2015-2016

Clinical Psychology
Doctoral Program
Supplement to the Department of
Psychology Graduate Student
Manual
(revised 05/07/15)
DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY
UNIVERSITY OF NORTH TEXAS

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I. PHILOSOPHY AND GOALS

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

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

Our commitment to excellence requires that high standards of research and clinical practice be maintained. Excellence (e.g., rigorous standards for students and productive careers for faculty) can be achieved without sacrifice of individuality. Toward this end, the core requirements were reduced so that tailored programs of coursework and research may be pursued. The program promotes students' own search for excellence through self-examination; such self-scrutiny is vital to the integrity of both research and clinical practice.

Towards the expectation of science-practice integration, our research courses and research teams emphasize the clinical relevance of scientific inquiry. By the same token, clinical courses and practica are grounded in theory and informed by empirical research. Consistent with principles put forth at the Gainesville conference in 1990, the program philosophy emphasizes this integration: clinical practice should be grounded in scientific knowledge while scientific inquiry should be informed by and relevant to clinical practice. While acknowledging the diversity of research interests and importance of non-applied research, students are encouraged to wrestle with clinical questions and applied populations in choosing thesis and dissertation topics.

An important example of the scientist-practitioner integration involves the recent development of elective areas of specialty training. Each of these areas capitalizes on the expertise of several core faculty members in bringing together programmatic research, courses, and training experiences in one of the following recognized specialties: forensic psychology, clinical neuropsychology, or clinical health psychology. Through clinical and research practica, clinical students develop competencies in "the trenches."

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

First Year

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First year students are enrolled in coursework focused on foundational skills and competencies. The primary focus entails personal and intellectual skills, attitudes and values, and a core of professional knowledge. These foundational knowledge, skills, attitudes and values are baseline competencies on which students build in subsequent years of training. For example, the first-year curriculum is comprised of coursework on statistics, psychopathology and assessment. First year students are expected to begin formulation and development of a master’s thesis proposal. First year students also participate on practicum teams primarily for the purpose of observation and socialization into clinical practice. For professional development, first year students acquire basic skills with respect to objective and projective assessments, diagnostic interviewing, systematic behavioral observation, and relationship formation. It also includes ethical issues, professional demeanor, and case management as well as other professional responsibilities (record keeping, appointments, agency policies and procedures). Before beginning clinical training in practicum, students are expected to have acquired basic theoretical and research knowledge related to (a) diagnosis, assessment, and intervention, (b) diversity and ethics, and (c) skills in applying research knowledge in the clinical setting.

Second Year

Second year students are expected to demonstrate sufficient mastery of basic clinical information and skills, which builds on foundational coursework from the first year. The practicum training occurs after courses in assessment and psychopathology and in conjunction with core courses in ethics and psychotherapy. The goals of the second year student are to acquire assessment skills that cover diagnostic assessments and clinical issues, such as treatment needs or disability accommodations. Practicum provides the opportunity to develop expressive skills in both consultation and written reports. Their role on the practicum team includes (a) provision of clinical evaluation services (assessments, psychological reports, and consultations to referral sources), (b) supervision of less advanced team members, (c) observation of therapy and other interventions carried out by advanced team members, and (d) basic introduction to therapy approaches. Beyond coursework and practicum, second year students’ research focus more on applying their knowledge of statistics and research design during the development of their own master’s theses. In summary, the second-year curriculum allows for the initial acquisition of functional competencies and skills.

Third Year

Third year students enroll in coursework that is specifically designed to provide advanced educational and training opportunities. As part of the third-year curriculum, psychotherapy practicum provides closely supervised therapy and opportunities to learn about the supervision process (i.e., supervision and consultation to less advanced students). It also includes advanced electives (including an advanced psychotherapy course). Specific expectations of the third year practicum student are to develop treatment skills for short-term interventions and psychotherapy. Their roles on the practicum team include treatment, psychological evaluations on specialized issues, and consultation to community agencies. Third year practicum students also provide supervision to less advanced team members and actively participate in weekly team meetings. In their research, students at this level are expect to have completed or be near completion of their thesis, gain experience in research writing and presenting, and consolidate their research knowledge

Fourth Year and Beyond.

During the fourth year, students are expect to devote their time to enhancing clinical skills, typically
through an external practicum placement, as well as completion of the qualifying exam and dissertation proposal defense.

In the fifth year or beyond, students participate in a 12-month, full-time pre-doctoral internship. During the internship training experience, students are expected to demonstrate advanced integration of science and practice in a variety of professional activities in preparation for independent practice and licensure.

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

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

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

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

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

In identifying the competencies acquired by students in our program, we have drawn from the conceptual underpinnings, ideas, and competency-based language in the work of others (Falender & Shafranske, 2004; Fouad, Grus, Hatcher, Kaslow, Hutchings, Madson, Collins, & Crossman, 2009; Hatcher & Lassiter, 2007; Kaslow, Grus, Campbell, Fouad, Hatcher, & Rodolfa, 2009; Roberts, Borden, Christiansen, & Lopez, 2005) and in resources available from our colleagues at APA, the Association of Psychology Training Clinics (APTC), and the Council of University Directors of Clinical Psychology (CUDCP) [e.g., APA Task Force on the Assessment of Competence in Professional Psychology (2006), The Assessment of Competency Benchmarks Work Group (2007)]. The Table below overviews the programs goals, objectives, competencies, and measurement procedures.

<table>
<thead>
<tr>
<th>Goal #1: Knowledge Acquisition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives for Goal #1:</strong></td>
</tr>
<tr>
<td>(A) Acquire broad knowledge in general psychology;</td>
</tr>
<tr>
<td>(B) Acquire in depth knowledge in clinical psychology</td>
</tr>
<tr>
<td><strong>Competencies Expected for these Objectives:</strong></td>
</tr>
<tr>
<td>Knowledge in the following areas are associated with Objective 1A (broad and general psychology knowledge): history and systems of psychology; social psychology; cognitive and affective bases of behavior; quantitative methods; advanced physiological psychology.</td>
</tr>
<tr>
<td>Knowledge in the following areas is associated with Objective 1B (in depth knowledge in clinical psychology): assessment; professional ethics; psychopathology; psychotherapy; and multicultural counseling.</td>
</tr>
<tr>
<td><strong>Evaluation Tools Used for each Competency:</strong></td>
</tr>
<tr>
<td>Annual Student Review Form</td>
</tr>
</tbody>
</table>

**How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies:**

**Proximal:**

Students must attain a grade of “B” or higher in the following courses associated with Objective 1A: PSYC5060 History and Systems; PSYC5090 Social Psychology; PSYC5640 Cognitive and Affective Bases of Behavior; PSYC5700 Quantitative Methods I; PSYC5710 Quantitative Methods II; PSYC5790 Physiological Psychology.

For Objective 1B, students must attain a grade of “B” or higher in these courses: PSYC5420 Assessment I; PSYC5430 Assessment II; PSYC6480 Ethics in Clinical Psychology; PSYC5780 Psychopathology; PSYC6000 Introduction to Psychotherapy; PSYC6300 Theory and Application of Multicultural Counseling. In addition, students must obtain a rating of at least “readiness for practicum” on items III.B (scientific foundation of psychology – knowledge of core science) and III.C (scientific foundation of psychology – knowledge, understanding, and application of the concept of evidence-based practice) on the Practicum Evaluation Form.

**Distal:**
<table>
<thead>
<tr>
<th>Percentage of program graduates passing each area assessed by the Examination for the Professional Practice of Psychology (EPPP).</th>
</tr>
</thead>
</table>

**Goal #2: Professionalism**

**Objective for Goal #2:**
Demonstration of the standing, practice, and methods of an emerging professional psychologist

**Competencies Expected for this Objective:**
Consultation Skills; Professional Behavior; Self-Presentation; Ethical Practice; Client Record Management; Interpersonal Skills; Organization; Collegiality; and Attitude Toward Learning

**Evaluation Tools Used for each Competency:**
Practicum Evaluation Form

**How Outcomes are Measured and Minimum Thresholds for Achievement for this Objective/these Competencies:**

**Proximal:**
Students must obtain a rating of at least “readiness for practicum” on all Domain I (professionalism) items (A-E), all Domain VI (Ethical Legal Standards and Policy) items (A-C), all Domain VII (interdisciplinary systems) items (A-D), as well as item III.A (integrity – honesty, personal responsibility and adherence to professional values) of the Practicum Evaluation Form.

**Distal:**
Percentage of graduates passing a state jurisprudence exam and number of students obtaining employment in the profession of psychology.

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**Goal #3: Clinical Skills**

**Objective for Goal #3:**
Demonstration of emerging competence in evidence-based practice of psychology

**Competencies Expected for this Objective:**
Affective and Expressive Relationship Skills; Assessment Skills; Diagnostic Skills; Conceptualization Skills; Intervention Skills; Crises Management; Supervisory Involvement; Individual and Cultural Diversity; Reflective Practice, Self-Assessment, and Self-Care.

**Evaluation Tools Used for each Competency:**
Practicum Evaluation Form

**How Outcomes are Measured and Minimum Thresholds for Achievement for this Objective/these Competencies:**

**Proximal:**
Students must obtain a rating of at least “readiness for practicum” on all Domain II (Reflective Practice/Self-Assessment/Self-Care) items (A-C), all Domain IV (Relationships) items (A-C), and all Domain V (Individual and Cultural Diversity) items (A-D) of the Practicum Evaluation Form.

**Distal:**
Percentage of graduates obtaining licensure.
Goal #4: Research Skills

Objectives for Goal #4:
(A) Conduct research at the investigator level
(B) Demonstrate ability to disseminate and defend findings

Competencies Expected for these Objectives:
Review an existing body of literature with integrative and critical thinking; Derive a novel research question; Develop hypotheses derived logically from the research question; Design a study to test these hypotheses; Conduct the study; Identify and complete appropriate analyses to test the hypotheses; Interpret results in the context of existing literature; defend the research product (e.g., oral defense of thesis and/or dissertation)

Evaluation Tools Used for each Competency:
Faculty signatures on the required signed abstract form verify evaluation of competency has occurred.

How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies:
Proximal:
Student-created committees of 3 faculty, 2 of which must be Clinical Program faculty, evaluate all of the above competencies via review of the document and oral presentation at a defense meeting. Each of the identified faculty members must indicate, via signature on the required form, that sufficient competency is demonstrated in order for the student to meet the minimum thresholds for achievement in the competencies and objectives.

Distal:
Percentage of graduates with publications indexed by psycINFO and/or MEDLINE databases and number of publications indexed by those databases that are authored by program graduates.

II. GRADUATE APPLICATION AND ADMISSION

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

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

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

III. ADMISSION TO THE GRADUATE SCHOOL

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

IV. DOCTOR OF PHILOSOPHY DEGREE REQUIREMENTS

The Ph.D. degree in Clinical Psychology requires a minimum of 90 semester hours beyond the bachelor's degree and a one-year supervised clinical internship. This semester hour requirement does not include six hours of master's thesis credit but does include 9-12 hours for dissertation and 1-6 hours for internship. The qualified and accepted student may enter the doctoral program holding either a bachelor's or master's degree. All students must file all degree plans (Master's and Ph.D.) in their first semester; refer to the Psychology Department Graduate Student Manual for samples of these plans. The maximum amount of transfer credit for appropriate master's degree work is 30 semester hours. A student entering with a master's degree (or equivalent) may, upon approval of the Clinical Program Committee, transfer a maximum of 12 appropriate semester hours beyond the master's degree, provided the work has been taken in a department offering a doctoral degree in psychology. Should a student wish to transfer credit for core courses, requests must be submitted for approval to the Director of Clinical Training.

By keeping program-required credit hours to less than the required 90 hours for degree attainment, clinical students are free to enhance their training by taking a variety of available elective courses and practica. Students often choose to take more electives than would be needed to meet minimum requirements. The minimum hours (excluding credit hours associated with practica, thesis, dissertation, and internship) that are required above the bachelor's degree are divided as follows:

<table>
<thead>
<tr>
<th>A. GENERAL CORE REQUIREMENTS</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psyc 5010 Human Development</td>
<td>3</td>
</tr>
<tr>
<td>Psyc 5060 Advanced History and Systems of Psychology</td>
<td>3</td>
</tr>
</tbody>
</table>

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B. CLINICAL CORE REQUIREMENTS

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psyc 5420</td>
<td>Assessment I</td>
<td>4</td>
</tr>
<tr>
<td>Psyc 5430</td>
<td>Assessment II</td>
<td>4</td>
</tr>
<tr>
<td>Psyc 6480</td>
<td>Professional Ethics in Clinical Psychology*</td>
<td>3</td>
</tr>
<tr>
<td>Psyc 5780</td>
<td>Advanced Psychopathology</td>
<td>3</td>
</tr>
<tr>
<td>Psyc 6000</td>
<td>Introduction to Psychotherapy</td>
<td>3</td>
</tr>
<tr>
<td>Psyc 6300</td>
<td>Theory &amp; Application of Multicultural Counseling</td>
<td>3</td>
</tr>
<tr>
<td>Psyc XXXX</td>
<td>An advanced psychotherapy course approved by the Program**¥</td>
<td>3</td>
</tr>
<tr>
<td>Psyc 6XXX</td>
<td>An advanced assessment course, either</td>
<td>26 or 27</td>
</tr>
<tr>
<td></td>
<td>Diagnostic and Structured Interviewing or Neuropsychological Assessment (students may petition 3 or 4 approval of other courses on an individual basis)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

C. ELECTIVE FORENSIC EXPERIENCE

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

Background

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

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

Scope

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

Phase 1

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

- PSYC 6460: Diagnostic and Structured Interviewing
- PSYC 6520: Forensic Psychology: Theory and Practice
- PSYC 6835: Research Practicum (2 semesters; with a forensic emphasis²)

Phase 2

¹ Courses 6460 and 6520 cannot be taken in the first year.
² Although typically in a forensic or correctional setting, clinical settings can be used if the research has direct bearing on forensic practice (e.g., malingering).
The primary focus on Phase 2 is the completing of two semesters at a forensic externship site approved by the Clinical Faculty Committee. Forensic externships will be informed by the Director of Clinical Training about which clinical students applying to their sites have completed Forensic Training Phase 1.

As Phase 2, clinical students will be encouraged to complete their theses and/or dissertations on forensic topics. It is envisioned that an advanced forensic seminar will be implemented that will be periodically taught by different faculty members with forensic expertise.

**Credentials**

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

**D. ELECTIVE CLINICAL NEUROPSYCHOLOGY EXPERIENCE**

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

**Background**

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

**Scope**

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

**Knowledge Base**

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

**PSYC 6100: Psychopharmacology**
PSYC 6420: Neuropsychological Assessment

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

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

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

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

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

E. ELECTIVE CLINICAL HEALTH PSYCHOLOGY EMPHASIS

The Elective Emphasis in Clinical Health Psychology provides documentation of specialized training based on knowledge of the physiological and psychological antecedents and sequelae of health and illness. The emphasis in clinical health psychology is to utilize behavioral science approaches to the promotion of health, the prevention and treatment of illness, and the identification of etiological and diagnostic correlates of illness and health. This Elective emphasizes an interdisciplinary understanding of biopsychosocial factors relevant to health and illness and the applications of this knowledge to prevention, diagnosis, treatment, and rehabilitation.

Background
Clinical Health Psychology is a specialization recognized by APA/Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, with board certification available through the American Board of Professional Psychology (ABPP). For responses to frequently asked questions about education and training in this specialty, students interested in completing this elective emphasis may consult: http://health-psych.org/documents/ETfaqs0511Final.pdf

Scope
Clinical students choosing this elective emphasis will have training that builds both the necessary knowledge base as well as skills.

Knowledge Base
In addition to the departmental core and the clinical core courses, clinical health psychology necessitates “knowledge of the interrelations among behavioral, emotional, cognitive, social,
and biological components in health and disease to the promotion and maintenance of health; the prevention, treatment, and rehabilitation of illness and disability; and the improvement of the health care system" (www.cchptp.org). The following courses are required of students wishing to complete the Elective Clinical Health Psychology Emphasis.

PSYC 6200: Advanced Topics Seminar: Foundations of Health Psychology
PSYC 6200: Advanced Topics Seminar: Health Psychology Interventions

Students must also take a minimum of 6 credits (2 courses) from among any of the following elective offerings: PSYC6650 Psychoneuroimmunology; PSYC6200 Advanced Topics Seminar in an area pertaining to clinical health psychology (e.g., Behavioral Sleep Medicine, Cardiovascular Health, Introduction to Health Disparities, Motivational Interviewing). Students wishing to meet this requirement via completion of courses outside of the department that are consistent with their field of interest must first receive approval from the program.

Students preparing for a career in clinical health psychology should also expect to gain intensive specialized training at the postdoctoral level.

Skills
To foster skills, students completing this emphasis are expected to complete their theses and/or dissertations on clinical health psychology topics. In addition, the following research training is required:

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

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

Credentials

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

F. PRACTICUM TRAINING

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

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

**Pre-Practicum**

In conjunction with the Assessment I and II sequence during the first year of study, students have a practicum team responsibility of approximately 10 clock hours per week. First year students acquire basic skills with respect to objective and projective assessment methodologies, diagnostic interviewing, systematic behavioral observation, and relationship formation. Other professional responsibilities include record keeping, appointments, adherence to Psychology Clinic policies and procedures, case management problems, equipment usage, ethical issues, and professional demeanor. First year students also receive a preliminary introduction to advanced clinical methods. Their roles on the practicum team include observation of and supervised involvement in the practicum activities of advanced team members and the supervising psychologist, as well as participation in weekly team meetings. In addition, during the first semester of pre-practicum, all pre-practicum students (across teams) meet weekly for a proseminar with readings and discussion on the following topics: models of supervision, evidence-based practice of psychology, foundational and functional competencies (i.e., associated with research, intervention, assessment, individual and cultural diversity, consultation and interprofessional collaboration, ethics and professional development), and the evaluation of competency during training. Program faculty rotate as instructors through the proseminar to allow students an opportunity to acquaint themselves more fully with the faculty. During pre-practicum, students are expected to meet the minimum quantitative requirements described below in order to fulfill their responsibility to their practicum team.

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

**Assessment Practicum**

During the second year of study (or its equivalent), clinical students have a practicum team responsibility of approximately 12-15 clock hours each week. This experience occurs following courses in assessment and psychopathology and in conjunction with core courses in ethics and psychotherapy. Second year students are expected to acquire assessment skills responsive to referral questions, while also achieving the integration of assessment, conceptual-interpretive, and expressive (oral and written) skills. Second year students also are introduced to therapy approaches through observation of advanced level team members. Their role on the team includes provision of clinical
evaluation services (assessments, psychological reports, consultations to referral sources). In addition, they supervise of less advanced team members, observe activities of advanced team members, develop skills in therapy, and participate in weekly team meetings. During the assessment practicum (usually encompassing two semesters), students must meet the minimum quantitative requirements described below in order to fulfill their responsibility to their practicum team.

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

**Psychotherapy Practicum**

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

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

**General Note**

In addition to the quantitative requirements for each year of practicum, clinical students also are evaluated each semester on their qualitative performance. A copy of the practicum evaluation form appears in the Psychology Clinic Manual. Students must satisfy both qualitative and quantitative requirements before advancing to the next practicum level. Students receive a standard evaluation form (which appears in the Psychology Clinic Manual) and are provided with feedback at the end of each semester of practicum, which is retained in her/his student file. When a supervising psychologist finds the level of clinical competences continue to be unsatisfactory despite supervisory feedback, the supervisor may elect to make arrangements through the Director of Clinical Training for additional training experiences. For example, another supervising psychologist may oversee and evaluate the
student with a subsample of clinical work.

<table>
<thead>
<tr>
<th>Practicum Level</th>
<th>Course Requirement: Fall/Spring</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>PSYC 6820/6830 Prepracticum (1 hr enrollments)</td>
<td>2</td>
</tr>
<tr>
<td>Second Year</td>
<td>PSYC 6820/6830 Practicum (3 hr enrollments)</td>
<td>6</td>
</tr>
<tr>
<td>Third Year</td>
<td>PSYC 6820/6830 Practicum (3 hr enrollments)</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>TOTAL HOURS</td>
<td>14</td>
</tr>
</tbody>
</table>

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

**G. EXTERNAL PRACTICUM TRAINING**

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

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

While the UNT Psychology Clinic typically exposes our students to diversity closely matching representation of the larger Denton community, external practicum experiences vary according the nature of the clinical setting. While many placements occur in medically-oriented settings (e.g., Parkland, Dallas VAMC, Scottish-Rite, Timberlawn), several are located within private group practices. One consideration in the selection of sites is their demonstrated ability to allow our students further exposure to diverse populations presenting with a variety of clinical assessment and intervention issues. Second year students generally are not permitted external placements with the rare exception of some students who have entered the program with earned master’s degree already.

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

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

1. **We prefer that the primary supervisor be a licensed psychologist who holds a Ph.D. in clinical psychology.**
   - The primary supervisor must be at the same site as the practicum experience.
   - The primary supervisor must agree to provide at least one hour of direct, face-to-face individual supervision per week, regardless of any secondary supervisory relationships arranged.
   - The primary supervisor must also agree to provide written evaluation of the practicum student’s experience near the end of each semester (evaluation forms are provided by the UNT Clinical Psychology Program).

2. **Secondary supervisory arrangements may be established with appropriately-credentialed practitioners in addition to the primary supervisory relationship.**
   - The primary supervisor assumes the responsibility for the quality and quantity of such secondary supervision, ensuring its appropriateness in relation to the training level of the student and the practical experiences being required.
   - Secondary supervision may not take the place of the minimum one hour per week of direct supervision by the primary supervisor.
   - Example: A student under the supervision of a licensed Ph.D. clinical psychologist may be placed under the secondary supervision of a psychologist whose degree is in behavioral medicine for the purpose of a particular clinical rotation. Supervision from the behavioral medicine psychologist would be in addition to the supervision from the primary supervisor.

3. **The primary functions of the practicum must be “clinical” in nature, such as psychotherapy, clinical evaluation/assessment, and consultation.**
   - This requirement does not constrain the type of “site” that is feasible; for instance, appropriate clinical practica could take place in schools and detention facilities, as well as in the more traditional in-patient and out-patient mental health facilities.
   - Proposed practica intended to gain experience in non-clinical domains (e.g., school psychology, industrial/organizational psychology, etc.) must be separately arranged as “electives” and do not fulfill the student’s clinical practicum requirements within the UNT
Clinical Psychology Program.

The Process of Applying for External Practicum

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

1. Students interested in external practicum should make their interests known to the External Practicum Coordinator.

2. Students who express an interest will be reviewed by the Clinical Committee with respect to their readiness. In determining readiness for external practicum experiences, the Clinical Committee considers a variety of factors. For external practica involving primarily assessment, preparation involves satisfactory completion of a substantial proportion of the assessment requirements in the internal practicum setting. For external practica involving psychotherapy/treatment, preparation involves satisfactory completion of a substantial amount of psychotherapy requirements in the internal practicum setting AND successful completion of the master’s thesis. This latter requirement for external therapy practicum has been instituted to ensure that students do not sacrifice their research progress in favor of external practicum experiences that can be highly time-demanding. For all levels of external practica, the student’s general ability to function effectively in the clinical setting (use of supervision, communication with other professionals, record-keeping/administrative tasks, etc.) is a consideration in the Clinical Committee’s determination of readiness.

3. Students deemed sufficiently prepared for external practicum are then connected to external practicum supervisors so that they may set up an interview and visit the external site. If programmatic needs are satisfied, then the negotiations are between the student and external supervisor with the approval of the DCT on the final arrangement.

4. Student initiative in finding new external practicum sites is welcome. However, students should meet with the External Practicum Coordinator prior to formally contacting any external sites. If a new practicum site is approved, students putting forward the initiative will be given first priority.

H. RECORDS

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

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

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

First Year Research Involvement

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

Because of the diversity of our faculty, membership on a research team will mean very different things depending on the team. Some Research Advisors conduct formal “team meetings” and operate the group somewhat like a vertical practicum team. Some Research Advisors choose to involve team members at particular levels (including first year members) in collaborative project efforts. This may mean working on on-going research projects (i.e., those of other team members or of the Research Advisor) concurrent with the development of the student’s own research ideas. Yet other Research Advisors choose to work more individually (or via small interest groups), without a formal “team” structure.

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

Master’s Thesis

The Doctoral Program in Clinical Psychology at the University of North Texas is accredited by the American Psychological Association, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242. 202-336-5979 Email: apaaccred@apa.org  Web: www.apa.org/ed/accreditation
During the second year, students have an increased responsibility for the activities of their research team. Under the direction of a faculty member, students organize their own ongoing research effort, involve beginning members of the team in basic research skills that include literature search procedures, experimental design, laboratory methods, equipment instrumentation, project management, data reduction and statistical analysis, and provide supervision and guidance. The thesis requires a major professor and two other faculty members for a thesis proposal defense meeting and to conduct the final defense of the thesis. It is strongly recommended that students schedule their thesis proposal meeting for the second year early in the Fall term (which necessitates beginning to draft the thesis proposal during the first year). Students who do not successfully defend their thesis proposal by the end of the Fall semester in year 2 will be required to successfully complete a course in Research Methodology Applications during the Spring semester of year 2 to scaffold their development. The final oral defense of the thesis project is expected to occur during the year 2 Spring term or the Summer term prior to year 3. Graduate School guidelines for preparing the master’s thesis proposal and the final manuscript are available from the Graduate School. See Appendix B for program Guidelines for Thesis/Dissertation Proposals. Students must have their master’s thesis completed and successfully defended prior to beginning external practicum placement. Students beginning their 5th year or beyond without their master’s thesis completed will NOT be allowed to enroll in any practicum course.

**Dissertation**

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

Students may defend a dissertation proposal only after successfully completing the general core requirements and the Qualifying Examination. Students engaged in data gathering prior to

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3 Non department psychologists may apply for a temporary status.
the dissertation proposal, should refer to Appendix C in this manual for more information. Completion of the form located in Appendix C must be accomplished by the student and provided to the Director of Clinical Training (DCT) before any data collection ensues. Students must successfully propose a dissertation prior to applying for internship.

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

<table>
<thead>
<tr>
<th>First Year or Fall of 2nd year</th>
<th>Successful thesis proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>First or Second Year</td>
<td>PSYC 5950 Master's Thesis</td>
</tr>
<tr>
<td>Third Year</td>
<td>PSYC 6950 Dissertation</td>
</tr>
<tr>
<td><strong>TOTAL HOURS</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Guidelines for Dissertations**

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

**Topic Areas.** It is expected that dissertations will be conducted on topic areas that are explicitly clinical in nature. Certainly, studies conducted with clinical populations usually will meet this guideline. However, this topical constraint does not preclude studying non-clinical populations (including community, university, and even professional samples), but the direction of inquiry should be toward clinical aims. “Clinical aims” are herein defined as efforts toward understanding forms of psychological distress, disorder, treatment, and/or their psychological sequelae as well as the prevention thereof. Studies of non-clinical topics, while valued within the broader context of psychological inquiry, are not acceptable as dissertation topics.

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

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

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

**Standardization of Dissertation Defenses: Role of Clinical Faculty**

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

**Role of Major Professor/Chair of the Defense**

1. Advise and assist doctoral students in selecting committee members that will be thoughtful, prepared, and unhurried in proposal and final defenses.
2. Ensure that dissertations are in final form, both substance and writing, so that the defense will proceed smoothly and not become bogged down in obvious oversights.
3. If significant changes in sampling or methodology are needed after the proposal has been approved, require that the student consult with committee members well in advance (prior to data collection, if possible).
4. Provide leadership as Chair of the Defense to ensure a collegial yet formal atmosphere that is consonant with the importance of a dissertation defense.
5. Trust students’ mastery of the dissertation; attempts to “run interference” on challenging questions derogates students’ abilities.
6. Within the context of four-member committees with one outside member, contribute substantially to examination of the student’s dissertation.
7. Orchestrate the defense so that both the traditional/symbolic and substantive perspectives of the dissertation defense are conducted in a thorough and unhurried manner.

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

Changing Research Advisors

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

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

Non-Clinical Research Advisors.

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

J. MASTER OF ARTS AND MASTER OF SCIENCE DEGREES

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

<table>
<thead>
<tr>
<th>Master's Degree Requirements</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYC 5420 Assessment I</td>
<td>4</td>
</tr>
<tr>
<td>PSYC 5430 Assessment II</td>
<td>4</td>
</tr>
<tr>
<td>PSYC 5700 Quantitative Methods I</td>
<td>4</td>
</tr>
<tr>
<td>PSYC 5710 Quantitative Methods II</td>
<td>4</td>
</tr>
<tr>
<td>PSYC 5780 Psychopathology</td>
<td>3</td>
</tr>
<tr>
<td>PSYC 6820/6830 Pre-practicum</td>
<td>2</td>
</tr>
<tr>
<td>One of the following: PSYC 5060, 5090, 5640, or 5790</td>
<td>3</td>
</tr>
<tr>
<td>PSYC 5950 Thesis</td>
<td>6</td>
</tr>
</tbody>
</table>

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

K. QUALIFYING EXAMINATION

The objective of the Qualifying Examination is to provide the student the opportunity to demonstrate:

1. competency in research and scholarship,
2. the ability to perform independently,
3. the ability to integrate theoretical, practical, and empirical material, and
4. knowledge of the relevant contemporary and historical literature

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

Content of the Qualifying Examination

The Qualifying Exam is modeled after the Examination for the Professional Practice in Psychology (EPPP), and covers the same eight content areas as the EPPP:

1. **Biological Bases of Behavior:** [knowledge of (a) biological and neural bases of behavior, (b) psychopharmacology, and (c) methodologies supporting this body of knowledge]
2. **Cognitive–Affective Bases of Behavior:** [knowledge of (a) cognition, (b) theories and empirical bases of learning, memory, motivation, affect, emotion, and executive function, and (c) factors that influence cognitive performance and/or emotional experience and their interaction]
3. **Social and Cultural Bases of Behavior:** [knowledge of (a) interpersonal, intrapersonal,
intergroup, and intragroup processes and dynamics, (b) theories of personality, and (c) diversity issues]

4. **Growth and Lifespan Development:** [knowledge of (a) development across the full life span, (b) atypical patterns of development, and (c) the protective and risk factors that influence developmental trajectories of individuals]

5. **Assessment and Diagnosis:** [knowledge of (a) psychometrics, (b) assessment models and instruments, (c) assessment methods for initial status of and change by individuals, couples, families, groups, and organizations/systems, and (d) diagnostic classification systems and their limitations]

6. **Treatment, Intervention, Prevention and Supervision:** [knowledge of (a) individual, couple, family, group, organizational, or community interventions for specific problems/disorders in diverse populations, (b) intervention and prevention theories, (c) best practices and practice guidelines, (d) consultation and supervision models, and (e) evidence supporting efficacy and effectiveness of interventions]

7. **Research Methods and Statistics:** [knowledge of (a) research design, methodology, and program evaluation, (b) instrument selection and validation, (c) statistical models, assumptions, and procedures, and (d) dissemination methods]

8. **Ethical, Legal and Professional Issues:** [knowledge of (a) codes of ethics, (b) professional standards for practice, (c) legal mandates and restrictions, (d) guidelines for ethical decision-making, and (e) professional training and supervision]

**Structure of Qualifying Examination**

The exam consists of objective multiple-choice questions covering the content areas listed above. The exam contains 225 questions, randomly selected from a bank of 4000 questions that have been used on previous EPPP administrations. The exam must be completed within 4 hours via computer administration.

**Grading**

Raw scores will be transformed to standard scores with a minimum standard score of 500 required for passing the examination.

**Feedback**

Students will be provided with the correct response for each missed item immediately following the examination.

**General Notes**

Students will sign up with the Comprehensive Exam Coordinator (as announced via e-mail) in order to take the exam. Students failing the examination must retake it either at the next “regular” administration time (offered every January, May, and August), or at a midway “re-take” administration that would be scheduled approximately 8 weeks after the failed attempt. This latter option would allow for a person who takes an August exam to get the feedback, study more, re-take the exam in October, and---if they pass---still apply for internship that fall.
Students who retake the exam are encouraged to use written and oral feedback from the program faculty in order to plan a remedial program of study with their program advisor. Failure of the re-examination triggers a progress evaluation that can result in the student's separation from the program.

Students who submit an official score report with a passing (500 or greater) score on the EPPP offered by the Association of State and Provincial Psychology Boards (ASPPB) will be allowed to waive the Clinical Core Comprehensive Examination.

L. CLINICAL INTERNSHIP (2-6 hours)

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

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

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

Other Non-APA Internship Positions

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

1. Adequate supervision is provided to clinical interns.
2. Interns are exposed to diverse patient populations.
3. The faculty are qualified to provide internship training.
4. Additional educational forums are provided (rounds, seminars).
5. The faculty offer sufficient models for professionalism in research and practice.

M. COURSE LOAD REQUIREMENTS

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

1. Students who meet any of the following criteria are restricted to a maximum concurrent course load of 9 semester hours (i.e., two courses and practicum):

   a. employed in a half-time assistantship
   b. employed in a half-time non-departmental position
   c. employed as a teaching fellow with two courses

2. Students who meet any of the following criteria are restricted to a maximum concurrent course load of 12 semester hours and a minimum concurrent course load of 9 semester hours:

   a. employed in a quarter-time assistantship
   b. employed in a quarter-time non-departmental position
   c. employed as a teaching fellow with one course

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

N. GRADUATE DEGREE PLANS

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

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

O. DEGREE PLAN CHANGES

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

P. ACADEMIC REQUIREMENTS

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

V. ADVISORS, COMMITTEES, AND CONSULTATION

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

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

Before the end of the first academic year, the Graduate School requires that students file a master's and doctoral degree plan and designate a master's thesis committee and a doctoral dissertation committee, respectively. These are separate degree plans, separate research advisor (major professor), and separate committees, although overlapping membership may be preferred by the student. If a student has chosen a research advisor for the thesis or the dissertation at the time the master's or doctoral degree plan is filed, such advisor(s) will sign off on the degree plan(s) as major
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professor.  If the student has not settled on a research advisor, then the program advisor will sign off on degree plans as the temporary major professor.  See the Graduate Student Manual for details on filing the degree plan.

VI. PROFESSIONAL REQUIREMENTS

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

Clinical Psychology is a professional as well as an academic program. The program faculty is responsible to the public and the profession for ensuring that graduates of the program have adequate clinical skills and demonstrate responsible professional behavior. This responsibility exists while a student is in the graduate program. Consequently, **no student may engage in work of a psychological nature without adequate supervision AND prior approval from the program committee.** Prior to committing to employment of a psychological nature, students should meet with the DCT to make appropriate arrangements.

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

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

VII. STUDENT EVALUATIONS

Frequent and informative performance feedback is demonstrably helpful to students in their learning, and also assists them in planning their own scholarly and professional development and choosing their career goals. Feedback is especially important for clinical students because of the unusual range of behavioral dimensions that comprise good clinical performance, including dimensions that in most other professions are considered too "personal" to be relevant. Thus, annually students will
receive letters of evaluation from the Director of Clinical Training that both notes their status regarding formal degree requirements and presents feedback from clinical faculty on the student's strengths and any areas of faculty concern. Faculty will endeavor to comment on the student's performance as a scholar, clinician, researcher, and community member. Personal qualities that represent notable strengths or that may hamper the individual's growth and training if not remediated will also be described in order to enhance the student's awareness of her or his social impact.

A. INSUFFICIENT PROGRESS

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

B. MISCONDUCT

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

C. ANNUAL REVIEW

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

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

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

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

D. COMPREHENSIVE NATURE OF EVALUATION

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

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

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

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

VIII. STUDENT REPRESENTATION

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

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

IX. POLICIES, PROCEDURES, AND APPEALS

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

All program policies and decisions concerning students are subject to the approval of the Departmental Chairperson and the Graduate School. Students who wish departmental level review of a program decision should submit their grievance to the Departmental Chairperson. The department also offers an ombudsman upon request. Further appeals processes are outlined in the publications referenced above (i.e., UNT Student Handbook, Departmental Graduate Student Manual).

From time to time, a student might wish to have a regulation or decision of the Clinical Program reconsidered on the basis of her or his personal need. On these occasions, the student, working in conjunction with the program advisor, may bring an appeal to the Clinical Committee and/or the Director of Clinical Training for review. Most often accommodations can be made that mutually satisfy the needs of the student and the program.

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

Grievance Procedure: If a student believes that he/she has been subject to an incident(s) meriting filing a grievance, the first steps are to pursue informal resolution of the conflict. The grievant should first:
• Discuss his/her concerns directly and immediately with the party(ies) causing the grievance; and/or
• Consult with the Director of Clinical Training about the incident for suggestions about how best to proceed; and/or
• Consult with his/her faculty advisor about the incident for suggestions about how best to proceed; and/or
• Consult with the Student Representatives about the incident for information about recommended procedures and university resources available to the grievant (see below).

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

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

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

**Americans with Disabilities**

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

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

Practicum Evaluation Items

Note that evaluations are completed only after the trainee has completed all of the requirements for the semester under review. Evaluations are based on his/her current level of progress and competence. For each item, the supervisor makes a categorical judgment of competency and then places a mark on the rating line to provide more nuanced feedback to the student regarding their relative strengths and weaknesses. The comprehensive codebook for specific anchors that define the categorical judgments of competency in each area is maintained by, and available from, the Clinic Director.

Foundational Competencies

<table>
<thead>
<tr>
<th>1. Professionalism:</th>
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</thead>
<tbody>
<tr>
<td>A. Integrity – Honesty, personal responsibility and adherence to professional values.</td>
</tr>
<tr>
<td>Categorical Judgment</td>
</tr>
<tr>
<td>No information</td>
</tr>
<tr>
<td>Competency Rating</td>
</tr>
<tr>
<td>Not competent</td>
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</tbody>
</table>

| B. Deportment - Understands how to conduct oneself in a professional manner (appropriate communication and physical conduct, including attire, across different settings) |
| Categorical Judgment |
| No information | Does not meet expectations | Readiness for Practicum | Well developed competence |
| Competency Rating |
| Not competent | Advanced Expertise |

| C. Accountability - Accountable and reliable (consistently reliable; consistently accepts responsibility for own actions) |
| Categorical Judgment |
| No information | Does not meet expectations | Readiness for Practicum | Well developed competence |
| Competency Rating |
| Not competent | Advanced Expertise |
D. Concern for the welfare of others - Consistently acts to understand and safeguard the welfare of others

**Categorical Judgment**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>No information</td>
<td>Does not meet expectations</td>
</tr>
<tr>
<td>Readiness for Practicum</td>
<td>Well developed competence</td>
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</tbody>
</table>

**Competency Rating**

II. Reflective Practice/Self-Assessment/Self-Care:

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

**Categorical Judgment**

<table>
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<tr>
<th>Rating</th>
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<tbody>
<tr>
<td>No information</td>
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</table>

**Competency Rating**

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

**Categorical Judgment**

<table>
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<tr>
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<tbody>
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### C. Self-Care – Attention to personal health and well-being to assure effective professional functioning.

**Categorical Judgment**

<table>
<thead>
<tr>
<th>Competency Rating</th>
<th>Not competent</th>
<th>Advanced Expertise</th>
</tr>
</thead>
</table>

| Categorical Judgment | No information | Does not meet expectations | Readiness for Practicum | Well developed competence |

### III. Scientific Knowledge and Methods:

#### A. Integrity – Honesty, personal responsibility and adherence to professional values.

**Categorical Judgment**

<table>
<thead>
<tr>
<th>Competency Rating</th>
<th>Not competent</th>
<th>Advanced Expertise</th>
</tr>
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</table>

| Categorical Judgment | No information | Does not meet expectations | Readiness for Practicum | Well developed competence |

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

**Categorical Judgment**

<table>
<thead>
<tr>
<th>Competency Rating</th>
<th>Not competent</th>
<th>Advanced Expertise</th>
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</table>

| Categorical Judgment | No information | Does not meet expectations | Readiness for Practicum | Well developed competence |

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

**Categorical Judgment**

<table>
<thead>
<tr>
<th>Competency Rating</th>
<th>Not competent</th>
<th>Advanced Expertise</th>
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Competency Rating

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<tr>
<th>Competency Rating</th>
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<tbody>
<tr>
<td>Not competent</td>
<td>Advanced Expertise</td>
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IV. Relationships:

A. Integrity – Honesty, personal responsibility and adherence to professional values.

Categorical Judgment

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

Categorical Judgment

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C. Expressive Skills – Ability to clearly and articulately express oneself.

Categorical Judgment

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<tbody>
<tr>
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<td>Advanced Expertise</td>
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</table>

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

**Categorical Judgment**

<table>
<thead>
<tr>
<th>No information</th>
<th>Does not meet expectations</th>
<th>Readiness for Practicum</th>
<th>Well developed competence</th>
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</table>

**Competency Rating**

<table>
<thead>
<tr>
<th>Not competent</th>
<th>Advanced Expertise</th>
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</table>

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

**Categorical Judgment**

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

**Categorical Judgment**

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

**Categorical Judgment**

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A. Knowledge of the shared and distinctive contributions of other professions.

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**Competency Rating**

Not competent

Advanced Expertise

B. Functioning in multidisciplinary and interdisciplinary contexts.

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**Competency Rating**

Not competent

Advanced Expertise

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

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**Competency Rating**

Not competent

Advanced Expertise

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

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**Competency Rating**

Not competent

Advanced Expertise
### Functional Competencies

#### I. Assessment:

A. Measurement and Psychometrics

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B. Evaluation Methods

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C. Application of Methods

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D. Diagnosis

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E. Conceptualization and Recommendations

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F. Communication of Findings

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II. Intervention:

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

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

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<td>C. Clinical Skills:</td>
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<td>D. Intervention Implementation:</td>
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<td>E. Progress Evaluation:</td>
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III. Consultation:

| A. Role of Consultant |               |                    |
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B. Processes and Procedures -- Knowledge of procedures and processes of supervision:

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

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

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

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### F. Ethical and Legal Issues

Knowledge of and compliance with ethical/professional codes, standards and guidelines; institutional policies; laws, statutes, rules, regulations, and case law relevant to the practice of psychology and its supervision:

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### V. Management-Administration:

#### A. Management

Participates in management of direct delivery of professional services; responds appropriately in management hierarchy:

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### B. Administration

Knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures:

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### C. Leadership

Recognition of own role in creating policy, participation in system change, and management structure:

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D. Evaluation of Management and Leadership -- Able to develop and prepared to offer constructive criticism and suggestions regarding management and leadership of organization:

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VI. Advocacy:

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

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B. Systems Change -- Promotes change to enhance the functioning of individuals:

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Appendix B

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

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

THESIS or DISSERTATION PROPOSAL

Title Page

Abstract

Introduction
  Background/Literature Review
  Significance
  Hypotheses/Questions

Method
  Participants
  Procedures
  Measures

Proposed Data Analysis

Discussion (brief) or potential outcomes

References

Appendices
  Unpublished Measures
  Informed Consent Form (if used)
  IRB Approval Verification
THESIS or DISSERTATION FINAL DOCUMENT

Title Page

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

Abstract

Introduction
   Background/Literature Review
   Significance
   Hypotheses/Questions

Method
   Participants
   Procedures
   Measures

Results

Discussion
   Study Findings and Significance
   Directions for Future Research

References

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

Self-Initiated Archival Dataset for Dissertations

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

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

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

The following outline should be followed for the Methodological Review

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

**Statement by the Student:**

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

________________________________________  __________________________________________  ____________
Signature  Name  Date

**Clinical Faculty Review:**

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

________________________  ____________
Initial and date  Initial and date
Appendix D

University of North Texas Clinical Psychology Program

External Practicum Supervision Notification Form

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

Practicum Student Name: ____________________________________________

Practicum Site: ________________________________________________

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

Practicum Hours Per Week: ______

Supervision Hours Per Week: ______

Supervisor Name: ________________________________________________

Mailing Address of Supervisor: ____________________________________________

Telephone: ______

---

On-Site Supervisor (MUST BE A PSYCHOLOGIST) TO FILL OUT THIS SECTION

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

Supervisor Signature: ___________________________ Date: ____________

Texas License #: ____________ Supervisor’s Email Address: ____________________________

---

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

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