Weddige (PI) 1999-2001
Olanzapine Versus Risperidone and Placebo in the Treatment of Psychosis and Associated Behavioral, Disturbances in Patients with Dementia
Role: Investigator
Rush, John (PI) 1997-1999
Texas Medical Algorithm Project (TMAP) Phase III, Schizophrenia Arm
Role: Site Co-Investigator
Podawiltz (PI) 1999
Gabapentin: It’s Role in Treating Mood and Anxiety States in Persons Addictive Diseases
C. Not Funded
Podawiltz (Co-PI) 2007
UNTHSC Health Disparities Grant – Intramural Award Program
Health Access Disparities for Low-Income, Minority Perinatal Women at Risk for Depression
Role: Co-Principal Investigator

2. Invited Seminars
i. Local and State
   2. Interventions for Aggressive Behavior, (Grand Rounds-Via satellite feed), Presented to the Department of Internal Medicine, Texas Tech University Health Sciences Center, Lubbock, Amarillo, El Paso, Midland-Odessa, Texas, January 20, 2000.

   B. National
   1. Major Depressive Disorder and Latinos, (Live Video and Webcast), Podawiltz A, Culpepper, L, March 14, 2009

   C. International

3. Publications
   A. Full-Length Papers

B. Chapters and Books
Policy and Procedures Manual for the Administration of Continuing Medical Education Units, Category I, from the Oklahoma Institute for Mental Health Education and Training, Oklahoma Department of Mental Health and Substance Abuse Services as granted by the Oklahoma State Medical Association, May 1990.

3. Case Management Certification Program, Psychopharmacology Chapter, 30 pages, Oklahoma Department of Mental Health and Substance Abuse Services, Contributor, December 1990.


5. The Law and Mental Health in Oklahoma, 240 pages, Oklahoma Department of Mental Health and Substance Abuse Services, Contributor, March 1988.

6. Mental Health Worker I, 360 pages, Oklahoma Department of Mental Health and Substance Abuse Services, Editor, November 1987.


C. Poster Presentations


4. Presentations at Professional and/or Scientific Meetings
   1. When You Have to Be the Psychiatrist, Combat Related Mental Health Issues, Ask the Psychiatrists – Open Discussion on Psychiatric Issues in Primary Care, 28th Annual Dr. Stanley Weiss Practical Topics in Primary Care, Sheraton South Padre Island Beach Hotel, June 25, 2008
   4. Depression in Women at Midlife and Beyond, American College of Osteopathic Family Physicians, Denver Fort Worth, Texas, March 15, 2008
   5. Preventing Delirium in the Hospital, A. Podawiltz, 3rd Annual Hospital Medicine Update, Copper Mountain, Colorado, January 12, 2008
   10. Depression in Women at Midlife and Beyond, Texas Society of the American College of Osteopathic Family Physicians, 50th Annual Clinical Seminar, Hilton Ft Worth, Fort Worth, Texas, July 28, 2007
   11. Depression in Women at Midlife and Beyond, Texas Osteopathic Medical Association 27th Annual Dr. Stanley Weiss Practical Topics in Primary Care, Padre, Texas, June 28, 2007
   12. Depression in Women at Midlife and Beyond, Arizona Biltmore, Phoenix, Arizona, June 1, 2007
   13. Traumatic Life Experiences in Psychiatric Outpatients: Implications for Clinical Practice Wednesday, Grand Rounds, University of North Texas Health Science Center, May 16, 2007
17. Joint Admissions Medical Program, Presentation and Panel discussion, 2007
Health Workforce Diversity Regional Conference, Dallas, Texas, February 5, 2007
18. 2nd Annual Hospital Medicine Update, Psychiatric Emergencies in the Hospital, Copper Mountain, Colorado, January 10, 2007
Kelly Lingerfeldt Stille, Psy.D.
6105 Remington Parkway
Colleyville, TX 76034
817-301-3621
Kellystille@sbcglobal.net

Education

Post-doctoral program in psychopharmacology
2005-2007 Texas A & M, College Station, TX

Doctorate in Psychology
1992-1999 California School of Professional Psychology, Alameda, CA
Dissertation Title: Parent-Child Interaction Therapy: A Training Video for Parents

Master of Arts in Psychology
1990-1992 National University, Sacramento, CA

Bachelor of Arts in Psychology
1982-1986 Pitzer College, Claremont, CA

License
Psychologist #32784 by the Texas State Board of Psychology Examiners

Positions Held
2009-current
Clinical Psychologist/University of North Texas Health Science Center
Assistant Professor
- Work in conjunction with the John Peter Smith Hospital trauma team to evaluate inpatient trauma victims by performing neuropsychological evaluations.
- Assess and treat patients with substance abuse disorders.
- Evaluate neuropsychological outpatient referrals at Trinity Springs Pavilion in John Peter Smith Hospital.
- Teach medical students at University of North Texas Health Science Center in the Fundamentals of Behavioral Science (FOBS) program.
- Perform psychotherapy with outpatient referrals at University of North Texas Health Science Center.
- Teach the main schools of psychological theory to the psychiatric medical residents at John Peter Smith Hospital.

2006-2008
Full-time Instructor Texas Christian University, College of Education
- Taught courses such as Child Development, Educational Psychology, Professional Roles and Responsibilities, and Educational Assessment.
Served as Faculty Advisor for Sigma Kappa sorority.
Represented TCU on judging committee for the Corporate Champions 2008 Celebration of Champions event.
Participated on the oral examination committee for students planning to graduate from the educational counseling program.
Formed and maintained positive relationships with students, thereby providing a supportive network while they are progressing through their pre-service educational program.
Encouraged students in their quest for knowledge as well as professional and personal development.

2008-2009
Adjunct Faculty University of Phoenix
- Teach online courses in the field of psychology.

2005-2006
Adjunct Professor Texas Christian University, College of Education
- Taught courses such as Child Development, Educational Psychology, and Lifespan Development for the College of Education.
- Interpreted and communicated psychological concepts for education students.

2002-2004
Adjunct Professor Napa Valley College, Napa, CA
- Taught various psychology courses including General and Social Psychology to classes held both on campus and off site.
- Utilized multi-media presentations to increase interest in subject and stimulate all possible learning modalities in students.
- Used up to date research methodology to ensure that lecture material was cutting edge, relevant, and accurate.
- Established and maintained communication with students to encourage and facilitate educational success.
- Clearly established and reinforced course expectations with students.

1999-2003
Registered Psychologist Ananda Institute, Santa Rosa, CA
- Administered and completed court-ordered psychological evaluations.
- Assessed and treated patients with substance abuse disorders.
- Fulfilled client needs assessments.
- Wrote grant proposals.
- Interacted with other community agencies to ensure continuity of care.
- Performed family systems and individual psychotherapy for children and adults.
- Completed case documentation and reporting.
- Initiated client education and high-risk prevention counseling.

1997-1999
Psychology Intern University of California Davis Medical Center, Child Protection Center
Delivered psychological services to patients in the Child Protection Center Clinic.
- Administered and completed full psychological evaluations.
- Led therapeutic groups as well as performed intake screenings for potential group members.
- Performed individual psychotherapy for children and adults.
- Developed, presented, and performed in videotapes aimed at increasing parental skills.
- Attended weekly individual and group supervision.

1995-1996
Psychology Intern Kaiser Permanente, Vallejo, CA
- Administered and completed psychological and neuropsychological evaluations.
- Triaged crisis calls, assessments, and same day service.
- Performed intake evaluations with new patients.
- Performed short and long term psychotherapy.
- Worked with a diverse population including children, adolescents, and adults.

1994-1995
Psychology Intern University of California, Davis
- Performed psychotherapy with a wide range of difficulties including eating disorders, depression, physical abuse, relationship issues, and adjustment disorders.
- Completed intake evaluations with new patients.
- Administered assessments and wrote evaluations.

1993-1994
Practicum Intern Youth and Family Services of Solano County
- Performed psychotherapy with individuals and families in individual and group sessions within a community agency setting.
- Conducted primary intervention programs in elementary schools to promote resiliency and confidence in children.
- Worked with patients presenting a range of difficulties including physical abuse, drug abuse, adjustment and personality disorders.

Publications
Moving Through the Madness
(2006)
A 10-step videotape/curriculum program designed for anger management. Moving Through the Madness is based on a program developed by the Ananda Institute and used for men court-ordered to receive treatment.

Drivetime Stories: Making the Most of Moments on the Go
(Fleming H. Revell, 2003)
An easy to use guide packed with nearly 100 unique stories to tell children. These short, simple illustrations allow children to look at difficult issues without being in the middle of the conflict. Each story is followed by discussion starting questions that adults can adapt to fit any situation or child.
The Parent Doctor
(2001)
This videotape is a compilation of eight educational segments about parenting. Broadcast nationally by AlphaMom, a video-on-demand cable network and carried by Oodleboxtv.com.

Parenting for Harmony
(2001)
A videotape/curriculum series that takes parents through a well-researched program that first establishes a positive relationship between parent and child. It then teaches the parent effective ways to discipline and communicate with their child. It is based on the efficacious program, Parent-Child Interaction Therapy.

Technological Skills
- Trained and experienced in executive production of videotapes including conceptualization, script-writing, organizing the flow of the video, musical accompaniment, graphic design, interviewing, editing, and post-production.
- Experienced and proficient in most Microsoft programs including Word, Publisher, PowerPoint, and Excel.
- Use PowerPoint presentations in the majority of lecture situations to ensure understanding across diverse learning styles and to assist with more effective learning and memory.
ACADEMIC HISTORY

Oct 2011 – Present  University of North Texas Health Science Center
                        Assistant Professor

Sept 2010-Sept 2011 University of Texas Southwestern Medical Center Postdoctoral
                        Fellowship in Neuropsychology

August 2010  University of North Texas consortium program with University of
                        North Texas Health Science Center
                        Doctor of Philosophy in Clinical Health Psychology and Behavioral
                        Medicine.
                        UNT Overall GPA 3.74, UNTHSC Biomed Sciences 3.83

May 2002  California State University, Fresno
                        Bachelor of Arts, Psychology; Minors in Art and Deaf Studies
                        Overall Campus GPA 3.86, Psychology 4.0.
                        Graduated Magna Cum Laude
                        President’s List
                        Dean’s List

CLINICAL EXPERIENCE

Sept 2010-present  Postdoctoral Fellowship in Neuropsychology
                        University of Texas Southwestern Medical Center
                        Supervisors:  Dr. Laura Lacritz, Ph.D., ABPP, Associate Professor of
                        Psychiatry, Associate Director of Neuropsychology
                        Dr. C. Monro Cullum, Ph.D., ABPP, Director of Neuropsychology
                        Services, Professor of Psychiatry & Neurology
                        Dr. Dorothy Floyd, Ph.D., Director of Psychology, Terrell State
                        Hospital
                        Training: Provide neuropsychological assessment to a wide array of
                        patients with known or suspected brain disorders for in- and
                        outpatient settings at the Medical Center and at Terrell State
                        Hospital. Course work in neuroanatomy and neuropsychology are
                        built in along with multiple didactic opportunities (e.g., brain
                        cuttings, grand rounds, shadow neurologists).

Sept 09-July 10  Internship
                        Olin E. Teague Veterans Center, Temple, TX
                        Rotations:
                        Primary Care and Behavioral Medicine: Emphasis on development
                        of skills needed to integrate psychological services within
interdisciplinary treatment teams in medical contexts. Primary involvement with primary care medicine treatment teams and the pain management treatment team. Provide psychological assessment, individual psychotherapy, and group psychotherapy to address a broad range of health concerns. Provide effective consultation to other health care disciplines in the treatment of illness and chronic pain. Cognitive behavioral interventions largely used to improve patient outcomes in a medical setting. Supervisors: Dr. O’Neill and Dr. Ditzler.

**Post-traumatic Stress Disorders Clinic:** The assessment and treatment of PTSD patients primarily using cognitive behavioral theory and therapeutic techniques. Emphasis placed on comprehensive psychological evaluations including a neuropsychological screening battery (Trails, WAIS III subscales), general clinical functioning (MMPI 2, PAI), and PTSD specific assessment (Trauma Symptom Inventory, and the PTSD Diagnosis Scale). Supervisors: Dr. Patrizi and Dr. Williams.

**Mental Health Clinic:** Treatment of a wide variety of Axis I and Axis II mental health problems. Provide individual psychotherapy, group psychotherapy, interview assessments and consultation to other disciplines. Integrate psychological services within interdisciplinary treatment teams in a public mental health setting. Supervisors: Dr. Pendleton and Dr. Cotton.

**Neuropsychology:** Interview and provide neuropsychological assessment to veterans with mild to moderate TBI primarily related to IED/blast exposure. Supervisor: Dr. Perachio.

**Aug 07 – Aug 08** University of North Texas Health Science Center: Preceptorship with rotations in Family Medicine/Psychiatry, and Internal Medicine/Geriatric Dementia Screening. Provide individual therapy as well as conduct neuropsychological assessments as a consultant to the geriatric interdisciplinary team. Supervisors: Dr. Susan Franks and Dr. James Hall.

**June 06 – July 09** Neuropsychological Associates of Dallas: Forensic Neuropsychological Testing Technician under the supervision of Bruce Jones, Ph.D. Served patients with TBI or Steven Johnson’s Syndrome, for forensic purposes. Over 1500 hours testing with the Halstead Reitan Battery and supplemental tests.

**Aug 06 – May 07** University of North Texas Psychology Clinic: Practicum placement. Provide therapy, primarily Cognitive Behavioral Therapy, to a variety of clients. 20 hours a week. Supervisor: Daniel Taylor, Ph.D.

**Sep 05 – July 06** Presbyterian Hospital of Dallas: Psychology Services, practicum placement. Assess patients in a variety of clinical populations which included neurological testing for dementia and patients with eating disorders. Therapy was provided in groups and/or individually. 20 hours a week. Supervisor: Jim Harris, Psy.D.

**Sept. – Aug 05** University of North Texas: Private Practice-Psychology Services,
practicum placement. Work with a TBI patient 20 hours a month on environmental socialization. Supervisor: Dick Miller, Ph.D.

RESEARCH EXPERIENCE

April 2011- present **UT Southwestern**: Investigating the utility of the CVLT-II Short Form compared to the Standard Form with a demyelinating disease population.

Feb 2011- present **UT Southwestern**: Developing norms an alternate version of the Texas Card Sort.

May 2009-2010 **University of North Texas**: Dissertation-The Utility of the Spatial Span from the Wechsler Memory Scales in a Geriatric Population with Cognitive Impairments.

March 2010 Manuscript, derived from dissertation, was accepted to the journal of Aging, Neuropsychology and Cognition.

April 2010 Poster, derived from dissertation, was presented at the Brain Symposium at The University of Texas at Dallas.

July 2010 Poster, derived from dissertation, was presented at ICAD in Honolulu (with $2200 travel grant from the Alzheimer's Association).

Aug 07 – Aug 08 **University of North Texas**: Research Associate to James Hall, Ph.D., Professor of Psychology. Investigated the utility of the Clock Drawing Test to determine a differential dementia diagnosis. (poster presentation-ICAD, Chicago) Manuscript is in review for publication with the Journal of Geriatric Psychiatry and Neurology.

June 07 – March 08 **University of North Texas**: Research Assistant to Scott Hilborn, Ph.D. Investigating the utility of the MSVT in clinical, geriatric populations and TBI patients.

Sept 07 – Oct. 08 **University of North Texas**: Research Associate to Daniel Taylor, Ph.D., Professor of Psychology. Investigated the effects of low and moderate intensity exercise on depression, anxiety self-esteem. (poster presentation-SBM, San Diego)

Jan 07 – March 09 **University of North Texas**: Research Associate to Kim Kelly, Ph.D., Professor of Psychology. Investigated the role of anxiety and parental effects on inpatient children with feeding tubes at Baylor Hospital.

Aug 01 – May 02 **California State University, Fresno**: Research Associate to Karl Oswald, Ph.D. Professor of Psychology. Investigated the first impressions of athletes and gender stereotype. (poster presentation at University Forum). Investigated the dynamics between religiousness and education. Investigated Part-Set cuing inhibition. Investigated the Attribution of Successful Leaders. (website created April 2002 entitled “Charismatic Leaders”)

March 08 **Expert Panel**: asked to collaborate with other panel members to determine the most parsimonious measure of the “gold standard” for depression.
TEACHING EXPERIENCE

Jan 08 – May 08  Texas College of Osteopathic Medicine, Department of Psychiatry: Teaching Assistant to Susan Franks, Ph.D, Professor of Psychology. Psychosocial Medicine, teaching 2nd year medical students crisis intervention and motivational interviewing.

Aug 07 – May 08  University of North Texas: Repeat guest lecturer for Intro to Psychology.

PROFESSIONAL TRAINING

Aug 27-29, 2008  Neuropsychology Workshop: The only graduate student accepted to the “Small-Group Advanced Seminar in Interpretation of the HRB for a Comprehensive Clinical Interpretation of Adult Cases”. Seating was limited to 10 people nationwide.

May 18-20, 2007  Hypnosis Clinic: Introductory clinic on hypnosis and its therapeutic uses.

RELATED WORK EXPERIENCE

July 05 – July 2009  Rehabilitation Services: Met with brain injury patients three times a week in their home to work on a variety of projects to enhance their cognitive, social, and physical skills. Examples of projects include formal photo exhibits and working with a neuropsychologist to develop and package a memory game that can be used for cognitive rehabilitation with other brain injured patients.

RESEARCH PRESENTATIONS


March). Pilot Study: Long-Term and Short-Term Psychological Effects of Low vs. Moderate Exercise Intensity. Poster session presented at the 16th Annual University of North Texas Health Science Center Research Appreciation Day, Ft. Worth, TX.


PUBLICATIONS/EDITORIALS


Guest Editor, Health Psychology: An Introduction to Behavior and Health by Linda Brannonn and Jess Feist (chapter 4 - Adhering to Medical Advise)

HONORS AND AWARDS

July 10 Travel Grant Recipient: $2200 to attend the International Conference on Alzheimer’s Disease in Honolulu.

Aug 04 –10 Graduate Academic Achievement Scholarship: based on scholastic achievement.

June 09 Travel Grant Recipient: to attend ICAD in Chicago.

Aug 08 Scholarship: to attend a seminar at the Neuropsychology Center in Dallas, TX.

July 08 Travel Grant Recipient: to attend the International Conference on
Alzheimer’s Disease in Chicago.

March 08  Travel Grant Recipient: to attend the Society of Behavioral Medicine Conference in San Diego.

Sept 02  Ronald E. McNair Post-Baccalaureate Achievement Award: A federally-funded award for graduate study.

Aug 04 – May 05  Chancellor’s List: based on academic success while in graduate school

2000-2002  Full Athletic Scholarship, Pell Grant Recipient, Shanab Honor Roll, Golden Key National Honor Society, Psi Chi, the National Honor Society in Psychology, The Honor Society of Phi Kappa Phi, Recipient of Kiwanis Torch Lighter Award, Bulldog Foundation Honoree, Academic Achievement Award, Western Athletic Conference Scholar, Academic All-American Team, Commendation from the State of California lieutenant Governor Cruz M. Bustamante, Verizon Academic All-American

PROFESSIONAL AFFILIATIONS

American Psychological Association
Society of Behavioral Medicine
Alzheimer’s Association
National Register of Health Care Service Providers in Psychology

REFERENCES

James Hall, Ph.D.  University of North Texas Health Science Center
  Professor and Clinical Psychologist
  Cell: (817) 913-1847

Susan Franks, Ph.D.  University of North Texas Health Science Center
  Professor and Clinical Psychologist
  Cell: (817) 999-9656

Bruce Jones, Ph.D.  Neuropsych Associates of Dallas
  Forensic Neuropsychologist and Owner
  Cell: (214) 926-1666

Kristy Ditzler, Psy.D.  Olin E. Teague Veterans Center, Temple, TX
  Clinical Psychologist
  Office: (254) 742-4796

Amy O’Neill, Ph.D.  Olin E. Teague Veterans Center, Temple, TX
  Clinical Psychologist
  Office: (254) 742-4796
Appendix VI:
REFERENCES
REFERENCES
Books That We Think Are Pretty Good


Akeret, R: Tales From the Traveling Couch (1996), Norton.

Balint, M: The Basic Fault: Therapeutic Aspects of Regression (1979), Tavistock Publications.


Beck, A: Cognitive Therapy (1977), Brunner/Mazel.


de Saint Exupery, A: The Little Prince (1943), Gallimard.


Ellis, A: Rational-Emotive Therapy (1967), McGraw-Hill.

Erickson, E: Childhood & Society (1950), Norton.


Freud, S: The Ego and the Id (1923), Hogarth Press.

Freud, S: The Interpretation of Dreams (1900), Hogarth Press.

Freud, S: **Heck, Just Read Everything He Wrote-Roots Are Important**


Gabbard, Glen: Psychodynamic Psychiatry in Clinical Practice – The DSM-IV

Haley, J: *Strategies of Psychotherapy* (1963), Grune & Stratton.


Klein, M: *Envy and Gratitude and Other Works* (1975), Hogarth Press.


Lachkar, J: *Narcissistic/Borderline Couple in Marital Therapy* (1992), Brunner/Mazel.


Lidz, T: *The Person* (1968), Basic Books.

Linder, R: *The Fifty Minute Hour* (1956), Batan Books.


Masterson, J: *The Narcissistic and Borderline Disorders* (1981), Brunner/Mazel.

May, R: *Sex and Fantasy* (1980), Norton & Co.


Reich, W: *Character Analysis* (1945), Simon & Schuster.

Rogers, C: On Becoming a Person (1961), Houghton Mifflin.


Shapiro, David: Neurotic Styles (1965), Basic Books.

Shirer, W: The Rise and Fall of the Third Reich (1950), Ballantine Books.


Winnicott, DW: Holding and Interpretation: Fragment of an Analysis (1965), Grove Press.


Appendix VI:
PRECEPTORSHIP LEAVE POLICY
UNTHSC
Department of Psychiatry and Behavioral Health
Clinical Health Psychology Preceptorship
Attendance Policy

Because of the responsibility for patient care as well as the expectations of clinical assignments, 100% attendance at all Preceptorship Activities is required. In accordance with the Texas College of Osteopathic Medicine Policy, during their Preceptorship, a Clinical Health Psychology Student (CHPS) may have a total of five (5) days of “unexcused absences” which is defined as providing only 24 hours notice. In other words, it is recognized that situations beyond the students control may arise that requires an absence. Such absences require, at a minimum of 24 hours and must be approved by the Rotation Supervisor. All absences require written documentation to their Rotation Supervisor. Unapproved absences (failure to show or notify) or absences in excess of this policy will result in a grade of “incomplete” and will require that the Preceptorship be repeated in its entirety and may result in a failure grade for the Preceptorship.

____________________________                        _______________________
Clinical Health Psychology Student                        Date

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Director of Psychology                        Date