This publication is for general information only. It is neither intended to, nor does it contain, all regulations that relate to students.

These guidelines, although revised periodically, cannot always reflect up-to-the minute changes or developments in the Clinical Psychology Program or the Southwestern Graduate School. The guidelines are, therefore, subject to revision without notice. Changes will become effective whenever the proper authority so determines and will apply to both prospective students and those already enrolled.

The University of Texas Southwestern Medical Center reserves the right to withdraw courses at any time, change tuition or fees, rules, calendar, curriculum, degree programs, degree requirements, graduation procedures and any other requirement affecting students. The provisions of this publication do not constitute a contract, expressed or implied, between any applicant, student or faculty member and The University of Texas System, the University of Texas Southwestern Medical Center or the Southwestern Graduate School of Biomedical Sciences.

UT Southwestern Medical Center is committed to an educational and working environment that provides equal opportunity to all members of the University community. In accordance with federal and state law, the University prohibits unlawful discrimination, including harassment, on the basis of: race; color; religion; national origin; gender, including sexual harassment; age; disability; citizenship; and veteran status. In addition, it is UT Southwestern policy to prohibit discrimination on the basis of sexual orientation, gender identity, or gender expression.

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### Addendum

APA Ethical Principles and Code of Conduct
I. GENERAL INFORMATION
This document is for the guidance of students already admitted to the Graduate Program and pre-doctoral Internship in Clinical Psychology. Students who have been accepted and enrolled should be familiar with the goals of the Program and its qualifications for admission. That information is contained in the Catalogue of the Southwestern Graduate School of Biomedical Sciences and in the information contained on the website of the Clinical Psychology Program.

American Psychological Association (APA) Accreditation Status
The APA has fully accredited the graduate program and affiliated pre-doctoral internship in clinical psychology at UT Southwestern. The internship and graduate program were most recently re-accredited in 2009. The Commission on Accreditation (COA) has scheduled the next site visit to be held in 2016. Anyone wishing to contact the APA Office of Program Consultation and Accreditation may contact:

750 First Street, NE,
Washington, D.C. 20002-4242.
202-336-5979
Website: http://www.apa.org

Program Mission and Goals:
UT Southwestern’s mission is to educate the next generation of leaders in patient care, biomedical science, and disease prevention, and to educate health professionals whose life long career objectives will be to provide the best possible care, apply the most appropriate treatment modalities, and continue to seek information fundamental to the treatment and prevention of disease. The goal of UT Southwestern Graduate School of Biomedical Sciences is to give outstanding students the opportunity and the encouragement to investigate rigorously and to solve significant problems creatively in the biological, physical, and behavioral sciences. Therefore, the operation of the Graduate Program in Clinical Psychology is not only consistent with the educational missions of both the Southwestern Graduate School of Biomedical Sciences and UT Southwestern but also strives to integrate the two with a focus on behavioral health care, informed and enhanced through research endeavors.

The Program is governed by the Program Director, the Director of Clinical Training (DCT), in close coordination with the Graduate Studies Committee (GSC) and the Steering Committee (SC) which is composed of core faculty selected by the Program Chair.

The Doctoral Program’s mission is to produce competent clinician-researchers at the entry level of postdoctoral fellowship training. We use a clinician-researcher model of training that prepares individuals for the practice of clinical psychology, broadly conceived. The exposure of students to both clinical and research settings reflects the Program’s clinician-researcher philosophy. The Program’s curriculum provides coursework in the science and practice of clinical psychology and offers training experiences in both clinical settings and research rotations.

The Program includes an affiliated, and separately APA-accredited, pre-doctoral Internship in clinical psychology.

Specifically the educational goals of our doctoral program include the following

| 1. To produce graduates who have a broad and general knowledge of scientific psychology. |
| 2. To produce graduates who have specialized knowledge and entry level practice skills in clinical psychology. |
| 3. To produce graduates who have the ability to develop, disseminate, and/or evaluate scientific knowledge |
directed toward understanding and improving human functioning

4. To produce graduates who have knowledge of and adhere to the ethical and sensitive practice of professional psychology.

Guidelines and Regulations for Students and Interns:

Students are responsible for knowing and abiding by the contents of these instructions, the graduate Catalogue (http://www.utsouthwestern.edu/education/graduate-school/about-us/catalog.html), and the American Psychological Association Ethical Principles and Code of Conduct: (http://www.apa.org/topics/topicethics.html)

The APA Ethical Principles and Code of Conduct may be found as an addendum after the appendices. These documents are revised periodically and students are advised to consult each new version for changes.

This document includes a number of important appendices. In addition to these, there are procedural manuals for various services or clinics (e.g., Southwestern Psychotherapy Clinic, Parkland Hospital Psychiatric Emergency Room, and Children’s Medical Center) that are not included herewith, but with which students are expected to be familiar if they have any assignments relevant to a particular service or clinic. These manuals are available at the sites of the particular services. It is the responsibility of the trainee to be knowledgeable of their contents.

Students are advised and expected to maintain regular email contact during their enrollment to ensure that they receive program announcements and requests. Accordingly, students are required to check their UT Southwestern issued Outlook email address since alternative email addresses will not be used.

Students with Disabilities

Students who have a disability or condition that may impact their ability to complete assignments or otherwise satisfy course criteria are encouraged to meet with the course instructor to identify, discuss, and document any feasible instructional modifications or accommodations. Students are advised to identify themselves and the type of assistance needed at the time of registration for their first semester or at the beginning of the semester in which a specific accommodation may be indicated. Students may contact University services for students with disabilities for information and auxiliary aid. The Graduate School of Biomedical Sciences Policy on Students with Disabilities is available in Appendix P. It is the responsibility of students to notify the Program Director prior to any performance problems that may develop.

Ethical and Professional Guidelines

The Division of Psychology expects both faculty and students to conduct academic, therapeutic, and research pursuits according to the American Psychological Association Ethical Code of Conduct. These guidelines are included at the end of this handbook as an Addendum.

The University adheres to the guidelines of the National Institutes of Health with regard to the involvement of human subjects in research. Any graduate student proposing to do research involving human subjects must first receive approval from the University’s Human Subjects Institutional Review Board (IRB). All students are required to complete training regarding the Health Insurance Portability and Accountability Act (HIPAA). The Office of Extramural Research (OER) also requires student researchers to complete the on-line tutorial Protecting Human Research Participants (http://phrp.nihtraining.com). The OER tutorial is a free, web-based course that presents information about protections for human participants in research. The tutorial is designed for the conduct of research involving human participants. The tutorial presents common concepts, principles, and issues related to the protection of human research participants, including principles of bioethics and basic legal standards.

Upon completion of the on-line tutorial, a certificate of completion should be printed by the user and a copy sent to the IRB office, mail code 8843 or fax 214.648.2171.

Essential Functions

All students who enroll in the UT Southwestern Graduate School Doctoral Program and affiliated Internship in Clinical
Psychology must be able to perform specific essential functions. Essential functions are the basic activities that a student must be able to do to complete the clinical psychology doctoral curriculum. No applicant who can perform these essential functions (either with or without reasonable accommodations) will be denied consideration for admission. A candidate for the PhD degree in clinical psychology must be able to perform the essential functions below:

1. Communication: Students must be able to effectively communicate orally and in writing with the program, its faculty, patients and members of the health care team. Students must also be able to read and comprehend written material.

2. Intellectual and Cognitive Abilities: Students must be able to measure, calculate reason, analyze, synthesize, integrate, and apply information. Problem-solving, a clinical skill required of psychologists, requires all of these intellectual abilities.

3. Behavioral and Social Attributes: Students must possess the emotional health required to fully use their intellectual abilities, such as exercising good judgment, promptly completing all responsibilities required by the program or attendant to the diagnosis and care of patients, and be able to develop mature, sensitive, and effective relationships. Students must be able to tolerate demanding workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties and ambiguities inherent in the clinical problems of many patients.

4. Ethical Standards: Students must demonstrate professional demeanor and behavior, and must perform in an ethical manner in all dealings with peers, faculty, staff, and patients.

II. PROGRAM OVERSIGHT

Graduate Studies Committee (GSC)
The Graduate Studies Committee in Psychology has been vested by the Graduate School with the general responsibility for the Graduate Program in Clinical Psychology. The GSC is composed of those faculty members of The University of Texas Southwestern Medical Center (and neighboring universities) who hold Graduate Faculty appointments and who have demonstrated a continuing interest and active teaching, supervisory, and advisory involvement in the Clinical Psychology Program.

It should be noted that many faculty of UT Southwestern Medical Center who are not members of the Graduate Studies Committee in Psychology also contribute significantly to the education of our graduate students. As appropriate, these faculty members will be consulted by the GSC regarding both policy matters and the progress of specific students.

The Guidelines and Principles (G & P) for the Accreditation of Programs in Professional Psychology for the American Psychological Association specify the classification of faculty as: Core Program Faculty, Associated Program Faculty, and Other Contributors. The G & P articulates the need for Core Program Faculty as follows:

The program has identifiable core faculty responsible for its leadership who:

1. Function as an integral part of the academic unit of which the program is an element;
2. Are sufficient in number for their academic and professional responsibilities;
3. Have theoretical perspectives and academic and applied experiences appropriate to the program’s goals and objectives;
4. Demonstrate substantial competence and have recognized credentials in those areas which are at the core of the program’s objectives and goals; and
5. Are available to and function as appropriate role models for students in their learning and socialization into the discipline and profession.

Core Faculty must (See Appendix A1 for a listing of Core Faculty):

- Be consistent with the G & P as quoted above
- Be individuals whose education, training and/or experience is consistent with his/her role in the Clinical Psychology Program
- Be individuals whose primary professional employment (50% or more) is at UT Southwestern
• Be individuals identified with the program and centrally involved in program development, decision-making and student training
• Individuals who devote at least 50% of their professional time to program related activities

**Associated Program Faculty** are faculty who do not meet the criteria for Core Faculty but make a substantial contribution to the program and often take on some of the tasks associated with Core Faculty. See **Appendix A2** for a listing of Associated Faculty.

**Adjunct Faculty** are faculty used on an *ad hoc* basis to teach a course, supervise, etc. See **Appendix A3** for a listing of Other Contributors/Adjunct Faculty.

In addition to these classifications of Graduate Faculty, the Program is fortunate to have available a large and diverse **Volunteer Faculty**. These individuals may supervise or provide various expertise to the Program and Internship.

**Steering Committee**
In 1976, the GSC created a subcommittee composed of those GSC members who have undertaken major responsibilities in the program and internship. This committee, known as the Steering Committee (SC), represents the GSC in carrying out its academic responsibilities (see **Appendix A4** for a current listing of SC members). Implementation of the Graduate School Program and Internship policies are the responsibility of the Program Director.

**Clinical Training Committee**
The Clinical Training Committee meets after each semester and as needed to consider issues related to the clinical experiences of the graduate students and interns. It includes members of the full-time, part-time, and adjunct faculties. The members of this committee are listed in **Appendix A5**. This committee awards the grade for the practicum and internship for each semester in the program.

**Research Committee**
The Research Committee’s purpose is to facilitate, administer, and evaluate the research training of graduate students, and to promote the research activities of Division faculty and mentors. The Committee meets monthly and members are selected by the committee chair at the recommendation of the Program Director and Internship Director. Please see **Appendix A6** for a listing of the current members. The research committee awards the grade in the research apprenticeship for each semester in the third and fourth year of the program.

**Committee for Recruitment and Retention of Minority Students and Faculty**
An integral component to the planning and strategizing for the recruitment of diverse students and faculty has been the formation of the Committee for Recruitment and Retention of Minority Students and Faculty. Core faculty members and students serve on this committee which meets regularly to review and develop strategies for recruiting diverse faculty and students. Committee members are recommended by the Program Director, Internship Director and the committee Chairperson. Please see **Appendix A7** for a listing of current members.

**Curriculum Committee**
The Curriculum Committee reviews the syllabi submitted by all course instructors each semester. In addition, they review course descriptions and catalog updates, as well as consider the sequence of courses and course content. The Curriculum Committee is responsible for verifying that the curriculum content meets APA accreditation requirements. See **Appendix A8** for a listing of the current Curriculum Committee members.
III. ACADEMIC POLICIES

Grades

Grades are defined as follows:

- **A**: Outstanding or exceptional performance
- **B**: Acceptable work at a level expected from an average graduate student
- **C**: Some mastery of the subject but less than that deemed adequate for the average graduate student
- **F**: Seriously inadequate performance in the subject area
- **Incomplete**: Incomplete grades are to be made up within six weeks of the end of the semester in which they occur; however, instructors may, upon request by the student, extend this period of time if given adequate evidence that the six weeks' limitation presents a major obstacle. Under any circumstances, it is the student's responsibility to actively pursue whatever actions are necessary to complete the course requirements and see to it that the grade is appropriately changed, and must do so no later than at the end of 12 months after receiving an Incomplete. If a student fails to follow through on the necessary remediation of an Incomplete, an F may be awarded for that course. Incomplete grades are to be documented by the instructor and signed by the student using the form located in the Appendix R.

The receipt of a C grade will trigger any one of a number of actions. At the very least, it will be noted and reviewed by the Steering Committee. Depending on such circumstances as the student's previous academic record, the nature of the course and the manner in which the student earned the C, the student's year in the program and other relevant variables, a decision ranging from requiring that the course be retaken to deciding that no action ensue could result. A student receiving more than one C in a semester will be reviewed by the Steering Committee and asked to meet with the Program Director and/or Internship Director and review the situation. Potential consequences of receiving more than one C in a semester include academic probation, additional remediation and/or repetition of the courses(s), and possible recommendation for dismissal from the program.

Required courses are evaluated with letter grades. Electives may receive letter grades or Satisfactory/Unsatisfactory at the option of the instructor and the program. Instructors are responsible for informing students of the grading policy in a given course.

Practicum and Internship placements are evaluated by the following:

- **Satisfactory (S)**: Abilities are at or above an acceptable level
- **Unsatisfactory (U)**: Abilities are below the level expected at the current stage of training and/or experience

All Clinical Placement Ratings (to include Southwestern Psychotherapy Referral Service and ER Rotation) are reviewed by the Clinical Training Committee to determine the final semester grade. A remediation plan will be provided by the Program Director for all "Unsatisfactory" and/or "Incomplete" grades. If the proposed remediation plan is not met, possible consequences include academic probation, repetition of rotation(s) and/or other remedial work, and potentially a recommendation for dismissal from the program.

If a student accumulates two or more "U" grades the Steering Committee will review the student's progress in the program. Possible consequences include academic probation, repetition of rotation(s) and/or other remedial work, and potentially a recommendation for dismissal from the program.

Retention, Probation and Dismissal

The program follows the general policies and procedures of the Graduate School of Biomedical Sciences (see Catalog, page 15).

The Graduate Studies Committee (GSC) may recommend to the Dean of the Graduate School that a student be placed on probation for the following reasons:

1. Failure of any course
2. Unsatisfactory performance in any clinical rotation/placement
3. Failure to maintain a graduate school GPA of 3.0 or better
4. Failure to meet the particular requirements for the doctoral degree in the time periods specified by the graduate school
5. Failure to make satisfactory academic progress toward the completion of the degree
The GSC may recommend to the Dean of the Graduate School that a student be dismissed from the program for the following reasons:

1. Any violation of conditions of probation while a student is on probation
2. Failure of any course
3. Unsatisfactory performance in any clinical placement
4. Failure of a student to resolve academic deficiencies within the time period required by the Dean
5. Failure to pass the Research Competency Qualifying examination
6. Failure to pass the defense of his/her dissertation
7. Failure to register for two consecutive semesters after beginning graduate studies without requesting a leave of absence
8. Violation of ethical or professional standards

Appeals
The program follows the general policies and procedures of the Graduate School of Biomedical Sciences (see Catalog, page 16). Appeals of a Clinical Training Committee decision can be made to the Steering Committee and, if still unresolved, to the Program Director. It is recommended that a student pursue all appeals initially within the Program. A student may appeal academic probation or dismissal from the Program by submitting a written appeal to the Dean of the Graduate School, requesting reconsideration and stating in clear and concise language the reasons why academic probation or dismissal is inappropriate. The appeal must be received by the Dean within 10 business days of the student’s receipt of the notification of academic probation or dismissal. The Dean will review the written appeal and meet with the student to discuss the student’s grounds for appeal. To the extent possible, within 10 business days the Dean will forward a written response to the student as soon as the evidence is evaluated. The Dean’s decision on the appeal is final.

Outside Employment
This is a full-time Program demanding major investments of student time and energy. During the time that students are fulfilling the four-year academic and clinical training requirements of the Program, they are not permitted to engage in any work of a psychological nature that has not been assigned by the Program. In the rare instance where an additional "outside" psychological activity may enhance a student's clinical experience, the student's participation must be approved by the Program, and the activity must be supervised by an appropriate supervisor. A student must request this approval in advance from the Internship Director (see form in Appendix B).

"ABDs," i.e., students who have completed all degree requirements except the dissertation, are in a somewhat different situation regarding outside employment. While prior approval by the Program Director is not necessary, they (ABD students) must file with the Education Coordinator a description of any position they are planning to hold prior to graduation before they actually begin such activity.

"ABD" students are strongly cautioned not to undertake more than 50% time employment while they are still engaged in dissertation research (see Statute of Limitations section).

Leave of Absence
It is foreseeable that very unusual personal circumstances may interfere with a student's capacity to continue successfully in the Program. A leave of absence, if granted by the Dean upon recommendation of the Program Director, provides for the student to suspend and resume educational activities in the program at a specified time and in a specified manner (see procedures below).

Graduate School Policy for Leave of Absence
If a situation arises where a student must set aside their graduate studies for a period of time, a leave of absence (LOA) may be appropriate. LOA may be requested for up to three semesters. If additional leave is needed, a new request must be submitted. The maximum amount of LOA is six semesters (two academic years). A student on LOA cannot receive funding as a graduate student. LOA status may affect student loans. Graduate programs are expected to monitor their students on LOA.

Procedures
The student initiates the request by completing the form (i.e., Leave of Absence Request Form, see Appendix C), obtaining approval from his or her mentor, and submitting it to the Program Director. Upon approval by the Program Director, the Education Coordinator submits the form to the Dean's Office. Upon approval by the Dean, the form is
Toward the end of a period of approved LOA, the student must take steps to resume studies at the beginning of the next semester, extend the LOA, or withdraw from the graduate school. To resume studies the student obtains approval from the mentor and Program chair who write a reinstatement request to the Dean. To extend a LOA the student completes and submits a new LOA form. To withdraw from the graduate school the student submits a signed letter to the mentor and Program Director for approval. Upon approval by the Program Director, the Education Coordinator submits the letter to the Dean's Office for final approval. The approved request (reinstatement, extension, or withdrawal) is forwarded to the Registrar for final processing and an approved copy is sent to the graduate program office.

In addition, permission to defer certain coursework or for a leave of short duration may be granted as needed for reasons that the Program deems to be important. Such requests can be directed to the Program Director. The Program generally expects students to move through the curriculum with their entering class.

**In Absentia Registration**

The rationale for In Absentia (IA) registration is to provide reduced tuition and fees to the student who is no longer on campus to use the facilities and resources at UT Southwestern while finishing his or her degree. In concordance with the intention of IA registration, clinical psychology students will be allowed to register IA only after completing all Internship and other coursework requirements such that they will be generally absent from campus and enrolled in dissertation hours only. Furthermore, students will be limited to a one-time request for IA registration.

In general, the Graduate School will allow us to request IA registration only in unusual circumstances, and not simply to allow students an extra semester to finish a project that is taking longer than anticipated or to save on tuition. As such, requests for IA registration must be accompanied by a detailed explanation of the circumstances under which the request is being made and must be supported by the Chair of the student’s dissertation committee prior to submission to the Program Director. IA requests from students who do not already have an approved dissertation committee or have not been making significant progress on the dissertation will be denied by the Program Director.

Students may request IA registration, which provides for reduced tuition and fees, if he or she will defend and complete all degree requirements within the first six weeks of the semester. If a student fails to complete all degree requirements within the first six weeks, he or she will be required to pay regular tuition and fees for each subsequent semester until all degree requirements are met. Students who move with their mentor to another institution but still intend to earn a degree from UT Southwestern retain contact with their graduate program via IA enrollment every semester until all degree requirements are met.

**Procedures**

The student initiates the request for IA enrollment by completing the form in Appendix D obtaining approval from his or her mentor, and submitting the form to the Education Coordinator. Upon approval by the graduate program, the form is submitted to Dean's Office. Upon approval by the Dean's Office, the form is forwarded to the Registrar's Office for final processing and an approved copy of the form is sent to the graduate program office for their records. Students should consult the Student Financial Aid Office to determine whether their financial aid might be affected by in absentia status.

During the semester you are registered in absentia, be aware that you will not be able to utilize student services such as the Student Activity Center, Student Health, and others because you will not be paying the fees for these services. This is what allows your tuition bill to be reduced substantially.

**Statute of Limitations**

It is the Program’s goal that students will complete all of the requirements for the PhD degree within four years after admission to the program. Students may petition for an extension of this deadline one year at a time. Non-graduating fourth year students must petition the program for an extension of this deadline prior to June 1 of that year. Students who fail to petition the SC for an extension prior to June 1 of a given year, or whose petition is filed but denied, will have a terminal year in which to graduate.

Students should take note of the fact that the graduate school has a statute of limitation of eight years to complete the PhD degree. Failure to complete the program in an eight-year period will be viewed as evidence of failure to make adequate progress toward completion of the degree requirements and will place the student in jeopardy of dismissal.
from the graduate school.

**General Grievance Policy**

Grievance related to matters other than academic matters, disciplinary action and discrimination must be initiated by attempting to resolve the matter through discussion (Graduate Catalogue, page 17). If not resolved the student must submit the grievance in writing within 5 business days to the Program Director. If the student is not satisfied with the resolution proposed by the Program Director, the decision may be appealed to the Dean of the Graduate school within 5 business days. If the grievance is not satisfactorily resolved by the Dean, the decision may be appealed within 5 business days to the University President, who will render a final decision. Please see the Graduate School Catalog (pages 16-17) for additional information on the “Appropriate Treatment of Students” and “Policy Against Discrimination.”

**IV. REGISTRATION**

All students are required to be registered “full-time” in consecutive semesters from the time of admission to graduation. Should a student have completed all requirements except the dissertation, he/she will still be expected to register full time in dissertation credits while actively engaged in dissertation research. Full time enrollment is currently defined by the University as 9 credit hours each Fall and Spring semesters and 6 credit hours in the Summer semester. The Education Coordinator registers each student for their required classes each semester.

The Program has a clear and coherent curriculum plan with which all students can acquire and demonstrate understanding of and competence in the following areas: biological aspects of behavior; cognitive/affective/social aspects of behavior; history and systems of psychology; psychological measurement; research methodology and techniques of data analysis; individual differences in behavior; human development; dysfunctional behavior or psychopathology; professional standards and ethics; theories and methods of assessment or diagnosis; intervention, consultation and supervision; evaluating the efficacy of interventions; issues of cultural and individual diversity, and developing attitudes for life-long learning, scholarly inquiry, and professional problem solving. The table in **Appendix E** outlines an example course sequence. Syllabi for all courses can be found in the office of the Education Coordinator. A listing of core courses can be found in **Appendix F**.

With the approval of the Program Director, students occasionally take courses (usually electives) at other institutions. The students are responsible for knowing about and complying with the registration policies and procedures of those institutions and for paying appropriate matriculation costs.

**Course Waivers**

A student may believe that he or she already possesses the requisite knowledge and skills which would otherwise be acquired through participation in a particular course. Should the student desire to omit the course, he or she must request a waiver in writing to the program director and course instructor. The student will then provide the instructor a transcript and syllabus from a master’s level or higher course and meet to discuss the reasons for waiving the course. The instructor will make a recommendation to the Program Director who may decide to: (1) modify the course on an individual basis; or (2) substitute a specialized or advanced course preferably in the same general area with the same credit hours. The course grade will be awarded by the faculty member responsible for the course and/or independent study. The instructor will complete a form which outlines the student’s activities and level of performance for the course. The form can be found in **Appendix G6**.

**Electives**

Electives are offered each year, and students are surveyed to identify topics of special interest. During the year, typically in the summer, elective seminars are offered which correspond to those topics most frequently requested by students. In addition, elective courses may be offered by the Program based on need determined by the Steering Committee.

In addition to the elective seminars provided by the Program, students are encouraged to use the academic resources of other departments/programs of UT Southwestern and of neighboring universities (e.g., University of Texas at Dallas, University of Texas at Arlington, Southern Methodist University, and University of North Texas). All offer a wide variety of educational experiences that are relevant to our students’ education and training.

**Didactic Series**

In the Fall and Spring Semesters, a weekly Didactic Series is presented for the graduate students and interns (currently
This Didactic Series typically includes lectures on evidence-based practice, research in psychology, master clinician case conferences, special topics in psychology, cultural diversity topics, and student-faculty meetings. Students and interns are required to attend 10 lectures per semester, or 20 in an academic year which are scheduled each Fall and Spring. Of the 10 didactic credits each semester, 2 must be cultural diversity related topics or attendance at the monthly diversity club meetings. Additional didactic presentations may also be offered in the Summer semester. Records of attendance are kept at the meeting and through the MCA Report forms (see Appendix G2). Participants complete an evaluation form at the end of each lecture.

Students also attend teaching/clinical case conferences held in connection with the clinical service to which they are assigned or conjointly with training programs in psychiatry. The Department of Psychiatry Grand Rounds, colloquium speakers, and the various local and regional psychological societies and associations are additional sources of educational experiences available to students. Grand Rounds and special topics presentations in other departments at UT Southwestern are also open to students in the Program.

Course Evaluations
In the last 2 weeks of each semester the Education Coordinator emails each student a web link to complete course evaluations for that semester. All course evaluations are anonymous and require a password to access. All students are strongly encouraged to provide their feedback through this online evaluation system because the Program Director and Internship Director carefully review the data gathered and respond to student concerns. If any students have not completed the requested evaluations, it may result in the delay of grades being posted for the entire class and a possible Incomplete grade on the course record. An example of the Course Evaluation form is in Appendix G1.

V. CLINICAL TRAINING

Clinical assignments are made by the Internship Director in conjunction with the Program Director. There are three variables taken into consideration when these assignments are made: 1) faculty judgment about students' training needs; 2) student requests; and 3) contractual or other arrangements between the division and various training settings. These three factors carry different weights at different times in a student's career. Practicum assignments are most influenced by faculty judgment of the student’s training needs. Internship assignments are typically weighted heavily by the student’s preference. As such, students are encouraged to meet with the Internship Director, at least annually, to discuss individual practicum and internship preferences and training needs. Students are asked to provide the Internship Director a list of their top 3 preferred placement and internship sites by April 15th of each year.

Because of the various administrative and contractual issues that are involved, it is not acceptable for students to attempt to make their own arrangements for clinical placements although they are welcome to suggest placements to the Internship Director.

The first summer is considered a practicum placement, followed by an advanced practicum in the second year. The third and fourth year half-time internships equal a traditional full-time one-year pre-doctoral internship.

It should be noted that while not guaranteed, the Program has been in a position to offer some form of financial support to all of its graduate students beginning in the second year of graduate studies. Such assistance has been partly predicated on the notion that the practicum and internship requirements of the program should preclude any significant concurrent employment. The program expects to continue this support. HOWEVER, IT MUST BE CLEARLY UNDERSTOOD THAT THE PRACTICUM AND INTERNSHIP REQUIREMENTS ARE MANDATORY FOR ALL GRADUATE STUDENTS WHETHER OR NOT THE PROGRAM IS IN A POSITION TO OFFER ANY KIND OF FINANCIAL SUPPORT TO THE STUDENT. Please note that the program does not pay for practicum and/or internship time that must be re-taken because of an Unsatisfactory performance grade (U) on any semester. If a student or intern is asked to leave a rotation by the clinical site because of unsatisfactory performance, the program will determine if the student meets the essential functions to be sent to an alternative training site. However, the program is not obligated to pay the stipend for the alternative placement.

**Time Off From Clinical Practicum and Internship Placements**
Practicum students and interns are allowed to take 40 hours off per academic year from their clinical placements provided that the timing of the leave taken has been approved by their on-site supervisor. This time period
corresponds to the half-time internship and is "set" to assure that each student obtains 1000 hours per academic year in their clinical placement.

Some assignments take place some distance from the UT Southwestern Medical Center. When possible, the program attempts to defray students' travel costs to more distant training sites (i.e., those over 25 miles from the campus). We hope to be able to continue this practice, but it is not guaranteed by the program.

It is the policy of the program to issue an internship certificate after all requirements for the internship have been completed. Certificates are issued once a year, at the end of August. Once issued, certificates cannot be replaced or reissued (although a letter stating successful completion of internship can be forwarded upon request).

In addition to the clinical responsibilities at their assigned practicum or internship settings, all students are required to provide intervention/therapy services to clients from the Southwestern Psychotherapy Clinic. Beginning in the fall of their second year, students are expected to carry no less than two such outpatient clients at any given time (they may carry more, depending on their other responsibilities and with the concurrence of the appropriate supervisor). In addition, students are required to participate in a rotation schedule for coverage in the Parkland Hospital Psychiatric Emergency Room. These rotations will take place from December of the 2nd year through December of the 3rd year.

Criminal Background Check
Effective April 6, 2006, applicants and students enrolled in an educational program that includes or may include at a future date, assignment to a clinical health care facility must submit to and satisfactorily complete a background check. Students who refuse to submit to a background check or do not pass a background check may be dismissed from the program. Students who are dismissed may seek admission into another educational program that does not have a clinical component requirement in its curriculum.

UT Southwestern has designated an approved company to conduct the background checks and issue reports directly to UT Southwestern. Results from another company will not be accepted. Students will submit payment and appropriate authorization documents to the designated company. The scope of the background check will be sufficient to meet standards established by the Joint Commission on Accreditation of Healthcare Organizations and the Dallas-Fort Worth Hospital Council. Students have the right to review the information reported by the designated company for accuracy and completeness and request that the designated company verify that the information provided is correct. Prior to making a final determination that will adversely affect the student, UT Southwestern will provide the student a copy of or access to the background check report and inform them of their rights and how to contact the designated company to challenge the accuracy of the report. The background checks are processed through GroupOne Services and cost $45.00. Fees must be paid by the student directly. The procedure for obtaining the background check is available in Appendix L.

Drug Testing
Some of the clinical placements sites, especially those of a forensic nature, require that a student submit to and satisfactorily pass a drug screening. This screening is done only as required for a student to be placed in a specific training site. Students will be notified and testing arrangements made as needed.

Student Health Requirements:
Once admitted to the program the University will provide you with a list of immunizations required prior to enrollment. To obtain current information on these requirements, students can contact the student health service at 214.645.8690.

Professional Behavior
Students are expected to exercise good judgment on any specific service or in any agency where they are assigned and adhere to the Code of Ethics of the American Psychological Association (http://www.apa.org). The rules of decorum and the expectations of responsible behavior that apply to professional psychologists apply to all of our students.

Students are members of this institution, The University of Texas Southwestern Medical Center. As such, their professional and quasi-professional activities may be viewed by the community at large as a reflection on UT Southwestern. As professional psychologists, the faculty supports the letter and the spirit of the laws and codes of ethics promulgated for psychology.

Clinical Supervisors
Supervisory assignments are made at the time that Practicum and Internship placements are scheduled. The designated
primary supervisor is that person who is most directly involved with and/or responsible for the student's work on the assigned Practicum or Internship site. The secondary supervisors have somewhat less responsibility for the student's activities away from his or her assignment. For example, the student assigned to Parkland Assessment Service will have a supervisor who is responsible for the student's activities on that service. At the same time, he or she will be carrying cases through the Southwestern Psychotherapy Clinic and have these cases supervised by a secondary supervisor. Using the Monthly Clinical Activity report forms (see Appendix G2), each student will report the number of hours per month of supervision received from each supervisor.

We recognize that there are situations in which it may be advisable for a student to seek out specialized or additional supervision. Although this is sometimes possible on a case-by-case basis, it must be understood that the overall demands of the program may make it difficult to assign a specifically requested supervisor. Any modifications in supervisor assignment must be approved in advance by the Internship Director.

Each of the student's supervisors is expected to evaluate the student’s clinical performance at the end of each grading period in order that grades may be assigned. The student's written acknowledgment that he or she has seen the evaluation is required, and his or her comments are invited on the evaluation form. See Appendix G3 for Practicum and Internship Evaluation of Student Performance forms.

By the same token, every student on a practicum or internship assignment is expected to evaluate the quality of all their supervision experiences. Annually, or at the end of the placement, the student rates significant aspects of the supervisory process. These evaluations are anonymous and returned to the Education Coordinator. The Education Coordinator summarizes the information and provides it to the Program Director and Internship Director. See Appendix G4 for the Student Evaluation of Clinical Supervisor form. In addition, practicum students and interns annually evaluate their placement site rotations. Again, these evaluations are anonymous and are returned to the Education Coordinator who summarizes the information and provides it to the Program Director and Internship Director. See Appendix G10 for student evaluation of placement form.

Appendix H presents guidelines for the supervision process. It contains a more detailed discussion of the responsibilities and tasks inherent in this teaching/training activity. Appendix I provides faculty and students with a syllabus outlining the policies and procedures specific to treating patients in the Southwestern Psychotherapy Clinic.

VI. PEER MENTORSHIP PROGRAM

Program Goals and Objectives:
The Peer Mentorship program provides a reciprocal opportunity for students to gain support, knowledge, and skills while developing their understanding and practice of supervision. The program allows peer mentors to develop their skills as supervisors/mentors and gain additional practice in clinical consultation. Mentees will benefit from the perspective of their fellow classmates, specifically on administrative tasks and supervision related issues. The goal of this training opportunity is to enhance the PhD program in Clinical Psychology by increasing students’ professionalism and encouraging inter-class collaboration.

The program’s specific objectives are as follows:

1. Increase in knowledge of the best practices literature in supervision
2. Application of best practices in supervision
3. Understanding of professional roles and expectations of supervisor and supervisee
4. Attain knowledge in the legal/ethical parameters of supervision
5. Increase expertise in ability to give concise, constructive and supportive feedback
6. Production of a training manual for early supervisors

Rationale for Peer Mentorship Program
The doctoral Program and Internship in clinical psychology at UT Southwestern Medical Center are accredited by the American Psychological Association Commission on Accreditation. As part of the guidelines and principles for program accreditation, students and interns must attain a basic competency in knowledge and practice of supervision. In 2013, we surveyed three cohorts of former graduates of the Clinical Psychology PhD program on all
components of the training program. The purpose of the survey was to determine how well prepared they were for post-doctoral fellowship positions upon completion of their PhD. While the results of most training content areas (assessment, research, intervention) received favorable ratings (average of 3.5 or higher on a 1 to 5 point scale, with 1 = poorly prepared and 5 = very well prepared), the area on teaching/supervision was considerably lower (average of 2.3). Sixty-two percent of those who responded rated the teaching/supervision training in the clinical psychology program as “fair” or “poor.” Graduates indicated the need for more courses and experiences related to the process of supervision and teaching. Historically, graduate students and interns have received little formal training in supervision, with the expectation that they will learn supervision through “on the job training.” However, once graduated, opportunities to be trained as a supervisor may be lacking with little chance for feedback to improve these supervision skills.

This program capitalizes on the opportunities within the clinical training program to address deficits in supervision training and develop basic skills in the area of supervision.

**Part I (mandatory): One-on-One Mentorship**

The focus of the peer mentorship program is to provide basic supervision skills to the 3rd year graduate students in the experience and practice of supervision, as well as to train the 2nd year students in fundamental clinical skills. The clinical care of patients continues to remain under the supervision of a licensed faculty member. The supervision of the 3rd year mentor is provided through meetings with core faculty and/or the Director of Southwest Psychotherapy Clinic (SWC), Dr. Evans. In addition, the student mentors are assigned faculty supervisors for their SWC activities who are available for ongoing consultation to the student mentors.

To this end, at the beginning of each academic year, upcoming 3rd-year students are paired with an upcoming 2nd-year student. The 3rd years serve as individual mentors to the 2nd year students during their first year of clinical training at SWC.

The students meeting schedule are as follows:
- August-September: 1 hour every other week
- October-May: 1 hour once monthly

The areas of focus for each PMP meeting are informed by literature on supervision and supervisory skills. These topics include:
- Completing SWC paperwork and managing protected health information
- Setting up voicemail and pager services, including out-of-town pager coverage
- Practicing phone contact or in-person contact with clients
- Preparing for supervision
- Treatment outcome data
- Managing supervisory relationship
- Practicing case presentation
- Progress note and treatment plan development
- Maintaining self-care during clinical training
- Reviewing and discussing readings related to supervision and the supervisory relationship. Examples of topics include:
  - Supervisory relationship
  - What is supervision?
  - Models of supervision
  - Methods of supervision
  - Ethical considerations
  - Cultural issues

Although students are responsible for coordinating their schedules, the duration and frequency of these meetings are a mandatory requirement. Students document the dates, times, and content/topics of peer mentorship meetings in a monthly checklist. Student mentors and mentees complete monthly checklists and outcome measures regarding the efficacy of PMP. The scheduled measures are as follows:
Training/orientation of student mentors occurs over one session, with two follow-up sessions.

**Part II (optional): Assist with Group Supervision**

During the fall semester, 2nd year students have a mandatory group supervision with the SWC director. 3rd-year students have the opportunity to co-facilitate these group supervision sessions of 2nd-year students. Interested 3rd years will rotate through the group supervision meetings on pre-assigned dates.

Involvement by 3rd-year students may include reading suggestions and/or presentations, case presentations and assistance with case supervision.

**VII. RESEARCH APPRENTICESHIP**

In keeping with the Program’s commitment to the requirements of the PhD degree and the philosophy of the clinician-researcher model, all students enter into a research apprenticeship starting in their third year. It is expected that the close association with an established investigator and immersion in ongoing research activities will provide the launching platform for the student's dissertation work. The research apprenticeship is described in detail in **Appendix J**. The research mentor evaluates the student each semester of the research apprenticeship using the Research Evaluation Form (see **Appendix G**). The student has an opportunity to evaluate his or her research mentor at the end of the third and fourth year (see **Appendix G7**). A Research Handbook is available to student and faculty on the W drive.

**General Research Requirements**

The following requirements must be met prior to obtaining the Program Director’s signature on the final copy of the dissertation.

I. **Students are required to produce a journal-quality submission-ready article that is related to their dissertation.** The format, inclusiveness of results and quality of the article are to be determined by the student and their research supervisor. This article may be derived from any aspect of the dissertation (e.g. literature review, related results, primary results), as long as the manuscript is submission-ready for a relevant journal.

II. **Students must be first-author on a poster or abstract presented at a local or national conference.**

III. **Students must be a co-author on a submitted journal article, book chapter, or grant application at some point during doctoral training.**

To ensure students are on track for graduation, all documentation of meeting these requirements should be provided to the Education Coordinator at least two weeks in advance of the Graduate School deadline for filing dissertations (the Research and Dissertation guidelines for completion are provided in **Appendix J4**).

**Computer Requirements**

Students are expected to demonstrate competence with computers for data management and analysis. The facilities of the Division of Biostatistics in the Department of Clinical Sciences for both consultation and computing are readily available to all UT Southwestern graduate students.
VIII. MILESTONES

Annual Competency Review and Evaluation
Each student will be reviewed annually by a core program faculty member to assess competencies attained to date (see Appendix G8 for Competency Evaluation Form). This is an opportunity not only to review competencies and skills successfully accomplished, but to determine future training goals and plans for meeting these goals. This annual meeting is an opportunity for the student to consult with faculty on their individual skill attainment, professional development, and career goals. If the student fails to have attained an expected competency, plans to meet this expectation will be formulated in this meeting and, if necessary, reviewed by the Steering Committee.

Admission to Candidacy and Research Competency Exam
A student is eligible to be formally considered for candidacy for the PhD following completion of course work and clinical assignments after the fall semester of the second year. At that time a Research Competency Qualifying Examination is administered. In general, the examination assesses the student's ability to evaluate psychological research literature critically. The Steering Committee reviews the student's academic record, practicum performance to date, and performance on the Research Competency Qualifying Examination to determine whether the student should be admitted to candidacy. A recommendation regarding admission to candidacy is forwarded to the Dean of the Graduate School.

In the event that candidacy is not recommended, the Steering Committee will either assign the student probationary status and specify methods whereby deficiencies may be corrected, or recommend dismissal from the Program if, in the judgment of the faculty, the student does not show sufficient potential to justify probationary status.

The student may appeal such action to the Program Director for reconsideration and may appeal further to the Dean of the Southwestern Graduate School of Biomedical Sciences. Appeal procedures are detailed in the regulations of Southwestern Graduate School of Biomedical Sciences, The University of Texas Southwestern Medical Center and The University of Texas System.

Clinical Competency Examination
The Clinical Competency Examination is one of the requirements that must be completed in earning the PhD in clinical psychology at UT Southwestern. The examination typically is taken at the end of the spring semester of the student's third year.

This exam has multiple purposes. First, it examines and assesses the student's minimal competency in the skills and concepts of professional practice. Second, as with all of the assessment procedures in this program, it is a point at which the Program must exercise its responsibility in making a judgment about the suitability of the student for a career in professional psychology and his or her capacity to successfully complete the program. Third, it provides an opportunity for the student and faculty to plan appropriate and relevant educational experiences for the remainder of the graduate program.

The examination will explore the student's knowledge and skills in three major areas:

1. Assessment;
2. Intervention/treatment planning; and
3. Ethics/professional issues/sensitivity to cultural and individual diversity.

Students should understand that the spirit and intent is to provide an opportunity for them to display his or her current grasp and appreciation of clinical psychology as a scientific and professional discipline.

The exam will be digitally recorded for review if necessary. All tapes will be destroyed after one year. Each student's performance will be evaluated by two faculty members, one of whom is designated the chair of the examining committee. Committee appointments are made by the Program Director or her designee. As noted, this examination is designed to assess minimal competency for students at their current stage of training. Examiners are instructed to keep in mind that examinees are students who are at the very beginning of their professional careers.

Each of the 3 components of the examination is scored as “pass” or “fail” by each examiner independently. The examiners then come to an agreement on a pass or fail for each of the areas of competency. Each of the examining
committees submit a report to the Program Director and Steering Committee recommending their results and specifying in detail any deficiencies and the recommendations to the Steering Committee for the student’s remediation or improvement. Should a student not pass a component of the exam, the audio recording of the exam will be reviewed by two independent faculty members to confirm the final grade of pass/fail for that portion. It is important to note that the examining committee’s report on the student’s performance serves as a recommendation to the Steering Committee. However, the Steering Committee makes the final determination of pass or fail. Informal, i.e., unofficial, general feedback from the examiners is provided immediately to the student. The official notification of a pass or fail will come from the Program Director after review by the Steering Committee.

Should a student fail a particular section or the entire competency examination, the Program Director will assign an external review of the exam tape to confirm the failure. The Program Director may assign specific remediation tasks based on the area of deficit and further recommendations from the Steering Committee. Upon completion of these specific tasks, the student will notify the Program Director and a date will be set for a reexamination of the competency exam (if determined necessary by the Steering Committee).

IX. DISSERTATION

Dissertation Committee
As delineated in Appendix J of this document, the mentor of the student's research apprenticeship program will generally serve as the chairperson of that student's dissertation committee. Only members of the graduate faculty of Southwestern Graduate School of Biomedical Sciences are eligible to chair dissertation committees. Additional consultation with various faculty members will help to subsequently ascertain which other faculty members might wish to serve on the committee. A committee is made up of five members, and four of the five must be on the graduate faculty. There must be an appropriate rationale for nominating individuals to membership on such committees, based on particular knowledge and expertise or specific technical contributions, etc. This list, submitted in writing along with a brief summary of the intended dissertation project (see Appendix J2), should then be submitted via e-mail to the Education Coordinator who forwards the information to the Research Committee. The official appointment of a dissertation committee is approved by the Research Committee.

In matters of form, the Graduate School Catalogue entitled Instructions for Preparation of Master's Theses, Doctoral Dissertation Abstracts is the guiding document. In matters of style, the APA Publication Manual is the guiding document. These documents are available from the library and the office of the Education Coordinator.

Proposal Summary

The proposal summary is a two page document that helps to ensure successful initiation of a dissertation project. The summary will be reviewed by a Sub-Committee of the Research Committee and will either be: a) approved with no, or minor, recommendations or b) asked to be revised and resubmitted.

Please limit your summary to two pages and include the following:

1. **Student Name and Mentor**

2. **Date Mentor Approved and Date Submitted**

3. **Title**

4. **Path Option**

   - **OPTION 1:** “Traditional” dissertation – comprehensive literature review, methods, results, discussion, in addition to a journal-ready article due **prior to time of graduation**.

   - **OPTION 2:** A journal-ready article that can be submitted for publication, supplemented by additional chapters and/or appendices that include the components of the more traditional dissertation:
     a) A comprehensive “Background” or “Introduction” section may be presented as a companion to the
article in an initial chapter or in a detailed appendix. Demonstration of mastery of the literature may occur through a table listing all relevant studies and their key characteristics and findings, through an annotated bibliography, etc.
b) Detailed information about results and discussion of findings that is not included in the journal-ready article is reported in appendices (i.e., full reports of major analyses; supplemental tables and findings).
c) Full results of all analyses are included in appendices and discussed in the defense, even if not included in the final article.

- **OPTION 3:**
  a) Two or more related publications (at least one first-authored by student), possibly one as literature review, and a second one containing the primary results.
  b) Written overview with sections that tie the papers together (e.g., Background, Study 1, Study 2, General Discussion).
  c) Appendix for studies reviewed, additional references, analyses, etc.

**Aims, hypotheses, method sections are required for each proposed manuscript and proposal summary may be three pages.**

5. **Background/Rationale**

Reviewers will be asked to evaluate this component of the dissertation summary with the following item:

- Does the student provide a clear rationale/justification for the project? (Will the research add to scientific knowledge or clinical practice? Will the research address a knowledge gap in the area? If successful, is there a reasonable chance that the results can be published?)

**Please be sure to include one to two sentences describing how your project fills a unique gap in the literature.**

6. **Primary Aims/Hypotheses**

7. **Methods/Primary Planned Analyses**

Reviewers will be asked to evaluate this component of the dissertation summary with the following item:

- Is the scope of the proposed research commensurate with a doctoral dissertation? (Are the aims, data collection, and analyses achievable in the stated time frame? Will the completion of this project result in a strong foundation for the student with regard to the planning and conducting of research projects, including the development of advanced knowledge of the topic of interest, research design and statistical analyses?)

8. **Proposed Committee**

Reviewers will be asked to evaluate this component of the dissertation summary with the following item:

- Does the dissertation committee possess the needed expertise to assist the student in the successful completion of the dissertation? (Are the appropriate content experts included? Is there a need for a statistician?)

The Dissertation Proposal

The dissertation proposal serves to provide specific input regarding the details of the student's dissertation project. The dissertation committee must give their approval to the student's dissertation proposal and give the student sanction to proceed with this particular research. The three dissertation options can be found in Appendix J1. Some of the elements which a written proposal may include are: (1) title, (2) consent forms (including consent forms for human subjects, if applicable), (3) introduction to the dissertation problem, (4) purposes and objectives of the study, (5) literature review (this may be very brief or extensive depending on the wishes of the student and the dissertation chairperson), (6) major hypotheses (this may be only a statement of the experimental hypotheses to be investigated, or it may also include a list of null hypotheses to be statistically evaluated), (7) description of participants, (8) description of methods and procedures, (9) any limitations of the study, (10) data analyses (methods to be used), (11) bibliography, (12) appendices (which may include all tests or other research instruments to be utilized). The committee may require more than one meeting in the process of developing an appropriate plan of research and granting its approval for the research. The committee's
approval will be indicated by a signature sheet (see Appendix J3) to be attached to the proposal as submitted and/or revised, and forwarded to the Education Coordinator. Approval of the research objectives and research plan, however, does not necessarily ensure that the completed research and dissertation will be approved.

The time and place for the dissertation proposal are arranged by the student after consultation with the chairperson and other members. It is the student's responsibility to see that the notice of the meeting is sent by email to the committee members in advance of the proposal meeting. At least two weeks before the meeting, the student should inform the Education Coordinator of the meeting date, and obtain the required proposal sheet (Appendix J3). It is recommended that the student maintain regular communication to provide updates and seek consultation about the project with all committee members, as needed, throughout the dissertation process.

Dissertation Oral Defense
The dissertation must be submitted to each of the committee members no less than two weeks prior to the scheduled final oral defense unless other arrangements are agreed upon, in advance, by the dissertation committee. The time and place for the final oral defense are arranged by the student, in consultation with the chairperson and the other members. A memo concerning these details must be received by the Education Coordinator, who will in turn notify the Dean's office, not less than two weeks prior to the final oral examination. An announcement will then be officially posted and any graduate faculty member or graduate student is welcome to attend. It is the student's responsibility to ensure that committee members are notified in writing about the time and place of the exam.

The Graduate School requires students to submit their dissertation electronically through the online via the Vireo On-Line ETD Submission System. For the greatest ease in producing an ETD (Electronic Thesis/Dissertation), it is suggested that students obtain the Microsoft Word master document, or style template, from library consultants. This template is also available on the Library’s ETD Web site (http://www4.utsouthwestern.edu/library/ETD/gradDownload.cfm) and has been developed to streamline the conversion of the Word document into an Adobe Postscript Document Format (PDF) file. In addition, there are ETD workstations at both the North and South campus libraries, where library staff members are also available to assist with this task.

In addition to the electronic submission of the dissertation required by the graduate school, the student will be encouraged to provide a bound copy for the dissertation chairperson, a bound copy for the Division of Psychology, and other bound copies (either hard or softbound) to the other members of the committee and to any other institution which played a significant part in the dissertation research, for example, a hospital at which the data were collected.

Filing Requirements for Doctoral Students (see Appendix J4)

1. **Electronic submission of the dissertation document in PDF format on line via the Vireo On-Line ETD Submission System.** Including a copy of the signature page, or “title fly,” with names of committee members but no signatures. An example of the “title fly” is included in the J3 of Appendix.
3. **Survey of Earned Documents** questionnaire for the National Research Council Study.
4. **Copyright disclaimer form.**
5. Receipt for $120.00 graduation fee payment.

X. GRADUATION
Graduation exercises at the University of Texas Southwestern Medical Center are held in May or June of each year. All students completing the requirements for the PhD in Clinical Psychology during the previous 12 months are invited to participate in the May or early June ceremony.

XI. STUDENT LIFE

“Family” Advising System
The Program and Internship have adopted a “family” system for our student-faculty mentorship/advisory program. This style of advising places incoming students in “families” consisting of senior and junior faculty members and members from each class. The purpose of this system is to provide advisement to students from faculty and upper class members in the program, as well as to foster a sense of connection and camaraderie among students and faculty, aid in
professional development, and provide support and guidance for students at all stages of the program. The senior student “family” members are able to guide the new student through various administrative routines and provide information about academic and other matters. All faculty members are also available to all students as needed.

**Chief Resident and Class Representatives**

The position of Chief Resident is held by an outstanding third or fourth year student. The Program may elect to have more than one person in this role, depending on the particular program needs in an academic year. Faculty and students are invited to nominate individuals that exhibit qualities deemed necessary for the position. The Chief Resident is selected during the spring prior to the student’s third or fourth year in the program through an interview process that typically includes the Division Chief, Program Director and Internship Director, in addition to others with administrative roles in the Division.

The primary role of the Chief Resident is to serve as a liaison between the psychology graduate student body and the faculty. Qualities necessary for the role include excellent communication skills, high sense of responsibility, ethics, and approachability. A primary duty of the position is to facilitate communication between the student body and administrative faculty. The Chief Resident meets with faculty regularly, including individual meetings with the Program Director and Internship Director, as well as participating in the Clinical Training Committee as the student representative. Additionally, the Chief Resident will meet with representatives of the student body, such as class representatives and the student FOCUS group, regularly to discuss issues as they arise. The Chief Resident works to problem solve with faculty and students as issues arise within the student body, by bringing issues forward early, and working to facilitate appropriate solutions. The Chief Resident also carries out special projects as assigned by the Program Director and Internship Director. The Chief Resident position is one of leadership among the students. As such, s/he should demonstrate professionalism and trustworthiness, and be sensitive to boundaries of confidentiality among peers and faculty. The role of Chief Resident requires significant responsibility as well as assertiveness, organization, political sensitivity, and delegation in order to manage the various duties entailed by the position.

Class Representatives are selected each year by their classmates to represent each class on issues they choose of importance. Class representatives along with the Chief Resident meet once per semester with the Program Director and Internship Director to receive new information and discuss student issues as they arise.

**Student/Faculty Social Interactions**

Student input on program matters is highly valued and encouraged. As a means of maintaining regular dialogue with students, Student/Faculty meetings are scheduled every even numbered month of the year. Student/Faculty meetings provide an open forum for discussion and announcements and are open to all students and Psychology Division faculty.

The Program also has a tradition of sponsoring a fall social held in the UT Southwestern Faculty Club, to which students, faculty, supervisors, and alumni are invited. In addition, an annual “Family Fun Night” is held for students and faculty in September to welcome new students and to “kick off” the new academic year. Students and faculty are also invited to the Department of Psychiatry’s annual holiday party, which includes video productions involving students and trainees. Additional student/faculty interactions occur via the organizations described below.

**Student Organizations**

**Graduate Student Organization (GSO)**

The Graduate School of Biomedical Sciences supports a campus-wide Graduate Student Organization (GSO). Clinical Psychology students have two elected representatives (selected by the program based on student volunteers/nominations) in that body and are encouraged to participate in its activities. GSO participation offers many benefits, one of which is annual travel scholarships. Students interested in participating in the GSO should contact the Psychology Chief Resident for more information.

**FOCUS**

The Faculty-Student Organization of Clinical Psychology at UT Southwestern (FOCUS) is a student-led organization for the purpose of promoting student and faculty collaboration and camaraderie in the Division of Psychology. Student leaders organize community service and social events in an effort to support relationships among class levels and to provide additional opportunities for student-faculty interaction. Leaders of this organization are nominated by the students and a designated faculty member (Dr. Laura Lacritz) serves as the group’s sponsor.
**Diversity Club**

The Diversity Club believes that diversity encompasses all of the features that make individual clients unique, which include, but are not limited to: race, gender, ethnicity, disability, religious affiliation, sexual orientation, gender identity, and country of origin/regional location. We meet monthly to discuss diversity as it relates to the practice of clinical psychology.

Discussions are based on relevant literature, clinical experience, and guest speakers from various organizations in the community. In addition, the Diversity Club aims to provide volunteer opportunities for under-served and under-represented populations in the community and to compile resources for client referrals.

**Equipment**

Testing materials, manuals, and audio/video recorders are available to students as part of their training. These items may be checked out with the recognition that these resources are shared with classmates. Borrowed items not returned will be charged to the student, and students are responsible for repairs resulting from mishandling of equipment.

Photocopying facilities are available for students in the Division, along with a limited number of free copies per student (see Appendix Q). There is a student computer lab within the Division of Psychology that houses multiple PCs and various popular software programs used by graduate students (e.g., Microsoft products and statistics software) in addition to computer facilities in the libraries on the North and South campuses. University computing facilities are also available to graduate students under the regulations of Information Resources and students are encouraged to take advantage of the campus wireless connectivity for their personal computers.

**XII. SCHOLARSHIPS, ASSISTANTSHIPS AND AWARDS**

**The Carmen Miller Michael Scholarship**

In 1998, the late Dr. Carmen Miller Michael created an endowment to make possible an annual award to an outstanding student in clinical psychology at UT Southwestern. Based upon excellence in scholarship and citizenship, third and fourth year clinical psychology students are eligible for nomination.

Dr. Michael, a former Professor Emeritus in Psychiatry, received her PhD in Clinical Psychology from Case Western Reserve. She joined the medical school faculty in 1951, becoming the first psychologist in what was then known as the Department of Neuropsychiatry. She served as Chief Psychologist until 1958 and was continuously active in the psychology program until her death in 2013.

Dr. Michael served as a role model and mentor in the areas of scholarship and citizenship, and we honor her achievements as well as those of students who are seen as most meritorious in these areas. The criteria for this scholarship can be found in Appendix M.

**CMC Cultural Diversity Fellowship**

Children’s Medical Center of Dallas and the Clinical Psychology Graduate Program at UT Southwestern have joined to create the CMC Cultural Diversity Fellowship. This fellowship funds one first year student who is interested in the psychiatric needs of children from ethnic minority groups and other underserved populations. This scholarship aims to promote understanding and elimination of racial and ethnic health disparities, as well as culturally sensitive care through clinical and research activities in clinical psychology at Children’s Medical Center.

This scholarship provides a full stipend for the first year of the student’s enrollment, and is awarded competitively during the admissions process. Any incoming applicant interested in this scholarship should contact the Admissions Committee Chairperson(s) or Program Director.

**Teaching Assistantships**

A limited number of teaching assistantships are available each year on a competitive basis. Based on the recommendations of the instructors, the Internship Director usually selects upper class students to TA the Advanced Statistics, Abnormal Psychology, and Clinical Methods I and II courses, and others as requested by the instructors. Teaching Assistantships are also available in the Rehabilitation Counseling Psychology Program and at the University of Texas at Dallas. To find out about their availability, interested students may contact the Internship Director and the Rehabilitation Counseling Training Director.
Dean's Competitive Scholarship
Subject to availability, the Admission Committee Chairperson(s) may award a one-year scholarship award of $1,000 to an incoming student. This award has the extra benefit of allowing the student to qualify for in-state tuition rates in the first two semesters of the program.

Outstanding Dissertation Award
Students who successfully defend their dissertation during the school year are eligible for consideration for the annual Outstanding Dissertation Award. In September, the Research Committee reviews each graduate’s dissertation abstract to determine the top three candidates from that academic year. A subcommittee of the Research Committee reviews the publication-ready manuscripts of these top three candidates. The winner is announced at the annual Fall Social held at the Faculty Club.

Outstanding Intern Award
This award is given to a clinical psychology intern who has demonstrated excellence in the areas of clinical acumen, collaboration with team members, and professional integrity and ethical behavior. The recipient of this award is chosen based on clinical skill, collaboration, and integrity. Internship site supervisors are asked to submit nominations based on these criteria. Steering Committee members review nominations and select the recipient. See Appendix O for specific criteria.

FOCUS Research Awards
Each year the FOCUS club requests abstracts for a competitive review and award process. Cash awards are provided to the winners at the Fall Social each year.

Travel Awards
The GSO has travel funds available to offset costs to students to present at professional conferences. This is a competitive award and is handled through the GSO.

Ida M. Green Award
This award is given annually to a female graduate student who excels in citizenship and service to the community. Nominations are from faculty to the Graduate School Committee.

XIII. HISTORY OF GRADUATE TRAINING IN PSYCHOLOGY AT UT SOUTHWESTERN MEDICAL CENTER

The training program in psychology at UT Southwestern Medical Center began as an internship program in 1952 by Dr. Carmen Miller Michael. From this start the program has evolved into a clinical PhD program with an affiliated pre-doctoral internship. The history of the program as told by Dr. Martin Gluck, Dr. Carmen Michael, and Dr. Harold Crasilneck can be found on the following pages.
A BRIEF HISTORY OF PSYCHOLOGY TRAINING AT THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER

Martin R Gluck, Ph.D.
Associate Professor and Coordinator of Internship Training
Graduate Program in Clinical Psychology
Southwestern Graduate School of Biomedical Sciences
University of Texas Southwestern Medical Center

The Southwestern Medical Center evolved from the Southwestern Medical College, itself a successor to Baylor Medical School, when that organization moved to Houston in the late 1940s.

Psychology at the new medical school began with the employment of Carmen Miller Michael, Ph.D. as the psychologist in the Department of Neuropsychiatry. In 1952, Dr. Michael started a psychology internship program; the first intern was Dr. Harold B. Crasilneck. By 1953, APA approval of the internship as well as funding from the medical school for psychology interns had been secured.

Dr. Michael stepped down from the chief psychologist’s position because of motherhood in 1958. (It should be noted that Dr. Michael’s association with Psychology at Southwestern has continued to the present.) At the same time Dr. Jay Knopf became the chief psychologist and among others, brought Dr. Maurice Korman to Dallas and to the medical school.

Several rather consequential events occurred during 1963-64. Most notably the Division of Psychology, with Korman as chair, was created by the Board of Regents. The Graduate Program in Clinical Psychology, in the Graduate School (then a component of the Medical School), got underway that year. The Graduate Program was initially established as a joint program with the Department of Psychology at U.T. Austin. The selections for admission had to be approved by the Austin department; the Southwestern students spent their first year in residence at Austin and took the core curriculum there; all of the subsequent didactic work was completed in Dallas. Lastly the dissertation committees were composed of both Austin and Dallas faculty. The program gained its independence in 1969. Approval by APA for the program and its integrated “captive” internship was not sought until the mid-1980s; full approval was granted on the first evaluation in 1986.

While all of these developments were occurring it should be noted that the Division of Psychology continued the APA approved predoctoral internship program for students from other programs. This program was, and is, separate from the graduate program although they both use some training facilities in common. Since 1980 this traditional internship has been structured as a consortium with the psychology group at Terrell State Hospital.

The basic philosophy that prompted the creation of the clinical psychology graduate program in a medical setting was that academic education and clinical training ought to be more coordinated than was the case in the typical university based program. Put another way, why not have the student applying immediately what they are learning in the classroom? This desire to tether didactic and clinical learning remains the core idea of the graduate program.

The program is scheduled for four full time calendar years; the typical student has needed another year to complete the dissertation research. The first two semesters are devoted entirely to classroom studies in the core curriculum; after that, classroom instruction occupies about half of the student’s educational week. Starting with the first summer session and continuing on through the remaining three years, students are engaged in clinical training at the practicum level and then (third and fourth years) at the internship level. Thus, when the student has graduated he/she has completed more than 3000 hours of graded experiential training. All of this clinical work is carried out in settings that are formally affiliated with the graduate program’s training network; the administration of the practicum and internship are within the graduate program. This arrangement allows the Program to monitor quite closely students’ progress, to tailor clinical training for individuals students progress, to tailor clinical training for individual students, and to coordinate education and training roles smoothly with the training sites.

Also during the third and fourth years, each student is in a two day per week research apprenticeship. These are with established investigators, in settings with on-going research activities that the student and the program have selected. It is expected that this activity will eventuate in the student’s dissertation research and will promote earlier culmination of the student’s research project.

The Program accepts students once each year at the Fall semester. Entering classes typically have eight to ten persons in them. Selection criteria include grade point averages, Graduate Record Examination scores, work, research activities, and other relevant experiences and personal suitability for professional psychology.

>>Texas Psychologist, June 1990
In 1951, when I returned from graduate school (in clinical psychology) to resume living in Dallas and to seek employment, I called the University of Texas Southwestern Medical School Neuropsychiatry Department and got an appointment with Dr. Don P. Morris. He was the psychiatrist who managed the department, although the titular, but mostly absentee, head was Dr. Guy Witt.

Don’s office was, of course, in the “shacks.” He told me that Southwestern had never had a psychologist on the faculty, but that he would like to hire me if Dr. Witt would give approval. A few days later, Don informed me that Dr. Witt said he had never met a woman or a psychologist worth hiring, but that if Don wanted to he could employ me! That’s how clinical psychology got started at Southwestern.

In 1953, we began an internship program in clinical psychology in the Neuropsychiatry Department (a year of internship is required for the PhD in clinical psychology). Although there were no funds for a stipend, an applicant, Harold B. Crasilneck, was interested in joining us anyway. We arranged the situation for him to receive some compensation from several schools and agencies in town by rendering psychological services to them a few hours a week. The internship program was soon given approval by the American Psychological Association.

By 1955 clinical psychologists were doing well at Southwestern, staff having grown to three full-time faculty members and two (paid) interns. On the other hand, the rest of the Psychiatry Department, as it was known by then, was declining. Dr. Witt had died and no permanent chairman had been appointed. Consequently, several psychiatrists left the department. In 1956, Dean A. J. Gill appointed a “temporary executive committee for the administration of the Department of Psychiatry”, with me as chairman. It was an unusual, if not unheard of, position for a psychologist.

Dean Gill’s positive approach to psychology did not, however, seem to extend so far as to permit my continuation as a member and chairman of the Texas Psychological Association Committee on Legislation. The committee was engaged in developing standards and encouraging legislation for certification to regulate the practice of psychology in Texas. Since a psychologist in a medical school setting was not an empowered person, at least not 35 years ago, I resigned from the Texas Psychological Association Committee, as requested. Eventually, 14 years later, the Psychologist Certification and Licensing Act was passed by the Texas Legislature.

In 1957, Dr. Robert L. Stubblefield was selected to chair the Psychiatry Department. He thus became the first permanent, on-site, full-time chairman of Psychiatry.

In 1958, with the advent of motherhood, I resigned my position as chief psychologist in the Psychiatry Department, and Dr. Stubblefield appointed Dr. Irwin Jay Knopf to be the new chief. Jay’s associate, Dr. Maurice Korman, came with him. By 1962, the Board of Regents approved the establishment of a program at Southwestern leading to a PhD in clinical psychology. In the beginning, the graduate program was to be a joint endeavor with The University of Texas Psychology Department in Austin. By 1969, the Southwestern program became independent. One-year internships were still offered to students coming from other university doctoral programs.

In 1964, when Jay Knopf departed to become chairman of the Psychology Department at Emory University, Maurice Korman was appointed and continues to be chief of the Division of Psychology in the Department of Psychiatry at Southwestern. Eventually, in 1972, when the medical school was restructured as a Health Science Center, the administration of the graduate program in clinical psychology was transferred from the Division of Psychology Department of Psychiatry to the Graduate School of Biomedical Sciences. Many of the clinical psychology faculty hold appointments in both the graduate school and in the medical school.

Clinical Psychology has flourished at Southwestern. The American Psychological Association has not only continued to approve of internship training but has also endorsed the doctoral program. Clinical psychology graduate students carry out their clinical work in almost every inpatient and outpatient medical setting on campus and in numerous Dallas hospitals, clinics, schools, and social agencies affiliated with the psychology training program. Thirty years ago, there were only two students enrolled in the PhD program. At this writing (1992) there are 53 graduate students and 5 interns (now called fellows) in the clinical psychology program at Southwestern.

>>>Selected Recollections of the University of Texas Southwestern Medical School, Dallas, Texas. Compiled by George J. Race, MD, PhD, 1997. A project of the Office of Student and Alumni Affairs, The University of Texas Southwestern Medical Center.
Hypnotherapy at the University of Texas Health Science Center from 1953 to 1993

HAROLD B. CRASILNECK, PhD

(Written in 1993)

I was the first intern in clinical psychology in the Department of Psychiatry at Southwestern Medical School, University of Texas Health Science Center in Dallas, from 1953 to 1954. Prior to my internship I studied hypnotherapy under the aegis of Dr. Louis Walberg, one of the world’s leading authorities in hypnosis.

At the time of my interview at the medical school, this information was presented to Drs. Carmen Michael, Don Morris, and James McCraney. Later, during the early part of my internship, I was encouraged not only to teach the use of hypnosis to medical students, but to present techniques of some patient’s problems to the various departments within the medical school.

During the ensuing 40 years, I was a full-time faculty member and later a clinical faculty member. I rose from the rank of Instructor to clinical professor of psychiatry and clinical professor of anesthesiology. During that time, I taught thousands of medical students, residents, and faculty members in the multitude of hypnotherapy applications in such specialties as general surgery, anesthesiology, obstetrics, neurosurgery, internal medicine, pediatrics, psychiatry, and urology.

I was responsible for initiating a series of studies in the use of hypnotherapy. Perhaps one of the most famous original works was the application of hypnosis in the treatment of thermal injuries. Through the combined efforts of the Department of General Surgery, Anesthesiology, and Psychiatry, the problems of pain, nutritional deficit, frequent anesthetics for debridement, and exercise and ambulation were brought under control through the use of hypnotherapy.

These reports were presented in such journals as Journal of the American Medical Association, Lancet, and several issues of the Journal of the American Society of Clinical Hypnosis. Sixty papers have been presented since that time. Throughout the world there are many others who have treated thermal injuries using Crasilneck’s method.

One of the most exciting events occurred during neurosurgery when hypnosis was combined with local anesthesia and used during a surgical procedure for epilepsy. After the neurosurgeon had been working in the brain for several hours, he inadvertently touched the hippocampus, and the patient spontaneously awakened from hypnotic trance. Following immediate induction, the neurosurgeon decided to gently touch the hippocampus purposely, and moments later, the same response occurred – the patient awakened from the hypnotic trance.

When I reported the incident in a research paper, it was published and spread throughout the world. Though it had been postulated that there could be a neurophysiological basis for why one can go into a hypnotic state, the hippocampus incident made it evident that a strong possibility for an etiological basis of hypnosis had been found. The published research paper piqued the interest of many European neurosurgeons. Many duplicated touching the hippocampus over the years, and the same conclusions were drawn. As late as 1988, two Italian surgeons duplicated the work of the group and reported the exact same results, thus substantiating the original findings for the basic etiological causes of positive response to hypnosis.

During my tenure, I wrote 50 major publications as well as a textbook titled Clinical Hypnosis: Principles and Applications which is considered a standard in the field. My coauthor for the text was Dr. James A. Hall. Ms. Sherry Knopf was the research associate and consultant in the preparation of not only the text, but of all my papers published since 1964.

My lectures to the entire medical school class of juniors and sophomores elicited a tremendously positive response from the students. Many of them are now professional administrators and professors at the university. Many of my former students now practice hypnosis.

In 1987, the Raymond and Ellen Willie Distinguished Chair was established in the Department of Neuropharmacology in my honor for my work in the field of hypnosis and pain. On the night of the meeting, Dr. Charles Sprague stated that as long as The University of Texas is in existence, Dr. Crasilneck’s name would be associated with the Chair, in perpetuity.

The teaching program in hypnotherapy developed at The University of Texas Southwestern Medical School Health Science Center is considered one of the finest in the world. It is not uncommon for people to come to the medical school to observe the program at work.

In closing, I give my grateful thanks to those professors who became interested in my work in hypnosis in the early years since 1953. These men were giants in their fields, such as Brackets, Seldin, Mengert, Gregory, Jenkins, Michael, McCraney, Fogleman, Wilson, and Kemp Clark. Throughout the early history of the use of hypnosis at Southwestern Medical School, all of these individuals participated actively, using hypnosis in their specialties, under my guidance.

>>>Selected Recollections of the University of Texas Southwestern Medical School, Dallas, Texas. Compiled by George J. Race, MD, PhD, 1997. A project of the Office of Student and Alumni Affairs, The University of Texas Southwestern Medical Center.
# APPENDIX A

## PROGRAM FACULTY AND ADMINISTRATION

### A1. CORE FACULTY

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<tr>
<th>Name</th>
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<td>Munro Cullum, Ph.D., ABPP</td>
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<td>H.M. Evans, Ph.D.</td>
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<td>Betsy Kennard, Psy.D., ABPP</td>
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<td>Laura Lacritz, Ph.D., ABPP</td>
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<td>Richard Robinson, Ph.D.</td>
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<td>Travis Whitfill, Ph.D.</td>
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### A2. ASSOCIATED PROGRAM FACULTY

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<td>Ted Asay, Ph.D.</td>
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<td>Sandra Warshak, Ph.D.</td>
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<td>Myron Weiner, M.D.</td>
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## A4. STEERING COMMITTEE MEMBERS

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<tr>
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<tr>
<td>C. Munro Cullum, Ph.D., ABPP</td>
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<td>H.M. “Monty” Evans, Ph.D.</td>
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<td>Internship Director</td>
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<tr>
<td>Alex Foxwell, Ph.D.- Faculty Advisor</td>
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<tr>
<td>Betsy Kennard, Psy.D., ABPP – Program Director and Committee Chair **</td>
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<tr>
<td>Laura Lacritz, Ph.D., ABPP- Admissions Chair</td>
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<tr>
<td>Richard Robinson, Ph.D. – Director of Research Training</td>
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<tr>
<td>Cheryl Silver, Ph.D.</td>
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<tr>
<td>Travis Whitfill, Ph.D.</td>
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** Indicates Committee Chairperson

## A5. CLINICAL TRAINING COMMITTEE

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## A6. RESEARCH COMMITTEE

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<td>Alina Suris, Ph.D., ABPP</td>
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## A7. COMMITTEE FOR THE RETENTION AND RECRUITMENT OF DIVERSE STUDENTS AND FACULTY

<table>
<thead>
<tr>
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Committee includes student representatives
A8. CURRICULUM COMMITTEE

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<td>Jamie Becker, Ph.D.</td>
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<td>Travis Whitfill, Ph.D.</td>
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REQUEST FOR OUTSIDE EMPLOYMENT

Name: _______________________________ Date: __________

Prospective Employer: _______________________________

Address of Prospective Employer: _______________________________

Who will supervise your psychological work? (Please provide name, business address, email address, telephone number, and staff/institutional title if any.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe in precise detail the psychological work for which you are being employed. Include job title, specific tasks, clientele, and number of hours per week. If work is of a non-psychological nature, describe it briefly.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Reviewed by: ___________________________ Date: __________
REQUEST FOR LEAVE OF ABSENCE

NAME: ________________________________  SID#: _______________________
(LAST)  (FIRST)  (M.I.)

GRADUATE PROGRAM:  Clinical Psychology  MENTOR: ______________________

Term: ______  Year: ______  Effective Date: ____________

Are you an International student?

If you are an international student on a non-immigrant visa, this form must be signed by the International office before it will be reviewed by the Dean’s office.

Policy for Leave of Absence
If a situation arises where a student must set aside their graduate studies for a period of time, a leave of absence (LOA) may be appropriate. LOA may be requested for up to three semesters and if additional leave is needed, a new form must be submitted. The maximum amount of LOA is six semesters (two academic years). A student on LOA cannot receive funding as a graduate student. LOA status may affect student loans. Graduate programs are expected to monitor their students on LOA. For international students the LOA is not a guarantee that the student may remain in the U.S. as it only represents that the student has the right to re-enter the graduate program if they have a visa for return.

Procedures
The graduate student initiates the request by completing the form, obtaining approval from his or her mentor, and submitting it to their graduate program. Upon approval by the Program Chair, the form is then submitted to the SGS Dean’s Office. International students must first have the approval of the International Office prior to submitting the form to the Dean’s Office. Upon approval by the Dean, the form is forwarded to the Registrar’s Office for final processing and an approved copy is sent to the graduate program office for their records. The Education Coordinator processes an HRMS FTER form to remove the student from funding.

Toward the end of a period of approved LOA, the student must take the following steps to resume studies at the beginning of the next semester, extend LOA, or withdraw from the graduate school. To resume studies, the student must obtain approval of the mentor and Program Chair. The Education Coordinator processes an HRMS FAPT form to reinstate the student funding (where appropriate). To extend LOA, the student must complete and submit a new LOA form. To withdraw from the graduate school the student submits a signed letter to the mentor and Program Chair for approval. Upon approval by the graduate program, the letter is submitted to the SGS Dean’s Office for final approval. The approved request is forwarded to the Registrar for final processing and an approved copy is sent to the graduate program office.

Briefly state the reason for this Leave of Absence request. (Use an additional sheet if necessary.)

Briefly describe your plan for completing your degree requirements. (Use an additional sheet if necessary.)

<table>
<thead>
<tr>
<th>Student Signature Date</th>
<th>Mentor’s approval Date</th>
<th>Program Chair’s Approval Date</th>
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<td>International Office Approval Date</td>
<td>SGS Dean’s Office Approval Date</td>
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31
REQUEST FOR REGISTERING IN ABSENTIA

NAME: _______________________________ SID#: _______________________________
  (LAST) (FIRST)

GRADUATE PROGRAM: _______________________________ MENTOR: _______________________________

YEAR AND SEMESTER REQUESTING TO REGISTER IN ABSENTIA:

Term: __________ Year: __________

Policy for Registering In Absentia
Students may request in absentia (IA) registration, which provides for reduced tuition and fees, if he or she will defend and complete all degree requirements during that semester. Approval of IA enrollment will be granted once. If a student fails to complete all degree requirements, he or she will be required to pay regular tuition and fees for each subsequent semester until all degree requirements are met. Students who moved with their mentor to another institution but still intend to earn a degree from UT Southwestern retain contact with their graduate program via in absentia enrollment every semester until all degree requirements are met. Progress of such students is monitored by the graduate program.

Procedures
The student initiates the request for IA enrollment by completing this form, obtaining approval from his or her mentor, and submitting the form to the graduate program. Upon approval by the graduate program, the form is submitted to SGS Dean’s Office. Upon approval by the Dean’s Office, the form is forwarded to the Registrar’s Office for final processing and an approved copy of the form is sent to the graduate program office for their records.

Briefly state the reason for this in absentia request. (Use an additional sheet if necessary.)

Briefly describe your plan for completing your degree requirements. (Use an additional sheet if necessary.)

Student Signature Date Mentor’s Approval Date Program Chair’s Approval Date

SGS Dean’s Office Approval Date Updated 03/29/05
# Clinical Psychology Degree Plan 2014-2015

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Minimum Credit Hours for PhD 119
## Core and Elective Course Listing

### Required/Core

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### Electives

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*This course is required for all first year students, but is an elective for all other class years. The content is rotated every four years to give all students the opportunity for exposure to all evidenced-based therapies. See below for content areas by year:

- **Summer 2015:** Interpersonal Therapy for Depression/Acceptance and Commitment Therapy
- **Summer 2016:** Motivational Interviewing/Seeking Safety
- **Summer 2017:** Cognitive Processing Therapy/Prolonged Exposure Therapy
- **Summer 2018:** Dialectical Behavior Therapy/Integrative Behavioral Couples Therapy
G1. CLINICAL PSYCHOLOGY COURSE EVALUATION FORM

Course Title: ____________________________________________________________

Instructor: ___________________ Semester: Year _____ Fall Spring Summer

For the following questions, please indicate your response to each item and make comments, if any. The comments are particularly helpful in terms of understanding how best to address suggestions and criticisms:

1. The texts and readings for this course were:
   Comments:
   Excel-lent O  Good O  Fair O  Poor O

2. How interesting was this course to you?
   Comments:
   O  O  O  O

3. Amount you learned in this course was:
   Comments:
   O  O  O  O

4. Overall rating of this course was:
   Comments:
   O  O  O  O

5. Instructor's mastery of the subject was:
   Comments:
   O  O  O  O

6. Instructor's enthusiasm for the course (as shown by preparation for class, etc.) was:
   Comments:
   O  O  O  O

7. Instructor's ability to communicate was:
   Comments:
   O  O  O  O

8. Instructor's attitude toward students (reflected by willingness to answer questions, etc.) was:
   Comments:
   O  O  O  O

9. Overall rating of the instructor was:
   Comments:
   O  O  O  O

For the following questions, please type your response into the space under the question. The space will expand to accommodate your answer.

1. What aspects of this course were BEST or MOST HELPFUL?

2. What aspects of this course were WORST or LEAST HELPFUL?

3. What SUGGESTIONS could you make that might IMPROVE this course?
### CLINICAL TRAINING

Enter Name Here

#### Practicum Training Site:

Primary Practicum Site Supervisor:

#### Assessments & Interventions

Number of hours not including Southwestern Psychotherapy Clinic

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#### Practicum Placement Supervision:

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#### Southwestern Psychotherapy Clinic

Primary SWC Supervisor:
| Clinic Client #1: |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Intervention hours w/C1 |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Clinic Client #2 |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Intervention hours w/C2 |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Clinic Client #3 |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Intervention hours w/C3 |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Clinic Client #4 |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Intervention hours w/C4 |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| **Total**       |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |

**SWPC Supervision**

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Time of 1-on-1 Supervision: |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Hours of Supervision in a group: |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| **Total**       |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |

**Psychiatric Emergency Room**

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Number of patients seen: |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Number of one-on-one interactions (interview, crisis mgmt, psycho-ed., etc.): |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Number of Collateral Interviews: |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| **Total**       |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |

**Didactics**

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**OTHER**

**Academic Training Activities** (Teaching Assistantship, Supervising other students, etc.)

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**Additional Details/ Comments**

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**RESEARCH ACTIVITY**

|-------------------------------|-------|------|------|------|------|------|------|------|-----|------|------|------|

37
## Evaluation of Clinical Performance - Practicum and Internship

1) Name of Student

2) Is this a practicum or internship student?
   - [ ] Practicum Student
   - [ ] Intern

3) Semester of Supervision
   - [ ] Spring 2014
   - [ ] Summer 2014
   - [ ] Fall 2014
   - [ ] Spring 2015
   - [ ] Summer 2015
   - [ ] Fall 2015
   - [ ] Spring 2016
   - [ ] Summer 2016
   - [ ] Fall 2016
   - [ ] Spring 2017
   - [ ] Summer 2017
   - [ ] Fall 2017
   - [ ] Spring 2018
   - [ ] Summer 2018
   - [ ] Fall 2018
   *(Choose the semester that the student was supervised)*

4) Year in the Program
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

5) Practicum or Internship Site Name

6) Supervisor Name

### Directions for Supervisors:

Evaluations should be based on the trainee’s current level of progress and ability in his/her clinical assignment/rotation.

Mark the rating that best describes the trainee’s level of functioning as given in the descriptions below. Rate each category independently. It is required when giving a rating of Below Average or Unsatisfactory for the supervisor to provide behavioral descriptors which might be useful to the trainee and to the training program in identifying areas for improvement. Please provide specific comments in the comment box titled “Listing of Trainee’s Opportunities for Improvement” at the end of the evaluation. There is also a section at the end of the evaluation where the supervisor can outline strengths.

A description of the ratings is given below:

- **EXCELLENT**- exceeds expectation; able to perform task relatively independently or with minimal consultation
- **ABOVE AVERAGE**- able to perform with minimal supervision
- **AVERAGE**- meets minimum expectations; able to perform with moderate supervision
- **BELOW AVERAGE/EXPECTATION**- able to perform with significant supervision
- **UNSATISFACTORY**- unable to perform task
<table>
<thead>
<tr>
<th></th>
<th>CONSULTATION, COMMUNICATION, AND INTERPERSONAL SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15)</strong> Oral Communication Skills: shows ability to use oral language to communicate effectively with clients, peers, supervisors, staff, and referral sources.</td>
<td>□</td>
</tr>
<tr>
<td><strong>16)</strong> Written Communication Skills: shows ability to write in a professional style that is clear and succinct.</td>
<td>□</td>
</tr>
<tr>
<td><strong>17)</strong> Case Presentations: presents in a clear, concise manner, well organized, and with relevant and evidentiary base.</td>
<td>□</td>
</tr>
<tr>
<td><strong>18)</strong> Relationship Skills: interacts appropriately and shows respect for clients, peers, supervisors, and staff.</td>
<td>□</td>
</tr>
<tr>
<td><strong>19)</strong> Participation Skills: contributes appropriately and effectively in conferences, meetings, and/or interdisciplinary staffings.</td>
<td>□</td>
</tr>
</tbody>
</table>
### CLINICAL SKILLS

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>20</td>
<td>Clinical Interview: conducts clinical interviews in a manner consistent with training and experience.</td>
</tr>
<tr>
<td>21</td>
<td>Diagnosis: demonstrates good knowledge of DSM criteria for multiaxial diagnosis.</td>
</tr>
<tr>
<td>22</td>
<td>Formulation: able to incorporate multiple sources of data in order to formulate case conceptualization.</td>
</tr>
<tr>
<td>23</td>
<td>Rapport: establishes and maintains rapport with clients and families, communicates interest, caring and helpfulness in a professional manner.</td>
</tr>
<tr>
<td>24</td>
<td>Appreciation for understanding of cultural and diversity issues: recognizes the importance of cultural diversity in client/patient care, consultation services, and staff/team relationships.</td>
</tr>
<tr>
<td>25</td>
<td>Intervention: shows flexibility in using a variety of evidence-based treatment strategies to help clients work toward identified goals.</td>
</tr>
<tr>
<td>26</td>
<td>Assessment (administration/scoring): makes defensible choice of evidence-based assessment instruments; administers and scores correctly.</td>
</tr>
<tr>
<td>27</td>
<td>Assessment (interpretation): interprets data accurately, demonstrating appropriate awareness for client demographic variables, including education, cultural status, etc.</td>
</tr>
<tr>
<td>28</td>
<td>Assessment (reports): reports are written clearly and succinctly. Referral questions and client needs are adequately addressed.</td>
</tr>
<tr>
<td>29</td>
<td>Crisis management: recognizes and effectively handles crises and emergencies; promptly seeks appropriate supervision.</td>
</tr>
</tbody>
</table>
G4. STUDENT EVALUATION OF CLINICAL SUPERVISOR

Confidential

Page 5 of 6

ADMINISTRATIVE ISSUES

30) Documentation: processes reports and other forms of documentation (chart notes, progress notes) in a timely and accurate manner.

31) Policies and Procedures: attends to office and administrative procedures and policies in a timely and accurate manner.

SUPERVISION

32) Preparedness: arrives well prepared for supervision and uses supervision time effectively.

33) Involvement: seeks supervision when needed.

34) Responsiveness: accepts feedback in a non-defensive manner.

35) Responsiveness: demonstrates adequate assimilation of supervisory suggestions to make improvements.

Please evaluate the trainee’s overall competence in each of the following areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Acceptable for this point of training</th>
<th>Not acceptable for this point of training</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Knowledge</td>
<td></td>
<td></td>
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<tr>
<td>Use and knowledge of evidence-based assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Formulation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of evidence-based interventions/therapies</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Individual and Cultural Diversity</td>
<td></td>
<td></td>
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<tr>
<td>Ethics/Legal Standards</td>
<td></td>
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</tr>
</tbody>
</table>

43) Listing of Trainee’s Current Strengths:

44) Listing of Trainee’s Opportunities for Improvement:

45) Other Comments:

[Inline Image: "stop.png"]
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>46</td>
<td>Supervisor’s Signature/Date</td>
</tr>
<tr>
<td>47</td>
<td>Trainee’s Comments/Response</td>
</tr>
<tr>
<td>48</td>
<td>Trainee’s Signature/Date</td>
</tr>
<tr>
<td>49</td>
<td>Reviewed by CTC date</td>
</tr>
</tbody>
</table>

Prior to pressing submit, please be sure to print a copy of the evaluations. If one of the comment fields need to be expanded, please expand before printing so that all your comments are visible. Both the supervisor and student should sign the form once printed.
Research Evaluation by Mentor

To the Research Mentor:

To monitor the progress of the doctoral students on their research clerkship, we request that you complete this form.

1) Student Name: ________________________________

2) Semester:
   - Spring 2014
   - Summer 2014
   - Fall 2014
   - Spring 2015
   - Summer 2015
   - Fall 2015
   - Spring 2016
   - Summer 2016
   - Fall 2016
   - Spring 2017
   - Summer 2017
   - Fall 2017
   - Spring 2018
   - Summer 2018
   - Fall 2018

3) Research Mentor Name: ________________________________

4) Year in Program:
   - 3
   - 4
   - ABD

5) On average, how many hours per week do you and your mentee meet together (include individual and team meetings)?

6) On average, how many hours per week does your mentee spend in research activities? (General, On-site in Laboratory Activities/Research Team Meetings)

7) On average, how many hours per week does your mentee spend in research activities? (Dissertation: Writing, Literature searches)

8) Briefly describe your mentee’s primary activities and accomplishments this semester:

   EVALUATION and COMPLETION of RESEARCH REQUIREMENTS. Place a check in the box that represents your mentee’s progress on his/her dissertation. Please keep in mind that the goal is to stay on the recommended timeline.

   [Inline image: “Recommended Timeline_Research - crop.jpg”]

9) Progress to Date:

<table>
<thead>
<tr>
<th>Complete</th>
<th>Working steadily</th>
<th>Working sporadically</th>
<th>Not yet started</th>
<th>Goal for next semester</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

projectedcap.org

REDCap
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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Identify Topic</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10) Written Literature Review</td>
<td></td>
<td></td>
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<tr>
<td>11) Dissertation Committee Selected</td>
<td></td>
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<tr>
<td>12) Methods: Identify Sample &amp; Design</td>
<td></td>
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<tr>
<td>13) Written Methods Section</td>
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<tr>
<td>14) Proposal Summary Submitted</td>
<td></td>
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<tr>
<td>15) Oral Proposal</td>
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<tr>
<td>16) Data Collection</td>
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<tr>
<td>17) Statistical Analyses</td>
<td></td>
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<tr>
<td>18) Results and Discussion</td>
<td></td>
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<tr>
<td>19) Oral Defense</td>
<td></td>
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</tr>
<tr>
<td>20) Submission-Ready Manuscript (based on dissertation)</td>
<td></td>
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</tr>
<tr>
<td>21) Poster Presentation (1st author)</td>
<td></td>
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</tr>
<tr>
<td>22) Co-author on Manuscript/Grant</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

23) Please list dissertation topic, if identified: ____________________________

24) Please list goals for next semester: ____________________________

EVALUATION OF PROFESSIONALISM, ABILITY TO COLLABORATE, AND BASIC SKILLS, indicate the student's performance in relation to level of experience (e.g., third or fourth year):

A description of the ratings is given below:

- EXCELLENT- exceeds expectation
- ABOVE AVERAGE- requires minimal supervision
- AVERAGE- meets minimum expectations
- BELOW AVERAGE/EXPECTATION- requires significant supervision
- UNSATISFACTORY- is unable to perform

NOTE: Most students are expected to be average. Rate student above average or excellent only if they exceed expectation for their level of training.
EVALUATION OF PROFESSIONALISM, ABILITY TO COLLABORATE, AND BASIC SKILLS.

<table>
<thead>
<tr>
<th></th>
<th>EXCELLENT</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>UNSATISFACTORY</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Work ethic and motivation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>26</td>
<td>Professional integrity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>27</td>
<td>Receptive to suggestions; responds well to feedback</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>28</td>
<td>Incorporates constructive and useful critiques into their work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>29</td>
<td>Knowledge base in area of interest</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>30</td>
<td>Critical thinking skills; ability to evaluate and integrate the literature</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>31</td>
<td>Research methodology and analysis skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>32</td>
<td>Oral communication skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>33</td>
<td>Written communication skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>34</td>
<td>Ability to work well with research team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please evaluate the trainee’s overall competence in each of the following areas:

<table>
<thead>
<tr>
<th></th>
<th>Acceptable for level of training</th>
<th>Not acceptable for level of training</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Demonstrates an understanding of application of research tools and design</td>
<td>☐</td>
</tr>
<tr>
<td>36</td>
<td>Demonstrates competency in oral and written presentations in the science of psychology</td>
<td>☐</td>
</tr>
</tbody>
</table>

37) Additional Comments:  
________________________________________________________________________

38) Remediation Plan (if necessary):  
________________________________________________________________________

39) Student comments (if desired):  
________________________________________________________________________

[Inline Image: "stop1.jpg"]

PRIOR TO PRESSING SUBMIT, PLEASE BE SURE TO PRINT A COPY OF THE EVALUATIONS. IF ONE OF THE COMMENT FIELDS NEED TO BE EXPANDED, PLEASE EXPAND BEFORE PRINTING SO THAT ALL YOUR COMMENTS ARE VISIBLE. BOTH THE SUPERVISOR AND STUDENT SHOULD SIGN THE FORM ONCE PRINTED.

40) Research Supervisor Signature/Date  
________________________________________________________________________

41) Student Signature/Date  
________________________________________________________________________

42) Reviewed by Research Committee Signature  
________________________________________________________________________

43) Date Reviewed by Research Committee  
________________________________________________________________________
To be completed by the Independent Study Mentor:

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Supervisor:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester:</th>
<th>GRADE: (please indicate with an X)</th>
<th>Satisfactory</th>
<th>Incomplete</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Description of Independent Study and Setting:

Progress Report (Student’s activities/duties, knowledge obtained, and student strengths/weaknesses):

Accomplishments/final products:

_____________________________  _______________________________
Mentor’s name and signature    Date
G7. GRADUATE PROGRAM IN CLINICAL PSYCHOLOGY  
STUDENT EVALUATION OF RESEARCH MENTOR

Mentor Name:

I. On average, how many times per month do you meet in-person with your mentor?
   0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐

II. On average, how many times per month do you communicate (e.g. phone, e-mail) with your mentor?
   0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐

<table>
<thead>
<tr>
<th>III. Please rate your mentor:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 My mentor is accessible.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2 My mentor demonstrates professional integrity.</td>
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</tr>
<tr>
<td>3 My mentor demonstrates content expertise in my area of need.</td>
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</tr>
<tr>
<td>4 My mentor is approachable.</td>
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</tr>
<tr>
<td>5 My mentor is supportive and encouraging.</td>
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</tr>
<tr>
<td>6 My mentor provides constructive and useful critiques of my work.</td>
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<tr>
<td>7 My mentor motivates me to improve my work product.</td>
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<tr>
<td>8 My mentor is helpful in providing direction and guidance on professional issues.</td>
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<tr>
<td>9 My mentor answers my questions satisfactorily (e.g. timely response, clear, comprehensive)</td>
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<tr>
<td>10 My mentor acknowledges my contributions appropriately (e.g. committee contributions, awards).</td>
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<tr>
<td>11 My mentor suggests appropriate resources (e.g. experts, electronic contacts, source materials).</td>
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<tr>
<td>12 My mentor challenges me to extend my abilities (e.g. risk-taking, trying a new professional activity).</td>
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<tr>
<td>13 My mentor sets clear goals and expectations for all steps of the research process.</td>
<td></td>
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<tr>
<td>14 My mentor encourages an appropriate degree of independence.</td>
<td></td>
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<tr>
<td>15 My mentor teaches problem-solving in research.</td>
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</tr>
<tr>
<td>16 My mentor uses an effective supervisory style.</td>
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</tr>
<tr>
<td>17 I would recommend this mentor to other students.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18 I would recommend this Research Site to other students.</td>
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</tbody>
</table>
Comments

1. Were there any issues between you and the mentor? If yes, please explain:

2. Did you address any issues with the mentor? If yes, how satisfied were you with the result?

3. Please list ways in which your mentor was most helpful:

4. Please list ways in which your mentor could have enhanced the research experience:

5. Do you have any additional comments?
# G8. CLINICAL PSYCHOLOGY STUDENT COMPETENCY REVIEW FORM

**Core competency**

*For Performance Rating please note IP*’ (In Process), P’ (Pass), ‘P-WD’ (Pass With Distinction) or ‘P-IN’ (Pass but Improvement Needed)

*Data obtained from Supervisor Evaluation Forms*

<table>
<thead>
<tr>
<th>Completed</th>
<th>Performance Rating</th>
<th>Completed</th>
<th>Performance Rating</th>
<th>Completed</th>
<th>Performance Rating</th>
<th>Completed</th>
<th>Performance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year – Date Reviewed:</td>
<td></td>
<td>2nd Year – Date Reviewed:</td>
<td></td>
<td>3rd Year – Date Reviewed:</td>
<td></td>
<td>4th Year – Date Reviewed:</td>
<td></td>
</tr>
</tbody>
</table>

**Competency 1.1.1. Students will be knowledgeable in core areas of general psychology.**

**Successful completion of:**

- Developmental Psychology (CLP 5352)
- Social Psychology (CLP 5353)
- Applied Cognitive Neuroscience (CLP 5354)
- Personality Theories and Dynamics (CLP 5355)
- Psychopharmacology (CLP 5357)
- History and Systems of Psychology (CLP 5365)
- Advanced Abnormal Psychology (CLP 5456)
- Basics of Neuroanatomy (CLP 5101)
- Life Span Development (CLP 5266)

**Competency 1.1.2. Students will successfully demonstrate knowledge of research problems and methods.**

**Successful completion of:**

- Advanced Statistics (CLP 5385)
- Research Competency Qualifying Examination

**Competency 2.1.1. Students will demonstrate knowledge in psychometrics.**

**Successful completion of:**

- Psychometric Theory (CLP 5364)

**Competency 2.1.2. Students will obtain knowledge of psychological assessment instruments and techniques.**

**Successful completion of:**

- Clinical Methods I & Lab (CLP 5461)
- Clinical Methods II & Lab (CLP 5462)
- Clinical Neuropsychology (CLP 5350)
### Core Competency

*Data obtained from Supervisor Evaluation Forms*

**For Performance Rating please notate IP’ (In Process), P’ (Pass), ‘P-WD’ (Pass With Distinction) or ‘P-IN’ (Pass but Improvement Needed)**

<table>
<thead>
<tr>
<th>Competency 2.1.3.</th>
<th>Students will obtain clinical competence in psychological assessment skills.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Successful completion of:</strong></td>
<td></td>
</tr>
<tr>
<td><em>Clinical Practica in Clinical Psychology</em></td>
<td></td>
</tr>
<tr>
<td>(CLP 5090, Summer)</td>
<td></td>
</tr>
<tr>
<td>(CLP 5090, Fall)</td>
<td></td>
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<tr>
<td>(CLP 5090, Spring)</td>
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<td>(CLP 5090, Summer)</td>
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<tr>
<td>Clinical Competency Examination (Assessment)</td>
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**Competency 2.2.1. Able to derive an accurate diagnosis and case formulation of patients in clinical settings**

| **Successful completion of:** |                                                                                   |
| Advanced Abnormal Psychology (CLP 5456) | See 1.1.1                                                                    |
| *Satisfactory evaluations from clinical supervisors at practicum sites and SWC* |                                                                                   |
| Fall                                      |                                                                                   |
| Spring                                    |                                                                                   |
| Summer                                    |                                                                                   |
| Personality Theory and Dynamics (CLP 5355) | See 1.1.1                                                                    |
| Clinical Competency Examination            |                                                                                   |

**Competency 2.2.2. Students will achieve basic competencies in psychotherapy.**

<p>| <strong>Successful completion of:</strong> |                                                                                   |
| Evidence-based Therapies (CLP 5285) |                                                                                   |
| Psychodynamic Psychotherapy (CLP 5310) |                                                                                   |
| Cognitive-Behavioral Therapy (CLP 5373) |                                                                                   |
| Fundamentals of Clinical Management (CLP 5102) | See 2.1.2                                                                       |
| Four Clinical Practica in Clinical Psychology: |                                                                                   |
| (CLP 5090, Summer) See 2.1.3 |                                                                                   |
| (CLP 5090, Fall) See 2.1.3 |                                                                                   |
| (CLP 5090, Spring) See 2.1.3 |                                                                                   |
| (CLP 5090, Summer) See 2.1.3 |                                                                                   |
| Clinical Competency Examination (Intervention) |                                                                                   |</p>
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<td>Competency 3.1.1. Demonstrate an understanding of and basic competence in application of research tools and design.</td>
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<td>Research Design and Multivariate Statistics (CLP 5392)</td>
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<tr>
<td>Advanced Statistics (CLP 5385)</td>
<td>See 1.1.2</td>
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<td>Research Competency Qualifying Examination</td>
<td>See 1.1.2</td>
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<tr>
<td>Consultation, Supervision &amp; Program Development (CLP 5381)</td>
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<td>Competency 3.2.1. Students will demonstrate competency in oral and written presentations in the science of psychology.</td>
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<td>First author on a poster or abstract presented at local/national conference</td>
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<td>Produce a submission-ready journal article based on their dissertation</td>
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<tr>
<td>Co-author on a submitted journal article, book chapter, or grant application</td>
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</table>
### Core competency

For Performance Rating please notate IP (In Process), P (Pass), 'P-WD' (Pass With Distinction) or 'P-IN' (Pass but Improvement Needed)

*Data obtained from Supervisor Evaluation Forms*

#### Competency 4.1.1. Demonstrate knowledge of ethical guidelines and display problem solving skills when confronted with ethical situations in clinical and research settings.

Successful completion of:

<table>
<thead>
<tr>
<th>Course</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
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<tbody>
<tr>
<td>Professional Ethics and Issues (CLP 5363)</td>
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<tr>
<td>* Satisfactory ratings on supervisor evaluation forms (Ethical Behavior)</td>
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<tr>
<td>Clinical Competency Examination (Ethical Behavior)</td>
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#### Competency 4.2.1. Demonstrate knowledge of individual and cultural diversity, and be able to competently demonstrate sensitivity to these issues in both clinical and research settings.

Successful completion of:

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<thead>
<tr>
<th>Course</th>
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<tr>
<td>Cultural Diversity (CLP 5284)</td>
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<tr>
<td>Clinical practica and internship (Diversity)</td>
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<tr>
<td>Clinical Competency Examination (Diversity)</td>
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</table>

#### Electives

- Advanced Neuropsychology (CLP 5250)
- Child & Family Interventions (CLP 5252)
- Group Psychotherapy (CLP 5254)
- Forensic Psychology (CLP 5256)
- Evidence-based Therapies (CLP 5285) * 1
  - Interpersonal Therapy for Depression/ Acceptance and Commitment Therapy
  - Motivational Interviewing/ Seeking Safety
  - Cognitive Processing Therapy/ Prolonged Exposure Therapy
  - Dialectical Behavior Therapy/ Integrative Behavioral Couples Therapy

---

1 Required year 1
1st Year Review:

Additional recommendations to obtain competency (specify):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student's personal goals and objectives:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Summary of discussion with student:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student Signature  Date

Faculty Signature(s)  Date
2nd Year Review:

Additional recommendations to obtain competency (specify):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student’s personal goals and objectives:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Summary of discussion with student:

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Student Signature  Date

Faculty Signature(s)  Date
3rd Year Review:

Additional recommendations to obtain competency (specify):


Student’s personal goals and objectives:


Summary of discussion with student:


Student Signature

Date

Faculty Signature(s)

Date
4th Year Review:

Additional recommendations to obtain competency (specify):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Student’s personal goals and objectives:

________________________________________________________________________________

________________________________________________________________________________

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________________________________________________________________________________

Summary of discussion with student:

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Student Signature ___________________________ Date ___________________________

Faculty Signature(s) ___________________________ Date ___________________________
**Student Name:**

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<th>Core competency</th>
<th>Completed</th>
<th>Rating</th>
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<td>* Ratings obtained from supervisor evaluations</td>
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| Date Reviewed: | 3rd Yr - | 4th Yr - |

### Competency 1.1
Interns will attain knowledge of psychological assessment instruments and techniques and demonstrate clinical competence in psychological assessment skills.

- Supervisor evaluations of satisfactory or above on clinical internship evaluations relevant to assessment items:
  - F _____
  - S _____
  - M _____

- Achieve a pass on the assessment component of the Clinical Competency Exam

### Competency 1.2
Interns will be able to competently obtain an accurate diagnosis and case formulation of patients in clinical settings.

- Satisfactory evaluations regarding diagnostic and case formulation skills from clinical supervisors at internship sites:
  - F _____
  - S _____
  - M _____

- Satisfactory evaluations from placement supervisors in report writing:
  - F _____
  - S _____
  - M _____

- Successfully complete ER rotation at Parkland hospital

- Achieve a pass on the assessment component of the Clinical Competency Exam (See 1.1 Above)

### Competency 2.1
Interns will achieve basic competencies (at a level preparatory for an entry level position and/or post doctorate fellowship) in psychotherapy.

- Supervisor evaluations of satisfactory or above on internship placement evaluations of psychotherapy skills:
  - F _____
  - S _____
  - M _____

- Interns will achieve successful marks on Southwest clinic supervisor evaluations:
  - F _____
  - S _____
  - M _____

- Achieve a pass on the intervention component of the Clinical Competency Exam

**Competency 3.1** Interns will be able to demonstrate knowledge of ethical guidelines, ability to display solid problem-solving skills when confronted with ethical situations in clinical and research settings.

<table>
<thead>
<tr>
<th><em>Receive satisfactory ratings from clinical supervisors and research mentors on ethical behavior and decision-making.</em></th>
<th>F_____</th>
<th>S_____</th>
<th>M_____</th>
<th>F_____</th>
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<tbody>
<tr>
<td>Achieve a pass on the ethics component of the Clinical Competency Exam</td>
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**Competency 3.2** Interns will be able to demonstrate knowledge of individual and cultural diversity, and be able to competently demonstrate sensitivity to these issues in both clinical and research settings.

<table>
<thead>
<tr>
<th><em>Receive satisfactory ratings from their supervisors, specifically in regards to their sensitivity to issues of diversity.</em></th>
<th>F_____</th>
<th>S_____</th>
<th>M_____</th>
<th>F_____</th>
<th>S_____</th>
<th>M_____</th>
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<tr>
<td>Required to pass Clinical Competency Examination, a component of which requires interns to demonstrate an understanding of and sensitivity to issues of cultural and individual diversity.</td>
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</table>
Please complete an evaluation for each clinical placement that you have been assigned during this year.

Clinical Placement Location:
Year:
Description of Responsibilities (total must equal 100):

1. What percentage of your time was spent doing assessments?
2. What percentage of your time was spent performing interventions?
3. What percentage of your time was spent in consultation?
4. What percentage of your time was spent on training/supervision?
5. What percentage of your time was spent on other activities?
6. What percentage of the population that you serviced were children?
7. Please provide a brief description of your responsibilities?

Ratings of Placement

Please rate the following on a scale from 1 to 10. (Place an “X” in the appropriate box). “1” equals extremely unsatisfactory and “10” equals extremely satisfactory.

1. Time spent in supervision at this placement.

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2. Availability of placement supervisors.

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3. Expectations and responsibilities of placement made clear.

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4. Clinical knowledge and skills conveyed and taught at an appropriate level.

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5. Ethical problems addressed and handled appropriately.

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6. Rationale and underlying principles for procedures clearly explained.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

7. Theoretical perspective influenced/impacted clinical work.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

8. Appropriate balance of structure and autonomy given current level of training.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

9. Flexibility of placement considering alternative viewpoints.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

10. Regular and useful feedback provided about student’s performance.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

11. Training of student taken seriously.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

12. The placement encourages student enthusiasm about training.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

13. Conflicts or problems of student handled appropriately.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

14. Sense of contribution to population being served.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

15. Integration as member of staff/treatment team.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
16. Overall impression of placement.

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17. Please provide additional comments about your experience at this placement.

### Rating of program

1. At this placement, did you experience what you would consider a significant problem?

   If yes, what kind?

2. If yes to item #1, did the program become involved?

3. If yes to item #2, were you satisfied by the program’s response?

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Guidelines for Supervision

This document provides suggested guidelines for the supervisory process. Although such guidelines should facilitate successful clinical supervision, these are not meant to be exhaustive or definitive. They are offered to clarify supervisory relationships, to foster smoother interaction, and to encourage cooperative educational endeavors.

Definition of Supervision
Supervision is an ongoing process, involving at least two individuals, the supervisor and supervisee, interacting with each other on a regularly scheduled basis regarding clinical psychological issues. The supervisor is responsible for overseeing the supervisee's work and initiating discussion when possible improvement of performance can be achieved. In most cases, the supervisor and the supervisee work closely together to formulate appropriate clinical plans of action relevant to the client. However, since the supervisor has the ultimate legal and ethical responsibility for the welfare of the client, it may be necessary for the supervisor to independently determine some specific course of action. It is only in unusual circumstances that supervisors find it necessary to exercise their authority, over a student's questioning, in order to ensure the quality of clinical services being provided.

It is necessary for the students to be cognizant of their clients' financial status and the administrative structure of the organizations under whose aegis they are being served. Therefore, it is recommended that the supervisors also obtain such relevant information. This knowledge may avoid misconceptions and prevent gaps that could get in the way of making supervision and client care effective.

Differentiation Between Supervision, Consultation, and Collaboration
Supervision is an educational activity directed toward developing the skill of the supervisee. The primary difference between supervision and consultation rests in the freedom of the student to determine whether he or she wishes to interact with the consultant. In addition, the student has the freedom to accept or ignore the consultant's ideas or suggestions. These options are not open to a supervisee. Collaboration also differs from supervision since collaborators are typically individuals of equal status working together to apply their somewhat different skills to a problem. Their major purpose or agreement is not to expand on each other's understanding of the problems or to advise action, but to take part in the implementation of the action plan. As colleagues, they share the responsibility for helping the client and are expected by each other and by the client to carry out the procedures that are appropriate to their respective professional roles.

Purpose of Supervision
There are multiple goals for supervision. First, supervision is a process of interaction designed to enhance the learning experience of students. Clinical experience is essential to the education and clinical training of a professional psychologist; supervision should be aimed at facilitating maximum learning out of that experience. As such, supervision is aimed at furthering the professional development of psychologists.

Second, the supervisory process serves as a mechanism to protect the welfare of the client who will be the recipient of the student's clinical services. This safeguard is applicable whether the recipient is a client, a group of clients, or an institution. As such, supervision aims to ensure that supervisees learn to deliver safe, high quality, and relevant clinical services.

Third, supervision should be directed toward supporting the aims and goals of the doctoral program by designing supervision that enhances all of the skills that are used in practice and are relevant to the development of a responsible and effective professional psychologist. For this reason, it is essential for supervisors to be familiar with the aims and philosophy of the program.

Classes of Supervisors
In the Program at The University of Texas Southwestern Medical Center, supervisors may be grouped in several ways. First, on- or off-site supervisors often have differing amounts of responsibility for the student's total functioning. While on-site supervisors typically are administratively responsible and available for direct observation of the trainee's work or 'spur-of-the-moment' advice, off-site supervisors typically do not take administrative
responsibility for the supervisee's functioning in the agency. However, off-site supervisors provide supervision on the directly professional aspects of the supervisee's work and the development of professional skills.

Secondly, supervisors may have differing roles in the supervisory process. The supervisor at the placement site where the student spends most of his or her time is usually thought of as the "primary" supervisor. This supervisor is usually the most appropriate person for the student to approach to obtain information and/or to discuss problems relating to his or her trainee role. Some students have more than one supervisor. Students' assigned cases at more than one placement site will have supervisors at each additional site. These supervisors are referred to as "secondary" supervisors, since the student spends most of his or her time at another site. Also, within some placement settings, the agency head may serve as the "primary" supervisor but designate other supervisors to participate as well. In this situation, the additional supervisors are often called "supplemental" supervisors.

The student has the responsibility to make sure that the "primary" supervisor is aware of his or her assignment and that each supervisor knows about other supervisory participants and their roles and case responsibilities vis-à-vis the student.

The supervisors at a particular site may wish to discuss a supervisee's work with one another to gather an overall evaluation of the student. If a consensus is reached, a joint evaluation may be presented to the Clinical Training Committee, which is overseen by the Graduate Studies Committee. However, if disparate views occur, it is strongly recommended that each supervisor submit an individual evaluation.

Since the Program incorporates multiple supervisory relationships and many complex cases for the student's advanced training, occasional conflicts may occur. For this reason, an arbitration process has been formulated (see Problems in Supervision and the Arbitration Process).

Reciprocal Responsibilities and Expectations of Students and Organizations
This segment of the supervision guidelines sets out those structural arrangements of practicum/internship assignments that we believe are necessary for excellent clinical training to occur. Participants in any clinical training assignment are: the student, the client, the setting (i.e., the training agency), the graduate program, and the supervisor(s). Every student case must be supervised to some extent by supervisory personnel designated by the program.

Each of these participants has their expectations that impinge on the training experience. Clients expect helpful service. They apply to the agency primarily to receive help, but they also expect that the agency will do no harm! The client can expect that the agency's staff is trained to perform, and skilled in performing, the services the agency purports to provide. Further, clients can expect to be dealt with forthrightly, discreetly, respectfully, and politely.

Students expect that their experience at the training position to which they have been assigned will contribute to the achievement of their educational goal, i.e., competency to work as a professional psychologist. Thus, the student expects the agency to provide learning opportunities, constructive monitoring and feedback, and instruction. The trainee can also expect the agency and the program to support and protect him/her from the risks of the trainee's own limitations and those of the clients being served. Further, the student can expect the program to use discretion and judgment in making training assignments. He or she should receive accurate information about his or her performance and progress as perceived by the supervisor(s), agency, and graduate program.

The supervisor expects the training site (the agency) to support supervisory activities by providing appropriate and necessary resources: time, space, and equipment. The supervisor expects the student to come to the setting wanting to learn what the supervisor has to teach. However, the student ought to make known to the supervisor his or her wishes, needs and expectations. The graduate program wants the student to be trained by the supervisor. Toward this end, the graduate program has the responsibility to provide the supervisor with the explicit needs, ideas, and regulations of the program. Simultaneously, the supervisor is obligated to carry on his or her agency roles; the quality of service must be maintained, and other duties of participants in the supervisory process are to be carried out.

On all service units, it is necessary to provide service. The provision of service is readily apparent for such agencies as public schools or hospitals. However, even those agencies that conceive of a student/trainee in a clearly different capacity from their staff retain reasonable expectations that the student will contribute to the agency's service mission. This expectation has a very critical converse side -- to wit, the student must avoid activities that are disruptive or destructive to the setting. The agency expects the graduate program to use discretion and judgment in assigning students. Further, it expects support from the program in administrative management of students should
difficulties arise. There are usually some other more subtle, but no less important, agency expectations. Included among these are the agency assumption that their staff will benefit from the student's spirit of inquiry and intellectual challenge, the prestige of affiliation with an institution of higher education, and the personal satisfaction felt by agency staff in their roles as teachers and trainers. The graduate program expects that the agency has a genuine wish to train clinical psychology graduate students, that the student does indeed wish to be educated, and that the supervisor wants to carry out an educational task. The program can expect that while clients may accept services rendered by students, the clients may be quite naive about any and all of the above issues. Therefore, the program must expect the training site to determine the appropriate information to be given to the clients regarding students and their activities, keeping in mind such issues as truth in advertising and informed consent, and congruence with the APA code of ethics.

Last, the Program assumes that it has the responsibility to maintain ultimate control over the student's graduate education. Thus, at all levels, the Program faculty must share in the assessment of the student's progress toward his or her goal -- the acquisition of knowledge requisite to be an independent clinical psychologist.

The most obvious and basic implication of the foregoing exposition is that all of the participants should have an accurate awareness of the agreements -- implied and explicit -- into which they are entering. The graduate program bears the major responsibility to see that such explication is carried out at all levels.

Problems in Supervision and the Arbitration Process

In the event of conflict or incompatibility, the participants are expected to attempt to reach a resolution of their differences in a professional, tactful, and straightforward manner. The supervisor will also consider the student's training needs and will not allow such differences to influence the quality of the evaluation of the student's performance on the rotation. It is also the student's responsibility to actively monitor the training experience on the rotation so that his or her training needs are adequately met.

In issues of conflict concerning theoretical orientation, the student has the responsibility to remain open to considering alternative views and approaches as part of the training experience. If the student feels the need for supervision in other orientations, he or she may arrange to have additional supervisors who may add supervision in such orientations. It is also expected that sound clinical techniques and judgment are used, ensuring that students shall not be forced to use approaches incompatible with their own judgment and personal style. At the same time, it is necessary that students and supervisors maintain a healthy respect for alternative orientations suggested by each other.

The student-supervisor relationship should be conducted in a manner in which the student does not perceive the supervisor to be invasive. Invasiveness is defined as any discussion of issues, during supervision, which relate to the student's personal and private life that the student feels is an invasion of privacy. However, the supervisor has the obligation to point out to the student when it appears that some elements of the student's personality or background are adversely intruding on the treatment being provided. In such cases the supervisor should note the counter-transference distortions and strongly suggest that the student explore these issues in their own psychotherapy. It would be inappropriately intrusive for the supervisor to initiate a discussion of where and how such distortions may have originated in the student. Also, supervisors are urged to initiate a discussion of the relationship between supervisor and student if some problems in the relationship are affecting the student's clinical activity. Supervisors have the responsibility to model appropriate, thoughtful interventions in these situations. If the student appears uncomfortable with this discussion, or expresses a sense of being intruded upon, the Internship Director should be consulted to act as a mediator or facilitator.

It may happen that a student requests a supervisor's assistance with issues in his or her personal life as they pertain to professional functioning, but it is the supervisor's prerogative to decide whether or not to undertake this responsibility. Unless the student's activities and/or stated attitudes in his or her private life clearly interfere with competent professional functioning as a doctoral trainee in clinical psychology, the student's private life shall remain free from supervisory comment. If such a problem should arise, the supervisee is advised to address the matter directly with the supervisor when the problem is in its initial stages. It is imperative that invasiveness be confronted so that the continuation of effective supervision is possible.

The need for arbitration should occur very infrequently. In most cases, the individuals should be able to resolve any difficulties encountered. However, in the event that neither supervisor nor supervisee is able to accommodate to the other's viewpoint or to reach a compromise, the following process should be followed:

If a conflict occurs, it should be dealt with initially by the parties involved. It is
expected that the person with a concern, be it student or supervisor, will discuss it with the other one involved before consulting additional people.

If either the supervisor or the supervisee has not been able to resolve the problem directly, the primary supervisor should be consulted. If they are unable to reach a satisfactory resolution, the supervisor at the next highest level (if any) may be consulted. If such efforts do not resolve the conflict, a conference should be called involving the supervisor(s), the student, and the Internship Director. If necessary, the Program Director may also be involved. Such a meeting should always be called with the full knowledge of all the parties involved.

Ethics
It is expected that the supervisor and student will be familiar with and adhere to the "Ethical Principles of Psychologists” as set out by the American Psychological Association. If the supervisor is a non-psychologist, he or she will be guided by the principles of his or her discipline.

The supervisee shall be responsible for appraising patients of the fact that treatment is being supervised by another professional for training purposes and that all information shared with the supervisor will also be held as confidential by the supervisor. The ethical principles cited above will apply.

Activities Requiring Supervision
Students should receive supervision for all professional activities related to their doctoral training program at The University of Texas Southwestern Medical Center. These activities include: (a) Therapeutic intervention, (b) Psychological assessment, (c) Consultation, (d) Research activities for which the student receives credit toward the doctoral degree, (e) Any other clinical, research, or administrative activities in which the student participates in the role of a doctoral student in clinical psychology at UT Southwestern Medical Center.

Other Administrative Matters
As noted in the program's Student and Interns Guidelines Manual, supervisors are assigned by the Internship Director in consultation with the Program Director. The assignment of supervisors is made after considering several factors: the students' levels of training and skill, special knowledge of the supervisors, the clients to be managed, the settings in which the students are seeing the clients, logistics, and special needs of students and clients. For each assignment, compromises must be made to incorporate these many variables. Students' requests are certainly taken into consideration. Such discussions (or written requests) ought to indicate not only whom the student wants as a supervisor, but more helpfully, what kind of supervision, with what kinds of foci, and with what types of clients the student wishes to work. If a student has questions, wishes to discuss special issues, or is simply unfamiliar with the range of possibilities, it is advisable that the student initiate a direct discussion of the pertinent matters with the Internship Director.

Soon after clinical placements have been announced, a memorandum assigning supervisors will be distributed. On some occasions, individual students will be notified directly of an assignment. In either case, it is the student's responsibility to contact the supervisor and to make appropriate arrangements to meet and begin the supervision process. This initial contact should be made as soon as possible, even if the student does not yet have an activity requiring that particular supervisor's supervision. At the very least, student and supervisor should meet one another, become acquainted, and begin planning for future work together. It is imperative for students to make such arrangements with primary supervisors and supervisors of clinical assignments as soon as possible.

In determining the number of supervisors for each student, the Program attempts to provide a balance between student exposure to several supervisory modes, intensive identification with a specific theoretical model, and time limitations of the student.

The supervisor and trainee should meet a minimum of once a week for face to face supervision. However, a variety of events may necessitate more frequent supervising contacts. These arrangements must be negotiated by student and supervisor.

For each particular student, there are a number of variables determining the optimum number of clients overseen by a single supervisor. These variables include the student's level of training, the type of placement, the complexity of the caseload, and specific interests of both student and supervisor. At least one case should be selected for intensive and
detailed review; remaining cases may be reviewed in a less detailed manner. The supervisor is ultimately responsible for understanding the critical treatment issues and communicating these to the student.

Although informal feedback is offered frequently so that the supervisee can be accurately aware of his or her progress, official evaluation and feedback occurs once per semester. The supervisee provides the supervisor with the evaluation form in current use. The supervisor fills out the form, and it is shared with the supervisee. The results are discussed openly to provide direct feedback. Disagreement concerning the evaluation needs to be discussed carefully, tactfully, and thoroughly until all problems are resolved or, at least, until the conflict is clearly understood by both the supervisor and supervisee.

Supervisors, and the quality of the process, are also assessed. Each student is expected to complete the appropriate form and to return it to the Education Coordinator.

Students and supervisors acknowledge that they have (at least) read the evaluations by signing the forms before the evaluations are passed along to the Internship Director.

Any questions or concerns regarding this document should be directed to the Internship Director.
APPENDIX I

UT SOUTHWESTERN PSYCHOTHERAPY CLINIC SYLLABUS

The UT Southwestern Psychotherapy Clinic (SWPC) is a training and referral center within the UT Southwestern Department of Psychiatry and Division of Psychology. Advanced psychology trainees (year 2 through 4) under supervision, provide psychotherapy for problems such as depression, anxiety, relationship difficulties, stress and life transitions. The clinic offers several psychotherapy modalities, including individual, couples, and group therapy; exploratory, insight-oriented psychotherapy; cognitive behavioral therapy; and brief psychodynamic psychotherapy.

CLINIC PROCESS OVERVIEW:
Prospective patients are sent a health history questionnaire to complete and return; these questionnaires function as an initial screening tool. Upon receipt, these applications are reviewed by the clinic’s psychiatry medical director and psychology director within one to two weeks. Certain patients have needs that cannot be met by the SWPC. We do not provide emergency services for patients in crisis or walk-in evaluations. Other exclusion criteria include active abuse of drugs and/or alcohol, psychosis, and cognitive impairments. Patients who have a significant legal history, require court-ordered treatment, or are involved in active litigation will also be referred to other resources. If it appears the clinic cannot meet the applicant’s current needs, s/he is contacted by the clinic administrator and given referral resources.

If the applicant appears to be a good candidate for treatment at our clinic, s/he is assigned to a psychology trainee or psychiatry resident for an initial consultation. The patient is then contacted by the resident or psychology trainee in a timely manner to arrange an initial consultation appointment. Once the therapist-trainee and the patient begin meeting for psychotherapy, the trainee is supervised by faculty or adjunct clinical faculty members. It is the trainee’s responsibility to insure that all patient care is adequately supervised.

Detailed instructions regarding Organization and Procedures, fee scale for services, the Psychiatry/Psychology Collaboration and orientation to clinic forms can be found in the UT Southwestern Psychotherapy Clinic Handbook and SWPC new student orientation handout.

STUDENT CASE LOAD:
Students are expected to carry an average of two outpatient psychotherapy cases who are scheduled a minimum of once a week through Southwestern Psychotherapy Clinic beginning in the summer semester of the first year, and continuing through the end of the program (summer of the 4th year). Student therapists who lead group therapy sessions within the Service are expected to carry a minimum of one individual psychotherapy case in addition to the group.

As this is a training service, cases accepted for treatment exclude unusually complicated treatment cases. It is expected that the student will meet with his/her assigned supervisor in a weekly supervision session, which the student is expected to attend regardless of patient cancellation or no-shows. If the student is experiencing frequent patient no-shows, then attempts should be made to contact the patient to determine if the patient wishes to terminate treatment. Students who have patients terminating are expected to fill this vacancy as soon as possible.

Student-therapist requirements:

- **SUPERVISION- ONE-ON-ONE (NOT TELEPHONE): 50 HOURS PER YEAR**
- **INDIVIDUAL PSYCHOTHERAPY SESSIONS IN THE FALL SEMESTER: 20 HOURS**
- **INDIVIDUAL PSYCHOTHERAPY SESSIONS IN THE SPRING SEMESTER: 20 HOURS**
- **INDIVIDUAL PSYCHOTHERAPY SESSIONS IN THE SUMMER SEMESTER: 12 HOURS**

Deficits in meeting semester caseload minimum requirements will be reported to the Psychology Clinical Training Committee for remediation.

ADMINISTRATIVE ISSUES:
Patients are to be seen at the Paul M. Bass Administrative Building. Room scheduling is coordinated through the Clinic Administrator. In the case of conflicting schedules, typically the more senior student is given priority for a room. Therapists in training are responsible for accuracy and timeliness in submission of all clinic forms and
There are specific deadlines to ensure timely submission of SWPC forms and case reports:

- Progress Note submitted in the electronic medical record (EPIC), must be completed and the encounter closed within 24 hours. The note should be co-signed by the supervisor within 7 days of the encounter.
- Treatment Plan is included in every EPIC note.
- Termination/Transfer Forms due within two weeks of the patient’s final session.
- An outcome measure, CORE, is an important component of measurement based care. This should be given on the initial visit and every 6 visits thereafter. Please discuss with the supervisor to discuss other appropriate measures of treatment outcome as needed
- Payment is collected by the administrative clinic staff at the beginning of each session.

ETHICAL GUIDELINES:

Students must adhere to APA ethical guidelines at all times. The student therapist shall be responsible for apprising patients of the fact that treatment is being supervised by another professional for training purposes and that all information shared with the supervisor will also be held as confidential by the supervisor.

CONTINUATION OF CARE:

Students who are no longer participating in the Service due to extended absence, completion of their required Internship hours, or graduation from the program are responsible for arranging for continuation of care for the patients who wish to receive it. These arrangements should be reviewed by the Clinic Director prior to their being finalized.

EMERGENCY PROCEDURES:

The Service maintains an evening and weekend telephone answering service (214-648-3300) as a means for patients to contact their therapists in the event of an emergency. Each therapist's name, cell phone number, and name and phone number of back-up contact are to be listed with this service. It is in the best interests of all concerned for the student therapist to check from time to time with the answering service to confirm the accuracy of the information they have on file. The service also lists the Clinic Director as a "last resort" back-up for situations in which direct service providers cannot be reached.

Supervisors should also have an arrangement with student therapists about communication protocol during or after client emergency situations. This should be set up at the beginning of supervision. Patients should be instructed to use the answering service during evening and weekend hours if they are in an emergency situation. Weekday, business hours phone calls are directed to the student voice mail numbers which are connected to their pagers.

Specific emergency guidelines are as follows:

- Patients who report to a therapist that they are in crisis should be assessed immediately for potential for self harm or harm to another. In addition, their overall psychological state of health should be assessed.
- If the therapist feels that the situation is truly an emergency situation, the patient should be encouraged to proceed directly to the psychiatric emergency room for triage and crisis intervention. The therapist may then call the resident in charge in the ER and brief that individual on the situation, and the imminent arrival of the patient. Alternatively, the therapist may meet the patient at the psych ER and brief the treating physician on the case personally. At that point, the case becomes the primary responsibility of the ER treating physician until discharged from the psychiatric ER. If the client refuses to go to Parkland, the student therapist must decide on the appropriate course of action. It is necessary at this point to contact the supervisor for consultation. If the supervisor is unavailable, the student should contact the clinic director. In addition, possible actions include: contacting 911 emergency services; breaking confidentiality and contacting members of the patient's support network and/or the target of the patient's hostilities; completing a mental illness warrant and having a physician complete an Order of Protective Custody; and/or calling the police or an ambulance. The student therapist is encouraged to keep the supervisor informed of the progress of the patient at each decision point in the process.
If the therapist feels that the situation is not an emergency situation, plans should be made to provide the level of care required by the patient if at all possible. It is important in this event to include the supervisor in the decision process. An additional therapy session might be scheduled in order to address the patient concern which prompted the call, or other plans for handling the situation may be formulated.

Written documentation of the patient’s clinical state at the time of phone call should be completed using an Epic encounter note. This documentation should be recorded promptly.

EVALUATION PROCESS:
Supervisors will document their assessment of the trainee at the end of each semester by filling out the evaluation form provided to them by the student. While this is the required time frame of the evaluation process, if a student or supervisor feels that the completion of an additional evaluation form would be helpful to the student this can be arranged at any time during the semester. This written evaluation is the primary means of giving the program feedback on the progress of student. While verbal feedback on the students is welcomed, it is important that the program have a written record of the supervisor's assessment of the student in order to give the appropriate grade for the practicum and internship. Every effort should be made to complete these forms as soon as possible after the student provides them to the supervisor. Forms which are returned late result in an incomplete grade for the student which will remain on their record until the form is completed.

PROBLEMS IN SUPERVISION:
In the event of conflict or incompatibility, the participants are expected to attempt to reach a resolution of their differences. The need for arbitration should occur very infrequently. However, if a conflict occurs, it should be dealt with initially by the parties involved. It is expected that the person with a concern, be it student or supervisor, will discuss it with the other one involved before consulting additional people. If either the supervisor or the supervisee has not been able to resolve the problem directly, a conference should be called involving the supervisor(s), the student, and the Internship Director. If necessary, the Program Director may also be involved. Such a meeting should always be called with the full knowledge of all the parties involved.

Concerns may be addressed to:
Internship Director, Dr. Monty Evans at 214-648-4339.

Student therapists will receive a detailed orientation program and a UT Southwestern Psychotherapy Clinic Handbook.
The Clinical Psychology Graduate Program and Internship at The University of Texas Southwestern Medical Center instituted a research apprenticeship sequence in 1983 for the purpose of strengthening the scientific preparation of its graduate students, enlarging their repertoire of professional skills and providing a framework for the timely completion of the dissertation. The research apprenticeship has been in place continuously since this time, with consistent efforts to improve the training experience. In 2007, the Program implemented additional research requirements as part of our ongoing program-improvement efforts: a) students are required to produce a submission-ready article based on their dissertation; students are required to be senior author on a poster or abstract presented at a local or national conference; and c) students are required to be co-author on a submitted journal article, book chapter, or grant application during their graduate training.

Objectives

The objectives of the research apprenticeship are:

- Offer the student the opportunity to prepare for all phases of the dissertation (a proposal summary, dissertation proposal, an implementation phase, data analysis, write-up, and defense).
- Expose students to research methodology and provide the students the opportunity to develop their ability to critically evaluate research designs.
- Make hands-on experience available by exposing the student to how research is actually done.
- Expose the student to as many aspects of the research enterprise as possible (e.g., library research, producing a design, running subjects, analyzing data, writing, being supervised, supervising others, the clinical aspects of clinical research, and doing the necessary "detail work").
- Offer the students the opportunity to develop expertise in a focused research content area.
- Offer the students the opportunity to learn specific laboratory or field techniques which may have research and/or clinical value.
- Offer the students the opportunity to complete a dissertation in a relatively unhurried yet timely fashion.
- Provide the students the opportunity to develop an appreciation for the relevance of research activity to clinical activity, and vice versa.

Caveats

It would be useful for students and supervisors to note a number of caveats that have emerged from our collective experiences to date:

1. It is very easy to “waste” the earliest parts of the research apprenticeship. We have found that it is important to launch oneself energetically on a number of fronts simultaneously if at all possible. For example, one might take on needed library research while at the same time participating in the implementation of some ongoing research, and beginning to outline a possible project.
2. Graduate students have varied levels of research experience, with some having minimal hands-on experience when they reach the beginning of the third year. The student comes to take the opportunity to learn research from the supervisor and may not initially contribute significantly to the programmatic research being carried out at the research site.
3. Similarly, students' academic backgrounds are often limited to experimental design, statistics, and psychometric theory which have mostly been taken in the first year. Students will be well-advised to refresh
themselves on the content of those courses prior to starting their research apprenticeship. Supervisors should keep these limitations in mind.

4. Sites and supervisors have different needs and vary in how students are expected to spend their apprenticeship hours. As a general rule, however, time dedicated early in the apprenticeship to efforts less clearly related to the student's eventual project must give way increasingly to the student's independent utilization of resources as he or she progresses across the six semesters (including two summers) of the research apprenticeship.

5. Ideally, supervisors will be used increasingly as consultants as students become more capable of guiding and structuring their own efforts.

6. Overall planning of the project, the anticipated steps in this progression and whatever salient issues arise should be fully discussed between supervisor and student. Explicit agreements for each semester should be reached as early as possible, and agreements (preferably written) should emerge from these discussions. Issues such as frequency of meetings with supervisors and what is to be accomplished when should be decided.

7. Increasingly, research activity should be narrowed to a level that simultaneously affords significant scope and breadth to be of dissertation quality while being sufficiently focused to be feasible and responsive to the specific questions being asked.

8. Both the student and the research mentor must remember that clinical activity continues in the Program while the student is in his or her research apprenticeship. In addition, the Clinical Competency Examination must be taken during May/June of the third year. Both the research assignment and the clinical responsibilities must be carried out simultaneously and must not intrude on each other's territory.

**Apprenticeship Program**

A. Selection of Mentors

Only members of the graduate faculty of Southwestern Graduate School of Biomedical Sciences are eligible to be mentor/dissertation chairpersons. These include individuals who are full-time faculty of Southwestern Medical School or Southwestern Allied Health Sciences School, who are nominated to and approved by the Graduate Executive Council and by the Dean of the Graduate School, or persons from other institutions who have been granted appointments as special members of the graduate school faculty. The Research Committee in July of 2010 added an additional requirement that a psychologist serve as either the chair or co-chair of the dissertation committee.

The supervisor must have experience in carrying out a program of research that began before student involvement and will continue after student involvement ceases. This mentor must be willing and able to provide ongoing supervision and support of the student. In addition, the mentor must have the time, energy, resources, and motivation to do so.

The supervisor should have sufficient experience in mentoring so that there is a good likelihood that students will reach their goal in a timely fashion with little chance of a serious disruption in the progress of the research apprenticeship.

Selection of mentors must be in harmony with the overall policies and procedures of the graduate program, such as faculty work distribution, statute of limitations, efficient utilization of existing resources and the maintenance of high morale in the student and faculty groups. In addition, all applicable APA guidelines, particularly those dealing with research issues, will apply.

Final assignment will be made by the Research Director, with the help of the Research Committee, and with due respect for the salient areas of research and clinical interests of the student. Mentors will be designated prior to the Fall semester of the third year, and preferably before the Summer session. This will facilitate the earlier involvement of those students who wish to spend part of their summer reading in their research area. During the Spring of the second year, information, verbal and/or written, will be conveyed to the second year class regarding those research programs most likely to be available to them.

B. The Apprenticeship: First Year (third year of the graduate program)
The research apprenticeship starts in the fall of the student's third year in the program. At this stage, the student's research skills are likely to be limited. As part of the mentor role, the research supervisor assumes the responsibility of training, orienting, and guiding the apprentice's progress. During this first year of supervised research experience, every effort should be made to develop an adequate and clear training and research program that can serve both the student's learning and developmental needs and the mentor’s research goals. The apprentice also assumes important responsibilities upon entering into a research program. Intellectual and practical contributions provided by the trainee may be critical to the timely completion of the research activities.

Each semester, the student will register for five hours of research apprenticeship credit. This translates into 16 hours per week to be devoted to activity under the research apprenticeship program. Much effort has been devoted to liberating this time from other worthy graduate education activities, and this time should be considered to be inviolate as far as other demands or activities might be concerned.

At the end of every semester, each mentor will be requested to fill out an evaluation sheet assigning a satisfactory, unsatisfactory or incomplete grade to the semester's work. Similarly, students will be requested to indicate their evaluation of the apprenticeship annually.

On occasion, a supervisor and student have found that they do not work well together. If this does happen, it is of course desirable to address the problem as soon as possible. If it appears after discussion with the Internship Director and Research Director that the situation cannot be modified, the student and the Internship/Research Director will arrange for a transfer to another mentor.

C. The Apprenticeship: Second Year (fourth year of the graduate program)

By no later than the fall of the fourth year (earlier if practical), each student will submit to the Psychology Steering Committee a brief (2-page, single-spaced) proposal summarizing the dissertation research project. This description will include the objectives, rationale and background information, methods, analyses and hypotheses, and the proposed dissertation committee. The Steering Committee will evaluate the proposal to ensure the project is of doctoral quality, feasible, and within all specified guidelines. Any concerns about the brief proposal will be conveyed in writing to the student and the research mentor. Once the brief proposal is approved by the Steering Committee, the student will begin writing the official dissertation proposal.

D. The Dissertation: Proposal Meeting

In accordance with guidelines already existing in the Student Guidelines, each student is required to prepare a proposal for the dissertation project and receive approval from their dissertation committee prior to initiating the study. This proposal consists of both a written document describing the research and an oral defense of the proposed research. It is expected that the chairperson of the committee will be the research sponsor with whom the student has been working. Certain committee members may be chosen because they have specific expertise that relates to the project and have agreed to assist the student with those aspects. Other members should be included who are "generalists" and bring greater breadth to the committee. The specific roles and types of assistance expected should be discussed in general terms with each committee member prior to presenting their names to the Steering Committee.

The written proposal is to be constructed with guidance primarily from the dissertation chairperson with whom the student is working. Arrangements may be made for input from other committee members if their specific expertise is called for. It should consist of a comprehensive literature review relevant to the research area, delineation of a problem to be investigated, statement of hypotheses for the proposed study, outline of methodology for the study (including plans for recruiting research participants), description of the statistical analyses to be carried out, and discussion of possible results. Often, it is useful to include a tentative schedule for completion of different stages of the study (e.g., data collection, data analyses, writing and rewriting oral defense, submission of completed dissertation to graduate office). The written proposal should be distributed to the dissertation committee ten (10) working days prior to the oral proposal meeting. The oral proposal meeting is the forum in which the basic contract for the dissertation study is negotiated. Agreement should be reached on all aspects of design, and the committee should evaluate the potential of the plan for completion in a reasonable length of time.
The committee should specify which changes, if any, in the proposal are obligatory as distinct from merely recommended for consideration. If there are such changes, the student should submit an amended proposal for final approval by the committee.

E. Running of the Dissertation Project

After the preparation of the dissertation proposal and successful completion of the preliminary orals, the next major task facing the student is the carrying through to completion of the proposed research project. There are a number of important factors/issues the student and the supervisor need to carefully consider before embarking on the project. Such consideration can save a significant amount of time and undue delay. These factors/issues are presented below.

Recruitment of Subjects

It is crucial to consider whether students can effectively recruit the required number and type of subjects needed for their study. Be aware ahead of time of potential problems in the recruitment of the desired sample, as well as obtaining the cooperation of key personnel who can expedite the recruitment process, can be quite important in avoiding problems that might impede the progress of the study.

Availability of Necessary Resources

Planning is also required to ensure that resources necessary to complete the research project are on hand. Such resources may include necessary office/laboratory space needed to conduct the study, as well as the availability of funds for such items as photocopying and mailing costs, laboratory test costs, and subject payment costs.

Time Frame of the Project

Another factor that should be carefully evaluated by the student and supervisor is the time frame for successfully completing the project. Factors such as seasonal influences on the availability of subjects, and holiday/vacation times that might interfere need to be considered.

Communication Between Student and Supervisor

Of course, a major qualification of a good supervisor is the careful guidance of the student through the conceptualization, development, and completion of the research project. It is essential that there be close supervision during the running of the project in order to immediately deal with any unexpected problems that may arise. Without such close supervision, a sudden problem that is not immediately dealt with, or a modification of methodology that may be called for, may seriously jeopardize the completion of the project. Other committee members should be kept informed of developing situations.

Data Collection and Statistical Analysis

Another task which should be carefully planned is how the data collected in the research project will be organized, collated, and analyzed. This, of course, should be clearly delineated in the dissertation proposal. Developing appropriate computer skills to aid in this data reduction and analysis process is essential.

The student and supervisor will need to determine whether the planned statistical analyses are so complex as to require some expert consultation. Developing personal skills in this area needs to be planned for early in the dissertation process. If so, timely consultation is advisable.

Interpretation and Write-Up of Final Results

Once all of the data are analyzed, the interpretation of results and integration with the experimental hypotheses are the next major tasks facing the student. This will lead directly into the development of the results and discussion sections of the final dissertation. During this time, a major responsibility assumed by the research mentor is the careful guidance of the final product to a level that is acceptable enough to be presented to the entire committee. This will require the careful editing and proofreading of material written by the student. It is not the responsibility of the student's dissertation committee to get involved in this process unless there is a specific issue or area that a particular committee member may have agreed to review and appropriate arrangements have been made. Basically, the student and supervisor share this task, with the student always bearing the ultimate responsibility for what is finally accomplished.

The timing of the final defense should be determined principally by the student's readiness to present and defend a quality product and not by the student's wish to meet a deadline for graduation.
Preparation for Final Defense
After the writing, editing, and proofreading process is completed, the typing of the manuscript and distribution to committee members are the next steps. Distribution to the committee members two weeks before the final defense date is an expected courtesy. Students should also be aware of the fact that post-final defense rewriting is common and should arrange the time frame so that this is taken into account.

Finally, in addition to the dissertation, students are also required to submit a complete journal-appropriate article based upon the dissertation. The intention is to not simply add another requirement on top of the traditional dissertation but to build the essential core findings of the dissertation around such a publication-ready paper. The exact format will vary depending on the particular dissertation topic and will, of necessity, be negotiated between the student and his or her dissertation supervisor.

A Final Caveat
If any problem arises with the interpretation of these guidelines, or it is the view of either the mentor or the trainee that there exists significant departure from their intent and spirit, it is the responsibility of one or both of these individuals to bring this matter to the attention of the Research Committee and/or Program Director.

Conclusions
The student is encouraged to meet regularly/as needed with the mentor to update committee members before the proposal and defense. Additional research opportunities are encouraged if a student is interested. For example, a student might want to start research in his/her first year rather than 3rd, and work with multiple PI’s.
J1. DISSERTATION EXPECTATIONS AND MILESTONE FORM

The current Research Apprenticeship involves approximately a half-time commitment to research training in the third and fourth years. As part of the Apprenticeship, students are expected to complete a dissertation project under the mentorship of the supervisor. Below we provide guidelines for students and mentors regarding expectations for the timing and format of the dissertation. Please refer to Research Training Guidebook for Students and Mentors.

Tasks and Suggested Timeline for Dissertation Progress*

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<th>Semester</th>
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<tr>
<td>Fall</td>
<td>Develop dissertation idea; Select committee; Submit Proposal Summary</td>
</tr>
<tr>
<td>Spring</td>
<td>Develop proposal; Approval of idea/committee by Steering Committee</td>
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<tr>
<td>Summer</td>
<td>Dissertation proposal</td>
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<td>Year 4</td>
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<tr>
<td>Fall</td>
<td>Data collection &amp; analysis; Submit dissertation progress report to committee</td>
</tr>
<tr>
<td>Spring</td>
<td>Data collection &amp; analysis</td>
</tr>
<tr>
<td>Summer</td>
<td>Dissertation defense; Submission of manuscript</td>
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*Graduate School Deadlines must be factored into this process by students; Students with a research emphasis or following untraditional options (see below) may have a different timeline; Students collecting original data may need to allow more time for data collection.

Dissertation Options

There are different options for completing the dissertation (which will affect the rate at which milestones are completed). Students and mentors should discuss and mutually agree upon the best option as a function of preferences, student experiences/goals and the nature of the project. The written proposal of the dissertation is generally not affected by these options. Rather, the chosen option primarily affects the manner in which the final dissertation document (including results and conclusions) is written.

• OPTION 1: “Traditional” dissertation – comprehensive literature review, methods, results, discussion, in addition to a mentor-approved article due prior to time of graduation.
  a) This option requires the proposal summary, oral proposal meeting and oral dissertation defense.
  b) The final dissertation manuscript must conform to the Graduate School template.

For a template, please see: W:\Graduate School\Division of Clinical Science\DCS_Clinical Psychology\Research

• OPTION 2: A journal-ready article that can be submitted for publication, supplemented by additional chapters and/or appendices that include the components of the more traditional dissertation. As of July 1st, 2015, the article is required to be first-authored by the student unless approved by the Research Committee.
  a) A comprehensive Background section is presented as a companion to the article in an initial chapter. Demonstration of mastery of the literature may occur through a table listing all relevant studies and their key characteristics and findings, through an annotated bibliography, etc.
  b) Full results of all analyses are included in appendices and discussed in the oral dissertation defense, even if not included in the final article (i.e., full reports of major analyses, supplemental tables and findings).
  c) This option requires the proposal summary, oral proposal meeting and oral dissertation defense.
  d) The final dissertation manuscript must conform to the Graduate School template.

For a template, please see: W:\Graduate School\Division of Clinical Science\DCS_Clinical Psychology\Research
• OPTION 3:
a) Two or more related journal-ready articles that represent a programmatic line of research, e.g., possibly one as literature review and a second one containing the primary results. As of July 1st, 2015, both articles are required to be first-authored by the student unless approved by the Research Committee.
b) Written overview with sections that tie together the papers, including a Background section, Study 1, Study 2 and General Discussion section.
c) Appendix for studies reviewed, additional references, analyses, etc.
d) This option requires the Proposal Summary, Oral Proposal Meeting and Oral Dissertation Defense.
e) The final dissertation manuscript must conform to the Graduate School template.
For a template, please see: W:\Graduate School\Division of Clinical Science\DCS_Clinical Psychology\Research
Presented to the Psychology Research Committee by: ______________________
Date: __________________

Title of Project:

Background/ Rationale:

Primary Aims:

Methods
   Subjects (source, N, prospective/retrospective, etc):

      Primary planned analyses

Main hypotheses:

Proposed Committee (indicate role of each on committee):

1. (Chair)  
2.  
3.  
4.  
5. 
PROPOSED BY:______________________________________________________________

PROPOSED ON:____________________________________________________________

TITLE:_______________________________________________________________

We the committee members accept this dissertation proposal as presented on the above date:

________________________________ (Chair)
[name]

________________________________
[name]

________________________________
[name]

________________________________
[name]

________________________________
[name]

ENDORSED ________________________________
Betsy D. Kennard, Psy.D.
Chairman
Please request all forms and documents referenced below from the Education Coordinator.

Committee Members
You must have 5 official members on your dissertation committee. 4 of the 5 members must have an appointment with the Graduate School. If you have questions about whether or not someone meets that criteria please check with the Education Coordinator. It is possible to have 6 members on a committee, with one unofficial member who will be unlisted on the Graduated School forms.

Proposal and Declaration of Committee
Once you have a dissertation committee and project in mind, you need to send this information to the Education Coordinator in the form of a summary. (See Proposed Dissertation Project: Overview and Committee form.) The Steering Committee will review this summary and approve or request that you make changes.

Once the Steering Committee approves your proposal summary, please turn in the “Declaration of Committee” form to the Education Coordinator. This form requires the signatures of your committee members and the Program Chair’s signature.

Scheduling the date and location of your proposal meeting
If you are planning to have your proposal in the Psychology Division office suite, please contact the Education Coordinator to reserve a room for you. Also let the Education Coordinator know if you will need any special equipment (i.e. LCD projector, laptop computer). If you are planning to propose in a different location, you will need to make room and equipment arrangements there.

Upon completion of your proposal, have all committee members and the Program Chair sign your “Dissertation Proposal” form. You also need to provide the Education Coordinator an electronic copy of your proposal. This will be placed in your student file.

Diploma Card
Complete and email the Diploma Card to the Graduate School approximately mid-semester during the semester in which you plan to graduate. The Education Coordinator will send out e-mail notices regarding the Diploma Card deadline.

Formatting the Dissertation
For Graduate School requirements regarding the format of your dissertation, check the “Instructions for the Preparation of Masters Theses and Doctoral Dissertations” on the Graduate School web page. This document provides general guidelines for your dissertation format required by the Graduate School. The Graduate School requires submitted electronically on on-line. You are no longer allowed to submit paper copies of your dissertation to the Graduate School (with the exception of one page of your dissertation—see below).

Regarding the electronic format of your dissertation, the instructions state, “For the greatest ease in producing an ETD (Electronic Thesis/Dissertation), it is suggested that students obtain the Microsoft Word master document, or style template, from the Library consultants and install it on their computer. This template is also available on the Library’s ETD Web site (http://www4.utsouthwestern.edu/library/ETD/gradDownload.cfm) and has been developed to streamline the conversion of the Word document into an Adobe Postscript Document Format (PDF) file.” In addition, there are ETD workstations at both the North and South campus libraries, where you can covert your Word document. Library staff members are also available to assist you with this task.

In addition to following the Graduate School formatting guidelines, you must follow the Program guideline that requires your dissertation to be in APA style.
**Final Defense Forms**
After you complete your final defense, have all of your committee members sign the “Report of Final Oral Examination” form. This form requires the signatures of your committee plus the Program Chair’s signature.

**Filing the Dissertation and Graduation**
Each semester, the Graduate School sets a “filing” deadline for dissertations. This date occurs near the end of each semester. “Filing” your dissertation with the Graduate School means that you must submit your final electronic copy of your dissertation to the Graduate School, as well as these completed forms:

Filing Requirements for Doctoral Students *(all Graduate School documents can be found on the W drive)*

1. Copy of the dissertation submitted electronically on-line

2. Original, completed, and signed in ink Report of Final Oral Examination form [see form].


4. Copyright disclaimer form [see form].

5. Receipt for $120.00 graduation fee payment.

**Binding your Dissertation**
The Program requires that you provide 1 bound paper copy for the Program library. In addition, your chair and/or committee members may request personal bound copies from you. Bindery services are available through various bindery services found online.

*If you have any questions about any of the forms, Graduate School procedures, or Division procedures, please do not hesitate to ask your Education Coordinator.*
Dissertation Filing Checklist

_____ Diploma Card

_____ Report of Final Oral Examination

_____ ETD checklist (on-line form)

_____ Title Fly Page

_____ Copyright Disclaimer

_____ Survey (on-line form)

_____ $120 for diploma students
<table>
<thead>
<tr>
<th><strong>Student ID# Number</strong></th>
<th><strong>Today's Date</strong></th>
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<tr>
<th><strong>Print name as documented in Registrar record</strong></th>
<th><strong>Personal Email Address (Yahoo, Hotmail, Gmail, etc.)</strong></th>
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<th><strong>Address after graduation</strong></th>
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<th><strong>Degree sought</strong> (Ph.D./MDPhD/MS, MA)</th>
<th><strong>Graduate Program</strong></th>
<th><strong>Mentor (M.D., Ph.D.)</strong></th>
<th><strong>Area of Specialization (if applicable)</strong></th>
<th><strong>Conferral date</strong> (date of graduating semester)</th>
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<th><strong>Exact Title of Thesis or Dissertation</strong></th>
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<th><strong>If known, indicate your employment after graduation</strong></th>
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<th><strong>Mailing Address</strong></th>
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**Check all that apply:**

- I will attend graduate school commencement exercises  Yes _ No_
- Mail diploma to address after graduation
- Mail diploma to permanent address

(For Office Use Only)

Thesis/dissertation submitted to Graduate School office:

Supplementary forms submitted to Graduate School office:

Remarks:
The University of Texas Southwestern Medical Center
SOUTHWESTERN GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

REPORT OF FINAL ORAL EXAMINATION

Date

We, the undersigned, as the examining committee for the thesis/dissertation of: ____________________________
in the graduate program of ____________________________
report that we have examined this student on his/her thesis/dissertation entitled: ____________________________

The student named above has completed a thesis/dissertation that gives evidence of ability to do independent investigation and which constitutes a contribution of new knowledge in his/her major field.

Comments:

________________________________________________________
Chair, Examining Committee

Committee Members:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

This student has completed all work and passed all examinations required by the graduate program. We recommend that the student named above be granted the degree of: ____________________________ in ____________________________

________________________________________________________
Signature of Graduate Program Chair
Copyright Disclaimer

I hereby certify that any extensive copyrighted material that I have utilized in the manuscript of my dissertation/thesis is with written permission of the copyright owner. I hereby agree to indemnify and save harmless the University of Texas from any and all claims that may be asserted or that may arise from any copyright violation.

__________________________
Signature

__________________________
Date
## RESOURCES FOR STUDENTS

<table>
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<tr>
<th>In House</th>
<th>University Wide</th>
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<tr>
<td><strong>Student Advisement</strong></td>
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<td>Family Advisement Structure</td>
<td>Career Services Office</td>
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<td>Diversity Club</td>
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<tr>
<td>Women in Science and Medicine Advisory Committee (WISMAC); various</td>
<td>Library Services (to include advanced search engines and publication support)</td>
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<tr>
<td>activities and symposia available</td>
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<td>FOCUS (Faculty-Student Organization of Clinical Psychology at UT</td>
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<td>Southwestern)</td>
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<td><strong>Academic Opportunities and Support</strong></td>
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<tr>
<td>Additional formal mentorship available upon request</td>
<td>Academic Support Services at UTSWMC</td>
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<tr>
<td>Psychiatry Clinical Research Infrastructure</td>
<td>Office of Diversity, Inclusion, and Equal Opportunity</td>
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<td>Psychiatry Grand Rounds</td>
<td>Graduate Student Organization (GSO)</td>
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<tr>
<td>Psychology Didactic Series</td>
<td>Weekly Division of Clinical Sciences Seminars and Lectures</td>
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<tr>
<td><strong>Health and Family</strong></td>
<td>Monthly University Lecture Series</td>
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<tr>
<td>Reduced-fee psychotherapy by community providers for students (available</td>
<td>University Grand Rounds</td>
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<tr>
<td>upon request)</td>
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<tr>
<td><strong>Equipment, Computer, and Statistical Support</strong></td>
<td>Psychology Didactic Series</td>
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<tr>
<td>Computer lab with SPSS capabilities provided on all equipment</td>
<td>Ethics in Science and Medicine Seminars</td>
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<td>Psychological Test Materials</td>
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<td>A/V equipment (video cameras, laptops, projectors, etc.)</td>
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<td>Psychotherapy Rooms</td>
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<td>Individual voicemail boxes</td>
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<td><strong>Financial Support</strong></td>
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<td>Dean’s Competitive Scholarship</td>
<td>Financial Aid Office</td>
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<tr>
<td>Research and Teaching apprenticeships available.</td>
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<tr>
<td>Recreation</td>
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<tr>
<td>Psychology Student Faculty Fall Social</td>
<td>Bryan Williams MD Student Center</td>
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<tr>
<td>Psychiatry Department Holiday Social</td>
<td>Intramural Sports</td>
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<tr>
<td>Family Field Day</td>
<td>Graduate Student Organization (GSO) Events</td>
</tr>
<tr>
<td>FOCUS-organized events (community service, food drives, etc.)</td>
<td>Outdoor tennis and basketball courts; Sports field</td>
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<tr>
<th>Disability Support</th>
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<tbody>
<tr>
<td>Specialized tutoring and mentorship available upon request</td>
<td>EEOC Office</td>
<td>Student Assistance Committee in Graduate School</td>
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<tr>
<th>Consultation</th>
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<tr>
<td>Didactic Seminars (Master Clinician Case Conferences)</td>
<td>Dept of Legal Affairs and Risk Management Services</td>
<td>Institutional Review Board</td>
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<tr>
<td>Specialized consultation available as needed</td>
<td>Statistical Consulting</td>
<td>International Office (Eugene McDermott Academic Administration Building)</td>
</tr>
<tr>
<td>Annual Children’s Medical Center Cultural Diversity Fellowship (1st year students applicable)</td>
<td>Graduate Student Organization (GSO) Travel Scholarships</td>
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APPENDIX L

Procedure Regarding the Requirement of Students in Clinical Programs to Pass a Criminal Background Check.

Student Background Check Instructions
Texas student background checks are processed on-line through GroupOne Services and cost $45.00. Fees may be paid by Visa or MasterCard. If a student has no access to a credit card, they may mail or deliver a money order for $45.00 (along with their email address) to GroupOne Services.

Information you will need before you start:
- Valid Visa, MasterCard or Pass Code from GroupOne
- Full legal name (first, middle, last)
- Maiden names and former names
- Date of Birth
- Phone number
- Social security number
- Current address (complete address; not necessarily what shows on your drivers license)
- Zip codes where you have lived in the last 7 years (a U.S. Postal Service zip code lookup link on GroupOne’s website will help you with this)

To initiate a background check, access GroupOne’s website via http://www.GP1.com/students
Before you enter your information you will electronically sign your name. When credit card payment is made you are prompted to print that page for your records.

After reaching the website you will need to make the following sequenced selections:
1) Select “Texas”
2) Select “your school”
3) Select your proper health science discipline and then click “add”
4) Follow the prompts through the rest of the process

Money Order Option:
Payments can be made via a $45 money order payable to GroupOne Services. You must include a note with the following information:
- Full Legal name (first, middle, last)
- Email address
- Phone Number
- SSN, Date of Birth
- School name, discipline name
- 7 year city and state history

Mail to: Group One Student Services
250 Decker Drive
Irving Texas, TX 75062

Most reports take 2-4 business days to complete and post results on-line once payment is processed.
Division of Psychology
Carmen Miller Michael Award Criteria

In 1998 the late Dr. Carmen Miller Michael created an endowment to make possible an annual award to an outstanding student in clinical psychology at UT Southwestern. Based upon excellence in scholarship and citizenship, third and fourth year students in the doctoral program are eligible for nomination. The award was first given in 2000.

Dr. Michael received her PhD in Clinical Psychology from Case Western Reserve. She joined the medical school faculty in 1951, becoming the first psychologist in what was then known as the Department of Neuropsychiatry. She served as Chief Psychologist until 1958, when with the advent of motherhood she resigned her position. Since then and up until her death in 2013 she was continuously active in the psychology program on a part-time basis. Aside from her professional work in psychology, she was especially recognized for contributing her organizational skills to community projects in the fields of health, education, and welfare.

Dr. Michael served as a role model and mentor in the areas of scholarship and citizenship, and we honor her achievements as well as those of students who are seen as most meritorious in these areas. Your nomination is solicited according to the criteria as described below.

Scholarship: As a student, the nominee consistently surpasses basic scholarship standards. The student completes academic assignments and seeks additional educational opportunities. The student pursues avenues of independent study and academic requirements are met with high quality results. Consider the following attributes: knowledge, originality, responsibility, planning, organization, dependability, initiative, flexibility, clarity of written and verbal communication.

Citizenship: The student is recognized for development of positive relationships and highest levels of ethical behavior in the graduate program. The student readily assists or mentors other students, and demonstrates exemplary commitment to service in the field of psychology. The student consistently interacts in a responsive and supportive manner with classmates; treats faculty with courtesy and respect; is considerate of different cultures and beliefs; is caring and respectful toward patients; and observes appropriate demeanor. Consider the following attributes: positive morale, cooperativeness, leadership, loyalty, enhancing the school and the community.
Clinical Psychology Outstanding Dissertation Award

- **Requirements for consideration:**
  - All students who successfully defended their dissertation within the past academic year are considered (e.g. for the 2015 award, must have defended in the 2014-15 academic year).
  - Students must be in good standing with the program in order to be considered.

- **Process:**
  - During student evaluations at the end of Summer term, the committee will identify all students who successfully defended their dissertations in the past academic year (September 1 – August 31).
  - The abstracts of these students’ dissertations will be evaluated for clarity of purpose, quality of research method and design, and potential for research and/or clinical implications. Abstracts will be rank ordered based on this initial review.
  - Students with the top three abstracts will be asked to submit the journal-ready manuscript(s) of their dissertation (which is already part of the program’s graduation requirements) for review. The student must be first author on this manuscript. If a student does not provide the submission-ready manuscript, the brief manuscript from the next highest ranked abstract will be solicited until three students with submission ready manuscripts have been identified.
  - The journal-ready manuscript will be evaluated by a subcommittee of the Research Committee. The subcommittee:
    - Will consist of individuals with no conflict of interest (e.g. serving on a nominated dissertation committee); and
    - Will ideally involve early-career individuals as a way for them to become familiar with our program’s approach to dissertations.
  - Submissions will be rated on the following (see Rating Form for more detail):
    - Clarity of purpose and rationale, quality of method and research design, appropriateness of statistics and results, and potential contribution of conclusions, implications and/or applications; and
    - Evidence of student independence and initiative
  - The submission with the highest rating will win. The winner will be announced at Fall Social (October or November).

- **Award:**
  - Certificate
  - Monetary award (The award includes a donated cash award of up to $500, pending available funds)

- **Benefits:**
  - Provides opportunity to recognize research excellence
  - Provides additional motivation to students to carry out a high quality project and to complete the journal-ready manuscript in a timely manner
  - Provides the winning student with an additional way to distinguish themselves during the early-career job search
  - Allows opportunities for additional faculty involvement
  - Allows junior faculty the opportunity to evaluate research and become familiar with the dissertation process, which may be helpful as they begin to mentor research students
  - Allows for recognition of the contribution of the mentor and committee involved in the winning dissertation
Outstanding Dissertation Award
Evaluation Form/Instructions

The Call for Nominations stated that the submission ready manuscript based on the dissertation would be evaluated on the dimensions listed below in items 1-4. The Research Committee further endorsed the notion of rating the extent to which students showed independence and initiative in developing and implementing their dissertation. The nomination form thus requested information about whether the student collected new data for their dissertation, etc.

Please rate each “submission ready” dissertation manuscript on the following dimensions using a 1 – 5 scale. Providing comments to explain your rating would be great, but are not necessary. The Overall Rating should consider these 5 dimensions, but does not have to be an average of the 5 dimensions. The Overall Rating will be used to make the final determination of the Awardee, with the scores on the specific dimensions used to clarify the strengths and weaknesses of the manuscript.

1 = poor  
2 = acceptable  
3 = good  
4 = very good  
5 = outstanding

NOMINEE: ______________________________________

_____ 1. Clarity of purpose and rationale (intro):

_____ 2. Quality of methods and research design (method):

_____ 3. Quality of statistics and presentation of results (results):

_____ 4. Significance of contribution to research, theory or practice (discussion):

_____ 5. Student initiative – bonus points for students who took the initiative in terms of collecting original data, developing novel questions with existing data sets, generating new data from existing data sets (e.g., coding audiotapes for new constructs that hadn’t existed in the data set, etc.). The steering committee suggested that reviewers consider this a 3 as a starting point, and then moving up or down from that point:

_____ OVERALL RATING:
Division of Psychology
Outstanding Intern Award Criteria

In 2012, the Division of Psychology established the Outstanding Intern Award to be awarded annually. This award will be given to a clinical psychology intern who has demonstrated excellence in the areas of clinical acumen, collaboration with team members, and professional integrity and ethical behavior.

The recipient of this award will be chosen based on the following criteria:

**Clinical Skill:**

- Excellence in clinical assessment and diagnosis.
- Excellence in psychological interventions.
- Excellence in knowledge and sensitivity to issues of individual and cultural diversity.

**Collaboration:**

- Significant contributions to the agency's service mission.
- Outstanding ability to work with others from all levels and disciplines within the organization.

**Integrity:**

- Demonstrates respect for and sensitivity to others.
- Shows reliability and trustworthiness in all clinical responsibilities.

**Award process:**

Internship site supervisors will be asked to submit nominations based on the above criteria. Steering Committee members will review nominations and materials submitted and select the recipient.
Introduction

Purpose:
This policy details procedures related to graduate students with disabilities at the University of Texas Southwestern Medical Center. The policy:

• Defines key terms related to disabilities
• Describes guidelines to assess a student for a disability
• Details student, administrator, and support personnel responsibilities regarding the policy
• Notes categories of reasonable accommodations and their rationales
• Describes how students, faculty, and administrators will be informed of this policy

The policy affirms Southwestern's commitment to meet the needs of competitive and qualified candidates who are disabled without sacrificing the standards required by the school and its graduate school curriculum. The policy is designed to enhance collaboration among students with disabilities, faculty, administrators, and support personnel to insure that these students have the opportunity to attain their academic and professional goals.

Background
The Americans with Disabilities Act (ADA), enacted in July 1990, prohibits discrimination against a qualified individual with a disability on the basis of that disability. Title III of the ADA has elements that apply to the relationship between a student with a disability and educational institutions. To be considered qualified as a graduate student, the individual must have the necessary prerequisites and must be able to perform the essential functions (see Section III, Essential Functions). In addition, the individual may not have characteristics that pose a direct threat to the safety of him/her self or others. This also applies to a person who has a history of or is regarded as having such an impairment.

Definition of Terms
a. Disability: According to the Americans with Disabilities Act of 1990 (ADA), an individual has a disability if she/he has a physical or mental impairment that substantially limits a major life activity, has a record of such impairment, or is regarded as having such impairment. While some disabilities (e.g., spinal cord injury or blindness) may be readily observable, other disabilities may not be as obvious. For example, a psychologist must perform a specialized assessment to identify a learning disability, a type of disability that may specifically interfere with activities related to academic pursuits.

b. Learning Disability (as defined by the Rehabilitation Services Administration): "A disorder in one or more of the central nervous system processes involved in perceiving, understanding, and/or using concepts through verbal (spoken) or written language or nonverbal means” (RSA PPD-85-7, 1985, p.2). Learning disabilities may commonly be manifested in difficulties with reading, spelling, expression of ideas in writing, or performing mathematical problems.

c. Essential Functions: Basic abilities that a student must have to be able to complete the graduate school curriculum. Section III, below, contains the essential functions required for students entering UT Southwestern Graduate School of Biomedical Sciences.

d. Reasonable Accommodation: An adjustment or modification that allows the student with a disability equal access to participate in activities of a student in a graduate school program. Examples of reasonable accommodations include constructing ramps at the entrance of a building, installing amplification devices in a lecture hall, and providing additional time to complete examinations. Any reasonable accommodation should not cause undue hardship, financial or otherwise, to the graduate school.

e. Diagnostic Professional: An individual who possesses the skills, knowledge, and professional credentials to assess and diagnose a specific disability and make reasonable accommodations based on a specific disability.

Essential Functions:
All individuals, including persons with disabilities, who apply for admission to UT Southwestern Graduate School of Biomedical Sciences, must be able to perform specific essential functions. Essential functions are the basic activities that a student must be able to do to complete a graduate program curriculum. No student applicant who has the ability to perform the graduate school's essential functions--either with or without reasonable accommodations--will be denied consideration.
for admission. A candidate for a graduate degree at UT Southwestern must be able to do the following with respect to these functions:

a. Observation: Candidates must be able to accurately observe demonstrations close at hand and at a distance to learn skills and to gather data. Candidates must also possess functional use of the sense of vision.

b. Communication: Applicants must be able to communicate in English orally and in writing, and must be able to read and comprehend written material in English.

c. Psychomotor Skills: Candidates must have sufficient motor function to obtain experimental data using tactile, auditory, and visual maneuvers. Candidates must be able to execute motor movements to perform experiments that are reasonably required of biomedical researchers.

d. Intellectual and Cognitive Abilities: Candidates must be able to measure, calculate, reason, analyze, synthesize, integrate, and apply information.

e. Behavioral and Social Attributes: Candidates must possess the emotional health required to use their intellectual abilities fully. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. Integrity, interest and motivation are all personal qualities that should be assessed during the admissions and education processes.

f. Ethical Standards: A candidate must demonstrate professional demeanor and behavior, and must perform in an ethical manner in all dealings with peers, faculty, and staff.

Accommodations

Accommodations are individually determined to fit the specific needs of a student with a disability. The documentation that a student provides to the graduate school to confirm a disability must contain specific recommendations designed to address that individual's needs related to the identified disability. Each recommended accommodation will be assessed by the graduate school and the institution's ADA Coordinator to insure it can be provided without undue hardship or excessive cost to the institution. Some general categories of accommodations and a rationale for each are presented below:

a. Accommodations that allow equal access to information presented in lecture format. Rationale: A student with a disability should have equal access to information that an instructor provides during class. A student needs to be able to obtain this information through some modality that circumvents the limitation created by his/her disability.

b. Accommodations that allow equal access to reference materials required for class. Rationale: A student with a disability should have equal access to books, periodicals, and other study materials that an instructor requires or assigns. A student needs to access this information through some modality that circumvents the limitation created by his/her disability.

c. Accommodations that allow equal opportunity to comprehend instructional material. Rationale: A student with a disability should have equal opportunity to understand the information that is presented. If a disability limits understanding when material is presented in the usual manner, alternative ways to impart the information and monitor comprehension should be offered.

d. Accommodations that allow equal opportunity to demonstrate what has been learned. Rationale: A student with a disability should have equal opportunity to demonstrate that he/she has learned the instructional material. If a disability limits the manner in which the student can communicate his/her knowledge, adjustments to the usual format should be made or other mechanisms that facilitate this communication should be available.

Responsibilities

a. Students with a disability will:
   i. Read this policy and follow its guidelines.
   ii. Provide to the graduate school a formal request for accommodation due to a disability and documentation of their disability from a qualified diagnostic professional. These materials should be provided to the Director of Graduate and Postdoctoral Affairs prior to enrollment or within 10 working days after being diagnosed with a disability to insure that their materials can be assessed and accommodations coordinated. The documentation must specify the disability, describe who determined the disability status, how the status was determined, and recommend reasonable ways to accommodate that student's disability within the context of the curriculum.
   iii. Inform the course director of the approved accommodation within the first week of a course so that the student and course director can coordinate the specified accommodation. The student will inform the course director using the Memo from the Graduate School to Course Director Verifying Disability and Listing Recommended Accommodation (See Appendix A.)
   iv. Meet with the Director of Graduate and Postdoctoral Affairs at least two weeks before their first/next course examination to verify that the recommended accommodation is implemented.
   v. Notify the Director of Graduate and Postdoctoral Affairs in writing within 24 hours of any problem/concern relating to the implementation of any recommended accommodation based on a disability. This time period allows the graduate school to investigate and deal with the situation.

b. The Director of Graduate and Postdoctoral Affairs will:
   i. Serve as the point of contact/referral for all matters related to students with disabilities.
   ii. Render the official decision about the appropriateness of an accommodation in writing to the student with copies provided to the other campus officials involved in the review process. This will be done after
consultation with the campus professional who reviews the diagnosis and requested accommodation, the campus ADA coordinator, the Dean of the graduate school, and/or whoever else the Dean designates.

iii. Provide admissions committee members with information about the Americans with Disabilities Act (ADA) as it relates to the admissions process, including the "dos" and "don'ts" relating to interviewing and selection of applicants.

iv. As needed, coordinate training session for course directors pertaining to students with disabilities.

v. Distribute copies of the policy to program chairs and for distribution to their course directors.

vi. Seek appropriate campus resources to assess and validate each student’s documentation of a disability.

vii. Use input from an entering student with a disability to identify additional activities, such as focused orientation sessions, that would help the student.

viii. Send any materials related to a student's disability to the Registrar to be placed in the student's file. To insure confidentiality, strict adherence to the institutional policies regarding access to a student's file will be followed. The following specific items will be added to the file of a student with a disability:

- A letter from the student specifying his/her disability and requesting accommodation due to that disability.
- The student's evaluation for a disability from a qualified diagnostic professional.
- A memorandum from a qualified campus resource who assessed and validated a student's documentation of a disability.
- A record of accommodations made in courses.

c. Each course director will:

i. As needed, brief faculty participating in the course on the policy pertaining to disabled students.

ii. Discuss implementation of the recommended accommodations with the student. The student will initiate this discussion within the first week of a course to allow the coordination of the suggested accommodation.

iii. Discuss any concerns related to the student's disability and recommended accommodations with the Dean of the graduate school.

iv. Insure that recommended accommodation be implemented.

d. Campus professionals who review disability documentation for the institution will:

i. Review the documents submitted by the student to verify a disability. Insure that a qualified professional, as judged by the professional's curriculum vitae, has assessed the student using the means accepted by professionals in that area. The documentation from the professional who assessed the student must specify the disability, describe how it was assessed, and suggested accommodations which meet the needs of the student and can be reasonably accommodated by the institution.

ii. Respond to questions regarding assessment of disabilities and appropriateness of recommendations from the student with disabilities, the graduate school and course directors.

iii. Write a letter describing the acceptability of the evaluation and the appropriateness of the recommendations to the Dean of the graduate school.

e. The University of Texas Southwestern Medical Center ADA Coordinator will:

i. Communicate changes in law or institutional policy to the graduate school.

ii. Review this policy annually to insure that it complies with the law and institutional policies.

iii. Assess recommended accommodations for students with disabilities with the graduate school to insure that the accommodations can be made without undue hardship or financial strain upon the institution.

Assessment Guidelines for a Specific Learning Disability

a. Students who seek accommodations based on a specific learning disability must submit documentation to verify their eligibility for those accommodations under Section 504 of the Rehabilitation Act of 1973. Students are responsible for any and all costs associated with the assessment.

b. Students who are to be assessed for a specific learning disability after enrollment at UT Southwestern must review the guidelines below with the professional who will assess them. The guidelines are provided to help insure that the student's documentation of a specific learning disability meets the institution's and the National Board of Medical Examiner's requirements.

i. Comprehensive Assessment. More than one test must be administered for the purpose of diagnosis. Minimally, domains to be addressed must include aptitude, achievement, and information processing. Other helpful areas, such as vocational interests and aptitudes, may be included in the assessment. The information related to each domain that is reported below is neither intended to be an exhaustive list, nor aimed to restrict assessment in other pertinent and helpful areas such as vocational interests and aptitudes.

1. Aptitude. The Wechsler Adult Intelligence Scale - Revised (WAIS- R) with subtest scores is preferred. The Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability or the Stanford-Binet Intelligence Scale--Fourth Edition are acceptable.

2. Achievement. Current levels of functioning in reading, mathematics, and written language are required. Acceptable instruments include the Woodcock-Johnson Psychoeducational Battery - Revised; Tests of Achievement; Stanford Test of Academic
Skills (TASK); Scholastic Abilities Test for Adults; or specific achievement tests such as the Test of Written Language -2(TOWL-2), Woodcock Reading Mastery Tests - Revised, or the Stanford Diagnostic Mathematics Test. The Wide Range Achievement Test - Revised is NOT a comprehensive measure of achievement, and therefore, is not acceptable.

3. Information Processing. Specific areas of information processing (e.g., short- and long-term memory; sequential memory; auditory and visual perception/processing; and processing speed) must be assessed. Use of subtests from the WAIS-R or the Woodcock-Johnson Tests of Cognitive Ability is acceptable.

ii. Assessments must be current. In most cases assessments must be within the past three years, because it is in the student's best interest to have recent and appropriate documentation to serve as the basis of decision-making about specific accommodation needs in the fast-paced and information-rich graduate school learning environment. Exceptions to the three-year criterion will be decided on a case-by-case basis after consultation with a licensed psychologist.

iii. Identification of a learning disability. There must be clear and specific evidence and identification of a learning disability. While individual "learning styles" and "learning differences" are important variables in learning, they in and of themselves do not constitute a learning disability.

iv. Information required on diagnostic reports. All diagnostic reports must include the following specific information:
   • The assessor's name, degree, title, address, telephone number
   • The date(s) of assessment
   • The names and results of tests (i.e., scores)
   • The nature and effect of the learning disability
   • The student's academic strengths and weaknesses, and
   • Recommended compensation strategies and accommodations.

v. Handling of the diagnostic report. The student must bring a photocopy of the diagnostic report to the graduate school. The diagnostic report is considered confidential information.

vi. Qualifications of Assessors. A licensed psychologist or learning disabilities diagnostician with experience in assessing adults must conduct the assessment.

c. If needed, the student and/or the professional should contact the Director of Graduate and Postdoctoral Affairs about questions concerning the guidelines. The Director may refer the diagnostician to the school's consulting psychologist or learning skills consultant.

Evaluation and Feedback

This policy addresses specific issues related to students with disabilities. Input from students, faculty, administrators, and support personnel is desired to improve the policy. Any person can discuss concerns/questions about or recommendations regarding the policy with the Dean of the Graduate School at any time. If there is a problem with the implementation of the policy, the Dean of the Graduate School can investigate the situation, identify the problem, and specify changes (including policy changes) to prevent the same problem from happening again.

Responsibility for Dissemination and Enforcement of this Policy

a. Prospective and current students are informed of the University’s general policy against discrimination in the graduate school catalogue as follows:

To the extent provided by applicable law, no person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by The University of Texas System of any of its component institutions on the basis of race, color, national origin, religion, sex, age, veteran status, or disability.

It is the goal of The University of Texas Southwestern Medical Center that its campus be accessible to people with physical disabilities and free from unnecessary physical barriers. Individual requests for accommodations in the graduate school should be directed to the Director of Graduate and Postdoctoral Affairs.

b. The Director of Graduate and Postdoctoral Affairs will be responsible for addressing specific student, faculty, or administrator questions regarding students with disabilities.

c. The individual designated as the institution’s ADA coordinator will inform the graduate school about any changes in the ADA so that appropriate changes in this policy can occur.
Sample Memo from Graduate School to Course Director Verifying Disability and Listing Recommended Accommodation

MEMORANDUM

FROM:

TO: {Student’s Name}

DATE:

SUBJECT: Instructions for Students with Disabilities

The accommodation requested for your learning disability has been approved. Each of your course directors for each academic term will be informed that you have a disability and have been approved for the specific accommodation noted below. The directors will also be told not to disclose any information about your disability to anyone unless you specifically request it.

<table>
<thead>
<tr>
<th>Nature of Disability</th>
<th>Approved Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning disability</td>
<td>Double-time on written examinations</td>
</tr>
</tbody>
</table>

Give a copy of this memo to the course director on the first day of that course. About one week before the examination the course director will give you a memorandum stating:

1. The accommodation that you will be provided,
2. The location at which the examination will be administered,
3. The date and time you are to report to the examination site,
4. The starting and ending times for the examination, and
5. Any prearranged special details.

If you have questions about the accommodations you are to receive contact Nancy McKinney, Director of Graduate and Postdoctoral Affairs at 214-648-8099.
APPENDIX Q

Copy Machine Protocol

Purpose: To reduce the amount of copying in the department, and avoid the wear and tear on the current copy machine, the following procedures need to be followed.

1. Separate copy codes for each class and for the chief residents are provided by the program. Class representatives will have the ability to make copies for their classmates. We encourage strict confidentiality for these codes. Based on class needs, numbers of copies are tapered per year.

   1st year class: 4,000 copies per semester
   2nd year class: 2,000 copies per semester
   3rd year class: 1,000 copies per semester
   Chief Residents: 1,000 copies per semester

2. Copy codes for each individual student are comprised of the last four digits of the student ID. Due to the limited number of copies, please note that large documents (e.g. study materials for clinical exams and dissertation documents) should be printed elsewhere.

   Individual students: 500 copies per student per year

3. Copy codes are also provided for teaching assistants for use in labs. The codes are reset in January of each year.

   CM I Lab: 500 copies
   CM II Lab: 500 copies

4. Student organizations, i.e. cultural diversity and FOCUS, should take advantage of free copies to be made at the student center on south campus.

   Requests for exemptions can be made through the Program Director.
Incomplete Grade Notification

A student may receive a grade of Incomplete (I) if the majority of the course requirements have been completed with passing grades but for some justifiable reason, acceptable to the instructor, the student is unable to complete the full requirements of the course.

In accordance with University policy, at the time an Incomplete is given the instructor must stipulate in writing, to the student and the Program Office, the requirements and completion date that are to be met and the grade that will be given if the requirements are not met by the completion date. The maximum period of time allowed to clear the Incomplete grade is 12 months. If the Incomplete grade is not cleared by the date set below or by the end of the 12-month deadline, the Incomplete will be changed to the grade provided below by the instructor or to an F if no alternate grade is provided.

STUDENT NAME: ___________________________ PROGRAM: ___________________________ PhD

COURSE: ___________________________ SEMESTER: ___________________________

INSTRUCTOR: ___________________________ DATE: ___________________________

Instructor’s deadline for completion: ___________________________

Nature of work to be completed (e.g., if a paper, length and topic; if an examination, type and material to be covered):

Grade To Be Assigned If No Additional Work Is Done: ___________________________

Additional comments:

Student Signature ___________________________

Instructor Signature ___________________________

Upon satisfactory completion of the listed course the course instructor should complete the following and forward to the Program Office.

The Incomplete grade for the course should be changed to: ________

Instructor Signature ___________________________ Date: ___________________________
ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002
Effective June 1, 2003

With the 2010 Amendments
Adopted February 20, 2010
Effective June 1, 2010
INTRODUCTION AND APPLICABILITY 4.02 Discussing the Limits of Confidentiality 8.04 Client/Patient, Student, and Subordinate Research Participants
PREAMBLE 4.03 Recording 8.05 Dispensing With Informed Consent for Research
GENERAL PRINCIPLES 4.04 Minimizing Intrusions on Privacy 8.06 Offering Inducements for Research Participation
Principle A: Beneficence 4.05 Disclosures 8.07 Deception in Research
and Nonmaleficence 4.06 Consultations 8.08 Debriefing
Principle B: Fidelity and Responsibility 4.07 Use of Confidential Information 8.09 Humane Care and Use of Animals in Research
for Didactic or Other Purposes 4.08 Testimony 8.10 Reporting Research Results
Principle C: Integrity 5.01 Avoidance of False or Deceptive Statements 8.11 Plagiarism
Principle D: Justice 5.02 Statements by Others 8.12 Publication Credit
Principle E: Respect for People's Rights 5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs 8.13 Duplicate Publication of Data
and Dignity 5.04 Media Presentations 8.14 Sharing Research Data for Verification
5.  Advertising and Other Public Statements 5.05 Testimonials 8.15 Reviewers
1. Resolving Ethical Issues 5.06 In-Person Solicitation
1.01 Misuse of Psychologists' Work 5.07 Referrals and Fees
1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority 6.  Record Keeping and Fees
1.03 Conflicts Between Ethics and Organizational Demands 6.01 Documentation of Professional and Scientific Work and Maintenance of Records
1.04 Informal Resolution of Ethical Violations 6.02 Withholding Records for Nonpayment
1.05 Reporting Ethical Violations 6.03 Boundaries of Competence
1.06 Cooperating With Ethics Committees 6.04 Providing Services in Emergencies
1.07 Improper Complaints 6.05 Maintaining Competence
1.08 Unfair Discrimination Against Complainants and Respondents 6.06 Bases for Scientific and Professional Judgments
2. Competence 6.07 Delegation of Work to Others
2.01 Boundaries of Competence 6.08 Personal Problems and Conflicts
2.02 Providing Services in Emergencies 7.  Education and Training
2.03 Maintaining Competence 7.01 Design of Education and Training Programs
2.04 Bases for Scientific and Professional Judgments 7.02 Descriptions of Education and Training Programs
2.05 Delegation of Work to Others 7.03 Accuracy in Teaching
2.06 Personal Problems and Conflicts 7.04 Student Disclosure of Personal Information
2.07 Third-Party Requests for Services 7.05 Mandatory Individual or Group Therapy
2.08 Exploitative Relationships 7.06 Assessing Student and Supervisee Performance
2.09 Cooperation With Other Professionals 7.07 Sexual Relationships With Students and Supervisees
3. Human Relations 7.08 Institutional Approval
3.01 Unfair Discrimination 8.01 Informed Consent to Research
3.02 Sexual Harassment 8.02 Informed Consent for Recording
3.03 Other Harassment 8.03 Voices and Images in Research
3.04 Avoiding Harm 8.04 Client/Patient, Student, and Subordinate Research Participants
3.05 Multiple Relationships 8.05 Dispensing With Informed Consent for Research
3.06 Conflict of Interest 8.06 Offering Inducements for Research Participation
3.07 Third-Party Requests for Services 8.07 Deception in Research
3.08 Exploitative Relationships 8.08 Debriefing
3.09 Cooperation With Other Professionals 8.09 Humane Care and Use of Animals in Research
3.10 Informed Consent 8.10 Reporting Research Results
3.11 Psychological Services Delivered to or Through Organizations 8.11 Plagiarism
3.12 Interruption of Psychological Services 8.12 Publication Credit
4. Privacy and Confidentiality 8.13 Duplicate Publication of Data
4.01 Maintaining Confidentiality 8.14 Sharing Research Data for Verification
8.15 Reviewers
2010 AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT”
INTRODUCTION AND APPLICABILITY

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

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

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

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

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

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

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people’s understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

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

GENERAL PRINCIPLES

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

Principle A: Beneficence and Nonmaleficence

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

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues’ scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

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

**Principle E: Respect for People’s Rights and Dignity**

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

**ETHICAL STANDARDS**

1. **Resolving Ethical Issues**

1.01 Misuse of Psychologists’ Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

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

1.05 Reporting Ethical Violations

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

1.06 Cooperating With Ethics Committees

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

1.07 Improper Complaints

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

1.08 Unfair Discrimination Against Complainants and Respondents

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

2. **Competence**

2.01 Boundaries of Competence

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

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

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

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

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

2.02 Providing Services in Emergencies

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

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

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

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to

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

2.06 Personal Problems and Conflicts

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

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

3. Human Relations

3.01 Unfair Discrimination

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

3.02 Sexual Harassment

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

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, gender identity, race, ethnicity, culture, national
3.04 Avoiding Harm

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

3.05 Multiple Relationships

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

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

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

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

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

3.06 Conflict of Interest

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

3.07 Third-Party Requests for Services

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

3.08 Exploitative Relationships

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

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

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

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

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

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

3.11 Psychological Services Delivered to or Through Organizations

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

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

3.12 Interruption of Psychological Services

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

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

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

4.02 Discussing the Limits of Confidentiality

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

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

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

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

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

4.06 Consultations

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

4.07 Use of Confidential Information for Didactic or Other Purposes

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

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists’ Work.)

(c) A paid advertisement relating to psychologists’ activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

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

5.06 In-Person Solicitation

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

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

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

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.
(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists’ withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

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

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists’ fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

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

6.06 Accuracy in Reports to Payors and Funding Sources

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

6.07 Referrals and Fees

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

7. Education and Training

7.01 Design of Education and Training Programs

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

7.02 Descriptions of Education and Training Programs

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

7.03 Accuracy in Teaching

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

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

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

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

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

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

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

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.
8.06 Offering Inducements for Research Participation
(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.
(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research
(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study’s significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.
(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.
(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

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

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

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

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

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

8.13 Duplicate Publication of Data
Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.
8.14 Sharing Research Data for Verification

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

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

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

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

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

9.05 Test Construction

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

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists’ judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standard 2.05, Delegation of Work to Others.)

9.07 Assessment by Unqualified Persons

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

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term test materials refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist’s role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

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(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.
as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

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

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

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

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

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

10.08 Sexual Intimacies With Former Therapy Clients/Patients
(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

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

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

10.10 Terminating Therapy
(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.
The American Psychological Association's Council of Representatives adopted the following amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct" at its February 2010 meeting. Changes are indicated by underlining for additions and striking through for deletions. A history of amending the Ethics Code is provided in the "Report of the Ethics Committee, 2009" in the July-August 2010 issue of the American Psychologist (Vol. 65, No. 5).

Original Language With Changes Marked

**Introduction and Applicability**

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority. Under no circumstances may this standard be used to justify or defend violating human rights.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code, take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.