

CLINICAL STUDENT GUIDE

2020-2021

Clinical Psychology Program*
Department of Psychology
University of Houston

*The UH Clinical doctoral program is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). The accreditation process is intended to promote consistent quality and excellence in education and training in “health service psychology”. Questions related to the program’s accredited status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street, NE, Washington, DC 20002 , Phone: (202) 336-5979 / E-mail: apaaccred@apa.org, Web: www.apa.org/ed/accreditation

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INTRODUCTION

A word of welcome from your faculty

Welcome to graduate school! And congratulations! We are delighted that you have chosen to join us in the Clinical Psychology Program at the University of Houston, where we have a proud tradition of excellence and a host of enthusiastic, dedicated, and accomplished mentors who are eager to guide you through the next phases of your evolving career as a clinical psychologist. Over the next several years, you will undoubtedly be challenged as you strive to keep pace with the considerable demands of your research lab, clinical placements, and coursework, while still managing to have some semblance of a personal life! Along the way, we encourage you to embrace the spirit of scientific curiosity and inquiry as you discover and master new ways of thinking, investigating, and talking about mental and behavioral health. You are the next generation of scientists and practitioners in clinical psychology. We are all invested in your success and look forward to your unique insights and contributions to this challenging and rewarding field!

Clinical Program Leadership and Administration

The Clinical Program is administered by the Clinical Training Committee (CTC) under the leadership of the Director of Clinical Training (DCT) and the Associate Director of Clinical Training (ADCT). The program consists of three APA defined Major Areas of Study: Clinical Psychology (CP), Clinical Child Psychology (CCP), Clinical Neuropsychology (CN).

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Program communication practices – how to use this handbook

The APA Standards of Accreditation (SoA) requires the program to demonstrate commitment to public disclosure by clearly presenting written materials and other communications to relevant parties. This document, the Clinical Student Guide, is the most important mode of communicating important information about program aims, goals, values, policies and procedures. Below, the full list of mechanisms for communicating program information is outlined. Students are encouraged to make use of all of these in the order that they are suggested.

1) Clinical Student Guide: The Clinical Student Guide is the document that summarizes and collates all important program information and should be consulted first and foremost before any other mechanism of communication. It represents a collaborative effort between faculty and students to assemble information that will be helpful to you as a clinical psychology student at UH. This guide is best thought of as a *working document*, since elements of it will require modification and updating as new developments occur. Therefore, the first hour of Fall Town Hall is dedicated to a face-to-face review with students and faculty of any updates in the Clinical Student Guide. In addition, the first Clinical Training Committee (CTC) meeting of Fall will also be dedicated in part to a review of major changes and updates in the Guide. The intent is to assemble in one place program policies and helpful suggestions designed to make the life of the clinical students a little easier. It covers information on coursework, clinical practica, internship, and so on. This information should be used (with the help of your advisor) to design your personalized training plan (Individualized Development Plan – IDP; see Appendix A) that is consistent with your career goals. The policies and procedures contained in this Guide are consistent with our profession's current ethics code and adhere to the University of Houston's regulations and local, state and federal statutes regarding due process and fair treatment. Students are held to the requirements of the Clinical Student Guide under which they entered the program. However, if requirements are ambivalent,

the current year's Clinical Student Guide will be followed at the discretion of the DCT and the CTC. All students receive a hard copy of the updated Clinical Student Guide at the beginning of the academic year. In addition, it is publically available on the Clinical Program "About Us" page as well as in [SharePoint](#). *All students should be thoroughly familiar with the Clinical Student Guide.*

2) Graduate Academic Handbook: The Graduate Academic Handbook, which is provided to each student during Orientation (and which is available on the Psychology department website: <http://www.uh.edu/class/psychology/>) complements the Clinical Student Guide and contains procedural information at the departmental level. Many of the issues that pertain to all psychology graduate students are well-summarized in the departmental handbook. *However, should you notice a discrepancy, follow the Clinical Student Guide and inform the DCT immediately.* Students are held to the requirements of the Graduate Academic Handbook under which they enter the program. However, if requirements are ambivalent, the current year's Graduate Academic Handbook will be followed at the discretion of the DCT and the CTC.

3) Sharepoint: Sharepoint is an electronic platform for sharing and collaborating, disseminating information, and tracking progress. Program policies, procedures, and records are contained and managed through Sharepoint. Therefore, the forms contained in the Clinical Student Guide (see Appendices) are completed electronically through Sharepoint. This enables the program an efficient and reliable way of completing and retaining student and program records which is required by the APA and the State. The site structure is:

Clinical Psychology Top-Level Site

(<https://uofh.sharepoint.com/sites/clinicalpsychology/SitePages/Home.aspx>):

Official, centralized location for all Program information, news, resources, contacts, events/schedules/calendars, documents, forms, etc. for current clinical students and faculty. Three separate subsites:

- Clinical Student Records: activities, accomplishments, evaluations, etc.
- Clinical Student Site: student-only site for sharing, discussion, etc.
- Clinical Faculty Site: faculty-only site for collaboration, discussion, etc.

4) Major student advisor: If a student has consulted the Clinical Student Guide, the Graduate Academic Handbook, and Sharepoint and cannot address his/her question or concern, the question or concern should be discussed with the student's major academic advisor. Faculty are very familiar with the content of the Clinical Student Guide and have additional information through their attendance of monthly Clinical Training Committee (CTC) meetings.

5) Departmental academic affairs office: For questions relating to departmental regulations and requirements, students should consult Linda Canales or Dr. Suzanne Kieffer.

6) DCT: Questions pertaining directly to the Clinical Program that the Clinical Student Guide, Graduate Academic Handbook, student advisor, Linda Canales and Dr. Kieffer were not able to address, must be put to the DCT and the Program Manager. Always cc your advisor in order to ensure effective communication in the program. The DCT is available 24/7, but will refer you to the Clinical Student Guide, Graduate Academic Handbook, Sharepoint, advisor or academic affairs office if these sources have not yet

been consulted. In your communication, also please cc our Program Manager, Amy Petesch.

7) Director of the CN concentration (Dr. Woods): manages questions related to the Clinical Neuropsychology (CN) major area of study. All questions related to the [CN major area of study](#) must be directed at Dr. Woods in the first instance, but resolution of the problem should be reviewed by the DCT before implementation.

8) Program Manager (Amy Petesch): In addition to general Program administration, Amy manages Sharepoint, student records, and all communication in the program, unless directly from the DCT. Amy attends CTC meetings and should be cc'd on any procedural communication about the program that is not considered confidential between advisor, student and DCT. Amy plays a central role in the graduate admissions process, the APA annual report, annual student evaluations, and comprehensive exams. She is also liaison between the program and internal/external practicum supervisors and alumni.

9) Student representatives: Student representatives can be contacted at any point when a student has a query. Student representatives are peer-appointed during an election during the Summer. A representative is elected for each of the major areas of study (CP, CCP, CN). Retiring student reps remain "in office" in a consultation capacity for one year to guide current student reps so that continuity is maintained. Student reps may contact any of the relevant parties mentioned above to help answer a student's question but should always consult the Clinical Student Guide first. Student reps attend the CTC meeting to share with CTC any concerns students may have. Please make sure to therefore inform student reps of any concerns or questions so that these can be brought to the attention of the CTC during CTC meetings. Student reps help the DCT review the Clinical Student Guide during Summer for updates and notifies the DCT if ambivalent information exists in the Clinical Student Guide that needs to be clarified.

10) CTC meetings: Clinical Training Committee (CTC) meetings take place monthly on Wednesdays. CTC meetings form an important mechanism of communication in the program. Therefore, all faculty are expected to attend, as well as at least one student rep and the program manager. Minutes are taken by the student rep and circulated to students and faculty within a week of the meeting. Often, new policy or procedural changes are communicated or discussed during these meetings.

11) Email Listservs (see below for program email policy):

Members	List	Membership Contact (to be added/removed)
Program Students, Faculty, Staff	CLINICAL-AREA@Listserv.uh.edu (please send program-related messages to Dr. Vincent, who will forward to Amy Petesch for distribution to listserv)	Amy Petesch
Program Students Only	CLINICAL-STUDENT@Listserv.uh.edu (send messages directly to listserv or to listserv manager)	Amy Petesch
All Dept Grad Students	PSYCHEDUCATIONCOMM@Listserv.uh.edu (send messages directly to listserv)	Amy Aragon

12) Beware of word-of-mouth information! While students should provide support to each other by sharing information, it is often the case that procedures or policies have changed at the University, Departmental or Program level since the time a senior student started the program. Therefore, while we strongly encourage mentorship from senior students to junior students, it is best to clarify procedures and policies through the mechanisms described above. If students are to be consulted, it is best to consult the student reps who are intimately familiar with program policies and procedures.

13) Communication should be courteous and respectful. To maximize the effectiveness of students' learning, all interactions among students, faculty and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession. These principles are reflected in the [APA Ethical Principles of Psychologists and Code of Conduct](#) (Appendix T) and the [APA's Standards of Accreditation](#).

Program Email Policy: Each of you will receive both an Exchange Account (an account on UH servers which will end in "@central.uh.edu", or "@cougarnet.uh.edu" for Office 365) and an email alias (ends in "@uh.edu" and is a pointer that is directed to a destination account. **Our email policy is that all official program communication and listserv messages should be directed to your UH Exchange Account, and therefore it is your responsibility to monitor this email account.** This is for multiple reasons including professionalism, confidentiality (FERPA and HIPAA), and work-life balance. To view this email, log into [Access.uh.edu](#), select the icon for Office 365, then Outlook. *You may choose to use the UH alias email address (@uh.edu) because it is a little cleaner and easier to give to others, but the alias must be pointed to your Exchange account (@central.uh.edu or @cougarnet.uh.edu).* To verify, log into Access.uh.edu, select the icon "P.A.S.S./HR", then "My Personal Info", and finally "Contact Details". If you have questions about this, please contact IT support at 713-743-1411.

- 1) **Setting up a UH email account:** If you do not have an official UH email address, you may request one using the following link: <https://uh.edu/infotech/services/accounts/email/>

Weather-Related and Other Emergency Notifications: In addition to the typical news venues, it is recommended that you sign up for UH emergency text alerts. Login to Access.uh.edu, then click on the P.A.S.S./Hr icon, then "My Personal Info", and finally "Emergency Notification System".

PROGRAM ACCREDITATION, PHILOSOPHY, AND GOALS

Accreditation

The UH Clinical doctoral program has been continuously accredited by the Commission on Accreditation of the American Psychological Association (APA) since 1959. The APA is the “traditional” accrediting body for doctoral programs in health service psychology. According to the APA’s Standards of Accreditation (SoA) “health service psychology” is defined as the integration of psychological science and practice in order to facilitate human development and functioning. It includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders. To remain APA accredited, (a) a program must demonstrate that it achieved its educational aims and the standards described by the SoA, and (b) its students/trainees and graduates must demonstrate adequate mastery of the discipline-specific knowledge and profession-wide competencies.

Training model and guiding principles

Consistent with the University of Houston’s change in status to a Carnegie Foundation-designated Tier 1 Research University in 2011, the faculty of the University of Houston clinical program voted in 2015 to bolster the scientific training in our program. Accordingly, the philosophy and goals of our program as articulated here and in our program materials are consistent with those of HSP and APA accredited programs that are also oriented to a clinical science model of training. Clinical science is defined by the Academy of Psychological Clinical Science (APCS) and PCSAS as “a psychological science directed at the promotion of adaptive functioning; at the assessment, understanding, amelioration, and prevention of human problems in behavior, affect, cognition, or health; and at the application of knowledge in ways consistent with scientific evidence.” While we have not sought PCSAS accreditation, our program aims to produce (1) health service psychology graduates for careers as clinical scientists—i.e., for careers devoted to making significant contributions to both advancing and applying scientific knowledge regarding the nature, origins, prediction, assessment, prevention, and amelioration of psychopathology and health-compromising behaviors; in addition to (2) ensuring broad and general preparation for a career in health service psychology, including professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders. In reviewing our definitions of “science” and “clinical” below, it is clear that our training program promotes the integration of science and practice, such that scientific training informs clinical practice and clinical practice promotes the identification and evaluation of clinically-relevant scientific questions.

1. The term "science" underscores
 - a. a commitment to empirical approaches to advancing the knowledge and practice of clinical psychology
 - b. depth of knowledge regarding the core components of clinical psychology
 - c. breadth of knowledge across domains of clinical psychology and disciplines outside psychology that are relevant to science and practice

- d. integration of theory, research and application around problems relevant to clinical psychology
 - e. dissemination of clinical science to other researchers, policy makers, practitioners and consumers
- 2. The term “clinical” underscores
 - a. exposure to real-life clinical problems at the individual, group or societal level
 - b. a translational focus that moves knowledge from the laboratory into real-world settings
 - c. professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders.
- 3. Both scientific and clinical principles are operationalized within a training context of diversity (in theoretical perspectives, access to clinical populations/sociocultural diversity, clinical and social problems, and faculty/student background). The program recognizes the need to advance clinical research and care that meet the needs of students and our broader society.

Program goals and objectives

The above principles translate into program goals and objectives that reflect the APA SoA’s goals for trainees to gain discipline-specific knowledge and profession-wide competencies. Specifically, to:

- 1. Gain breadth of knowledge of psychology and related sciences and depth of knowledge in clinical psychology: Students’ curriculum and lab work are designed to gain
 - a. breadth of knowledge in psychological science (biological, cognitive, affective, developmental and social aspects of behavior as well as the history of psychology as a scientific discipline and research methodology in psychological sciences)
 - b. breadth of knowledge in fields related to psychology (e.g. neuroscience, statistics)
 - c. depth of knowledge in clinical psychology (assessment, diagnosis, clinical research methods and psychometrics, interventions, professional issues, etiology, and phenomenology)
 - d. knowledge of the contextual relevance of scholarship
- 2. Competence in research: Through research activity, individual faculty labs and the academic curriculum students gain competence in
 - a. study design, assessment and measurement
 - b. data analyses
 - c. study management and execution
 - d. timely dissemination of scientifically sound research
 - e. critical evaluation of research
 - f. ethical conduct of research
 - g. integration of diversity and context into research
- 3. Competence in clinical practice: Through coursework and clinical practica, students gain competence in using empirically informed
 - a. psychological assessment
 - b. clinical diagnosis and case conceptualization
 - c. treatment planning, implementation, and evaluation of treatments
 - d. clinical supervision
 - e. clinical consultation

- f. ethical, professional and reflective clinical practice
 - g. awareness and integration of diversity, context and advocacy into clinical practice
 - h. knowledge and awareness of interdisciplinary systems
4. Development of a professional identity as a clinical psychologist: Through coursework and relationships with their peers and mentors, students will gain competence in
- a. the ability to identify career goals
 - b. pursuing a coherent and focused professional development plan
 - c. establishing professional networks
 - d. the ability to actively participate in the scholarly and clinical community at the departmental, university and professional levels in an interpersonally effective way

The above goals and objectives provide general guidance to students. However, the curriculum has been designed to offer flexibility that encourages students to develop an individual and personalized training plan with their advisors specific to each student's unique long-term career goals that may vary on the science-clinical continuum (see Individualized Development Plan; IDP, Appendix A). While we encourage students to develop an identity as a clinical scientist, this focus is new; we therefore also support students as developing scientist-practitioners. The curriculum is designed to be sequential, cumulative and graded in complexity with more structure and foundational experiences largely incorporated in Years 1 and 2 of the curriculum. The curriculum is designed to facilitate increasing independent activity as students advance through the program, whether as a clinical scientist or scientist-practitioner. The minimum requirement we strive for is internship-readiness, which in turn, facilitates readiness for post-doctoral training and a successful career in health service psychology (HSP).

CURRICULA

The typical advancement in the program is outlined in the table below. More specific recommendations are made following the table, which provides a broad framework for curricula planning.

	Fall			Spring			Summer		
Yr 1	Statistics I	6300	3	Experimental design	6302	3	Ethics	PHLS 8364	3
	Interventions I	6303	3	Adult Interventions (CP; CN) Child Interventions (CCP; CN)	6316 7394	3 3	History and Systems	PHLS 8351	3
	Assessment I	6356	3	Assessment II	6357	3			
	Psychopathology I	6317	3	Research course (CP) Developmental Psychopathology (CCP; CN3/4) Lifespan Clinical Neuropsychology I (CN)	- 7397 6332	3 3 3			
Yr 2	Internal practicum (intervention)	6392	3	Internal practicum (intervention)	6392	3	Int practicum	6392	3
	ACLA (internal or external assessment practicum; while CN students participate in an assessment practicum, they may not sign up for 7397 due to other course requirements)	7397	3	ACLA (internal or external assessment practicum; while CN students participate in an assessment practicum, they may not sign up for 7397 due to other course requirements)	7397	3	Thesis	7399	3
	Multicultural	PHLS 8337	3	Thesis Research course (CN)	6399	3			
	BioBases (CP, CCP) OR Neuroanatomy (CN)	7342 6344	3	Lifespan Clinical Neuropsychology II (CN) Grantwriting* (CP/CCP), OR Research/Breadth course	7338 6337 -				
Yr 3	External practicum	7393	3	External practicum	7393	3	Ext practicum Ext CN prac	7393 7390	3
	Research/Breadth course or Internal practicum (intervention)	- 8392	3	Research/Breadth course	-	3	Dissertation	8399	3

	Research/Breadth course Fnd Cognitive Developmental Sci	- 6397	3	Research/Breadth course	-	3			
	Research/Breadth course (CP, CCP) Lifespan Clinical Neuropsychology III (CN) External CN Practicum (CN)	- 7339 7390	3 3 3	Dissertation External CN Practicum (CN)	8399 7390	3 3 3			
Yr 4	External practicum	7393	3	External practicum	7393	3	Ext practicum Ext CN prac	7393 7390	3
	Research/Breadth /Depth course Cognitive/Affective Bases*	- PHLS 8397	3	Research/Breadth /Depth course	-	3	Dissertation	8399	3
	Research/Breadth /Depth course External practicum (CN)	- 7390	3 3	Research/Breadth /Depth course (CP/CCP) External practicum (CN)	- 7390	3 3			
	Dissertation	8399	3	Dissertation	8399	3			

***Note: Please see Linda Canales and Amy Petesch to determine how your intended course schedule will map onto the various departmental, program, APA and EPPP requirements, including when to begin thesis/dissertation hours.**

Curriculum Overview

To achieve the goals and objectives outlined in Section 2 above, the clinical curriculum is designed to be completed in a minimum of five years of full-time study, including the internship year. Some students will stay longer than five years to allow time for completion of additional training experiences, but these experiences must be clearly articulated in the student's annual Individualized Development Plan (Appendix A) and should not simply be the result of failure to meet program milestones. Broadly speaking, the clinical curriculum consists of

- 1) coursework consistent with APA, departmental, program and major areas of study requirements, to include (a) basic and advanced (depth) clinical courses, (b) foundation (breadth) courses to cover biological, cognitive/affective, social bases of behavior, history and systems and development across the lifespan, and (c) research/quantitative courses
- 2) research (master's thesis, doctoral dissertation, grant application, publications, project participation)
- 3) the comprehensive examination (EPPP and specialty comps)
- 4) internal clinical practica (assessment and intervention) – foundational clinical training
- 5) external clinical practica -- specialized clinical training
- 6) clinical internship

Residency

Consistent with departmental requirements, clinical students are required to enroll for a minimum of three full-time years of graduate study and complete an internship prior to the awarding of the doctoral degree. At least two of the three academic training years must be taken at the University of Houston, at least one year of which must be in full-time residence. These time and residency requirements represent the minimum necessary for completion of the program. In practice, program requirements supersede departmental parameters and as mentioned earlier, students will be enrolled for five or six years as a doctoral student.

Students are considered 'in residence' except for 4 weeks of vacation per year, and these times must be approved by your advisor in advance. **Additionally, student attendance is considered mandatory at program events (e.g. Clinical Program Research Showcase Day), clinical faculty candidate colloquia and other department-wide speaker events as indicated by the DCT.** Attendance at these events is part of your professional citizenship as well as your training/education. In addition, it is expected that you attend as many job talks as possible, even if for other programs, as this is beneficial for your professional development. For those on external practica, arrangements should be made with your site supervisor to attend all such events. Monitoring of these activities is ongoing, and will be considered as part of your annual evaluation.

Limits on GTF and Departmental Support

To reiterate Appendix A of the Departmental Graduate Academic Handbook, Clinical students are to enroll in 12 hours in each of the long semesters (Fall, Spring) for the first three years and then should drop to 9 hours. In planning your Individualized Development Plan (Appendix A), please be aware that there is a 5-year limit on the Graduate Tuition Fellowship (GTF), and a 6-year limit on departmental support. **Since the beginning of the 2019-2020 school year, you must complete the FAFSA (Free Application for Federal Student Aid) in order to maintain eligibility for the GTF. You must complete the application the first and each subsequent year you are funded by the GTF.**

Timeline

Students are required to electronically complete the annual Individualized Development Plan (Appendix A), available through SharePoint, at the beginning of their graduate career during August/September to set individual goals for meeting department, program and concentration requirements. This document also contains a student's more general career goals (e.g. academic career as university professor; academic career in med-center setting; focus on developmental psychopathology and personality disorder; etc). Every year the student and advisor update and adjust the planner (Individualized Development Plan; Appendix A). **This should occur during the first two weeks of the Fall semester.**

The Master's degree should be completed within the first 2 years of the graduate program. University policy states that any student who does not complete the master's degree within 5 years will be automatically dropped from the program. Students should complete the Ph.D. within **five years**. The **maximum** expected time allowed for the completion of the Ph.D. is **seven years**, including the time to complete the master's degree. Students who do not meet the time limitations must request an extension by contacting the Program Director and the Director of Graduate Education and/or Department Chair for initial approval. The request must come

before the Graduate Education Committee for final approval. Extensions will only be awarded under exceptional circumstances. Further, any deviation from a standard master's thesis or doctoral dissertation must be approved by the department's Graduate Education Committee.

Year 1

- 1) Clinical courses: Assessment sequence, Intervention sequence, Stats sequence, Psychopathology sequence, Ethics/professional problems, Research/breadth course (CP), Developmental Psychopathology (CCP), Lifespan Clinical Neuropsychology I (CN).
- 2) Assessment pre-practicum as part of Assessment II.
- 3) For Adult-track students: Intervention pre-practicum as part of Interventions II.
- 4) Research activity in advisor's or other laboratory.
- 5) First year publication (not necessarily as first author).
- 6) Propose MA thesis at the end of the first year.

Year 2

- 1) Continue clinical courses: Multicultural, BioBases (CP, CCP)/Neuroanatomy (CN) and Lifespan Clinical Neuropsychology II (CN).
- 2) Internal clinical practica (PRSC/ intervention): benchmark 90-100 hours.
- 3) Clinical practica (CP/CCP): benchmark 6-10 integrated reports.
- 4) External CN practica (CN): 10 hour/week rotations.
- 5) Begin taking research and breadth (foundation) courses.
- 6) Research activity in advisor's or other laboratory.
- 7) Second year publication (not necessarily first author).
- 8) Defend MA thesis at the end of year 2.
- 9) Submit F31 (Summer; *optional*)

Year 3

- 1) Breadth and research courses continue.
- 2) Lifespan Clinical Neuropsychology III (CN).
- 3) If benchmark for PRSC hours not met, continue with one semester internal practica.
- 4) External clinical practica.
- 5) Additional external practica (CN).
- 6) Begin studying for EPPP in Fall of Year 3.
- 7) Complete comprehensive exams by end of Spring Year 3.
- 8) Research activity in advisor's or other laboratory.
- 9) Third year publication (first author encouraged; master's thesis).
- 10) Begin work on dissertation.
- 11) Submit F31 (Fall; *optional*)

Year 4

- 1) Complete remaining breadth courses.
- 2) Research and other clinical elective courses.
- 3) External clinical practica.
- 4) Propose dissertation in Fall.
- 5) Defend dissertation in Spring (if possible).
- 6) Research activity in advisor's or other laboratory.

- 7) Fourth year publication (first author expected).
- 8) Apply for internship in Fall.

Year 5/6

- 1) Defend dissertation if not yet defended.
- 2) Complete internship.
- 3) Research activity in advisor's or other laboratory.
- 4) Fifth/sixth year publication.

Required Clinical Courses

APA requirements in addition to Clinical Program requirements guide the course requirements for all major areas of study collectively, and specifically. The department requires 72 credit hours to complete the Ph.D. degree, but the clinical program well exceeds this minimum. Below, we list all courses that are required by the department* or by the clinical program for all students, regardless of major area of study.

All major areas of study	Credits	Instructor	Offered	Recommended
Psychopathology I (6317)	3	Vujanovic	Fall	Yr1
Interventions I (6303)	3	Babcock	Fall	Yr1
Assessment I (6356)	3	Cirino	Fall	Yr1
Statistics I (6300)*	3	TBD	Fall	Yr1
Interventions II (adult) (6316) or Interventions II (child) (7394)	3	Walker or Alfano/Viana	Spring	Yr1
Assessment II (6357)	3	Williams	Spring	Yr1
Experimental Design (6302)*	3	TBD	Spring	Yr1
Ethics and professional issues (PHLS 8364)	3	Various	Summer	Yr 1
History and Systems (PHLS 8351)	3	Various	Summer	Yr1
Multicultural (PHLS 8337)	3	Various	Fall	Yr 2 (all)
Internal practicum (intervention/PRSC) (6392)	6 or 9	Various	All	Yr2/ opt Yr3Fall
Advanced Clinical Assessment, ACLA (7397)	6	Fletcher or Vujanovic	All	Yr2 Fall/Spr
Thesis (<i>Both 6399, and 7399, consecutive</i>)*	6	Advisor	Summer	Yr 2
Dissertation (4 semesters consecutive) (8399)*	12	Advisor	All	Yr3/Yr4
External practica (7393)* and/or External CN practica (7390)*	12	DCT (CN - Dr. Woods)	All	Yr3/Yr4
Clinical Research Practicum (6393 or petition to substitute – see “Research/Quant Courses (Depth Electives)”, p21	6	Advisor	All	
Internship	9	DCT	All	Yr 5/6
Total credit hours	75			

Instructor of Record: Sign up for sections of the above non-classroom courses (thesis, research hours, practica, internship) with the associated Instructor of Record (see above under “Instructor”). Contact Linda Canales if you do not see a section with the person you need as instructor.

Breadth courses (Foundations/Discipline Specific Knowledge) Several requirements from two sources guide Clinical Program requirements for breadth (foundation) courses:

- 1) The APA accreditation requires that students in clinical programs receive broad and general training across multiple areas of psychology to include biological, cognitive/affective, social bases of behavior, history and systems, and development across the lifespan – that is, discipline specific knowledge. We offer 5 courses to cover these areas (15 credit hours).
- 2) In addition, the APA requires that students receive advanced integrative knowledge that covers at least 2 areas of Discipline-Specific Knowledge. Students are therefore advised to take 5 courses to cover the 5 Discipline-Specific Knowledge areas. These can be fulfilled by Cognitive and Affective Bases of Behavior (PHLS 8397) and Foundations of Cognition and Developmental Sciences (6397), both of which are required for all areas.
- 3) The UH Department of Psychology requires 9 credit hours of foundation courses.

Because APA (and therefore program) requirements supersede departmental requirements, students will meet the departmental requirements of 9 credit hours automatically if they meet the APA requirement of sufficient breadth in knowledge. To meet these requirements, students must take a sequence of courses that the Clinical Training Committee has approved as having sufficient breadth that cover the five breadth areas (biological, cognitive/affective, social, history and systems, and developmental) but which also integrate knowledge between different areas. Given different requirements for each major study area, the timing of foundation courses may differ for students. Important: PHLS courses are taken in a different College; therefore, students have to complete a [petition](#) form (see Appendix B) that has to be signed by the DCT. Any other course substitutions have to be approved and signed by the instructor of the course as well as the DCT. [Petition forms](#) are best completed and signed electronically and emailed to the DCT for signature.

Required Courses by APA Domain: The following 2 tables are redundant, but used to clearly illustrate how 1) the APA domains are covered in the curriculum, and 2) the sequence of the exact 5 courses that need to be taken to cover those requirements.

APA Domain	CP/CCP Course	CN Course
Biological	Bio Bases	Func Neuroanatomy
Cognitive	Cog/Affective Bases (PHLS); Fnd Cog and Dev Sciences	Cog/Affective Bases (PHLS); Fnd Cog and Dev Sciences
Affective	Cog/Affective Bases (PHLS)	Cog/Affective Bases (PHLS)

Developmental	Fnd Cog and Dev Sciences	Fnd Cog and Dev Sciences
Social	Fnd Social OR Theories/Res in Soc/Personality	Fnd Social OR Theories/Res in Soc/Personality
Advanced Integrative Knowledge	Cog/Affective Bases (PHLS); Fnd Cog and Dev Sciences	Cog/Affective Bases (PHLS); Fnd Cog and Dev Sciences

5-Course Sequence to Satisfy APA Foundations Requirements (deadline – by graduation):

Course	APA Domain	Credits	Instructor	Offered	Recommended		
					CP	CCP	CN
History and Systems (PHLS 8351)	History & Systems	3	Various	Summer	Yr1	Yr1	Yr1
CP/CCP: Biological Bases of Behavior (7342) OR CN: Func Neuroanatomy (6344)	Bio bases	3	Leasure Leasure	Fall Fall	Yr2	Yr2	Y2
Foundations of Cognitive and Developmental Sciences (6397)	Cognitive; Developmental; Adv Integrative	3	Yoshida	Fall	Yr3	Yr3	Yr3
Cognitive and Affective Bases of Behavior (PHLS 8397)	Cognitive; Affective; Adv Integrative	3	Various	Fall	Yr3 or Yr4	Yr3 or Yr4	Yr3 or Yr4
Theories and Research in Social and Personality Psychology (8397) OR Foundations of Social (6338)	Social	3	Damian Derrick	Spring Fall	Yr3 or Yr4	Yr3 or Yr4	Yr3 or Yr4
Total credit hours		15					

* CN students may petition for Neuroanatomy (6344) (a CN elective) to count as Bio bases given that Neuroanatomy is a basic science course.

Timing of Required Breadth Coursework:

Some required and foundation coursework has now been prescribed so that requirements are met by certain deadlines. The table below covers only the “breadth” course work required for comps, EPPP, APA, and the department; there are additional requirements covered in each respective section:

1. Comps requirements by Summer Y2: Ethics, Multicultural, Psychopathology (CP) [Additional courses are required for CCP and CN. See Comps section “Specialty Exam Content”]
2. EPPP requirements by Summer Y2/Fall Y3: Biological, Cognitive, Developmental/Individual Differences, Social (See also important note regarding waiving/transfer of courses from another graduate program, p. 26; See Appendix S)
3. APA requirements by graduation: Affective, Biological, Cognitive, Developmental, Social, History/Systems, Advanced Integrative Knowledge
4. Dept Foundations Requirements by graduation: 9 hours

Required	Course	Satisfies				
		Req. Clinical	Comps (by Sum Y2)	EPPP Domain (by Fall Y3)	APA Domain (by grad)	Dept Found (by grad)
Fall Y1	Psychopathology I	Yes	CP	Developmental		
Sum Y1	Ethics	Yes	CP/CCP/CN			
Sum Y1	History/Systems	Yes			History/Systems	
Fall Y2	Multicultural	Yes	CP/CCP/CN	Social		
Fall Y2	BioBases OR Func Neuroanatomy			Biological	Biological	Yes
Fall Y3	Foundations of Cognitive and Developmental Sciences			Cognitive; Developmental	Cognitive; Developmental; Integrative	Yes
Fall Y3 or Y4	Cognitive and Affective Bases of Behavior			Cognitive	Cognitive; Affective; Integrative	Yes
(Flexible)	End of Social OR Theories/Research in Social/Personality Psyc				Social	Yes

Major area of study requirements

To qualify as a major area of study (Clinical Psychology/adult, Clinical Child Psychology, Clinical Neuropsychology), the APA requires that each major area of study should cover 12-18 credit hours of specialty training. To this end, the clinical program requires at least 12 credit hours of elective depth courses in the major area of study. However, we offer much flexibility here – that is, unless otherwise specified, students can select any elective (see “Research/quant courses (Depth electives)” and “Other depth courses (electives)”) to meet this requirement, as long as the elective represents major area of study content.

Clinical Psychology/adult	Credits	Instructor	Offered	Recommended
Adult focused research/clinical elective	3	Various	Variable	-
Adult focused research/clinical elective	3	Various	Variable	-
Adult focused research/clinical elective	3	Various	Variable	-
Adult focused research/clinical elective	3	Various	Variable	-
Total credits	12			

*Students may take Clinical Research Practicum with their advisor in adult-focused research to meet requirements.

Clinical Child Psychology	Credits	Instructor	Offered	Recommended
Developmental Psychopathology	3	Bick/Sharp	Spring	Yr1
Child focused research/clinical elective	3	Various	Variable	-
Child focused research/clinical elective	3	Various	Variable	-
Child focused research/clinical elective	3	Various	Variable	-
Total credits	12			

*Note that Developmental Psychology, which is an APA required breadth course, counts towards the credits necessary for Clinical Child Psychology major area of study. Students may take Clinical Research Practicum with their advisor in child-focused research to meet requirements.

Clinical Neuropsychology	Credits	Instructor	Offered	Recommended
Lifespan Clinical Neuropsychology I (6332)	3	Woods	Spring	Yr1
Lifespan Clinical Neuropsychology II (7338)	3	Cirino	Spring	Yr2
Lifespan Clinical Neuropsychology III (7339)	3	Medina	Fall	Yr3
Functional Neuroanatomy (6344)	3	Leasure	Fall	Yr2
External CN practica (7390)	6	DCT	All	Yr3
Total credits	18			

Research/quant courses (Depth electives)

The Clinical Program requires that students take 6 hrs of Clinical Research Practicum (6393), a generic research-focused course that can be taken in the form of independent study with the advisor. However, students may [petition](#) (Appendix B) to have any quant-oriented class count in place of 6393. For instance, a student may elect to take Scientific Writing Seminar or Grant Writing in lieu of Clinical Research Practicum. Given the multitude of choices that students have, no recommendations are made as to when to take electives. Research/quant courses may also be used to count towards the 9-hour elective Departmental requirement (see next section).

All major areas of study	Instructor	Offered
Scientific writing (6397)	Sharp/Woods	Fall/Spr
Grant writing (6337)	Neighbors	Spring
Applied Psychological Measurement (6397)	Steinberg	Spring
Multivariate stats (6313)	Francis	Fall

Structural Equations (7305)	TBD	TBD
Multilevel modeling (7306)	TBD	TBD
Clinical research methods (7345)	Gallagher	TBD
Topics in Quantitative Psychology (7396/30771)	Francis	Fall

Other depth courses (electives)

The Department requires that students take at least 9 credit hours of electives. These can be research or quant-focused electives as described above; or they can be other electives as described here. Elective courses are offered by our program faculty, faculty at other departments at UH, and by programs in the Texas Medical Center. Students are free to visit the webpages of UT Graduate School of Biomedical Sciences and various graduate programs at Baylor College of Medicine to explore additional electives not listed below. The DCT must be informed if a student is planning on taking an elective outside the department.

When putting together their individualized curricula with the help of the Individualized Development Plan at the beginning of each academic year, students are encouraged to (1) consult the Graduate Academic Handbook for course descriptions of courses listed below and/or (2) contact relevant faculty to gain more information about course content. Note that the list below is broad; elective offerings may change from year to year and not all courses are offered all of the time. When “variable” is denoted in the “offered” column it means that courses are not offered every year and students need to contact faculty to confirm.

Given the multitude of choices that students have, no recommendations are made as to when to take electives. Note, that while a course might be a requirement for a major area of study, it may be taken as an elective for another major area of study.

	Instructor	Offered	CP	CCP	CN
Topics in cancer prevention (GS21-1631-100)	Chang MDAnderson	Fall	x	x	
Bio-behavioral research in cancer prevention and addiction (GS21-0112-100)	Chang MDAnderson	Spring	x	x	
Acceptance and Mindfulness (7394-25597)	Zvolensky	Spring	x	x	
Developmental Psychopathology	Bick	Spring	x	R	x
Foundations of Health (6334)	TBD	Variable	x	x	
Research in Health Psychology (6394)	TBD	Variable	x	x	
Program evaluation (7332)	TBD	Variable	x	x	
Domestic violence seminar (6329)	Babcock	Variable	x	x	
Translational Research (7394)	Zvolensky	Variable	x	x	
Psychopharmacology (6343)	Kosten	Fall	x	x	
Seminar in depression and suicide (7397)	Walker	AltFall	x	x	
Psychology and Law (6397)	Vincent	Variable	x	x	
Foundations of neuropsych (6308)	Medina	Fall	x	x	x
Lifespan Clinical Neuropsychology I (8395)	Woods	Spring	x	x	R
Lifespan Clinical Neuropsychology II (7338)	Cirino	Fall	x	x	R
Lifespan Clinical Neuropsychology III (8395)	Medina	Spring	x	x	R

Functional Neuroanatomy (6344)	Leasure		x	x	R
Clinical Research Practicum (6393)*	Advisor	Variable	x	x	x
Neuropsychological rehabilitation (6340)	Clark	Spring	x	x	x
Genetic sciences (7397)	Grigorenko	TBD	x	x	x
Principles and Theories of Learning and Motivation (7397)	Kosten	Fall	x	x	x

*R = required; Students must take Clinical Research Practicum (6393) at least twice, but no more than 3 times. Clinical Research Practicum may count towards the requirement of two research-focused courses, and may also count towards major area of study requirements for CP and CCP. The required two Research courses may count as electives for the departmental 9 hour requirement.

Minor Concentration in Clinical Neuropsychology (CN)

Doctoral students may wish to develop a minor concentration in Clinical Neuropsychology as part of their overall program. There are three levels as shown below. If any student wishes to engage in one of these levels of training for CN, they should contact Dr. Woods directly so that he can evaluate their readiness and guide them through the process (along with their primary mentor).

Emphasis: 4 courses and 2 practica, which for CN means Lifespan I-III (PSYC 6332, 7338 & 7339) and Functional Neuroanatomy (PSYC 6344), plus 2 10hr CN practica.

Experience: 1-2 courses and 1 practica, which for CN means Foundations of Neuropsychology (PSYC 6308) and Lifespan I (PSYC 6332), plus 1 10hr CN practica. Functional Neuroanatomy (PSYC 6344) is recommended, but not required, as the biological bases foundation course for CN minors at this level.

Exposure: 1-2 courses or 1 practica, which for CN means that students would take Foundations of Neuropsychology (PSYC 6308) and Functional Neuroanatomy (PSYC 6344). CN opted not to have this Exposure include practica because such a clinical experience would be very difficult (for supervisor and supervisee alike) if a student does not have a knowledge of CN.

Minor Concentration in Psychological Statistics and Data Analysis

Doctoral students may wish to develop a minor concentration in statistics and data analysis as a part of their overall program. To do so, the student must get approval from the advisor and the DCT and must contact Dr. David Francis who administers the Minor in Psychological Statistics and Data Analysis. In the past, having higher than required levels of expertise in these fields has allowed our graduates to enter a wide range of research and teaching positions. In addition to developing the ability to lead and direct research, there will be an emphasis on developing the skills needed to become the quantitative member of a research team. In order to declare a minor concentration in psychological statistics and data analysis, students must attain an average grade of **A minus** or better in courses declared as contributing to the concentration. No more than one course in the concentration can have a grade of **B** or below.

Prerequisite courses

6300 Statistics for Psychologists (required of all doctoral candidates)
6302 Experimental Design (required of all doctoral candidates)

Required course

7305: Structural Equations in Psychological Analysis

Elective Courses (At least 2 courses from the following list.)

Categorical Data in Psychology (7379)

Multivariate Statistics (6313)

Multi-level Modeling (7306)

Selected Topics in Quantitative Methods (7396)

Program Evaluation (7332)

Psychological Methodology (7345)

Psychometrics (8322)

Applied Psychological Measurement (6397)

Topics in Quantitative Psychology (7396/30771)

Structural Equation Modeling in Psychological and Educational Research* (PHLS8321)

(*may not be taken in place of PSYC7305 Structural Equations)

Students may petition for other courses offered in quant methods to satisfy elective requirements of the minor. These courses can be offered either within Psychology, from other departments (e.g. Educational Psychology, Business, Mathematics, etc), or universities (e.g. Rice).

Research Practica (One of the four tracks listed below)

- a. A minimum of two special problems courses under the direction of a quantitative faculty member*
- b. Two-semesters of research experience at 50% effort under the supervision of a quantitative faculty member.
- c. Serving as a teaching assistant for the first two semesters of the required statistics sequence.
- d. Two semesters of (PSYC7397 Applied psychological measurement)

* A quantitative faculty member is defined as one who teaches courses listed in sections 1, 2, or 3 above as her or his primary teaching responsibility, or who is an affiliate or research faculty of TIMES.

Transfer of course or thesis credits

UPDATE: The policy below only applies to hours taken at another institution where a degree was NOT conferred. Courses may still be waived per the process below, but the hours will not count toward the 72 hour minimum required for a PhD.

If an incoming student wishes to receive course credit for courses or thesis as part of a master's or Ph.D. degree program at another institution (in which a degree was *not* conferred), the student must write to all the faculty who teach the courses that he/she would like to be considered. Incoming students can confer with advisors or students in the advisor's lab to help find faculty

names or peruse the Clinical Student Guide which is on our website available to the public. When the student writes to the faculty they should include the syllabus from the relevant course previously taken and ask them whether the syllabus is equivalent to ours. The DCT should be cc'd so that the DCT has confirmation directly from the relevant faculty member regarding equivalence. Next, the student must use a [petition form](#) in the Clinical Student Guide (Appendix B) and complete it and email it to the DCT for signature.

For evaluation of a thesis, the advisor must assemble a committee of three faculty to review the thesis for equivalency and make a recommendation to the DCT. The DCT will then sign a [petition form](#) on the basis of that recommendation.

Important Note regarding Waiving/Transfer of Courses from Another Graduate Program.

Students applying for the LPA should read rules 463.1g. Any course required for the EPPP application must be on the UH transcript. If a student transfers a course to UH the official transcript will not list what that course is. This means the student must provide their unofficial transcript, which has the name of the course transferred, with the official transcript. The documents are reviewed by the council and they determine if the student must provide more proof.

In the case of a course that has been waived, and non-transferrable to UH, TSBEP requires that the previous graduate degree/program not be more than 42 hours. This will allow the examiner to view two transcripts. If the program was more than 42 hours then only the UH transcript will be reviewed. There are dates involved with this rule which are located in 436.8G. Students need to view those dates carefully. This is why some students are approved and others must complete the M.A. at UH or jump through other hoops. Since our M.A. is less than 42 hours that should allow them to view the other transcript from the other institution. Each person needs to be reviewed by examiners to determine if they will qualify.

We have to be really careful with the waiving of courses. Best practice is if someone is going to waive courses, they should waive courses not required for the EPPP.

RESEARCH

Overview

Consistent with our broad program goals outlined in “Program accreditation, philosophy and goals” section of this Guide, students in our program will be engaged in research throughout the duration of their training. This will include:

- 1) Master’s thesis
- 2) Dissertation
- 3) Yearly publications
- 4) Participation in lab activities
- 5) Completion of minimum two research/quant focused courses as part of Program elective requirements
- 6) Encouragement to submit a grant (e.g., F31) and take the course in grant writing
- 7) Conference poster/paper presentation and attendance
- 8) Annual Clinical Program Research Showcase Day
- 9) Yearly monitoring of student and faculty success in research productivity
- 10) Students may also consider taking the Minor Concentration in Psychological Statistics and Data Analysis which was described in the section on Curricula.

Master’s Thesis

The Department of Psychology requires the MA, including a formal Master’s thesis based upon research for all students. A Master’s degree equivalency is not acceptable for fulfilling this degree requirement. Students entering with an MA or MS degree and a research thesis from another university may petition their area committee to review that thesis and recommend that it be accepted as meeting this requirement.

Students will typically complete an empirical study for their master’s thesis. The format of the thesis should follow the College of Liberal Arts and Sciences (CLASS) format which can be found at <http://www.uh.edu/class/students/graduate/thesis-dissertation-info/index.php>. The traditional format of the thesis allows students to develop the literature review/synthesis skills and manuscript writing skills necessary for a research career. However, when writing the thesis, students are encouraged to create a document that can be easily adapted for publication.

Sequence for the Thesis

- 1) Timeline: Completion of the 36 core hours to graduate. Students should have identified a topic for their thesis by the middle of Yr 1, and should propose their thesis by the end of Yr 1. This will coincide with the Clinical Program Research Showcase Day which is typically held in **April**.
- 2) Enrollment in Thesis Courses: PSYC 6399 *and* PSYC 7399 (6 semester hours) are required. Make sure to register for one semester each of 6399 and 7399. (Note that you may take as many thesis hours as you would like, but you may only receive a pass grade for 6399 and 7399 each once; for other semesters where 6399 and 7399 are taken you will receive IP – In Progress). Completing both 6399 *and* 7399 is a requirement, and you may not graduate without having completed both. Once you have begun taking thesis hours, you must remain continuously enrolled in one of these courses until the thesis is completed, approved, and you are ready to graduate. **You do not have to be enrolled in**

thesis hours in either of the semesters in which you *propose and/or defend* your thesis, but you must be enrolled in 7399 during the semester you apply for MA graduation (which is the same semester you will graduate). Given the requirement for continuous enrollment, students are advised not to enroll until they are close to defending. Students can enroll in both 6399 and 7399 in the same semester (to count as two courses).

- 3) Choosing a Committee: A committee comprising three (3) members is required. Two faculty members, including the committee chair (which is your major advisor), must be from the Clinical Program. The third faculty member may be selected from outside the student's area within the Department of Psychology, a university department other than Psychology, a psychology department from another U.S. university, or the psychological professional community. Of the three required members, no more than one may be an adjunct or part-time faculty member. If the part-time or adjunct faculty member serves as chair of the committee, a full-time, tenure-stream faculty member must serve as co-chair.
- 4) Proposing Your Thesis
 - Scheduling a Date: After you have completed your proposal manuscript and have chosen your committee in collaboration with your advisor, schedule a mutually agreeable time for the proposal. Make sure to check that an appropriate room for your proposal is available, or plan a virtual proposal (see https://uh.edu/graduate-school/covid19-updates/tips_virtual_defense.pdf for tips). If you plan to propose in Summer, make sure that the relevant faculty are not on leave (e.g. due to 9 month salary) or out of town.
 - Preparing for your Proposal: *At least* two weeks prior to your proposal, send your thesis proposal to your committee to be reviewed. Your advisor should have also reviewed and helped you prepare the manuscript for your proposal. Note: When working with your advisor to prepare for your proposal, be sure to account for the fact that your advisor may not be able to respond to feedback immediately. A two week period is usually realistic. Build this reality into your planning to make sure you stay on your timeline. Be sure to note the new required template for the thesis/dissertation front matter (<https://uh.edu/graduate-school/academics/thesis/>).
 - Forms to bring and have signed at the proposal: Once your committee decides to approve your proposal, they must sign 2 forms: the Thesis Committee Appointment Record and the Approval of Proposal Form. These forms can be picked up in the Academic Affairs Office or on the "Resources" page in Sharepoint. They are also attached in the Appendix (Appendices C, D).
 - What to do with the forms: You must turn in a copy of your thesis proposal, the signed forms (Thesis Committee Appointment Record and Approval of Proposal), and a copy of your approved IRB letter to Linda Canales. This may be done in person or via email.
- 5) Defending Your Thesis
 - Scheduling a Date: After you have completed your thesis and are ready to defend, schedule a mutually agreeable time for the defense. Make sure to check that an appropriate room for your defense is available, or plan a virtual proposal (see https://uh.edu/graduate-school/covid19-updates/tips_virtual_defense.pdf for tips). If you plan to propose in Summer, make sure that the relevant faculty are not on leave (e.g. due to 9 month salary) or out of town.

- Preparing for your Defense: *At least* two weeks prior to your defense, send your thesis to your committee to be reviewed. Your advisor should have also reviewed and helped you prepare your thesis for your defense. Note: When working with your advisor to prepare for your defense, be sure to account for the fact that your advisor may not be able to respond to feedback immediately. A two week period is usually realistic. Be sure to note the new required template for the thesis/dissertation front matter (<https://uh.edu/graduate-school/academics/thesis/>).
- Who else to notify about your defense date: Email Linda Canales the date of your defense. You must also post the abstract of your defense in the building in which it will be held, inviting others to attend if they so choose.
- Forms to bring and have signed at the defense: Once your committee decides to approve your defense, each member must sign the new Written Thesis/Dissertation Approval Form (<https://uh.edu/graduate-school/academics/thesis/>), which you will submit to the college's thesis/dissertation coordinator (Anna Marchese, amarchese@uh.edu). If you would like a bound copy of your manuscript, you will also have your committee sign an original signature page, which is included in this document (Appendix M). The signature page **MUST** be printed on 100% cotton paper, which you must purchase or obtain from Amy Petesch. If you have a committee member who is off-site, you must mail them the original signature page. Please factor in time for sending and receiving this document.
- What to do after you have defended:
 - i. You or your committee chair must email Linda Canales that you have successfully defended your thesis.
 - ii. Contact Anna Marchese at amarchese@uh.edu to schedule a manuscript review and submission appointment. For your appointment with Anna, bring a copy of the manuscript (on regular paper) along with the original signature page (on 100% cotton paper). **Important!!!** There is a deadline to submit your thesis to the dean's office (i.e. Anna Marchese) which is typically two weeks prior to the conclusion of the semester. Check <http://www.uh.edu/class/students/graduate/thesis-dissertation-info/index.php> for the specific deadline each semester.
 - iii. Convert your manuscript to a pdf and upload it to the Vireo Thesis and Dissertation Submission System: <https://uh-etd.tdl.org/>. Log in with your CougarNet username and password. You will receive confirmation that your document has been accepted from the faculty chair and/or the college coordinator.
 - iv. Complete the Survey of Earned Doctorates (SED): 1) you may complete the hard-copy form given to you by the dissertation/thesis coordinator in your college, or 2) complete the electronic form by visiting the SED website at <https://sed-ncses.org/>.
 - v. Optional: After you have met with Anna, take your approved manuscript to be bound at the UH Copy Center located at the Welcome Center (713-741-5200). If you let the Copy Center do the printing for you, they will charge a high fee. It is usually more economical to buy the required paper (at least 25% cotton for all pages except the signature page), and print out

your manuscript ahead of time for them to bind. A scanned copy of the work order form from the UH Copy Center must be submitted to the Dean's office, via email to Anna Marchese (amarchese@uh.edu). Note: do not email the receipt, only the work order form.

- 6) Graduating with Your Masters: An application for graduation must be filed at the beginning of the desired graduating semester. You can do this by logging on to your my UH account (<https://accessuh.uh.edu/login.php>). When you log on, go to UH Self Service → Apply for Graduation. Be sure to check the UH academic calendar for graduation application deadlines (<http://catalog.uh.edu/>). There is a fee to register for graduation. If you register early, the fee is reduced significantly.

Dissertation

Students complete an empirical doctoral dissertation. While it is not unusual for archival data to be used for the Master's thesis, there is an expectation that original data collected by the student will be used for the dissertation, thus, be mindful of timelines and the length of time to collect original data. Students are encouraged to take Grant Writing (PSYC 6337) while preparing to propose for their Dissertation, and to consider a formal grant (e.g., NIH F31, foundation dissertation grant) to support their dissertation training and research. The Dissertation follows the same traditional format as the Master's thesis.

Sequence for the Dissertation:

- 1) You must have a Master's Degree.
- 2) You must have completed your Comprehensive Exams (specialty comps, EPPP, and JPE at the required level).
- 3) You Must Complete 72 Hours: For graduation the department requires 72 hours completed but the clinical program and APA requirements well exceeds this requirement.
- 4) Enrollment in Dissertation Hours: PSYC 8399 is required. Once you have begun taking dissertation hours, you must remain continuously enrolled in one of these courses until the dissertation is completed and approved. The continuous enrollment policy DOES NOT include summer. A maximum of 12 dissertation hours, may be used toward the degree. Students may enroll in fewer than 12 dissertation hours (but at least 6) if dissertation is completed before that time and student has enough hours to complete the Ph.D. If a student enrolls in more than 12 hours, the additional hours will remain in "IP" status, even on the final transcript. Only in the very unusual case that a student needs more than 3 hours in a given semester, should they sign up for 8699 (6 credit hrs) or 8999 (9 credit hours).

Note: Students should complete their Dissertations PRIOR to leaving for Internship. If a Dissertation is NOT defended by the deadline for the College/University (approximately May 1), but IS defended in the summer prior to leaving for Internship (anywhere from May 1 to the beginning of internship in June, July, August, or September), then students DO NOT need to sign up for Dissertation hours during the summer they leave for Internship. See below for when Dissertation is not defended prior to initiating Internship (see pp. 50-51).

- 5) Choosing Your Committee: A committee comprising at least four (4) members is required. Two members should be selected from your area in the Department of Psychology (i.e. Clinical). The third member is typically a faculty member selected from

a Department of Psychology program other than the candidate's own major area. The fourth member must be from a department other than the Department of Psychology. This person may be selected from a university department other than Psychology, a psychology department from another U.S. university, or the psychological professional community. Of the four required members, it is recommended that no more than one may be an adjunct or part-time faculty member. If the part-time or adjunct faculty member serves as chair of the committee, a full-time, tenure-stream faculty member must serve as co-chair.

7) Proposing Your Dissertation

- Scheduling a date: After you have completed your proposal manuscript and have chosen your committee, schedule a mutually agreeable time for the proposal. Make sure to check that an appropriate room for your proposal is available, or plan a virtual proposal (see https://uh.edu/graduate-school/covid19-updates/tips_virtual_defense.pdf for tips). If you plan to propose in Summer, make sure that the relevant faculty are not on leave (e.g. due to 9 month salary) or out of town.
- Preparing for your Proposal: *At least* two weeks prior to your proposal, send your dissertation proposal to your committee to be reviewed. Your advisor should have also reviewed and helped you prepare the manuscript for your proposal. Note: When working with your advisor to prepare for your proposal, be sure to account for the fact that your advisor may not be able to respond to feedback immediately. A two week period is usually realistic. Be sure to note the new required template for the thesis/dissertation front matter (<https://uh.edu/graduate-school/academics/thesis/>).
- Forms to bring and have signed at the proposal: Once your committee decides to approve your proposal, they must sign 2 forms: the Dissertation Committee Appointment Record and the Approval of Proposal Form (the same form is used for both Thesis and Dissertation). These forms can be picked up in the Academic Affairs Office or on the “Resources” page in Sharepoint. They are also attached in the Appendix (Appendices C, E).
- What to do with the forms: You must turn in a copy of your dissertation proposal, the signed forms (Dissertation Committee Appointment Record and Approval of Proposal), and a copy of the approved IRB letter to Linda Canales. This may be done in person or via email.

8) Defending Your Dissertation

- Scheduling a Date: After you have completed your dissertation and are ready to defend, schedule a mutually agreeable time for the defense. Make sure to check that an appropriate room for your defense is available, or plan a virtual proposal (see https://uh.edu/graduate-school/covid19-updates/tips_virtual_defense.pdf for tips). If you plan to propose in Summer, make sure that the relevant faculty are not on leave (e.g. due to 9 month salary) or out of town.
- Preparing for your Defense: *At least* two weeks prior to your defense, send your dissertation to your committee to be reviewed. Your advisor should have also reviewed and helped you prepare your dissertation for your defense. Note: When working with your advisor to prepare for your defense, be sure to account for the fact that your advisor may not be able to respond to feedback immediately. A two

week period is usually realistic. Be sure to note the new required template for the thesis/dissertation front matter (<https://uh.edu/graduate-school/academics/thesis/>).

- Who else to notify about your defense date: Email Linda Canales the date of your defense. You must also post the abstract of your defense in the building in which it will be held, inviting others to attend if they so choose.
 - Forms to bring and have signed at the defense: Once your committee decides to approve your defense, they must sign the new Written Thesis/Dissertation Approval Form (<https://uh.edu/graduate-school/academics/thesis/>), which you will submit to the college's thesis/dissertation coordinator (Anna Marchese, amarchese@uh.edu). If you would like a bound copy of your manuscript, you will also have your committee sign an original signature page, which is included in this document (Appendix M). The signature page **MUST** be printed on 100% cotton paper, which you must purchase or obtain from Amy Petesch. If you have a committee member who is off site, you must mail them the original signature page. Please factor in time for sending and receiving this document.
 - What to do after you have defended:
 - i. You or your committee chair must email Linda Canales that you have successfully defended your dissertation.
 - ii. Contact Anna Marchese at amarchese@uh.edu to schedule a manuscript review and submission appointment. For your appointment with Anna, bring a copy of the manuscript along with the original signature page (on 100% cotton paper). **Important!!!** There is a deadline to submit your dissertation to the dean's office (i.e. Anna Marchese), which is typically two weeks prior to the conclusion of the semester. Check <http://www.uh.edu/class/students/graduate/thesis-dissertation-info/index.php> for the specific deadline each semester.
 - iii. Convert your manuscript to a pdf and upload it to the Vireo Thesis and Dissertation Submission System: <https://uh-etd.tdl.org/>. Log in with your CougarNet username and password. You will receive confirmation that your document has been accepted from the faculty chair and/or the college coordinator.
 - iv. Complete the Survey of Earned Doctorates (SED): 1) you may complete the hard-copy form given to you by the dissertation/thesis coordinator in your college, or 2) complete the electronic form by visiting the SED website at <https://sed-ncses.org/>.
 - v. Optional: After you have met with Anna, take your approved manuscript to be bound at the UH Copy Center located at the welcome center (713-741-5200). A scanned copy of the work order form from the UH Copy Center must be submitted to the Dean's office, via email to Anna Marchese (amarchese@uh.edu). Note: do not email the receipt, only the work order form.
- 9) Graduating with your doctorate: An application for graduation must be filed at the beginning of the desired graduating semester. You can do this by logging on to your my UH account (<https://accessuh.uh.edu/login.php>). When you log on, go to UH Self Service → Apply for Graduation. Be sure to check the UH academic calendar for graduation application deadlines (<http://catalog.uh.edu/>). There is a fee to register for graduation. If

you register early, the fee is reduced significant

UH Human Subjects Institutional Review Board (IRB)

The UH Human Subjects Institutional Review Board (IRB) supports students in their training in the ethical conduct of research on human subjects. The IRB administrative team has office hours for students on Tuesdays and Thursdays from 9 am – 11:30 am in E. Cullen Room 403
*(*COVID-19 update: there are no set office hours; please email Nettie Martinez to schedule a Zoom meeting or conference call).*

During these hours, students can:

- Ask questions about the IRB submission and review process
- Drop by to discuss human subjects issues related to their specific projects
- Request a pre-review of their protocol prior to submitting it to the IRB office to make the process smoother and the turnaround time faster
- Bring their laptop and work in ICON with real-time guidance from IRB staff

Change in Policy

IMPORTANT: In many cases, if aims and instruments align, a student may be added to the Investigator (their advisor's) approved protocol and does not have to have a protocol of their own. However, if aims and instruments do not align, students have to have a separate IRB protocol for their Dissertation and Thesis research. If the thesis/dissertation research is a secondary analysis of an archival dataset, you would still submit for approval to the IRB, and attach the IRB approval letter for the archived project. The approval process can take several weeks, so please consider this in planning your timeline. All protocols with student PIs will be routed to IRB 3 All students, including Post-docs, are required to list a faculty sponsor on the protocol. The faculty sponsor must be a full-time university faculty member. At submission of your proposal, you have to also submit evidence of IRB review of your study to Linda Canales.

Questions? Need an appointment? Please contact:

Nettie Martinez
713-743-9211
mnmartinez3@uh.edu

CITI Training

You will need to complete CITI training and send copies (or pdfs) of your certificate(s) to Amy Petesch. Please see [SharePoint](#) for more information.

Yearly publication and conference presentation

Students are expected (not required) to publish one manuscript a year. This may be a chapter, although a peer-reviewed publication is preferred. Years 1 and 2 are not expected to be first author publications but as the student proceeds to Years 3 and 4, first author publications are expected. Students are encouraged to participate in at least one conference per year to present a poster/paper. Limited funding is available through the department (contact Amy Aragon).

Clinical Program Research Showcase Day

The Clinical Program hosts a Research Showcase Day in **April or May** to which other programs

in the Department are invited. The Research Day is also promoted university-wide. Students and faculty present their research in 20-minute sessions, and the day starts and culminates with a keynote address from an “alumni-makes-good”. The aim of this day is not only to showcase the research conducted in the Clinical Program, but also to give students an opportunity to develop their presentation skills and to get feedback from peers and other faculty regarding their research. An additional aim is the fostering of an intellectual environment and cross-lab collaborations. During the Research Showcase Day, two research awards will be given to students who were determined by the faculty to have achieved excellence in research and scholarship during the preceding year. Students may not receive this award more than once during their graduate careers. Faculty appointed to the committee that chooses the student awards are typically faculty who do not have a student nominated for the award. Students will be invited to submit material for this award by **March**.

Monitoring of student and faculty success

Student and faculty success is monitored on an annual basis through faculty development reporting and student evaluations. Faculty and students receive feedback on their productivity by the DCT communicating productivity for the program as a whole, and by major area of study.

UH Clinical Psychology Diversity Committee

UH Clinical Psychology Program Diversity Committee Mission Statement:

Diversity and inclusion are core values for the UH Clinical Psychology Program. It is critical that we incorporate these values into all aspects of our work including training, research, clinical practice, mentoring, and service. The purpose of the UH Clinical Psychology Program Diversity Committee is to collaboratively advocate, support, and communicate about diversity in our program, and to encourage opportunities for students and faculty to grow in their own understanding of diversity. We aim to promote equality of opportunity for all, while respecting and valuing differences that include attributes such as race, ethnicity, culture, age, gender, religion, sexual orientation, gender expression, sexual identity, ability, socioeconomic status, and language.

The Diversity Committee’s shared goals are:

1. Foster an environment that enables students and faculty to feel empowered, valued, respected, and safe.
2. Cultivate a diverse and inclusive student body and faculty.
3. Strengthen and enhance the UH Clinical Psychology Program’s commitment to advancing the cause of diversity and inclusion in our research and clinical work.

In support of its mission, the Diversity Committee will:

1. Promote ideas and events to further the spirit of diversity and inclusion.
2. Engage students and faculty in conversations and trainings about diversity and inclusion.
3. Develop policies and practices to recruit and support students and faculty with diverse experiences and attributes.
4. Explore ways that the UH Clinical Psychology Program can incorporate diversity in our community engagement and outreach efforts and in our substantive work

Diversity Day

Jasmin Brooks and Angie Mayorga, our talented co-chairs, organized and facilitated a wonderful First Annual Diversity Day, which focused on addressing racism. This event was inspired by the goals of our committee, which include working toward a greater understanding of minority populations, producing culturally competent research and services, and ultimately, promoting ideals of respect and inclusion amongst all students and staff within our program.

To begin, Ms. Cherry Steinwender and Ms. Laura Gallier led an engaging and interactive racial diversity workshop which asked participants “Do you really want to talk about racism?” Next, four faculty panelists discussed their experiences and perspectives on incorporating racial diversity-related issues into their research and clinical work. Finally, three of our advanced clinical students delivered case presentations touching on themes of diversity and multicultural competence. We look forward to presenting our Second Annual Diversity Day in the fall of 2020, which will focus on LGBTQIA+.

CLINICAL TRAINING

Overview

Clinical training in the program consists of

- 1) Internal practicum: Psychotherapy– Year 2 (Year 3 Fall optional)
- 2) Internal practicum: Assessment (ACLA) – Year 2
- 3) External practica – Years 3 and 4
- 4) CN-specific external practica – Years 2, 3 and 4
- 5) Clinical Internship – Year 5 (or later)

Clinical competencies (Profession-wide Competencies)

Clinical training in the program is cumulative, sequential and graded in complexity. During your first year in the program, students receive foundational knowledge in intervention and assessment (Interventions I and II; Assessment I and II). In Year 2, this theoretical knowledge is built upon by beginning to apply this knowledge with clients in the PRSC, our in-house clinic, with intensive supervision. In Years 3 and 4, clinical training expands to external practicum where more independence is required. By the end of your 4th year in the program, it is expected that students have mastered the competencies referred to below. These competencies are informed by the “Competency Benchmarks” document developed in 2002 and which forms the basis of the APA’s SoA for Profession-Wide Competencies (see Rodolfa et al., 2005; Fouad et al., 2009 ; and <http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>). **This document is attached in the Appendix (F) and it is CRUCIAL that you carefully read this because these are the competencies you will be evaluated on until you graduate from the program.**

IMPORTANT: Note that your end-of-year evaluation by practicum supervisors as well as the CTC review each May will evaluate profession-wide competencies informed using the expectations in Appendix F.

Internal practicum: Psychotherapy (6392; 9 credit hours) – Year 2 (Yr 3 opt)

Aims and format. This course provides intensive pre-internship supervised clinical training to second year students in all major areas with basic professional skills in case management, assessment, diagnosis and therapy, with emphasis on evidence-based procedures. At the beginning of the internal practicum year, students are not expected to have much competency as judged by their clinical supervisors as adequate for the level of training in the above areas. Grading is based on a Pass (P)/Fail (F) scheme: P: Average to excellent work on each competency and completion of all requirements of the Internal Practicum syllabus. F: Substandard work on more than one dimension and lack of completion of all requirements. By the end of the internal practicum year, students should demonstrate moderate competency in the above areas with clear indication of progression and potential. By the end of the two *external* practicum years (see below), students have to demonstrate advanced competency in the above areas, which, in turn, indicates internship readiness.

On average, one hour of supervision is provided for every one or two hours of client contact with about 180 minutes of face-to-face supervision per year. A group format is used for supervision, with additional individual supervision as indicated by student needs and the clinical demands of

cases. Note that typically, adult-focused students will endeavor to take on more adult clients, while child-focused student will endeavor to take on more child/adolescent patients. *CCP students should carry at least one child/adolescent client in Fall, and at least two child/adolescent clients in Spring*

The remainder of this section is subject to change as the clinic integrates with the Lone Star Circle of Care (LSCC), a Federally Qualified Health Center (FQHC).

Supervision groups are typically available for the following groups (but check with the relevant faculty member as course offerings may be affected by other faculty commitments):

Dr. John Vincent (PRSC): beginners and advanced students – vertical supervision opportunities for advanced students; adult focused.

Dr. Rheeda Walker (PRSC): beginners and advanced students – vertical supervision opportunities for advanced students; adult focused.

Dr. Gerald Harris (PRSC): beginners and advanced students – vertical supervision opportunities for advanced students; adult and child focused.

Dr. Candice Alfano (SACH): beginners and advanced students – vertical supervision opportunities for advanced students; child/adolescent focused.

Dr. Carla Sharp: (ADAPT): beginners and advanced students; adolescent clients; opportunity for integrated psychological reports and assessments hours.

Internal clinical practica experiences can also be sought in lab-based clinics that do not offer a course-based practicum experience. For example, Dr. Babcock's domestic violence clinic.

Assignment to course-based supervision teams. During late **Summer**, supervision groups are organized for rising second year students. The time/day of the supervision meetings will depend on the students and supervisors working it out together after supervision assignments were made. Sometimes schedules end up being the primary factor in which group students are ultimately placed. Sometimes students prefer to get their general clinical supervision with a supervisor who is not also their mentor. Regardless of the supervisor, sign up for 6392 with Dr. Vincent as instructor of record.

Timing and prerequisites. This clinical practicum is usually taken in Year 2. Prerequisites for taking this clinical practicum include being in good standing in the Clinical Psychology Program (see section of Evaluation of student progress) and Interventions I (6303), Interventions II (adult) (6316) or Interventions II (child) (7394), Assessment I (6356), Assessment II (6357), Ethics and professional issues (PHLS 8364). Students are recommended to accrue **90 face-to-face intervention hours** (individual or group therapy) through their second year (3 semesters – Fall, Spring and Summer) of internal practicum. If students were not able to reach this benchmark, they may enroll in a fourth semester (Fall of their third year). Therefore, a **minimum of three semesters is required of all clinical students (Fall through the end of Summer), with a maximum of four semesters**. If the 90 hour benchmark is met before Summer, the student may discuss with their clinical supervisor whether early termination is an option – the answer to this request will depend on the quality (and not only quantity) of the student's progress. In some cases, students may ask specific permission from the DCT and CTC to sign up for internal practicum for a fourth or more semesters (**advanced practicum**). *Such cases must be motivated*

in a letter to the DCT and will be discussed at CTC meeting. If students sign up for additional internal practicum hours they should use **PSYC 8392**. Overall the practicum experience should provide exposure to assessment and intervention from multiple orientations by different supervisors in various modalities with both adults and children. While the emphasis and concentration may vary from student to student, attention is given to breadth of experience. Class discussions, group supervision, and program meetings provide a forum for discussion of the professional experience. Practicum involves approximately 6-12 hours a week of the student's time, including at least 3 face-to-face hours with clients, approximately 3 hours of supervision and up to 6 hours of administrations and preparation. In order to fulfill clinical and ethical obligations associated with the provision of clinical services, the PRSC (and specialty clinics) and Lone Star Circle of Care operate 12 months a year. Except for major holidays, supervision groups continue to meet year round and clinical supervisors must be available for clinical emergencies during nonbusiness hours and weekends. During summer, supervision groups are consolidated into two supervision groups to be run by paid summer faculty. **Cases are *not* to be cherry-picked, but should be taken from the waitlist as they become available.**

Practice of effective treatments. Consistent with a science-based approach to intervention, students should be using Evidence-based Practice (EBP) with all clients during their training. The knowledge gained in Interventions I and II provide the foundation for students to understand the criteria for EBPs. Even when established EBPs are not available, students should use an evidence-based approach to all their clinical work (e.g. using available literature to guide treatment, incorporating ongoing assessment of client functioning and other relevant variables to evaluate treatment progress. With specific reference to evaluation of treatment outcomes:

- a) Students will follow the PRSCs and lab-based clinics' established systematic procedure for obtaining outcome data on all clients; in addition to client-specific selection of outcome measures
- b) Students will incorporate quantifiable data concerning the outcomes of treatment with clients in their closing summaries
- c) To pass PSYC 6392, all students are required to document use of two EBPs with actual clients. These will be graded by supervisors.

Transferring cases. Students who have met their 90 hour benchmark, and who have completed 3 semesters of internal practicum (Fall, Spring, Summer), and who have achieved expected beginning clinical competencies during their practicum must begin transferring their cases. This will happen at the end of Year 2, or during Winter of Year 3 as students are not allowed more than 3 semesters in Internal Practicum. If clients are deemed too complex to transfer to rising or mid-year second years, then clients should be transferred to an advanced student or referred out to a provider in the community. Referral to other treatment providers may also be considered for these clients. **Students are required to explain to their clients at the *beginning* of internal practicum that the PRSC is a training clinic and consequently, the student therapist's time with the client may be limited because internal practicum is typically a one-year rotation.**

Ongoing case documentation (*for cases seen through Lone Star, clinicians will be required to follow Lone Star's procedures for records and documentation). An important ethical obligation of psychologists is to create, maintain and protect records of provision of services. Student clinicians in the PRSC must document all client contacts, billing, and case formations, treatment

summaries, etc. related to the ethical provision of professional services. The quality of case notes is directly related to the quality and comprehensiveness of the evolving case conceptualization and treatment planning. Therefore, the completion of chart documentation in a timely fashion is of utmost importance to the development of professional competence. All session notes must be completed on the date of clinical contact. Clinic Assistants (or other administrative staff) will review clinical appointments daily and check that all clinical notes are entered on the date of clinical contact. Clinical staff will communicate problems to the relevant student clinician and supervisor(s) within 24 hours of the missed documentation. Clinical supervisors will review notes in advance of or during weekly supervision meetings. Students who fall more than 7 days behind on notes will not be able to continue seeing clients. If students fall behind by 7 days (or more) on more than 2 occasions, they could be dismissed from clinic duties and prevented from going on to external practicum. Students are expected to remediate any/all deficiencies immediately and within 24 hours of notification. Incomplete chart documentation and deficiencies in student response are reported to the clinical supervisor, Clinic Director, Director of Clinical Training, and faculty advisor. Demonstration of responsible documentation is a requirement for progressing through to pass PSYC 6392. Any problems in this area at any timepoint will be noted during the student's Annual Evaluation (see section on Student Evaluation) by receiving a rating of 4=Outstanding; 3=Average; 2=Weak; 1=Deficient:

Interventions II pre-practicum: learn PRSC policies and procedures

Year 2, Fall: Begin to implement policies and procedures with few problems

Year 2, Spring: Routinely implement policies and procedures with very few problems

Tracking clinical assessment, intervention, and supervision hours. See "Tracking your hours" under the upcoming section "Clinical Internship – Year 5 (or later)"

Preparation for Internal Practicum: Interventions II (adult and child) will include a pre-practicum that will prepare students for internal practicum (intervention) in the PRSC (2nd year). This pre-practicum will include sitting in on advanced student supervision groups, observation of real-life sessions, training in dealing with suicidal patients, and introduction to the Psychology Research and Services Center Handbook that will help students become familiar with the clinic operations. In addition, during participation in advanced student supervision groups, advanced students will do a formal case presentation. A formal case presentation is a requirement for passing Internal practicum (6392).

Training in Clinical Supervision and Consultation in Psychology

Professional psychologists occupy a number of roles and provide a wide range of services to clients across a range of settings. The settings may or may not be involved with the delivery of mental health services. Increasingly, clinical psychologists, traditionally trained primarily in the delivery of psychological assessment and psychotherapy, are assuming administrative, consultative, and supervisory responsibilities. The American Psychological Association has recognized this trend and now requires accredited programs to provide training in clinical supervision and consultation. The objective of these training activities is to meet these accreditation standards and to provide an introduction into the basic models, approaches, research findings, and ethics of clinical supervision and consultation.

Training in Supervision of Clinical Work. In addition to direct experience in clinical work

and consultation, students will receive introductory training in clinical supervision as part of the Internal Practicum experience. Supervisors will describe their supervisory approach as part of practicum instruction; also, students are required to watch supervision related teaching videos and read at least two articles/books from the reading list on supervision and discuss these with their supervisor. These readings are completed by the end of the second year in the program. If readings and videos are not completed, students receive an incomplete grade in PSYC 6392. In addition, students will serve in the role of “peer supervisor” in that they will 1) serve as supervisor on a case and receive feedback from the supervisee, the faculty supervisor and others in the group; and 2) review, edit, and sign off on notes and progress reports, which are then further edited as necessary by the clinical supervisor.

Experience in Consultation. During PSYC 6392 (Internal practicum), students are required to complete readings as provided in the PSYC 6392 syllabus on consultation and discuss at least 2 readings with their supervisors. Failure to do so results in an incomplete grade for PSYC 6392. In Year 3 in the program, each clinical psychology student is required to attend one 3-hour PRSC supervision for the purpose of providing consultation to first year student therapists on current clinical cases. The consultation is expected to take place in the second semester of year 3 (at the earliest) and prior to comprehensive exams. Consultation is initiated by the student and coordinated with one of the current clinical supervisors. Because our program includes adult, child/adolescent and clinical neuropsychology, we can offer an inter-disciplinary experience to our students in this way. Competency in Consultation is demonstrated by submitting a clinical supervisor-signed Psychology Consultation Approval form (provided in course syllabus) as part of the requirement for completion of the Comprehensive Examination. In addition, in Years 3 and 4, students can practice their skills in inter-disciplinary work in their external practicas which in most cases include multi-disciplinary teams (psychiatry, social work, occupational therapy, nursing).

Evaluation of students. Attached in the Appendix (G) is a Practicum Evaluation Form which the clinical supervisor uses to assess students’ practicum work in April each year. This form is completed through Sharepoint. The development of the form was guided by agreed competencies in the field. Students are evaluated across the following domains and rated on a 4-point scale: Professional Conduct, Assessment, Intervention, Research. While these ratings are informative, students should pay particular attention to the written feedback that they receive from their clinical supervisors as these provide rich feedback for students to improve. These forms are reviewed by each student’s advisor during the Annual Evaluation process in May of each year and informs the advisor and CTC ratings in the Mid-Year and Annual Clinical Program Evaluation Form (see Appendix H) under the heading of “Development of Clinical Skills”. Note that an informal evaluation of students take place at the mid-point during the year (December). Practicum supervisors are contacted by the DCT and asked to respond only if a student is struggling to make progress in the practicum. This informal evaluation is designed to identify problems early so that students are notified of problems before they become unmanageable.

IMPORTANT: SoA requires that each practicum evaluation must be based in part on **direct observation** of the practicum student and her/his developing skills (either live or electronically)

at least *once* per semester. Internal practicum supervisors have been informed of this Implementing Regulation and have provided the program with their unique plan to directly observe student performance. Another safeguard in this regard is the fact that the practicum evaluation form includes a section where the supervisor indicates how direct observation occurred. If however, for some reason, direct observation is not occurring the student must inform the DCT immediately.

Evaluation of supervisors. Students complete a Supervisor Evaluation Form annually through Sharepoint (see Appendix I), which is **available only to the Department leadership**. These evaluations are not, as a matter of routine, shared with supervisors, but are part of a blanket quality control system. However, if pattern problem areas exist, the Department will address these anonymously with the relevant supervisor. *This evaluation will be due immediately after practicum ends.*

Evaluation of training. Students will also complete a general training evaluation in SharePoint for each internal and external practicum placement and for the internship training experience (see Appendix J). Unlike the Supervisor Evaluation, the training evaluation will evaluate the clinical practicum/internship training (program, structure, management) as a whole and the training site (populations, opportunities, etc), separate from any individual supervisor's particular style. *This evaluation will be due mid-April* in time for annual evaluations and will be available to faculty to view; save any professional evaluations of any particular practicum supervisor for the Supervisor Evaluation only!

Internal/External assessment practicum: ACLA (PSYC 7397; 6 credit hours): Year 2

Aim. The Clinical Program also provides intensive in-house assessment training in the second year to meet APA requirements and to prepare students for a clinical assessment in external practica and beyond. Note: Definition of an integrated report can be found here: <https://www.appic.org/internships/aapi/integrated-report>.

Format – child/adolescent focused students

- a) Rising second year students will sign up for 7397 both Fall and Spring. You will sign up with Dr. Fletcher as the instructor of record even though he will not be the only instructor for this course.
- b) Students are expected to see 6-10 assessment cases which implies 6-10 integrated reports. We encourage you to do closer to 10 cases than 6.
- c) You can get assessment experience in Dr. Grigorenko's School Problems Clinic or with Dr. Sharp's adolescent clinic (ADAPT). You may also seek assessment experience outside the program.
- d) The faculty you are working with regarding your assessment case will supervise your assessment and your integrated report if within the program. Faculty will get credit for this on a report/case by report/case basis. You and the faculty member will keep track of these hours in Sharepoint.
- e) If your assessment experience is mostly outside of the program, it will be the responsibility of **your major advisor** to supervise/give feedback on the quality of your integrated reports. Your advisor will be receiving supervision credit for this.

- f) Please get in touch with your advisor to put together your own training package. It depends on your interests and gaps in your training. Do get in touch with the relevant faculty member as you plan all this, as they will have to plan when they can accommodate you in their clinics.
- g) Reports for at least 6-10 cases are required. Please negotiate the exact number of required cases/reports with your supervisor.

Format: Adult-focused students

- a) Dr. Vujanovic will be the instructor of record for adult ACLA. Therefore, rising second-year students will sign up for 7397 both Fall and Spring under Dr. Vujanovic's name.
- b) Students are expected to see 6-10 assessment cases which implies 6-10 integrated reports. We encourage you to do closer to 10 cases than 6.
- c) For the 2020-2021 year you will have all your ACLA outside of the program (more information will be provided as necessary).
- d) Please get in touch with your advisor to put together your own training package.
- e) Reports for at least 6-10 cases are required. Please negotiate the exact number of required cases/reports with your supervisor.

Format: CN students:

CN students will generally follow the above steps depending on whether they are more child or adult focused, with a few important exceptions. Most notably, CN students would often elect to do more than the 6-10 required assessments required by ACLA. As such, the ACLA experience for most CN students will be a ~10-hour practicum experience (internal or external), which will be determined through the standard CN match process (see below, page 45). CN students (especially child focused) should consider applying to Dr. Grigorenko's internal clinic for their 10-hour practicum, as this will afford them relevant experience, and given that there are fewer child than adult external sites. CN students do not necessarily sign up for assessment practica hours in Y2. This is because CN students have: 1) CN-specific coursework for which they must register in Y2 (and so may not have room in their credit-hour schedule), and 2) at least 12 hours of external assessment practica in Y3 and Y4 program. Regardless of whether the ACLA assessment practicum experience in Y2 are noted on CN students' transcripts, these students still participate in all ACLA-related activities (e.g., formal evaluation procedures). If CN students do sign up for course credit for assessment practicum in Y2, they sign up for PSYC 7397 (whether it is internal/ACLA, or external), and do so under Dr. Woods as the instructor of record.

Preparation for ACLA: Assessment II (Dr. Williams; Spring of Year 1) includes a pre-practicum that prepares students for ACLA (2nd year). Pre-practicum components occur throughout the course and include: training specifically on measures utilized across ACLA-related clinics as well as additional measures in wide use, training in assessment with diagnostic interviewing schedules, and training in integrative report writing. Opportunities to shadow in ACLA-related clinics is also available. First-year students interested in shadowing ACLA assessments should contact second-year students currently enrolled in the ACLA practicum for shadowing opportunities.

Evaluation of students and supervisors. The procedures described for evaluation of students in internal practica (PRSC), and evaluation of internal practica supervisors by students, are similarly followed for internal assessment practica. **IMPORTANT:** SoA requires that each practicum evaluation must be based in part on **direct observation** of the practicum student and her/his developing skills (either live or electronically) at least *once* per semester. Internal practicum supervisors have been informed of this Implementing Regulation and have provided the program with their unique plan to directly observe student performance. Another safeguard in this regard is the fact that the practicum evaluation form includes a section where the supervisor indicates how direct observation occurred. If however, for some reason, direct observation is not occurring the student must inform the DCT immediately.

External practica (intervention) (7393; 12 credit hours) – Years 3 and 4

Aim and format. External practica which exposes students to clinical applications in the advanced specialty areas as well as to a wider variety of populations, supervisors, orientations, and techniques. To this end, a variety of high quality external practica sites in the Texas Medical Center has been approved by the CTC for students to apply to. In deciding whether an external practicum is approved, the CTC is guided by the SoA's recommended training elements, such that students are placed in settings that are committed to training that provides experiences consistent with health service psychology and the program's aims and enable students to demonstrate the appropriate competencies.

Consistent with the notion that external practicas are taken after the basic foundations for clinical skills have been developed through internal practica, the external practicas aim to develop advanced skills in the implementation of evidence-based therapies and assessment. Continued attention is directed toward ensuring student sensitivity to individual and cultural diversity and strict adherence to the standards of ethical and professional conduct. At this level, students learn to evaluate the clinical needs of a case, develop a treatment plan, carry out intervention procedures, and adjust and change procedures with only moderate supervision. Students should be able to conceptualize cases and be conversant with alternative conceptualizations. They should acquire a broader range of technical skills in evaluation and treatment and be able to make decisions with regard to their use. At this level of practicum, one hour of supervision should correspond to between one to three hours of client contact. Both group and individual supervision formats are used in these practica. Certain practicum experiences are recommended for students in each of the specialty areas. The program's expectation is that these external clinical training positions are between **13 and 16 hours a week (see Format: CN Students below for CN area specifics)**; inclusive of didactics, clinical supervision, clinical documentation, and direct client care. The training commitment typically is fall term through summer. **IMPORTANT:** Students may also elect to do their Yr 3 and Yr 4 practica in one of the specialty clinics in our department. Also note that the DCT is the instructor of record for **all** general clinical external practica; when enrolling in 7393, choose the section in which the Clinical DCT is the instructor. Please make sure that your grade has been posted; there are sometimes delays due to slow communication between practicum sites and the program. It is the student's responsibility to follow up with the DCT and the practicum supervisor if a grade is delayed in being posted.

Format: CN students:

CN students follow the basic Program guidelines for external intervention practicum in Y2 and Y3 (for which they sign up for a minimum of 6 credit-hours each), with a few important exceptions. These exceptions stem from the fact that CN students have considerable external CN practica burden in Y3-Y4. In Y3, CN students may do between 8 and 16 hours of external intervention practicum, depending on their training needs, and site availability. In Y4, CN students may choose to not do a external intervention practicum, which will nevertheless require the approval of their mentor and CTC. It is also possible that CN students may complete their external intervention practica requirements in in Y4 rather than Y3 or even split their hours across Y3 and Y4. All plans for external intervention practica must be approved by the CN student's mentor and the CTC. During interviews for external intervention practica, CN students will make clear to each site what their availability is for the year, and negotiate a mutually-agreeable schedule.

Recent Practicum Sites

Site	Site Supervisor	Brief Description	CP (Adult)	CCP (Child)	CN (Adult)	CN (Child)
Applied Psychological Services, PLLC	Daniel J. Fox, PhD	Practice specializing in intellectual/neuropsych evaluations for adults/children	Y	Y		
Baylor College of Medicine-Dept of Neurology	Michele K. York, PhD, ABPP-CN	Primarily outpatient clinical, adult clinical neuropsychology.			Y	
Baylor College of Medicine-OCD Program	Amanda Palo, PhD	Therapy services for adults with OCD and anxiety disorders	Y			
Baylor College of Medicine-Pediatric Psychology	Lisa Kahalley, PhD	Outpatient clinic focused on assessment of adults with neurodegenerative disorders				Y
Counseling and Psychological Services, University of Houston	David Ranschaert, PsyD	College-based clinic providing individual/group therapy for college students	Y			
Dialectical Behavioral Therapy Center	Karyn Hall, PhD	Standard DBT for all ages	Y	Y		
Federal Detention Center, Houston	Daniel J. Fox, PhD	Clinic providing individual/group therapy services to the incarcerated	Y			

Forrester, Michelle (Private Practice)	Michelle M. Forrester, PhD, PC	Private practice offering assessment and individual/group intervention services to young children and their families	Y	
Harris County Juvenile Probation Department	Nicole Dorsey, PhD	Assessment of incarcerated youth for placement/treatment determinations		Y
Harris County Psychiatric Center	Elaheh Ashtari, PsyD	Assessment, individual and group therapy for psychiatric disorders	Y	
Houston Fire Dept	Sam Buser, PhD	Individual, couples, and family therapy for first responders and their families	Y	Y
Houston OCD Program	Angela Smith, PhD	Specialty clinic treating inpatient/outpatient individuals/groups of children, adolescents, and adults	Y	Y
Legacy Community Health	Monica Garza, PhD	Community-based clinic serving underserved populations, particularly HIV/AIDS patients	Y	Y
MD Anderson Cancer Center-Dept of Neuro-Oncology	Mariana E. Bradshaw, PhD, ABPP	Assessment and treatment strategies for neurocognitive and neurobehavioral disorders due to cancer.		Y
MD Anderson Cancer Center- Tobacco Treatment Program	Jan Blalock, PhD	Tobacco dependence treatment to cancer patients at MD Anderson	Y	
Montrose Center	Ray Pledger, PhD	Clinic serving the LGBT community providing therapy, wellness program, and advocacy	Y	Y
Psychology Houston, PC (Private Practice)	Suzanne Mouton- Odum, PhD	Specialty clinic focused on treating anxiety, tic disorders, and trichotillomania in children, adolescents, and adults	Y	Y
Texas Children's Health Plan: The Centers for Children and Women	Stephanie Chapman, PhD	Clinic facility providing integrated physical/mental health services to state health insurance members		Y
Texas Children's Hospital, Pediatrics- Psychology	Danita Czyzewski, PhD	Hospital-based child/family behavioral intervention training for children with medical illness		Y
Texas Children's Hospital(BCM), Pediatrics- Psychology	TBD	Hospital-based clinic focused on interventions for children		Y

Texas Children's Hospital (BCM) – Pediatric Neuropsychology Program	David Schwartz, PhD	Comprehensive neuropsych evaluations for children to young adult with a variety of medical, developmental, neurological conditions		Y
The Institute for Rehabilitation and Research/Memorial Hermann	Jacob Williams, PhD	Outpatient rehabilitation setting includes evaluations of children, adolescents, and adults.	Y	Y
The Methodist Hospital - Methodist Neurological Institute	Kenneth Podell, PhD, FACP; Mario F. Dulay, PhD	Outpatient hospital clinic focused on adult assessment.	Y	
UT-Houston Health Science Center- Center for Neurobehavioral Research on Addiction	Joy Schmitz, PhD	Program providing treatment and some assessment for persons suffering with addiction	Y	
UT-Houston Health Science Center-Dept Neurosurgery	Joshua Breier, PhD	Outpatient assessment of children, adolescents and adults	Y	Y
UT Physicians – Neurocognitive Disorders Center	Bethany Williams, PhD	Comprehensive neuropsych evaluations of adults with broad range of neurological conditions	Y	
Veterans' Administration Medical Center- Behavioral Medicine	Gina Evans-Hudnall, PhD	VA center focused on assessment of veterans with physical/mental health concerns	Y	
Veterans' Administration Medical Center- Neurology Care Line (NCL)	Nicholas Pastorek, PhD	Hospital-based clinic focused on adult assessments and group interventions		Y
Veterans' Administration Medical Center- General	Ellen J. Teng, PhD	Individual/group interventions and some assessment for mentally ill veterans	Y	

Process and timeline: Except for students whose mentors provide this experience through clinical research arrangements, students will be placed into a training position that is determined through our program's placement process. The placement process for practicum training positions is not that of a "match," as are typical of placements for internship positions. Students apply to three sites for their posted practicum position, including participating in a job interview

for the training position. This provides invaluable experience to students in preparation for the internship match that takes place in Year 4/5. Below the steps for the practicum “match” are described. The timeline has been agreed on with external practicum sites and is necessarily very tight in order to allow sites to interview students at a feasible time. Students have to comply with this tight timeline to ensure a successful placement. (CN Students: see also “Clinical Neuropsychology Practicum (PSYC 7390) at the end of this section.

Step 1 – Starting the process: (Covid-19 may necessitate changes to these procedures). Typically in **December** each year, Amy Petesch, the Clinic Assistants and Student Reps will begin organization of Practicum Fair. The Practicum Fair is typically held the **last week of January** during which practicum sites present their training opportunities to students. Students will be provided with a Practicum Handbook, which will reiterate these instructions, provide any changes to the typical timeline, and contain site descriptions for each training opportunity. After the Practicum Fair, the general clinical and CN practicum placement cycles split off into 2 separate processes, but both follow the structure below. The General Clinical process usually begins immediately after the Practicum Fair, while the CN process begins a few weeks later.

Within 24 hours after the Practicum Fair, a Student Feedback Practicum session is held. Rough estimates of the numbers of students that each site may take are typically provided at this time, recognizing that the final estimate often occurs later in the process. Following this meeting The DCT or Practicum Coordinator will then request students submit the three sites to which they would like to apply, specifying a date by which submissions must be made. Based on consultation with students’ advisors, internal practicum supervisors, and the DCT, students are then informed which sites are approved to apply for. Students are notified by email where they can apply to, within about a week of the submission due date.

Step 2 - Applications: The students then submit applications and schedule interviews within a 2 to 3 week period, specified at the time. Interviews must be completed usually by the **third week of February**. Email the DCT/Program Manager if you have not been an extended an interview within a week after applying. At the end of this phase, students and site representatives provide feedback and preferences. Rankings are submitted to the Practicum Coordinator and are due on a date specified at that time.

Step 3 – Placement decisions: Following the interviews, placements are made by the UH clinical program faculty considering submitted student preferences and training site preferences, along with training needs [student needs and program commitments]. These variables contribute to it being a somewhat dynamic process. These decisions are made during the **last CTC meeting of February or the first CTC meeting of March**. Students are notified of their placements immediately thereafter.

The program receives positive feedback from sites about the quality of our trainees applying for their positions. Most students secure either their first or second choice of training sites. We understand that uncertainty can be anxiety provoking, but everyone obtains a practicum position. When necessary, additional interview sites are arranged and positions are negotiated to meet all the students’ external training needs.

The process is as transparent as possible. Students should speak with the DCT or their mentors for further insight into their placement when there are concerns or questions. Whenever the site and the student both rank each other as number one, when there are no other circumstances to consider, those placements are made. Exceptions in the past might have occurred in a circumstance in which two students, both strongly ranked by the site, with one of those students having a more pressing professional interest in that site or with one student being of junior status such that the student would have a chance to train at that site for their 2nd external placement [when a 2nd external placements is expected], while the other student would have only one external placement training opportunity. In such cases, faculty mentors and the training director confer with the practicum coordinator regarding placement considerations. Although not every unusual circumstance can be anticipated, sometimes a student is not offered a position by any of the sites at which they interviewed. In this situation, efforts are made to secure other training positions for that student that meet that student's training needs and wishes. In some instances, sites may rank order all of the students they interview; in other cases they elect not to interview all the students who apply. We have also encountered situations where sites interview all applicants, but rank only a few. Sometimes they specify they are willing to train Student A and B and are offering two positions, but if not placed with them will not take a student this year. Sometimes we do not know until the rankings are submitted whether the site will offer one or two or three positions as their ability to offer a training position is influenced by the specific students applying from our program or students from other programs. Some will hold open one position for UH Clinical students and one for Counseling students with a 3rd open to the 3rd most desirable candidate.

We should also note, that some institutions of higher education that are central to our training program and have historically offered important training experiences to our students have agreed to hold positions to offer to one of our students. And there is consequently an expectation that they will receive trainees from our program placed with them since they are declining applicants from other programs for that position.

Step 4 - Timing of notifications: Students appreciate when there can be a single day to notify all students of their placements, and we do aim for this. However, changing variables often make for an organic placement process, with site timeline demands imposing earlier notifications for some students. For example, a site representative might forget the guidelines and offer positions to the students directly, rather than submit their preferences for consideration with the other data, without letting us know first; a site may not be able to wait for the other sites to complete their interviews and request to know early so their trainee can start paperwork; a site may not be able to complete interviews within the timeframe or may have unexpected changes that affect time constraints.

Professional Liability Insurance. The Department carries professional liability insurance that covers students on practica and internship.

Students beyond their fourth year in the program. Students who are beyond their 4th year must seek mentor approval to seek an externship, and this student would not be given preference for a practicum over a junior student who is seeking a required training experience.

Going outside the program “match” to find an external practicum. An advisor/student who wants to obtain a particular external practicum experience for a student outside of the regular practicum “match”, is required to submit the practicum experience to the CTC for consideration and approval. General requirements for approval include the availability of a Ph.D. level psychologist for supervision, a structured plan for supervision on a weekly basis, and the usual 13-16 hour requirement.

Evaluation of students and supervisors. The procedures described for evaluation of students in internal practica (PRSC), and evaluation of internal practica supervisors by students, are similarly followed for external practica. IMPORTANT: SoA requires that each practicum evaluation must be based in part on **direct observation** of the practicum student and her/his developing skills (either live or electronically) at least *once* per semester. External practicum supervisors have been informed of this Implementing Regulation and have provided the program with their unique plan to directly observe student performance. Another safeguard in this regard is the fact that the practicum evaluation form includes a section where the supervisor indicates how direct observation occurred. If however, for some reason, direct observation is not occurring the student must inform the DCT immediately.

Clinical Neuropsychology Practicum (PSYC 7390)

Applied training experiences in the evidence-based practice of clinical neuropsychology is a strength of the UH CN major. Clinical opportunities abound in Houston, which has a large and active population of clinical neuropsychologists practicing in diverse settings, ranging from inpatient rehabilitation to outpatient private practice, and with a wide variety of neurological, medical, and neuropsychiatric populations across the lifespan. The UH CN major benefits greatly from established relationships with faculty at the Texas Medical Center, which is the world’s largest medical complex and houses the Baylor College of Medicine, UT Health Sciences, Memorial Hermann, and the Michael E. DeBakey VA Medical Center (to name a few!).

In Y2 of the Program, CN students participate in a ~10hr practicum experience (see page 36), at an external site, or internally via the UH clinic offered by Dr. Grigorenko, or any of other clinics (e.g., Woods’ Thomas Street). In Y3 and Y4 of the program, UH CN students continue to engage in 10-16hr external practica in clinical neuropsychology. In some cases, these practica experiences may be 20hrs, if they are funded (such that student receives financial support through practica in lieu of teaching or research assistantships), and if deemed appropriate by their mentor, and given their specific training needs, site availability, and mentor approval. The hours commitment, specific population(s), and potential sites to which practicum applications are submitted are determined by consensus between the CN student and her/his mentoring team, as informed by the student’s training needs and goals per the IDP.

Assignment of the CN student to a practicum site is accomplished via the “CN match.” Students interview at several practicum sites, confer with their mentor, and then submit rankings to the Program by the posted deadlines. The sites also submit rankings of students that they have interviewed. Final practicum site assignment primarily takes into consideration the direct results of the student-site rankings, but may also be influenced by factors related to the student (e.g.,

prior placements, training needs, funding sources), practicum site (funding, prerequisites), and Program. If any student is unmatched, the Program will make every effort to help the student find a suitable practicum experience or make alternate training plans for the coming year. The CN practicum matching process is analogous to the external clinical intervention match process, and occurs as close in time to that process as is feasible, so that decisions about support and scheduling (e.g., TA/TF) for the following academic year can be made. All matched students complete a contract to formalize the relationship between UH and the site and set clear expectations for training needs, supervision, and CN activities. CN assessment practica typically run from Sep 1 to Aug 30. The CN Director, Dr. Woods, will serve as the instructor of record for PSYC 7390.

By the time a CN student graduates, they must have completed a minimum of 6 hrs of internal intervention practicum, 6 hrs of external intervention practicum, and a total of 12 hrs of assessment practicum (internal and/or external). For CN students who elect or need a 5th year, it is not recommended that they sign up for external CN or intervention practica in both years 4 and 5, but may do so with approval of their mentor.

Clinical Internship – Year 5 (or later)

The clinical internship is a year long intensive training experience that is required of all students in APA-accredited clinical psychology training programs. The internship usually takes place in the student's fifth year (or later), once all course work, the Master's thesis, and the comprehensive examination have been successfully completed.

Readiness to apply. It is highly recommended that students have also completed their dissertation proposal **prior to applying** for internship and having the entire dissertation completed including your final oral defense **prior to leaving** for internship. In the letter of certification of readiness for internship (see APPIC web site at www.appic.org), the Director of Clinical Training must indicate your status in the completion of the requirement, which is factored into their decision about your application.

As a member of the Council of University Directors of Clinical Psychology (CUDCP), our program subscribes to the following "Expectations for Internship Eligibility" (as adopted by CUDCP, January 22, 2011)

1. Trainee meets or exceeds foundational and functional competencies as outlined by the Assessment of Competency Benchmarks Work Group.
2. Trainee successfully completed a master's thesis (or equivalent).
3. Trainee passed program's comprehensive or qualifying exams (or equivalent).
4. Trainee's dissertation proposal has been accepted at the time of application to the internship.
5. Trainee successfully completed all required course work for the doctoral degree prior to starting the internship (except hours for dissertation and internship).
6. Trainee completed an organized, sequential series of practicum experiences supervised by at least two different clinical psychologists that involve formalized practicum experience in evidence-based assessment and therapy. The Trainee completed at least 450 face-to-face hours of assessment/intervention and at least 150 hours of supervision by a clinical psychologist who routinely employed individual and/or group supervision models and at

least one or more of the following intensive supervision methods (e.g., direct observation, co-therapy, audio/videotape review). During early formative years, the ratio of face-to-face hours to supervision hours approximated 1:1 and increased to around 4:1 as the Trainee developed intermediate to advanced clinical skills.

7. Trainee has contributed to the scientific knowledge within psychology, as evidenced by:
 - a. Publishing an article in a refereed journal or a book chapter as an author or co-author, or
 - b. Presenting at least three papers/posters/workshops at regional, national, or international professional conferences or meetings.
8. Trainee was enrolled in a program that conducts formal annual evaluations of each student for purposes of monitoring trainees' developing competencies and assuring that only students making satisfactory progress are retained and recommended for doctoral candidacy and entry into the profession. This annual program review of each student utilizes evaluations obtained from different faculty and supervisors and covers the full range of competencies including academic, research, clinical skills, and ethical professional behavior. Trainee has been rated as meeting expectations and possessing the required competencies at the time of applying for internship.

Internship preparation. It is a good idea to start thinking about the internship application process early in your graduate training. Drs. Babcock and Cirino offer an internship workshop for first and second years in the Fall. Fourth year students are offered two internship workshops: the first in late August/early September of their fourth year; the second in October of their fourth year. During these meetings students are prepared for the application, interview and matching process. These internship preparation meetings are mandatory.

Tracking your hours. In order to make the application process less daunting, we also suggest that you start tracking your clinical hours at the very beginning of your second year. If you are involved in research-related clinical activities, you may begin tracking your hours already in your first year. For CP and CCP students, Time 2 Track can be a useful resource for tracking hours (<https://app.time2track.com>). See Appendix K for descriptions of Time 2 Track activity categories. For CN students, Time 2 Track can be helpful in tracking intervention hours, but a spreadsheet is usually more helpful for tracking neuropsychological assessment hours. A sample spreadsheet is available on SharePoint.

When tracking hours, a clinical diagnostic interview, such as an ADIS, would be considered intervention hours as part of internal/external practica. When doing a clinical diagnostic interview as part of research these would count as assessment hours unless it is part of an intake for an intervention study.

Remember, matching for internship is about more than having achieved a set number of clinical hours. Successfully matched internship applicants from our program over the last 4 years have had the following range of hours:

	Range	CP	CCP	CN
Ax	86-1868	86-747	224-666	507-1868
Tx	295-1306	327-817	525-875	295-1306
Sprvsn	214-678	214-583	300-468	285-678

Research is important. Students often think that their clinical experience is most relevant to their success as an internship applicant. However, internship directors from scientist-practitioner and clinical-scientist internships say that they are particularly interested in students with a strong research background because it tells them something about the applicant's goals, productivity, time management, organizational skills, motivation, and perseverance.

Selecting an internship: It is highly recommended that students apply to APA-accredited internships. There are a number of excellent internship sites across the country, including some in Houston. In addition to the geographical region of the country, internships vary according to type of setting (e.g. medical school, hospital, outpatient mental health center, prison, consortia), theoretical models that are emphasized, nature of supervision, balance of assessment and therapy activities, weekly workload, opportunities for participation in research, populations served, nature of other training experiences (consultation, supervision, administration), training in empirically supported therapies and APA accreditation status. Information about internship accreditation status can be obtained from the internship director or the APA Office of Program Consultation and Accreditation. It can also be found on the individual site listings in the APPIC Directory Online at www.appic.org. In selecting an internship, it is wise to begin with exploring possibilities with your advisor in light of your interests and career goals. Several other resources are also helpful. The online APPIC directory includes information about all internships, and information can also be obtained from organizations related to your major area of study (e.g., the Association for Behavioral and Cognitive Therapies (ABCT) or Association for Internship Training in Clinical Neuropsychology). A number of other commercially available guides are also available. Finally, talking with students who have either interviewed with or who actually completed their internship at particular settings can be an invaluable source of first-hand information. Potential internship sites might be grouped in three categories: 1) your very top choices that you would attend if given the chance, 2) good internships that may be not as attractive as group one, but fully acceptable if you don't get an offer from your first group, 3) acceptable, but less desirable internships that represent your fall back position if no offers are forthcoming from groups 1 and 2. Given how competitive the internship process has become (more applicants, fewer slots), it is very risky to restrict your applications to any single geographical region, like Houston. The Houston internship agencies will accept only a small number of "locals." We also have a track record with some internship sites at which we are reliably able to match our students. Advisors in the different major areas of study should be consulted in this regard.

It is recommended that students visit the APPIC website at www.appic.org well in advance of beginning the internship application process (this includes 1st and 2nd year students). This website provides a wealth of information that will help you prepare for internship. It is never too soon to begin preparing, as information from this site may help you plan your training. The APPIC website contains all the information you need to know regarding the application process. From the homepage, there are several helpful links including the link to the APPIC Directory Online. All APPIC internship sites are listed in this directory, and they provide a detailed description of the training and the applicant requirements. This includes most of the information discussed in the preceding section. Additional links from the homepage include 1) complete instructions

regarding application procedures; 2) APPIC Match Policies, which are the rules of permitted and prohibited behavior (e.g., sites are prohibited from asking how you rank them); 3) a link to the National Matching Services website where you will find a complete description of how the computerized match selection process is conducted; 4) MATCH-NEWS email list, which is a discussion listserv students can use to ask questions and share ideas; and 5) the internship application that can be downloaded from this site.

The application process: There is one application that will be sent to all sites, although individual sites may have additional requirements. The latest application is available at www.appic.org. In order to participate in the match process, you must register with National Matching Services. You will be assigned a match number, which will be used to identify you during the process. If you do not register by the registration deadline, you will not be permitted to participate in the match. Registration instructions can be found on their website, <http://www.natmatch.com/psychint/>. Please see sample application in Appendix N.

Letters of recommendation. Letters of recommendation are required for internship applications. In general, it is advisable to have your advisor write a letter as well as practicum supervisors who know you best. Choices about who to ask to write letters on your behalf should be discussed with your advisor. The Director of Clinical Training is also required to write a letter (or fill out a form) that certifies your eligibility for internship and, in many cases, documents program requirements that you have completed. Detailed information about the status of your comprehensive examinations and dissertation is requested in the APPIC application. It is recommended that you download a copy of the APPIC internship application from the APPIC site and review the requirements. When you approach people to write letters for you, it is helpful if you have a one-page sheet that highlights special things that could be included in your letter (special training experiences or skills, status of dissertation, research interests, clinical interests, program citizenship [e.g. student representative, CA experience, work on admissions], honors, publications, presentations, teaching experiences, volunteer work, career plans) or any other issues that will personalize your letter and underscore your qualifications for internship. Make sure that you give your letter writers ample time to write your letter - 2 weeks at a minimum. IMPORTANT: APPIC requires a standardized format for letters so that letter writers must cover **all** domains of student competencies. CUDCP has developed a guidance sheet to guide letter writers. This sheet will be distributed to students during the internship preparation sessions with the DCT and ADCT.

Creating an effective Curriculum Vitae. A curriculum vitae (CV) is one of the most important documents that you will create for your professional life. An effective CV is a living document that cogently tells the story of your current and prior professional training, accomplishments, and roles across the domains of research, clinic, teaching, and service. In other words, your CV is a window through which your peers, supervisors, prospective employers, and professional community will view your professional identity, skills, and achievements. Crafting an effective CV is no easy task, as there is tremendous diversity in format, content, and approaches both within and across disciplines. Moreover, the content, tone, and length of one's CV naturally evolves in-step with their professional development: For example, the detailed description of an undergraduate research assistantship that would appropriately appear the CV of a first year graduate student would naturally disappear (or at least be reduced to a line item) from that same

CV by the time one applied for internship, being replaced by other more advanced demonstration of research prowess such as abstracts, publications, grants, and research awards. Our best advice is to work closely with your advisor and more senior students to transform your pre-graduate school resume' into a CV suitable for a junior Ph.D. student in clinical psychology. To help you get started, here is a link to a very helpful student CV guide provided by the American Psychological Association (<http://www.apa.org/gradpsych/2015/01/curriculum-vitae.aspx>) that includes a link to an excellent example (http://psychology.unl.edu/psichi/Psi_Chi_Sample_CV.pdf).

Deadlines. The deadlines for internship applications vary by site and generally fall between November 1st and January 15th. Most are in early November. Make sure that you allow sufficient time for this time consuming and labor intensive task. It is wise to follow up to make sure that internship materials have been received by the internship by the deadline. You might have to do some last minute scurrying to see that everything has been submitted on time.

Interviews. Many internships include a personal interview as a required part of the admission process, while others allow for the opportunity for prospective interns to interview as a courtesy. If the interview is required, the internship staff usually makes an initial pass at reviewing the paper credentials and then invites the prospective candidate for a visit. Some internship agencies are quite adamant about how they do this - "don't call us, we'll call you if we want to visit with you." If the agency is not so hard-nosed about their interview policy, it is advisable for you to visit your top choices sometime during December of the year before you plan on attending. Personal contact with the internship staff lets them get a look at the person behind the paper, which usually works to your advantage. The visit also lets you get a firsthand look at them. Many a prospective intern has changed their ranking of preferences after interviewing with the staff at prospective internship agencies. When possible, your on-site interview should also include a meeting with current interns. Again, you often get the inside story from interns who are actually at the setting that you are checking out. If courtesy interviews are not available, factor that into your decision process, depending on how invested you are in that setting.

***COVID-19 UPDATE:** For the 2020-2021 application cycle, the APPIC Board of Directors has released a set of recommendations to training directors regarding recruitment and interview processes in the face of the COVID-19 pandemic that states: For the coming year, "all doctoral internship and postdoctoral residency/fellowship programs are strongly encouraged to exclusively use virtual, remote, or on-line open houses, interviews, and/or tours for the entire selection process and not to utilize or offer in-person recruitment formats." Please note that this is a "strong encouragement" rather than a requirement, and sites should provide students with accurate information about their interview process so they can make informed decisions about where to apply.

Notification. A computer matching system will notify you of your matching on a Friday (Match Day). This typically occurs during mid to late February. The details of this process are described on the National Matching Services website, <http://www.natmatch.com/psychint/>, which can also be linked to from the APPIC site.

What if you do not get an offer on Match day? First of all, this is not the end of the world. Given the competitiveness of internship admissions and the sometimes baffling decision process

employed by many internship agencies, some very qualified graduate students each year do not get an offer on selection day. The most common reason for this is the failure to apply to a sufficient number, range, or geographical diversity of potential sites. Most of this problem can be avoided by adopting the rule of threes described above. Despite this, if you are not selected in a given year, there are at least three options available: 1) APPIC conducts a Match Phase II in a similar fashion as Phase I, replacing the previous clearinghouse system, which served to help place students that did not get picked on Match day in one of these unfilled slots. 2) Internship slots become available after the selection day due to someone dropping out after they have been selected for a particular slot, new funding of internship positions, or administrative reasons that affect the viability of an internship program. In these cases, internship directors often contact programs directly to see if there are potential applicants for these new slots. 3) You can re-apply next year. In the interim it is advisable to figure out what happened the first time around and correct any problem, and to make good use of the “extra” year, by completing your dissertation, getting additional publications, obtaining new research or clinical skills, or doing other things that will enhance your long term career opportunities. You should remember that graduate students from the University of Houston are typically viewed as attractive applicants to many agencies. The challenge is to match up your special attributes with the needs of the internship program during any given year.

Registration during internship year. Students on Internship are required to register for internship credit hours for **three consecutive semesters** (regardless of how many student credit hours are accumulated). IF the dissertation is completed, then you must sign up for 3 hours of Internship including summer. It is NOT a requirement that the transcript must reflect 9 hours of Internship – however, the UH Graduate School imposes a three-credit-hour minimum per semester (again, this is an exception where summer IS included), so most students will accumulate 9 hours.

Students who begin Internship from June 15 to July 31 sign up for 3 hours of Internship (PSYC 8321 for CP/CCP, and PSYC 8390 for CN) in Summer Y1, Fall Y1, Spring Y2, and “walk”/graduate in Spring Y2.

Students who begin Internship from August 1 to September 15 sign up for 3 hours of Internship (PSYC 8321 for CP/CCP, and PSYC 8390 for CN) in Fall Y1, Spring Y2, and Summer Y2, and graduate in Summer Y2. Students in this group still “walk” in Spring Y2 – to do so, they must apply for graduation in both Spring Y2 AND Summer Y2, and the internship director will need to send a letter to the DCT indicating that you are expected to successfully complete your internship. The DCT can then assign grades for internship hours.

If a student is still working on their dissertation DURING their Internship, they enroll in 3 hours of PSYC 8399 (Dissertation) AND 1 hour of Internship (8121 or 8190), through the semester in which they defend; in subsequent semesters, students sign up for 3 hours of Internship.

The DCT is the instructor of record for ALL STUDENTS on Internship. Please make sure that the DCT has updated your Internship grade during the semester in which you are graduating, so that your Internship grades are posted prior to the deadline. Similarly, make sure that your faculty advisor has updated your dissertation grades at the same time.

Remember, whether you intend to graduate in the Spring or the Summer, you will need to apply for graduation in the Spring, and to be approved the program needs a letter from the internship training director directed to the DCT indicating that you have successfully completed, or are expected to successfully complete, all internship training requirements.

Note 1: Because internship credit hours are not covered by the GTF, and are generally paid out-of-pocket, students may petition for reduced hours.

Note 2: Students who are out-of-state do not receive the out-of-state tuition waiver while on internship, as they are not employed through UH. That is part of the reason they are allowed to carry a reduced course load during those semesters. Information on applying for a residency reclassification can be found here: <http://www.uh.edu/admissions/admitted/residency-requirements/>. Students should apply for residency after their first year at any rate, and this will not be an issue.

Preparations for Leaving on Internship

- **Terminating Practicum.** Once you are informed of your internship start date, let your practicum supervisor know as soon as possible. Students should have a discussion with their UH mentor and practicum supervisors about a reasonable resignation date (for a July 1 start date, typically sometime in early June). If you are on paid contract with your site, after this discussion, email your supervisor with your intent to resign early and official last day of work, copying your UH advisor and Joel Hammett, who will complete termination paperwork. For paid contracts, the last day of work is typically also the last day to be paid by the site. Sites have different expectations, so this is a negotiation. Arrangements should be made soon after students know their Internship situation.
- **Funding between Spring semester and start of internship.** If a student is an RA on a funded project, they may request to continue working as an RA until they leave for internship. If they do not have this source of funding, a student may request a TA from the department for part of the summer, though this will depend on departmental needs and budget for that particular year. Check with Linda Canales and Suzanne Kieffer if you are in this position.
- **Gap in insurance coverage between UH employment and internship.** If a student has been a TF or TA during the 9-mo academic year, health coverage is already paid for in the Spring to include health coverage through the end of August of that year. If the student is an RA during the academic year, health coverage will end at the end of the month in which employment stops. And if an RA switches to a TF or TA for summer, there will not be health coverage as TF and TA health insurance costs are paid during the 9-mo academic year. Students needing health coverage between the end of UH coverage and the start of internship are eligible for COBRA or could check into gap insurance coverage as noted at: <http://www.uh.edu/human-resources/benefits/medical-insurance/gap-insurance.pdf>. Check with Suzanne Kieffer if you have any questions.
- The Department carries professional liability insurance that covers students on practica and internship.

Communication between doctoral program and internship program

Students should be advised that communication between the Clinical Program and the internship program that a student matches with will be maintained throughout the internship year. Typically, internship DCTs write to the DCT to confirm the placement. The communication is mostly informal, unless an internship DCT desires to communicate a concern at some point during the internship. Students are made aware of any communication between DCTs and are cc'd in communication. Around the mid-point of Internship (e.g., December), Internship directors provide the DCT with a letter of progress, and this need not be solicited by the student. In early April (close to graduation) however, students will need to ask their Internship directors for a letter indicating that there are no barriers to their successfully completing their internship. All formal or written internship evaluations are retained in student files ("PDF Records" in the Clinical Student Records SharePoint site) and used for Annual Evaluation (see next section).

Graduation

All students on Internship (who have defended their Dissertation) apply for graduation in Spring of their Internship year. It is a good idea to review your transcript with your UH Mentor PRIOR to leaving for Internship to ensure that all course requirements have been met.

Statement on Professional Behavior Online

Increasingly, as information becomes more widely available through the internet, lines between public and private information are blurring. Many students have websites, blogs, email signature lines, and voicemail/answering machine messages that are entertaining and reflect their personal preferences and personalities. However, students should consider the potential impact of this information on their professional image. For example, if the student uses his/her telephone or email account for professional purposes, clients, research participants, and potential employers may view the student as less professional than desired. Also, according to information collected by the Council of University Directors of Clinical Psychology, clients, graduate and internship programs, and potential employers may all conduct internet searches and use the resulting information in decisions about therapy, or job interviews or offers. Legal authorities also view websites for evidence of illegal activities.

Students should also note that if they identify themselves as a graduate student in the program or reveal information relevant to the graduate program in their email signatures, voicemail files, or website/blog information, then this information becomes part of their program-related behavior and may be used in student evaluations. For example, if a student reports doing something unethical or illegal on a web blog, or uses the website to engage in unethical or unprofessional behavior (e.g., disclosing confidential client or research information), then the program may use this information in student evaluation, including decisions regarding probation or termination.

Thus, students are encouraged to consider the use of personal web pages and blogs, email, and other electronic media carefully. They should attend to what content to reveal about themselves in these forums, and whether there is any personal information that they would not want program faculty, employers, or clients to read or view. Anything on the World Wide Web is potentially available to all who seek. Students who use these media should also consider how to protect the security of private information.

In contacting clients or research participants, students should use their uh.edu email addresses that are assigned to them during orientation. Students who have offices in HBSB are also

assigned times.edu accounts. These email accounts should be checked regularly as often official university business is communicated through these channels.

STUDENT EVALUATION: CRITERIA AND PROCEDURES

Overview

In this section we provide important information about how students are evaluated for their progress in the program. Faculty use the information provided in this section to evaluate you and provide you with ongoing feedback. The ultimate goal of student evaluations is to support students in timely completion of the program and to maximize student success. It is important that you carefully review these criteria and procedures in the first few weeks of graduate school so that you have advance notice of how you will be evaluated through graduate school. This section also provides the faculty with a common set of criteria to carry out evaluations. Annual evaluations are intended to highlight not only areas for improvement, but also strengths. Please note that student records related to training (and complaints and grievances) are maintained in accordance with federal, state, and institution policies regarding record keeping and privacy. Records are kept for decades due to enquiries from licensing boards and other entities throughout students' careers.

The role of your Faculty Advisor

As outlined in the Graduate Academic Handbook, each student, upon acceptance to the Program, is assigned a faculty advisor. This is usually the faculty member that you applied to. Consistent with APA SoA, we strive to create a supportive learning environment. Program faculty are accessible to students and provide students with guidance and supervision. They serve as appropriate role models and engage in actions that promote students' acquisition of knowledge, skills, and competencies in accordance with our program goals and values. The program recognizes the rights of students and faculty to be treated with courtesy and respect. To maximize the effectiveness of students' learning, all interactions among students, faculty and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see description of professional behavior below). These principles are also reflected in the APA Ethical Principles of Psychologists and Code of Conduct that should be reviewed by all students (<http://www.apa.org/ethics/code/>). Occasionally, it may be determined that a particular advisor-advisee pairing may not be an ideal fit. In those cases, the faculty advisor may be changed at the request of either the student or the faculty member. Please see Appendix O for a statement on Graduate Student's Rights and Responsibilities from the Graduate School, and Appendix D in the Graduate Academic Handbook of the Department of Psychology for additional Guidelines for Student-Faculty Relationships.

The faculty advisor has primary responsibility for monitoring the student's progress. A *minimum* of three meetings per year is essential: 1) before Fall for registration, 2) before Spring for registration, 3) a final meeting in May to evaluate the graduate student's progress, but most students will work with their advisors on a daily basis. The student and the faculty advisor are responsible for seeing that the student's progress and accomplishments are properly recorded in program records (in SharePoint) and the file maintained by the academic affairs office.

Areas of evaluation

Consistent with the defined Program goals, there are four broad areas of evaluation:

- 1) Academic performance:** (a) Enrolled in and passed required courses given cohort expectations; (b) Completed key benchmarks (i.e. thesis/dissertation proposal, comps,

etc.) in a timely manner, since last evaluation; (c) is developing an appropriate breadth of understanding of psychological science: psychology as science, including the scientific foundations of psychology competencies and practice, the history of psychology, the biological/social/cognitive/affective/developmental scientific underpinnings of behavior and their interplay, integration of science and practice, research and quantitative methodology; (d) is developing depth of knowledge in clinical psychology (clinical assessment, intervention, research, psychometrics and professional issues, etc.).

2) Development of research skills: (a) Conceptualization of research problem (critically evaluates existing research; independently formulates/produces new knowledge; ethical conduct; considers context and diversity); (b) Understanding of research design (proper knowledge of scientific methods/processes/procedures); (c) Data management and analysis (understanding of quantitative methods and techniques; psychometrics); (d) Scientific presentation, publication, and grant-writing (disseminates and contributes to knowledge base); (e) Number of publications to date (including papers in press or submitted for review as well as F31/grant-related activities).

3) Ethical and professional behavior: Evaluate student's compliance with ethical standards across all domains (research activities, clinical performance, etc). Evaluate student's professionalism, involvement in the program and engagement in activities that will prepare her/him for a successful career, and sensitivity to cultural diversity. (a) Dependability (integrity/honesty/responsibility; attends appointments/meetings, punctual, keeps commitments; completes job requirements timely); (b) Communication (clear/informed/thorough/respectful, verbally and non-verbally; appropriately interfaces with others - peers, faculty, staff - even in difficult situations; effectively provides and receives feedback); (c) Preparedness (prepares sufficiently for meetings, appointments, seminars, discussions, etc.; organizes work effectively); (d) Initiative (seeks growth opportunities; critically evaluates existing knowledge in psychological science and seeks to expand; assumes reasonable amount of responsibility for stating and meeting objectives of her/his training needs and goals); (e) Professionalism (maintains appropriate professional appearance and demeanor; handles role conflicts; minimizes personal intrusions; recognizes potential ethical issues and adheres to APA ethical principles and conduct, laws/regulations, and professional standards, or seeks advisement when needed; active and ethical decision-making and problem-solving; understanding of psychology as science including the scientific foundations of psychology competencies and practice, the bio/soc/cog/aff/dev scientific underpinnings of behavior and their interplay, and integration of science and practice; is developing an identity as a psychologist; identifies career goals and builds professional networks); (f) Sensitivity (expresses appropriate concern for others; maintains privacy/confidentiality/informed consent; shows respect, understanding and appreciation for individual/cultural/other diversity, including how diversity affects the self, others, and social interaction; applies effective approaches in research, treatment, and evaluation, even when personally challenging; seeks advisement when needed); (g) Program citizenship (learns and respects program rules; willing to assist with projects or other program needs; also represents program well to other professionals and potential students); (h) Responds effectively to supervision (open/responsive; acknowledges errors; proper understanding of roles/practices/types of supervision and related legal/ethical issues; accurate assessment of competency level and

progress; seeks advisement and integrates into practice; consistently practices reflective professional and personal self-evaluation and self-care).

- 4) Development of clinical skills:** Evaluate student's clinical performance including proficiency and level of increase/improvement in clinical skills. Consider reports from *both* internal and external practica and student's sensitivity to cultural diversity and level of cultural competency, in addition to: (a) Case conceptualization/Problem identification (reviews existing literature and uses evidence-based practices in determining appropriate approaches for service needs/goals; considers context – i.e. diversity, ethical/legal issues, assessment reports, etc.); (b) Treatment planning (sets realistic treatment goals; selects appropriately integrated, empirically-supported, therapeutic methods); (c) Intervention skills (integrates theoretical knowledge; effectively works with a variety of therapeutic issues and populations; flexibility in the use of a variety of techniques; provides appropriate crisis management; accurate evaluation of treatment progress measures and self-competence, and modifies/adapts or seeks advisement as needed; handles the end of therapy appropriately with clients); (d) Therapeutic alliance (demonstrates verbal and non-verbal warmth and sensitivity to client; establishes good rapport; manages strong personal feelings; collaborates effectively with interdisciplinary professionals/agencies); (e) Working knowledge of the purpose, scope, and approaches to assessment procedures (including reviewing existing literature and choosing appropriate evidence-based assessment practices/methods/instruments relevant to and sufficient for goals/needs, and accounting for potential ethical/diversity/contextual issues); (f) Administration, scoring, interpretation (proper procedures and methods including clinical interviewing; ethical conduct; case conceptualization/recommendations informed by current EBP, professional standards and multiple sources of data, and based on proper understanding of strengths/weaknesses of various methods; objective); (g) Report writing and Feedback/Communication (effective, sensitive, accurate, respectful communication; integrates data into diagnostic impression and meaningful recommendations for care; provides appropriate feedback to client and/or referring professionals)

Students are assessed in each of these domains by the faculty on a 4 point scale using the Mid-year and Annual Clinical Program Evaluation Form (see Appendix H).

1= Deficient for level of experience

2= Weak for level of experience

3= Satisfactory/average for level of experience

4= Outstanding for level of experience

Note that a “3” is generally indicative of “expected” performance in all domains. For instance, a student who is getting mostly As, progressing as expected with thesis and dissertation, is publishing one paper a year, and who is getting good feedback regarding clinical work and professional/ethical behavior would receive a “3” in all domains. When students begin to excel in any particular domain, a 4 may be indicated (e.g. multiple publications, submission of an F31, exceptional or additional diversity training, choosing diversity as a field of study, outstanding reviews by clinical supervisors, leadership positions etc). Ratings of 2 and 1, as explained above, represent quantity and quality of problem areas.

Procedures

Annual evaluations cover the academic year including the previous summer. For first year students, evaluations are completed at the mid-year timepoint (January) and again at the end of the academic year (May). For upper year students, evaluations are completed at the end of the academic year only (May). Below are the step-by-step procedures to be followed by students and faculty:

- 1) The Program elicits practica evaluation forms from practica supervisors. On **1 April** of each year, the Program Manager elicits practica evaluations from all internal and external practica supervisors (see Appendix G for a copy of the form that supervisors complete). Practica supervisors are sent a link to complete evaluations through Sharepoint. Practica supervisors are asked to submit forms by **15 April**.
- 2) Students finalize annual updates in SharePoint. Throughout the year, students will record their professional activities and accomplishments in the SharePoint site [Clinical Student Records](#). By **1 April** each year, the DCT will announce upcoming evaluations and students should ensure that all sections in Clinical Student Records are up-to-date (see Appendix L for an example of required information). All students, even those on internship, must maintain up-to-date student records pertaining to your academic performance (grades, thesis and dissertation progress, etc), research performance (publications, posters, conference attendance, lab work etc), and clinical work (e.g. practica) for each academic year. Annual updates must be completed by **15 April**. Students who have not completed updates by this date will be considered in non-compliance with program requirements.
- 3) Faculty advisors and students meet and review Clinical Student Records together. During the **last two weeks of April**, faculty advisors and their students meet to review the student's progress of the past year. Both strengths and weaknesses are identified and discussed. Information for this meeting is based on Clinical Student Records as well as evaluations from practica supervisors. Students on internship cannot physically meet with their advisors, but their material will be reviewed nonetheless to ensure that they are meeting program milestones.
- 4) Faculty advisors complete the Mid-year and Annual Clinical Program Evaluation Form. Faculty advisors complete the Mid-year and Annual Clinical Program Evaluation Form (see Appendix H) through Sharepoint with *provisional ratings*, subject to change pending CTC discussion. All students are reviewed – including those on internship as students may not have completed their dissertations and/or are expected to remain productive in other ways. The Evaluation Form must be completed by advisors by **1 May**. Faculty are strongly encouraged to not simply give a rating in a particular domain, but to provide justification for ratings in the space provided. These justifications will be very important when discussion of students take place at the special CTC student evaluations meeting.
- 5) CTC special 3-hour student evaluations meeting. In **mid-May** the faculty meet for a special 3-hour meeting to discuss student progress. Faculty bring the Mid-year and Annual Clinical Program Evaluation Form to the meeting and any other supporting documents. CTC will be able to access Sharepoint during the meeting as well. Ratings are adjusted if any new information or discussion warrants it. Students are discussed by cohort starting with first year students.
- 6) DCT signs off on the final version of the evaluation and faculty advisors provide feedback to students. The DCT signs the Mid-year and Annual Clinical Program

Evaluation Form which makes it official, and allows faculty advisors to meet with their students to provide feedback. The feedback meeting must occur by **the end of May**. At the end of this meeting, students have to sign the form electronically in Sharepoint.

- 7) The DCT sends out the annual “standing letter”. The DCT sends out a “standing letter” to students during **June** of each year. These letters are sent by email, and students are required to sign and return to the Program Manager within one week. Students’ overall standing in the program with associated consequences are as follows:
- a. Students in Good Standing. Most students in our program are typically in good standing due to the strong performance of our students. Students receiving ratings of 3 and above are generally considered in good standing.
 - b. Students in good standing with some areas of concern. If a particular domain received a rating of a 2 or less, the student is still in good standing but the DCT letter will contain “warnings” regarding problem areas. These typically include moderate delays in thesis or dissertation progression, academic performance or professional behavior, or areas of concern in clinical work. The DCT letter is meant to provide feedback to the student who may be at risk for a future negative evaluation.
 - c. Negative evaluations. If the CTC identifies serious concerns, they may vote to take formal action such as “**remedial plan**” or “**termination**”. If either of these are initiated the DCT standing letter will contain the relevant information.

Remedial plan

A remedial plan is typically reserved for serious concerns with lack of progress, inadequate performance or unprofessional behavior. The remedial plan is developed by the Faculty Advisor and the student, or by the Faculty Advisor alone or by the CTC or a combination of the above and submitted to the DCT for input. The DCT then incorporates the remedial plan into the standing letter. The standing letter will contain reasons for the remedial plan and will outline a concrete set of benchmarks that the student needs to meet in order to rectify his/her standing in the program. Benchmarks will be tied to a timeline. Periodic assessment of student responsiveness to the remedial plan during the probation period will be undertaken. At the end of the probationary period the CTC will evaluate the student’s performance and determine whether the student has successfully remediated the probation. The student will receive the results of the evaluation in writing. If successful, the student will return to good standing in the program. If not, the CTC may consider termination.

Termination

Consistent with Departmental Procedures (see Graduate Academic Handbook), the Department may terminate a student at any time if the rate of progress, academic performance or performance across other competencies is not satisfactory. A satisfactory rate of progress toward completion of degree requirements is required throughout the student's enrollment (see Timeline on p. 10). Students earning **three grades of "C+" or lower during the course of graduate training will be dismissed automatically from the program**.

Termination procedures may also be initiated by programs if a student’s competence is substandard in any one of the following areas: teaching, research, ethical conduct, sensitivity to

cultural and individual diversity, professional practicum performance, or interpersonal effectiveness.

Programs may initiate termination proceedings based on the egregiousness of the deficiency or student misconduct or the student's failure to complete appropriate remedial measures in a timely manner. The procedures below are Departmental procedures for termination which are also included in the Graduate Academic Handbook:

- 1) Before formal termination procedures begin, the student will receive written notification from the appropriate Program Director indicating his/her competency or academic performance is being evaluated for possible termination from the Department. This letter describes the reasons for the possible termination and, if appropriate, conditions for continued enrollment in the Department. If the program faculty deems it appropriate that termination be initiated, the procedure for termination is as follows:
- 2) The appropriate Program Director submits a written memo to the Director of Graduate Education and Department Chairperson indicating that program faculty members have reached a decision requesting the student's termination from the program and the Department.
- 3) The Director of Graduate Education and the Department Chairperson independently review the student's records and reach a joint decision regarding termination.
- 4) If the request is approved, the student is notified in writing of his/her termination from the Department. This letter is signed by the Department Chair, Director of Graduate Education, and the Program Director.
- 5) If the student wishes to appeal, he/she will notify the Chairperson of the Psychology Department in writing within 10 working days. At such time, the Department's Graduate Education Committee will review the student's records and reach a decision as to whether or not they concur with the request of the Program to terminate the student.
- 6) Should the student wish to continue the appeal process, he/she would submit a written appeal to the Associate Dean of Graduate Studies in the College of Liberal Arts and Social Sciences within 10 working days. The role of the associate dean is only to determine if the department followed correct termination procedures.
- 7) If so desired, students also may continue the appeal process by submitting a written appeal to the Graduate and Professional Studies Grievance Committee within 30 calendar days of the College decision.

Student Grievances and Complaints

The following are Department Procedures for Student Grievances and Complaints.

Any student who wishes to file a grievance or complaint should contact their Program Director and/or the Department Chair. The student must file official notice of an intention

to grieve within 30 days of the point in time when the grievant has knowledge or should have had knowledge of the problem being grieved. At this time, informal efforts will be made to resolve the grievance. In the event that an informal resolution is not possible, the grievant must submit a formal grievance within 60 days of filing the intent to grieve notice. In filing the formal grievance, the grievant must state 1) when he/she discovered the issue being grieved, 2) what issue is being grieved and provide evidence to support the grievance, 3) what is the desired solution. Depending on the nature of the grievance or complaint, the Program Director and/or Department Chair will initiate appropriate review procedures. The American Psychological Association Ethical Principles of Psychologists Code of Ethical Conduct shall govern the manner in which any ethical complaints are addressed (see Appendix C [Graduate Academic Handbook]). In the event that a resolution is not possible at the Departmental level, the grievant may submit a written Notice of Appeal to the Associate Dean of Graduate Studies of the College within 10 days of the Departmental decision. Links to the College and University procedures for addressing student grievances regarding grades, course requirements, and classroom procedures or other academic problems are presented below.

For the grievance policy of the College of Liberal Arts and Social Sciences, please see <http://www.uh.edu/class/students/graduate/academics-planning/policies-procedures/index.php>

For the grievance policy of the University of Houston, please see <http://publications.uh.edu/content.php?catoid=30&navoid=11040>

Evaluation of program effectiveness and quality improvement efforts

- 1) Each semester we have a Town Hall meeting to which students and faculty are invited. Students may submit problems/issues/questions anonymously to the student reps in advance of the meeting to give the DCT time to prepare answers.
- 2) Core faculty meet monthly for 2 hours to discuss program issues (CTC meetings). At least one student rep and the Program Manager attend these meetings.
- 3) Annual student evaluations in May of each year provides an opportunity to evaluate program success through proximal student outcomes.
- 4) The DCT evaluates policies and procedures each summer through updating the Clinical Student Guide with input from student reps, the departmental administrative support structure and the program support staff. The DCT ensures that the program's aims, curriculum and policies and procedures reflect the University of Houston's mission and goals, as well as local, state, regional and national needs for psychological services and national standards for health service psychology. In order to be up to date regarding developments in local, state, regional and national needs for psychological services and national standards for health service psychology the DCT:
 - a. Is an active member of CUDCP and subscribes to the listserv.
 - b. Attends the CUDCP winter meeting.
 - c. Is on the listserv for Texas State Board of Examiners updates.
- 5) A questionnaire is sent to students each academic year to review the quality of the program and to identify areas of improvement.

- 6) From 2017 onwards, the program will evaluate its multicultural climate by administering a survey to assess this every year.
- 7) Program effectiveness is evaluated through distal outcome evaluations (including licensure rates, attrition, time to degree) annually through the APA Annual Report Online. This annual review enables the reaffirmation of our program's accredited status based on the Commission on Accreditation review. To this end, Amy Petesch asks current and past students as well as current faculty to complete a questionnaire annually to collect the information that ensures accreditation. Students and faculty are asked to respond to the request for this information without delay.
- 8) The DCT meets monthly with the Chair of the Department of Psychology to evaluate the quality and effectiveness of the Clinical Program. These meetings affords the DCT the opportunity to evaluate whether the program's aims, curriculum and policies and procedures reflect the University of Houston's mission and goals. In addition, the DCT serves on the Senate of the university which allows her to further evaluate the program's wider context.
- 9) All clinical faculty attend monthly departmental meetings where university and departmental policies and procedures are discussed. This provides important opportunities for the CTC to evaluate the program against the backdrop of university- and departmental wide developments.
- 10) The DCT serves on the Graduate Education Committee (GEC) which meets monthly to assess the quality of graduate education in the department across different programs (Clinical, Social, Developmental, I/O). The DCT chairs this committee.
- 11) The DCT meets with the three student representatives each month to discuss student-level and program-level concerns which are then discussed at CTC meetings, if deemed necessary.
- 12) The DCT meets with external practicum supervisors once a year (in November) to evaluate the program and students as well as practicas. This provides invaluable feedback regarding the quality of training we provide to our students.
- 13) The External Practicum Fair held every January offers students the opportunity to evaluate the quality of external practicas associated with the program and to provide direct feedback about the opportunities available to them.
- 14) The Clinical Psychology Graduate Research Showcase Day provides faculty and students the opportunity to evaluate the quality of our research training by offering a snapshot view of the quality of research conducted in the program. We invite an "alumni makes good" to present his/her research which provides another opportunity for the program to be evaluated from the outside and for students to observe a clinical science role model and to discuss career trajectories.
- 15) Our program also undergoes extensive evaluation during the Commission on Accreditation's site visit. In preparation for a site visit, the program is expected to prepare a self-study that demonstrates continued consistency with the SoA.
- 16) Core faculty organize and attend a clinical faculty retreat every two years that is a day-long meeting to discuss more long-term program developments. Student reps attend part of the day, as well as clinical program administrative support.

COMPREHENSIVE EXAMINATION: POLICIES AND PROCEDURES

Overview

The comprehensive examination (“comps”) is a sit-down written examination that must be passed as a requirement for admission to candidacy for the doctoral degree. Temporally, the exam is taken after completion of basic coursework and the master’s thesis and before dissertation and internship. Though each program within the UH Psychology Department has some form of comprehensive examination, the format, content, and examination process are specific to each program. The clinical comps procedure includes three components:

- 1) A written, open-book exam covering material in the student’s specialty area (CP/adult, CCP, or CN);
- 2) Obtaining licensure as a Psychological Associate, and as part of that process, passing the EPPP and the jurisprudence exam at the doctoral-level cut-offs (a standard score of 500 on the EPPP, and 90% for the taken at-home, open-book jurisprudence exam);
- 3) Consulting experience for current year internal practicum described on p. 38, including submission of the Psychology Consultation Approval form to the Program Manager.

The comprehensive examination has long been a standard element of Ph.D. training programs in all fields, and successfully passing comps permits advancement to doctoral candidacy. Programs and faculty invest substantial time, energy, and resources into graduate students. Thus, while ensuring competence is a primary goal, all parties genuinely want students to succeed. Most students pass specialty comps on their first try and of those who don’t, nearly all pass on their second try (a total of three tries are possible—see below for more detail). While individuals occasionally falter with comps, they almost universally succeed in the end. In short, comps are unlikely to be a ‘make-or-break’ factor in graduate school success.

Purpose and Goals

Like the other program requirements (i.e., clinical, coursework, research), the comprehensive examination has distinct goals. These goals relate both to providing quality training and to evaluating student competencies. A committee of clinical faculty and students reviewed the comps process in 2006 and identified the following key goals:

- To promote consolidation of materials previously studied from the perspective of a more advanced student and to fill in critical gaps in knowledge [For students]
- To demonstrate the ability to apply accumulated knowledge to a novel problem or situation in an integrative and organized manner [For students]
- To evaluate student competencies in general clinical and in specialty tracks [For students & faculty]
- To provide feedback to students on “integrative” writing and thinking [For faculty]
- To promote student to doctoral candidacy (“ABD”) and readiness for dissertation work [For faculty]

Optimally, comprehensive exams would accomplish these stated goals while also resulting in a useful or concrete product and minimizing elements that make the process intimidating or daunting.

Value, Benefit, and Individual Goals

Adjustments have been made to the comps process to attempt to reduce student stress levels and make the process more clear-cut and fair without sacrificing the goals: allowing choice among questions (e.g., answering 2 of 3), making the exam open-book/open-internet format, ensuring questions are rooted in a core reading list, and most recently, replacing the general clinical comps written exam with obtaining licensure as a Psychological Associate (and passing the EPPP at the doctoral level, as well as the jurisprudence exam). Sitting for and passing comps, although challenging, brings students one step closer to the doctoral degree. However, it is possible, and perhaps even valuable, to move past this purely pragmatic viewpoint. Potential individual goals and benefits of comps are described briefly below.

- Students often find that the process of studying and preparation strengthens their knowledge base and prompts them to integrate information and ideas in an original manner. These abilities can be useful in future work and support a sense of professional competence.
- A sense of personal accomplishment, based on the knowledge of competent performance on a standard test with blinded grading by faculty.
- The current open-book format encourages development of a well-organized but concise and easily accessible system for accessing information on a particular topic. Such a reference “library” could be a very useful and concrete product for later use.
- Students often develop study groups while preparing, which offer an opportunity to get reacquainted with classmates, to develop some solidarity, and actually to have some intellectually stimulating conversations on occasion!
- Passing the EPPP at the doctoral level will obviously make the process of obtaining licensure as a psychologist in the future much easier.

Format of the exam

The CP and CCP specialty exams will be given in an open-book/open-internet format. In the 4-hour morning block (8:00a-12:00p), students will be given three questions and will answer two, and in the 2-hour afternoon block (1:00-3:00p), students will be given two questions and will answer one. There will be a lunch break between the two blocks (12:00-1:00p).

The Clinical Neuro specialty exam will also be given in an open-book/open-internet format. In the 4-hour morning session (8:00a-12:00p), students will be given three questions, and will answer two. One question will come from each of the following three areas: cognitive neuropsychology, research methods in neuropsychology (which could involve critique of a journal article), and neurological/neuropsychological disorders. There will be some developmental/child content in at least one of these three questions. In the 2-hour afternoon block (1:00-3:00p), students will answer a neuropsychological assessment/intervention question - there will be either a choice of an adult or child question, or one question that can be answered

from an adult or child perspective. There will be a lunch break between the two blocks (12:00-1:00p).

For all exams in general, answers typically range from 4-8 pages double-spaced. However, length will likely vary significantly across questions and individuals. Scores are not assigned based on length, and a lengthy answer does not at all guarantee a passing score.

Specialty Exam Content

Coursework covered. Since (a) the student will have some choice in which questions he or she answers, (b) some students may have knowledge of these subject areas outside of the specific courses, and (c) not all of these courses are offered every year, some students choose to take comps having only completed some of these courses. Specialty questions are cumulative and integrative. Questions are therefore based on content introduced in foundational courses (detailed below), and *also* in more advanced courses that build off of the foundational material. Questions will cover the following domains for each area, as outlined in the table on the next pages.

TABLE 1

Core Competency	Training Source	Adult Track	Child Track	Clin Neuro Track
Psychopathology¹ (for Child/Adult Clin Tracks) OR CN Content² (for Clin Neuro tracks)	Coursework	6317: Psychopathology I ¹ Potential relevant specialty seminars: including 7397: Seminar in Depression and Suicide; 6329: Domestic Violence Seminar 7394-25597: Acceptance and Mindfulness	6317: Psychopathology I 7397: Dev. Psychopath.	6332: Lifespan CN I 7338: Lifespan CN II 7339: Lifespan CN III 6397: Functional Neuroanatomy ¹ Potential relevant specialty seminars: See Clinical Student Guide
	Other Applicable/Relevant Training	7397: ACLA 7393: Ext. Practicum Placements	7397: ACLA 7393: Ext. Practicum Placements	7397: ACLA 7390: Ext. CN Practicum Placements
Assessment^{1,2}	Coursework	6356: Assessment I 6357: Assessment II	6356: Assessment I 6357: Assessment II	6356: Assessment I 6357: Assessment II Relevant content from Lifespan CN I, II, III
	Other Applicable/Relevant Training	7397: Internal/ACLA 7393: External Practicum Placements	7397: Internal/ACLA 7393: External Practicum Placements	7390: Ext. CN Practicum Placements
	Coursework	6303: Interventions I	6303: Interventions I	6303: Interventions I

Intervention¹		6316: Interventions II	7394: Interventions II (Child Focused)	6316: Interventions II OR 7394: Interventions II (Child Focused) Relevant content from Lifespan CN I, II, III
	<i>Other Applicable/ Relevant Training</i>	6392: Internal/PRSC 7393: External Practicum Placements	6392: Internal/PRSC 7393: External Practicum Placements	6392: Internal/PRSC 7390: Ext. CN Practicum Placements

Notes: ¹: Training experiences will vary across students; however, all students are expected to have gained general and supplemental knowledge through coursework and practicum training as it relates to each core competency domain. Questions will be designed to be applicable to varying training experiences. Knowledge from breadth classes (7342: PSYC: Biological Bases of Behavior; 8397: PHLS: Cog and Affective Bases of Behavior; 6306: PSYC: Foundations of Cog psychology; 8330: PSYC: Foundations of Cog Neuroscience; 6397: PSYC: Foundations of Cog and Dev Sciences; 6338: PSYC: Foundations of Social; 6304: PSYC: Foundations of Developmental Psychology; 8397: PSYC: Theories and research in social and personality psychology) can and should be incorporated into the answer, to the extent possible.

Notes: ²: See footnote under Table 2

TABLE 2

Core Competency	Training Source	Adult Track	Child Track	Clin Neuro Track**
Research Methods¹	<i>Coursework</i>	6300: Statistics I 6302: Statistics II (Exp. Design) 7345: Clinical Research Methods (if taken)	6300: Statistics I 6302: Statistics II (Exp. Design) 7345: Clinical Research Methods (if taken)	6300: Statistics I 6302: Statistics II (Exp. Design) 7345: Clinical Research Methods (if taken) Relevant content from Lifespan CN I, II, III
	<i>Other Applicable/ Relevant Training</i>	Research Focused Laboratory Training; 6399;7399 Thesis	Research Focused Laboratory Training; 6399;7399 Thesis	Research Focused Laboratory Training; 6399;7399 Thesis
Diversity^{1,2}	<i>Coursework</i>	PHLS 8337: multicultural Relevant content presented throughout other courses ¹	PHLS 8337: Multicultural Relevant content presented throughout other courses ¹	PHLS 8337: Multicultural Relevant content presented throughout other courses ¹ Relevant content from Lifespan CN I, II, III
	<i>Other Applicable/ Relevant Training</i>	7397: Internal/ACLA 7393: External Practicum	7397: Internal/ACLA 7393: External Practicum	7397: Internal/ACLA 7390: Ext. CN Practicum Placements

	<i>Training</i>	Placements	Placements	
Ethics^{1,2}	<i>Coursework</i>	PHLS 8364: Ethics and Professional Issues	PHLS 8364: Ethics and Professional Issues	PHLS 8364: Ethics and Professional Issues Relevant content from Lifespan CN I, II, III
	<i>Other Applicable/ Relevant Training</i>	7397: Internal/ACLA 7393: External Practicum Placements	7397: Internal/ACLA 7393: External Practicum Placements	7397: Internal/ACLA 7390: Ext. CN Practicum Placements

Notes: ¹: See footnote from Table 1

Notes: ²: CN questions could potentially require students to refer to patient material from neuropsychology practica and could have some overlap with general clinical material in a CN context (e.g., issues related to culture or mood in the setting of CNS disorder).

Studying for Comps

Importantly, the Comprehensive exam is designed to be cumulative and integrative. Therefore, students should rely on readings from syllabi related to foundational courses, but should also incorporate materials and sources from more advanced coursework in their answers. Generally, students should be familiar with seminal topics, readings, and current issues in the field as they pertain to the area of specialization. Questions will build off of core information presented in the introductory courses and the more advanced and integrative courses that build off of the introductory material. By the time students sit for comps, they will have gained additional training in each of the five core competencies through training in individual practicum and research laboratory settings. Students are encouraged to integrate this expertise, where relevant, when responding to comprehensive exam questions.

Additional resources for preparation: The Association for Behavioral and Cognitive Therapies website (<http://www.abct.org>) has syllabi available for download that may offer guidance on supplemental readings. Browsing journals, such as Psychological Science, or identifying ‘Special Issues’ of well-known journals may be useful. Readings should offer adequate breadth and depth of coverage. In addition, readings that help promote integration and thoughtful analysis and discussion may be good choices. For example, articles that provide theoretical or conceptual frameworks for understanding a broad issue could help in this manner.

Previous Outlines, CDs, and other Collected Materials. There is an informal passing down of materials from class to class. These materials consist of a binder/set of outlines as well as a computer CD-ROM with outlines (some duplicate of hard copies, some different). Individuals also make new outlines each year. Thus, the material tends to evolve. A caveat of using previous outlines is reliance on old information and on someone else’s work. In addition, these outlines may contain reference information from course material covered in previous versions of a course, when taught by different faculty. Ask senior students to pass down any materials they used to study for comps.

Study Groups. Study groups can serve a valuable process in comps preparation. Key functions include: 1) sharing labor, 2) diffusing stress, 3) accountability, and 4) sharing ideas. In the past, students have sometimes assigned articles or topic areas and then shared outlines. Given the large content domain, this can be very valuable. Second, spending time on a regular basis with others who are also going through the same stressful process can be a helpful release. Third, studying together helps keep individuals accountable and focused and minimizes excessive avoidance and procrastination due to anxiety. Finally, group studying provides students with a good venue to get out of one's own head and answer questions out loud.

Open-Book Issues and Preparation for That Format.

Although comps are offered in an open-book format, students are not advised to drastically alter their study approach (from that utilized in preparation for a closed-book exam) in a way that would yield unsatisfactory results. Students are strongly encouraged not to devote excessive time to merely organizing and cataloguing texts, articles, and other materials. While organization will be useful in being able to look up information during the exam, the length of time allotted will not be sufficient for extensive reading about topics related to the question. Instead, students are encouraged to study as if the exam was still in closed-book format, committing the foundations to memory, and plan to use materials as a back-up to double check references or occasional details. Thus, students **SHOULD NOT** answer questions using a “cut-and-paste” approach utilizing material from stored computer files (or any available hard-copy resources). When formulating an answer to a question, students should be drawing mainly on recalled information, applying and integrating that information in the relevant context of the exam question. Computer-stored materials should be viewed as an “emergency” resource to be referred to if some critical detail or reference cannot be recalled. If faculty judge that a response contains significant “cut-and-paste”, “boilerplate” information (which often includes material irrelevant to the question), the score given to that answer will reflect this. Faculty also accept their responsibility in constructing exam questions that do not readily lend themselves to a “cut-and-paste” approach, e.g., application/integration of knowledge in specific circumstances, case vignettes, critiques of research journal articles.

Ethics with the Open-Book/Open-Internet Format. Students are expected to submit their own original work. Plagiarism will not be tolerated and will be addressed with severe disciplinary action if discovered. If students have any questions or concerns regarding the acceptability of certain practices, they are encouraged to discuss them with faculty or ask a student representative to raise the question. The intent of allowing access to reference materials is to reduce concerns related to performance anxiety. However, as noted above, students **SHOULD NOT** utilize a “cut and-paste” approach to answering questions. Stored computer material or hard-copy resources should only be utilized as emergency “back-up” resources if a critical piece of information or reference cannot be recalled. Use of abundant stored material to construct an answer is unacceptable. It may be a useful study exercise for students to write responses to questions from previous exams, but this should be done primarily to gain experience writing comps-style answers in the exam time-limit (2 hours per question), not to compile a “library” of answers from which to construct responses to the actual current comps questions. With the exception of possibly including a few short quotes (no more than a sentence or two) from a published source

(which should be appropriately cited), responses SHOULD NOT contain material that the student has not written themselves, whether this material is published or not (e.g., answers to previous comps questions written by other students, sections of grant proposals written by faculty, unpublished treatment manuals). Generally, students should approach writing comps answers in the same manner as writing their thesis—stating ideas in their own words and properly attributing any directly quoted material to the published source. Students are not expected to provide as many citations for non-quoted material in comps answers as in their thesis, but should supply some of the key citations relevant to the question in the course of their response.

Course Materials vs. Independent Learning. Comps preparation offers a rare chance to review and integrate knowledge. Much of graduate school can be a harried and constant flurry of ‘jumping through hoops’ without any consideration or concern for the ‘why?’ After graduation, that process may continue for some time. The consolidation and integration of knowledge that can occur during preparation for comps can be an extremely valuable graduate school experience. Spend some time learning and thinking. Not only is it likely to enrich students’ personal knowledge, it is likely to be useful in responding to questions on the exam.

Self-Care during preparation. As anxiety levels rise during the process of comps preparation, selfcare can be sacrificed. People may neglect sleep or nutrition or may reduce enjoyable activities. Plan out a schedule ahead of time (students should think about schedules at least 2-3 months in advance, even they don’t start studying then.) Anxiety and worry are likely to be students’ biggest enemies. So students should remember to use effective coping strategies — exercise, talking with friends, movies, reading, study breaks, etc. Also remember that comps are really not AT ALL as scary as people think. The uncertainty and waiting are aggravating, but the exam itself is manageable.

Passing Comps

Scoring. Each question will be graded by three faculty members (blind to student identity) on the following point scale:

- 1 Point - Failure (F)
- 2 Points - Borderline Failure (BF)
- 3 Points - Clear Pass (CP)
- 4 Points - Honor (H)

Points may be assigned in between these values as well (e.g., 3.5).

Three faculty members will score each response. One of the three raters will typically be the faculty member who wrote the question. If any two of the faculty members differ in their ratings by 1.5 points or more, the faculty will discuss the rationale for assigning those scores, and a fourth rater may be asked to score the response. Faculty members will retain students’ scored responses until after comps scores have been disseminated so they can be (possibly) discussed with students.

The total possible points earned for the Specialty section of the exam is 36 points (3 questions x 4 possible points x 3 raters). Students will be required to obtain a minimum of 7 points on each question and a total point minimum of 24 points. Beyond the minimum number of points

necessary to pass, designations of “High Pass” (28.5-29.5) and “Distinction” (30 or higher) are given to recognize excellent performances.

When Will I Know If I Passed? Students will receive feedback within four weeks of the completion of the examination, including time required for resolution of grading discrepancies.

What If I Fail? In cases where a student does not pass the examination, two retakes are allowed at the next January and August (within a one year period) offerings of the comprehensive examination. Failure to pass comps will likely add another year to the total time to complete the program. If a student has not passed the specialty exam within one year of the first sitting (three consecutive sittings in total), dismissal will occur.

Switching Major Area of Study. If the student fails the specialty exam, one option he or she may consider is switching specialty major area of study. This option would require approval from the DCT. Pertaining to comps, the student would then be permitted to complete the specialty questions from the newly declared major area of study within one year (or two sittings) of the first sitting. Switching major area of study does not eliminate the previous failure on the specialty exam, so the student would have only two attempts remaining on the exam for the new specialty track.

Procedures for appeal. If students are dissatisfied with the outcome of their exams, they are able to make a formal appeal to the Clinical Training Committee. Appeals should be filed with the DCT within 14 days of a student receiving their scores.

Procedures

Time Frame. Comps are offered twice yearly, in January and August, usually the week before the semester begins. The actual dates of the exams are chosen collectively by the students taking the exams. Most students choose to take comprehensive exams during their third year. Some students elect to take comps earlier if they have successfully defended their Master’s theses (perhaps at another institution prior to entering the UH program) and completed the requisite coursework.

The master’s thesis must be defended and accepted in the dean’s office by the required date in order to sit for the comprehensive exams. The required date is on the university wide academic calendar, but a 2-week extension has been routinely given to students who request it. If a student thinks there will be a need for an extension as the deadline draws nearer, don’t forget to make a written request to CLASS (contact Anna Marchese with any questions: amarchese@uh.edu, 713-743-4012).

This means, students may take Summer Comps if their thesis is submitted to and accepted by the Dean’s Office by the Spring semester deadline and they have completed Master’s course requirements (except all thesis hours), even though the Master’s degree may not officially post before the exam is administered.

The faculty member coordinating comps will send out an email in September and in April-May, inquiring about students who will be taking the exam at the next administration. A meeting with

prospective comps-takers will be scheduled soon thereafter in which specialty comps and PA licensure procedures will be reviewed (including distribution of materials such as past specialty exams and the PA licensure packet from the Texas State Board). Students are required to finalize their decisions to take comps 60 days prior to the chosen test date. If a student commits to taking comps at that deadline and then experiences some type of emergency, the student may file an appeal with the DCT to be released from that administration of comps.

At the time names are requested for the upcoming administration, many students begin preparing, but this varies greatly among students. Students can choose to begin preparing earlier than that while taking each course, especially with good organization of course materials, typed class notes, and other strategies that will aid in future review of those materials. Many students study primarily when classes are not in session (such as over the summer or late December and January). Many students continue to have substantial other time-commitments (practicum, teaching, research lab, etc.) during the period prior to sitting for comps. As such, they may not be able to set aside 3-6 weeks to study intensively. Individuals also may vary in their study styles.

To decide how much studying is necessary, students are encouraged to speak with advanced students about their studying experiences. Additionally, students' prior organization of course materials are a comfort which may influence the amount of time spend studying. Given the open-reference format, devising a system early on (i.e. when taking the classes during first year) for organizing notes and reference materials likely will save students significant preparation time later.

Pre-Exam Day Preparations

a. Students should choose a testing location at Heyne or HBSB. Due to Covid-19, this year comps may be taken at home. Things to consider: noise level, traffic in and out of the space, availability of computers/internet connections/wireless capability, comfort level and suitability for productivity.

a. Students should communicate early with others who may use the space to resolve any scheduling conflicts or choose an alternate location.

b. If choosing a "common area" in any of these buildings, students should be sure to reserve the room through the appropriate channels.

c. Students should ensure this space has the appropriate internet connections/wireless capability as the responses will be sent to Amy by email. Computers do not have to be purged of any information.

b. Once a testing location is finalized, students should email Amy Petesch and Dr. Bick with the desired location (including room number).

c. Students should create a random confidential ID code. This ID code should be entered in the header of comps responses for blind grading. These codes will not be shared with faculty until after scores have been determined. Students may email the code to Amy ahead of time.

d. Within about 2 weeks before exam day, emails will be sent to the listserv informing everyone of the testing date, general locations and reminding them to be considerate of testers' need for concentration and focus. Students should check with Amy if they have not received the email.

e. Students should prepare the testing space a day or two before the exam. The testing space can be prepared ahead of time if desired by bringing and arranging all supporting reference materials, snacks/drinks, sweaters/blankets/fans, or any personal items that may assist with comfort and relaxation. Test equipment and internet connections.

Exam Day. Students should arrive early and remember to turn off phone ringers, alerts, or any other unnecessary distractions.

8:00a. Comps questions will be made available (either by email or on BlackBoard)

12:00p. Students will email Amy the comps responses from the morning session

12p-1p Lunch Break

1:00p. Comps questions will be made available (either by email or on BlackBoard)

3:00p. Students will email Amy the comps responses from the afternoon session

Students should save each response as a separate document, and include in its name the ID code, specialty area, and the question number—e.g., 5678-CN-Ques2.

Students should let Amy know if you would like to review/edit your comps responses). You may proof your comps responses for spelling/punctuation/grammatical errors only; changes in substance are not allowed. Students should make any revisions clearly visible on the printed copy and return to Amy, who will indicate these changes in the electronic document using “track changes” before providing them to the faculty. Proofing/editing your comps responses is purely voluntary.

Contact Amy (713-743-1747; email) or Dr. Bick (713-743-1058; jrbick@uh.edu) should any questions or problems arise.

The EPPP

***Note:** much of the information compiled below was obtained from the most recent version of the EPPP Candidate Handbook (June, 2015). Please be sure to check the website for updates (<http://www.asppb.net/?page=CandHandbook>). If there are any discrepancies between this document and the most recent version of the handbook, please refer to the information in the handbook and let the DCT know immediately of any discrepancies.*

Important: If you come into the program with a Master’s from a previous university, please check with Linda Canales regarding potential additional requirements.

What is the EPPP? “The Examination for Professional Practice in Psychology (EPPP) is developed and owned by the Association of State and Provincial Psychology Boards (ASPPB). The EPPP is provided to state and provincial boards of psychology to assist them in their evaluation of the qualifications of their applicants for licensure and certification. This standardized knowledge-based examination is constructed by ASPPB with the assistance of its test vendor, Pearson VUE. The EPPP is continuously administered in a computerized delivery format through the Pearson VUE network of computer testing centers.” ... “The EPPP is only one part of the evaluation procedures used by state and provincial boards to determine

candidates' readiness to practice the profession of psychology. Most boards supplement the EPPP with other requirements and/or assessment procedures. The EPPP is intended to evaluate the knowledge that the most recent practice analysis has determined as foundational to the competent practice of psychology. Most candidates taking the EPPP have obtained a doctoral degree in psychology, a year of predoctoral supervised experience and appropriate postdoctoral experience. Candidates are expected to have acquired a broad basic knowledge of psychology, regardless of individual areas of concentration. This knowledge and the candidate's ability to apply it are assessed through the candidate's responses to objective, multiple-choice questions, representative of the field at large. The average pass-rate for doctoral level candidates who are taking the test for the first time exceeds 80% in the most recent sample years." – EPPP Candidate Handbook (June, 2015)

Content of the EPPP. The EPPP covers the following eight content areas (please see Appendix S for suggested coursework):

1. Biological bases of behavior
2. Cognitive-affective bases of behavior
3. Social and cultural bases of behavior
4. Growth and lifespan development
5. Assessment and diagnosis
6. Treatment, intervention, prevention and supervision
7. Research methods and statistics
8. Ethical, legal, and professional issues

The percentage of the exam dedicated to each area covered is further outlined in the EPPP Candidate Handbook. Given that the EPPP is administered nationwide, the content in the exam does not align perfectly with any particular course. However, most of the content areas are covered in the Breadth and Depth courses that students are required to complete. For example, the following classes will be particularly relevant for the EPPP: Interventions I and II; Assessment I and II; Statistics I and II; Developmental; Social; Bio Bases; Cognitive; Neuropsychology; Multicultural. There is no specific reading list that will be provided. (See Suggested Coursework for LPA Application, Appendix S. See also important note regarding waiving/transfer of courses from another graduate program, p. 26)

EPPP Study Materials. In 2015, the department purchased a set of EPPP study materials for student use, in addition to the two sets of study materials that were purchased in 2009. The updated materials were purchased to account for the change from DSM-IV to DSM 5. Hard copies are located in Amy Petesch's office. They have also been scanned, and are on the Sharepoint website and the public Vaquero network drive, along with sample applications completed by some of our students. Additionally, students have had success with materials purchased on their own, including phone and tablet apps called "EPPP Flash Cards" by StudyPsych and "ASPPB EPPP Exam Prep" by Pocket Prep.

What Format Is the Exam? "Each form of the EPPP contains 225 items, of which 175 are scored and 50 are pretest items. The pretest items do not count in a candidate's final score. Each item has four possible responses, only one of which is the correct answer." – EPPP Candidate Handbook (June, 2015). The EPPP is administered on a computer at an approved Pearson VUE

testing center. Students will have 4 hours and 15 minutes to complete the exam, with an extra 15 minutes allotted for the completion of the Non-Disclosure Agreement, a tutorial and a survey at the completion of the exam.

How Many Points Do I Need to Pass? Students will receive a scaled score that ranges from 200 to 800. To pass the EPPP at the doctoral level in Texas, students must obtain a scaled score of 500 or greater. See the EPPP Candidate Handbook for more information on how the difficulty of the exam is taken into consideration when scoring the exam. To pass the Jurisprudence Exam at the doctoral level in Texas, students must receive a score of 90% or greater.

IMPORTANT: The faculty require the students to pass the EPPP and Jurisprudence at the doctoral level in order to complete the requirements for comps. This means that while a scaled score of 450 on the EPPP and a score of 80% on the Jurisprudence allows a student to pass at the level of the Psychological Associate, the department requires students to pass at the doctoral level to complete the comps requirement. This distinction is important to keep in mind when signing up to take the Jurisprudence Exam. *If a student obtains a score between 450 and 500 on the EPPP and completes the Jurisprudence prior to re-taking the EPPP, their scores will be set at the Psychological Associate level and the student will not be allowed to retake the exam until their doctorate is complete.*

When Will I Know If I Passed? Upon completing the EPPP, students will receive an “unofficial” score from the Pearson VUE test center. This score is sent to the licensing board to determine whether this is a passing score. The Texas Board asks that candidates wait 6 weeks between completing the exam and contacting the board to determine their status. Students will receive a letter in the mail that states the “official” score and their status. Be sure to note annual licensing renewal and continuing education (CE) requirements noted in the licensure materials to ensure all necessary CEs are obtained before the renewal due date.

Of note, on the website of the Association of State and Provincial Psychology Boards (ASPPB; <https://www.asppb.net/default.aspx>), there is a section in which recent performances of students from different programs are reported (from 2007-2012), 90% of the 50 UH clinical psychology alumni/students who took the exam passed at the doctoral level cut-off, and scored an average of well over 70% correct in all the various content areas (assessment and diagnosis, research methods, etc.).

What If I Fail? What is the Possible Number of Retries? Any candidate who scores below 500 (the ASPPB recommended passing score for independent practice) will automatically receive performance feedback at the test center as part of their score report. The feedback will be reported by domain in the form of a bar graph. There is no fee for this report.” – EPPP Candidate Handbook (June, 2015).

An application is active for 2 years following the initial approval to sit for the exam. The exam can be taken up to 4 times per year. **Per Program requirements, if a student has not passed the EPPP within one year of the first sitting, dismissal will occur.**

The Jurisprudence Exam

*Note: much of this information was taken from the TSBEP application form (updated June, 2015). Please be sure to check the website for updates (<https://www.tsbep.texas.gov/how-to->

[become-licensed](#)). If there are any discrepancies between this document and the most recent version of the handbook, please refer to the information in the application.*

What is the Jurisprudence Exam? The primary purpose of the examination is to ensure that all candidates for licensure have the necessary familiarization and knowledge of applicable laws, and rules and regulations to practice effectively in the state of Texas.” (TSBEP, June 2015)

Content of the Jurisprudence Exam. The content areas for the Jurisprudence Examination were identified and developed by the Board’s Written Examination Committee and include the following:

- Practice Administration
- Board Composition and Procedures
- Complaint, Disciplinary, and Rehabilitation Procedures
- Licensing Requirements and Specialty Certification
- Professional Practice Rules and Guidelines
- Research Practices
- Supervision Guidelines
- Teaching”

(TSBEP, June 2015)

Jurisprudence Study Materials. There are no specified study materials for the Jurisprudence. However, according to the TSBEP (June, 2015) people have found the following resources to be helpful while completing the exam:

- Psychologist’s Licensing Act Board Rules and Regulations
- Texas Health and Safety Code: Chapter 611 – Mental Health Records; Chapter 32 - Consent to Medical, Dental, Psychological and Surgical Treatment; Chapter 153 - Rights of Parents and Other Conservators to Consent to Treatment of Children and Access to Children’s Records; Chapter 261 - Duty to Report Child Abuse and Neglect
- Texas Human Resource Code Chapter 48 - Duty to Report Abuse of Elderly or Disabled Persons
- Texas Civil Practice and Remedy Code Chapter 81 - Duty to Report Sexual Exploitation of a Patient by a Mental Health Provider

What Format Is the Exam? The Jurisprudence Examination is in open-book format. "The Jurisprudence Examination is administered online. The Board will authorize a candidate to register for and take the examination within 10 business days following receipt of the fee. Once a candidate has been authorized by the Board, the candidate may register for and take the examination through the Board's website. Upon registration with the vendor, the candidate has 14 days to complete the examination. Failure to complete the examination will result in a failing score" (TSBEP, January, 2016). The examination consists of approximately 100 multiple-choice items. Experimental items are included on the exam in order to ensure an adequate item pool for future exams. Accordingly, the total item count for the examination will vary from exam to exam” (TSBEP, June, 2015).

How Many Points Do I Need to Pass? To pass the Jurisprudence Exam at the doctoral level in Texas, students must receive a score of 90% or greater.

When Will I Know If I Passed? Jurisprudence exam results will be emailed to the candidate after completion the exam.

What If I Fail? What is the Possible Number of Retries? An application is active for 2 years following the initial approval to sit for the exam. There is no specified number of attempts identified for this exam. However, it is helpful to know that “the average passing rate for first time examinees of the Jurisprudence Exam in 2007 was 90%” (TSBEP, June 2015).

The Application Process for the EPPP and Jurisprudence Exam

For the most up-to-date information, be sure to visit the website of the Association of State and Provincial Psychology Boards (ASPPB; <https://www.asppb.net/default.aspx>) and the Texas State Board of Examiners of Psychologists (TSBEP; <http://www.tsbep.texas.gov/>).

NOTE: If you use your home address in your application, it will appear in public search results on the Texas State Board website after you are licensed. If you choose to use a UH address, remember that your license and any renewal notifications will be sent to the UH address. If your personal address is listed, log in at <https://vo.licensing.hpc.texas.gov/datamart/login.do> and select the Change of Address to use your UH mailing address, which seems to be effective immediately. We’ve confirmed with TSBEP that you can have only 1 address listed (and it is public).

Requirements for Application – Master’s Degree and Supervised Experience. The master’s degree must be conferred prior to submitting the application for the EPPP. This requires that the master’s thesis must be defended and accepted in the dean’s office by the required date.

Information on master’s degree requirements can be found at:

<http://www.uh.edu/class/students/graduate/thesisdissertation-info/>. The required date is on the university wide academic calendar, but a 2-week extension has been routinely given to students who request it. Students who think a extension is needed should make a written request to CLASS (contact Anna Marchese with any questions: amarchese@uh.edu, 713-743-4012). Additionally, the master’s degree is conferred at the end of the academic semester, no matter when the thesis was defended.

In addition to the master’s degree, the TSBEP requires the completion of at least 450 hours of practicum/work experience under a licensed supervisor. The requirements for what constitutes as “experience” is vague and has been a source of confusion for students. It is the interpretation of the faculty that this means that students do NOT need 450 hours of face-to-face only experience. Acceptable experiences that would fall into the category of practicum/experience under a licensed supervisor include any duties performed in the role of a practicum student: face-to-face interactions with clients (intervention and/or assessment), report writing, chart-review, session preparation, and supervision. Additionally, the TSBEP rules state that the hours can be accumulated across 2 sites; however, the application itself only gives space to list a single site. So, it would be best to play it safe and make sure the hours are accumulated at a single site and can be vouched by students’ supervisor there.

A Step-by-Step Process for a Successful Application

About 4-5 months prior to the intended exam date, students should:

- Step 1: Map out a timeline that allows for a completion of the requirements (master's degree and 450 hours) prior to submitting an application.
- Step 2: Download the Application Packet (<http://www.tsbep.texas.gov/>). Become familiarized with the specific requirements and how long they will take to complete.
- Step 3: Recommendations are no longer needed

About 3 months prior to the intended exam date, students should:

- Step 4: Complete the application form, gather all materials and submit. The approval process can take 3-6 weeks, so it's best to get everything in as soon as possible. Sample applications can be found on Sharepoint and Vaquero. See Appendix S for suggested coursework for pp. 7-8 of application: "Description of Required Graduate Level Coursework".
- Step 5: Request for transcripts to be sent to the TSBEP from the University of Houston. Only official transcripts are accepted. Transcripts must show that the master's degree was conferred.
- Step 6: Register for the DPS/FBI fingerprint criminal history record checks. There are detailed instructions on the application for completing this requirement.

About 2 months prior to the intended exam date, students should:

- Step 7: Print out an Exam Request Form (found at: <http://www.tsbep.texas.gov/form-bank>), complete it for the EPPP ONLY (don't request the Jurisprudence yet) and mail it in. This is to be done after students receive a Letter of Approval to Sit for Exams from the TSBEP, indicating the application was accepted.
- Step 8: After submitting the Exam Request Form, students will receive an email asking them to set up an account in the registration portal. Students have 90 days to register on the portal.
- Step 9: Once students set a testing date, they should return to the portal website to pay for the exam and set a date. Please note: The ASBPP allows a 90-day window from payment to take the exam; however, the Texas application states the "the applicant must sit for the examination within 60 days of the date on the authorization-to-test", so students should be sure to set a date for within 60 days.

After Completing the EPPP:

- Step 10: After students have completed and passed the EPPP, they will need to register for the Jurisprudence Exam. Print out an Exam Request Form (found at: <http://www.tsbep.texas.gov/form-bank>), complete it for the Jurisprudence only, submit payment, and mail it in.
- Step 11: About 10 days after the Exam Request Form is received by the Board, students will be able to register for the Jurisprudence online. Students will NOT receive an email informing them about when they are authorized to register. Therefore, students are encouraged to begin checking the registration website about 2 weeks after mailing the Exam Request Form.

Registration for the Jurisprudence exam is on the Board's website (<https://www.tsbep.texas.gov/jurisprudence-examination>). After registering for the exam online, students have 14 days to complete the online exam. Results will be emailed to students upon completion.

Application Costs

Transcripts: \$10

DPS/FBI fingerprint criminal history checks: \$41.45

Application Fee: \$190

EPPP Fee: \$600

Testing Center Fee: \$87.50

Jurisprudence Fee: \$234

Preparation for the EPPP and Jurisprudence Exam

When is the EPPP Offered? When is the Jurisprudence Exam Offered? The EPPP is offered year round at testing centers in the Houston-metro area. The actual date of the exam is chosen individually by the students taking the exam. The Jurisprudence Exam can be requested at any time throughout the year.

When Should I Take the EPPP? The Jurisprudence Exam? Most students choose to complete the EPPP at the end of their third year (between May and July). Some students elect to take the exam earlier if they have successfully defended their Master's theses and completed the prerequisite hours requirement. Most students take the Jurisprudence after they have completed and passed the EPPP.

When Should I Start Studying? Most study programs recommend that people spend between 180-300 hours or 3-4 months studying for the exam. It can be helpful to read through the materials and get familiar with the content. Most students who have had success with the EPPP recommend taking as many practice exams as possible, as this will help with tracking progress and identifying areas of weakness. Also, many students report doing worse on the practice exams than on the EPPP itself, so students should not panic if they find the practice exams to be challenging.

Study Groups. Study groups can serve a valuable process in comp's preparation. Four key functions are: 1) sharing labor, 2) diffusing stress, 3) accountability, and 4) sharing ideas. In the past, students have sometimes assigned articles or topic areas and then shared outlines. Given the large content domain, this can be very valuable. Second, spending time on a regular basis with others who are also going through the same stressful process can be a helpful release. Third, studying together helps keep individuals accountable and focused and minimizes excessive avoidance and procrastination due to anxiety. Finally, group studying provides a good venue to get out of one's own head and answer questions out loud. Students should find a study group that works for them. Some people work better with a lot of pressure; some with less.

More Noteworthy Information

Nuts and Bolts. IMPORTANT: WHEN STUDENTS RECEIVE THE EPPP AND JURISPRUDENCE RESULTS, STUDENTS SHOULD SCAN AND E-MAIL THEM TO alpetesch@uh.edu.

Self-Care during Comps. As anxiety levels rise during the process of comps preparation, self-care can be sacrificed. People may neglect sleep or nutrition or may reduce enjoyable activities. Students should plan out a schedule ahead of time (think about schedules at least 2-3 months in advance, even if studying does not start then.) Anxiety and worry are likely to be students' biggest enemies. Students should remember to use effective coping strategies —exercise, talking with friends, movies, reading, study breaks, etc. Also remember that comps are really not AT ALL as scary as people think. The uncertainty and waiting are aggravating, but the exam itself is manageable.

Problems. Contact Amy or Dr. Bick should any questions or problems arise.

STUDENT SUPPORT

Funding

Funding support is provided to all students in the program pending their good standing in the program. Support is provided through five mutually exclusive mechanisms:

- 1) Teaching Assistantships (TA)
- 2) Teaching Fellowship (TF)
- 3) Research Assistantship (RA; internal or external)
- 4) Grant support (e.g., F31)
- 5) Paid practica

Teaching Assistantships (TA). For 2020-2021 the monthly stipend for a 50% appointment (20 hrs/wk) will be \$1586.67, or \$14,280 for the nine-month academic year. Students in TA appointments are assigned to 1 to 3 course sections per semester, depending on the workload of the course(s). Summer support as a TA (\$4760 total for 3 months) is also available upon early request by the student and fund availability. Students typically receive a summer assignment if requested. (See Appendix R for more information)

Teaching Fellowship (TF). After the second year, students may qualify for a Teaching Fellowship (TF). Teaching Fellows are instructors of record for a course. Each TF is expected to instruct 1-2 course sections per semester, depending on course size. The current monthly stipend for a 50% TF appointment is \$1722.67 or \$15,504 for the nine-month academic year. Summer support as a TF (\$5168 total for 3 months) is also available upon early request by the student, and fund availability. (See Appendix R for more information). See Appendix V for helpful resources to prepare for teaching.

Research Assistantship (RA). Through an advisor's grant funding or through collaborative opportunities, a student may be employed as a paid RA. Payment generally follows TA or TF rates (see above), though stipends vary, typically ranging from \$1587 to \$2083/month. (See Appendix R for more information)

NIH F31 support. Students may also work with their advisor to submit proposals to the National Institutes of Health (NIH) for funding for F31 fellowships. These two-to-three year fellowships are designed to support a specific research project. Successful applicants receive three components of support through an F31 fellowship: (1) an annual stipend of \$22,920, (2) an institutional allowance of \$4200, and (3) 60% of tuition and fees covered. The annual stipend amount is typically raised each year. F31 fellowships are received as a fellowship through the scholarships office, and recipients are thus not employees of UH during the fellowship time. As such, employee health insurance coverage is not an option and the student must either use the UH student health insurance coverage or purchase other coverage. Funds from the \$4200 institutional allowance noted above may be used for this purpose. The three components of an F31 fellowship are administered through the Department business office, who works with students on expense tracking and reporting to the NIH.

Paid practica. Students may be paid through paid clinical practica. Each year contracts are signed with a variety of departments and facilities in the Texas Medical Center and surrounding area

that provide paid practica. Most of the contracts involve the provision of clinical services; some are clinical /research placements and still others are research placements. CN students are usually placed on 2-3 contracts during their 3 year-long practicum rotations. CN graduate students who are placed on these contracts are required to read through a copy of the contract, sign a form to indicate that this has been done and that they understand the content (see Mr. Joel Hammett for a copy of the contract and form) and to abide by its content. Any questions can generally be answered by Dr. Woods and Mr. Hammett. Contracts usually specify such things as: General information, responsibilities of UH (e.g., administrative, faculty and student responsibilities, patient record maintenance, student participation in program), responsibilities of practicum site (e.g., administrative, faculty and student responsibilities, work hours, vacation hours and designated holidays), term and termination of contract, fiscal provisions, appointments, and miscellaneous provisions. It should be noted that the University of Houston has no sick leave policy for part time employees; some sites might and that information should be obtained from the site. Also, students do not get the academic holidays of the University of Houston while on these contracts. They are given twenty hours (20) hours per week of paid vacation for 2 weeks. This time can be used in a variety of ways such as vacation, studying for comprehensive examinations, sick time, and interviewing for internships. However, dates for taking this vacation time must be approved by practicum supervisors. If students take off time in addition to designated holidays and vacation, this time must be made up with the approval of the site supervisor or pay deducted from the student's salary. CN students have the responsibility to notify Dr. Woods, Mr. Hammett and the site supervisor of the date of termination of their working at a site if an internship starts at an earlier date than the regular termination date of the contract or for other reasons. Other major area students must notify Dr. Vincent. Such notification should be made as soon as possible after the student is aware of an early termination date. This is necessary in order for plans to be made for the possible fulfillment of the remaining part of the contract by another student or for alternate plans to be made by the site and also to see that pay is ended on the correct date.

Tuition and fees. All clinical graduate students are charged in-state tuition. For students coming from out-of-state, residency status is not required before matriculating; if necessary, fee bill will be adjusted after residency determination has been made. Further, 30 credit hours per year are covered by the doctoral tuition fellowship (GTF). Student financial support is guaranteed for first-year students, and is usually available beyond the first year, for students in good standing, through teaching or research appointments, external internships, or traineeships, or some combination of these. First-year students are provided with a departmental Teaching Assistantship (TA). For 2019-2020 the monthly stipend for a 50% appointment (20 hrs/wk) will be \$1586.67, or \$14,280 for the nine-month academic year. Students in TA appointments are assigned to 1 to 3 course sections per semester, depending on the workload of the course(s). Summer support as a TA (\$4760 total for 3 months) is also available upon early request by the student and fund availability. Students typically receive a summer assignment if requested. Research Assistantships (RA) are also sometimes available to first year students, if they will be working with a faculty member who has a funded project on which to place the student. Stipends vary, typically ranging from \$1587 to \$2083/month. After the second year, students may qualify for a Teaching Fellowship (TF). Teaching Fellows are instructors of record for a course. Each TF is expected to instruct 1-2 course sections per semester, depending on course

size. The current monthly stipend for a 50% TF appointment is \$1722.67 or \$15,504 for the nine-month academic year.

Note: Beginning 2019-2020 school year, students must complete the FAFSA (Free Application for Federal Student Aid) in order to maintain eligibility for the GTF. This is a new policy. You must to complete the application the first and each subsequent year you are funded by the GTF.

Summer funding. Students are funded through summer on their TA, TF or RA. Summer support as a TF (\$5168 total for 3 months) is available upon early request by the student, and fund availability. Students typically receive a summer assignment if requested.

Summer payroll deductions for any summer you do not enroll on classes. In addition to student fees, (e.g., recreation access), social security deductions occur any summer that students are not enrolled in credit hours. This issue has been brought up to the department, but it is above them and the university. Students are advised to plan accordingly since their pay will likely be less during the summer after tax and fee deductions (will vary by year). Not being enrolled in credit hours during the summer also impacts those who may be planning to take out student loans. Anecdotally, the department has been able to write a letter to lenders to confirm student status, but acceptance of such a letter may vary by lender.

Other benefits. Other benefits include an excellent comprehensive state employee health benefit package (after a 60-day waiting period) at low cost to the student (student pays \$162/month; State and University pay \$461/month or \$5549 total/year), a waiver of non-resident tuition rates for out-of-state students (worth up to \$15,240/year) and a Graduate Tuition Fellowship (GTF) that covers the cost of twelve credit hours for the Fall and Spring semesters and up to six credit hours for the Summer semester plus fees (worth approximately \$11,073/year). While highly likely to continue, we do not guarantee the coverage of the fee portion of the tuition fellowship (approximately \$501/semester). Please note that full-time graduate study for first-year in the Department of Psychology requires twelve credit hours each for the Fall and Spring semesters, and three or six credit hours for the summer semester (depending on program requirements). For tuition and fees, students should not expect to pay out-of-pocket. In order to qualify for the health benefits and a waiver of out-of-state tuition, students must maintain at least a 50% employment appointment, be registered as a full-time student, and in good standing. To qualify for the tuition fellowship, students must be registered as a full-time student and in good standing. (See Appendix R for more information)

Graduate students can also obtain health coverage for dependents. If the student is employed by UH (i.e. TA, TF, RA, paid CN externships), and is thus eligible for the state employee health coverage, current rates can be found in the section for part-time employees at the following link: <http://www.uh.edu/human-resources/benefits/benefits-glance/>. The student would receive \$150/month via payroll to help offset health insurance costs. The rest of the monthly cost listed at the link above would be paid by the student via monthly payroll deduction. (Exclusions to state employee health coverage eligibility include stipends/pay from internship sites, F31 contracts, or other external sources.)

Internship. The following is a breakdown of student tuition costs during internship, as the graduate tuition fellowship does not apply during that year. If the dissertation is defended prior to internship, the cost of the “Dissertation” line below may be subtracted.

Tuition for Internship		
	Resident	Non-Resident
Cost per Credit hour	\$320	\$829
Internship Hours (9)	\$2,880	\$7,461
Dissertation (3)	\$960	\$2,487
Internship w/o defending (12)	\$3,840	\$9,948

Because the GTF does not cover tuition while on internship, students may need to plan for the added expense. There are several options to help with this:

1. Apply for Texas residency early in your graduate career to qualify for in-state tuition rates
2. Within your UH account, choose a tuition payment plan before payment is due (or the system may automatically dis-enroll you)
3. During the internship year, students are typically enrolled in 3-4 credit hours per semester [(a.) if dissertation defended, 3 internship hours per semester; (b.) if dissertation *not* defended, 3 *dissertation* hours and 1 *internship* hour each semester until dissertation completed)]. The Department considers this full-time while on internship. If your lender requires full-time status to remain eligible for financial aid, the Department can, upon request, provide a letter to UH Financial Aid to be sent to the lender. Some lenders will accept this as confirmation of full-time status.
4. If full-time status required by lender and they won't accept a letter from UH indicating that you are considered full-time, take additional hours to meet the 9-hr minimum per semester to remain eligible for financial aid

Maximum workload restrictions. Any employment up to 10 hours in addition to the student's standard commitment must be approved by the student's advisor, DCT and CTC.

Payment schedule. You will begin getting paid on October 1st by direct deposit (and you'll get paid for both December and January!). Log in to PeopleSoft (<https://accessuh.uh.edu/login.php>) to enter your account information for direct deposit.

University Services

All University of Houston students have access to the following resources (See: <http://www.uh.edu/students/>): Center for Students with DisABILITIES; Veteran Services; LGBTQ Resource Center; A.D. Bruce Religion Center; Women and Gender Resource Center; Child Care Center; UH Wellness; Health Center; Graduate/Professional Housing; Speech, Language and Hearing Clinic; Counseling and Psychological Services Center; University Eye Institute; Security Escorts; International Student and Scholar Services; etc..

The Office of Educational Technology (<http://www.uh.edu/class/oet/>): specialty services and support for teaching and teaching technologies; available to assist with course design and

enhancement (Instructional Design), and various software and tools (i.e. Blackboard, Respondus, Mediasite) available to assist with teaching; Classroom Technologies: provides resources instructors can use with their lectures (i.e. laptops, projectors, software).

Center for Academic Support and Assessment (<http://www.uh.edu/casa/>): proctoring/testing support

Committee for the Protection of Human Subjects (<http://www.uh.edu/research/compliance/irb/>): research design support; IRB Committee 3 is dedicated to student-led human subjects research

Department Resources

Graduate students in the Department of Psychology are provided work space and use of departmental/program resources, equipment, and software (MS Office, SPSS, etc); purchasing assistance and travel support; and a specialized liaison librarian responsible for supporting research and teaching in Psychology. Ms. Irene Ke, the Psychology Librarian, has an MLS and MS in Counseling Psychology. She is an outstanding resource for facilitating the discovery of relevant research/information. She will take acquisition requests, compile resource lists (called “guides”) that pertain to particular subject matters or for courses, and provide one-on-one or group training, in-person or virtually, on search methods. In addition, the department has appointed Dr. Raymond “Chip” Knee as Director of Graduate Education, and he is available in the event of any special concerns or problems a graduate student may have in the department or program. See “Who to go to for what” in Appendix P.

The Department of Psychology is fortunate to have a dedicated IT administrator. Mr. Botti maintains all the department computers, including four different computer labs, keeping them up-to-date with virus protection, and the latest Microsoft Office suite, as well as with various data analysis programs (SAS, SPSS, etc.). In the event Mr. Botti is unavailable, students may contact the College of Liberal Arts and Social Sciences IT department. Students and faculty housed in TIMES benefit from dedicated IT administration provide by Mr. Minh Duong and his team.

Please see Appendix Q for a useful guide for first year students (senior student tips), and the program’s [SharePoint site](#) for additional resources

THERAPIST REFERRALS

Grad school is stressful, and life happens anyway. In addition to services available to you on campus at CAPS (<http://www.uh.edu/caps/>) the following therapists offer a reduced rate to students in our clinical training program. **Self-care is an important ethical and professional obligation.**

Kim Copeland, Ph.D.

5909 W Loop S, Ste 420
Bellaire, TX 77401
713-206-0650

- Grad of our program.
 - Postdoc at Menninger
- (Shares office waiting room with Dr. Weill)

Katherine DeLaune, Ph.D.

3730 Kirby Drive, Suite 800
Houston, Texas 77098
713-446-1465
katdelaune@comcast.net

- CBT orientation, grad of our program; also incorporates ACT therapy
- Reduced rate for UH clinical grad students

Ken Kopel, Ph.D.

6750 W Loop S
Bellaire, TX 77401
(713)665-3100

CBT in practice 35 years, marriage, divorce, anxiety, chronic illness, medical psych
Will work out affordable fee with students

Elizabeth Maynard, Ph.D.

3730 Kirby Drive, Suite 800
Houston, TX 77098
(832)971-2208
www.elizabethmaynard.com

Jennifer Rothfleisch, PhD

2225 County Road 90
Pearland, TX 77584
281-412-9138

- CBT orientation, grad of our program

Kelli L. Wright, PhD

1712 Fairview St.
Houston, TX 77006

(713) 249 - 5838

Former UH student, CBT is also ACT certified

*Complete online in SharePoint

Appendix A**Individualized Development Plan (IDP) Form**

 Name of Student

 Name of Advisor or Major Professor

 Year in Program

 Date IDP Completed
Program Goal 1: Gain breadth of knowledge of psychology and related sciences and depth of knowledge in clinical psychology:

Students' curriculum and lab work are designed to gain

- a. breadth of knowledge in psychological science (biological, cognitive, affective, developmental and social aspects of behavior as well as the history of psychology as a scientific discipline and research methodology in psychological sciences)
- b. breadth of knowledge in fields related to psychology (e.g. neuroscience, statistics)
- c. depth of knowledge in clinical psychology (assessment, diagnosis, clinical research methods and psychometrics, interventions, professional issues, etiology, and phenomenology)
- d. knowledge of the contextual relevance of scholarship (diversity)

Self-Rating:

Below Level of Training

Commensurate with Level of Training

Ready for Board Certification

Long-term (10-year) Goals:**Short-term (1-year) Goals:**

Fall	Spring	Summer

Program Goal 2: Competence in Research

Through research activity individual faculty labs and curriculum students will gain competence in

- a. study design, assessment and measurement
- b. data analyses
- c. study management and execution

- d. timely dissemination of scientifically sound research
- e. critical evaluation of research
- f. ethical conduct of research
- g. integration of diversity and context into research

Self-Rating:

Below Level of Training

Commensurate with Level of Training

Ready for Board Certification

Long-term (10-year) Goals:

Short-term (1-year) Goals:

Goal	Action Step	Frequency (i.e. weekly)	Target Completion Date

Program Goal 3: Competence in clinical practice:

Through coursework and clinical practica, students will gain competence in using empirical literature to guide

- a. psychological assessment
- b. clinical diagnosis and case conceptualization
- c. treatment planning, implementation, and evaluation of treatments
- d. clinical supervision
- e. clinical consultation
- f. ethical, professional, and reflective clinical practice
- g. awareness and integration of diversity, context, and advocacy into clinical practice
- h. knowledge and awareness of interdisciplinary systems

Self-Rating:

Below Level of Training

Commensurate with Level of Training

Ready for Board Certification

Long-term (10-year) Goals:

Short-term (1-year) Goals:

Goal	Action Step	Frequency (i.e. weekly)	Target Completion Date

Program Goal 4: Development of a professional identity as a clinical scientist:

Through coursework and relationships with their peers and mentors, students will gain competence in

- a. the ability to identify career goals
- b. pursuing a coherent and focused plan of study
- c. establishing professional networks
- d. the ability to actively participate in the scholarly and clinical community at departmental, university and professional levels in an interpersonally effective way

Self-Rating:

Below Level of Training

Commensurate with Level of Training

Ready for Board Certification

Long-term (10-year) Goals:

Short-term (1-year) Goals:

Goal	Action Step	Frequency (i.e. weekly)	Target Completion Date

UNIVERSITY of HOUSTON | GRADUATE SCHOOL

GRADUATE and PROFESSIONAL STUDENT PETITION

gradschool@uh.edu

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the university collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect.

Name: Last First Middle myUH ID: Contact Phone Number:					Current Student Information Career Program Plan Code		Petition Effective Term Year		
UH EMAIL ALIAS: @UH.EDU Students are required to maintain a valid destination email address in their myUH account					<small>NOTE: Unless otherwise stated and approved, all petitions are effective at the start of the next academic term. All administrative actions become effective the day they are processed, unless otherwise stipulated and approved via petition. All petitions should be submitted to the advising office in the department of their degree objective to begin the approval process.</small>				
PURPOSE OF PETITION									
1. Update program status/action (term activate, discontinue, etc)		2. Admissions status change (ex: conditional to unconditional)		3. Add new concurrent degree or certificate objective (career/program/plan)		4. Change current degree objective (program/plan)			
5. Degree requirement exception or approved course substitution		6. Leave of Absence (include specific term) (Attach supporting documentation)		7. Reinstatement to discontinued career (provide explanation)		8. Request to apply to graduate after the late filing period deadline			
9. Transfer Credit <small>[One Institution per petition]</small>		Institution Name City/State/Zip			Hours Previously Transferred: <input style="width: 50px;" type="text"/> Transfer Credits on this request: <input style="width: 50px;" type="text"/>		10. Change Admit Term		
Courses Approved for Transfer:		Catalog #: Sem/Qtr Taken:		Transfer Credit Awarded:		General Elective Credit		UH Graduate Course Equivalencies:	
Catalog #:		Sem/Qtr Taken:		Catalog #:		Catalog #:		Catalog #:	
Catalog #:		Sem/Qtr Taken:		Catalog #:		Catalog #:		11. Early Submission of Thesis/ Dissertation	
Catalog #:		Sem/Qtr Taken:		Catalog #:		Catalog #:		12. Other (explain below)	
EXPLANATION OF REQUEST <small>(attach additional documentation as needed)</small>									
<div style="display: flex; justify-content: space-between;"> <div>STUDENT SIGNATURE</div> <div>DATE</div> <div>Administrative Request</div> </div>									
REQUIRED APPROVALS					ACADEMIC OFFICE USE ONLY				
Graduate Advisor/Committee Chair APPROVED DISAPPROVED Signature Print Name Date ____/____/____					COMMENTS				
Graduate Studies/Program Director APPROVED DISAPPROVED Signature Print Name Date ____/____/____									
Department Chair if required APPROVED DISAPPROVED Signature Print Name Date ____/____/____									
Assoc/Asst Dean for Graduate Studies APPROVED DISAPPROVED Signature Print Name Date ____/____/____									
Vice Provost/Dean of the Graduate School APPROVED DISAPPROVED Signature Print Name Date ____/____/____									

**Department of Psychology
Approval of Proposal**

Name of Student _____ PS# _____

Program _____

MA/Thesis _____

PhD/Dissertation _____

Title of Project _____

We approve the attached research proposal. We agree that the student and the committee chair may make minor and reasonable changes in the protocol without consulting the whole committee. We agree to participate in an assembled final oral defense at the completion of the project.

Signed: _____

Chair of Committee

Date

I understand, if applicable, this project must have approval for the use of human or animal subjects and I must submit the related approval letter to the Director of Graduate Education before he/she will sign and submit this form to the Academic Affairs Office.

☐ If IRB was not required please check the box.

Signed: _____

Student

Date

Signed: _____

Director of Graduate Education

Date

After this form has been signed, it is to be stapled to a copy of the proposal and placed in the student's file in the Academic Affairs Office, 124 Heyne.

College of Liberal Arts and Social Sciences

Thesis Committee Appointment Record

Name _____

Department _____ Student ID Number _____

Email _____

Research Topic _____

It is requested that the following faculty members agree to serve on the Thesis Committee for the student named above.

Committee Members (please print name on left line)_____
Committee Chair

UHID number _____

Signature_____
Committee Member

UHID number _____

Signature_____
Committee Member

UHID number _____

Signature

Approved:

Department Director of Graduate Studies_____
Date_____
Department Chairperson_____
Date_____
Dean, College of Liberal Arts and Social Sciences_____
Date

**College of Liberal Arts and Social Sciences
Dissertation Committee Appointment Record**

Name _____

Department _____ Student ID Number _____

Email _____

Research Topic _____

It is requested that the following faculty members agree to serve on the Doctoral Dissertation Committee for the student named above.

Committee Members (please print name on left line)

Committee Chair
UHID number _____

Signature

Committee Member
UHID number _____

Signature

Committee Member
UHID number _____

Signature

Outside Committee Member, Name/ Department / University (if not UH)

Signature

Approved:

Department Director of Graduate Studies

Date

Department Chairperson

Date

Dean, College of Liberal Arts and Social Sciences

Date

Foundational Competencies Codebook¹

I. Professionalism – Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility.

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

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Failure to complete assigned or routine tasks during clinic on call hours Failure to complete required clinic trainings (e.g., HIPPA) and orientations 	<ul style="list-style-type: none"> Demonstrates honesty, even in difficult situations Takes responsibility for own actions Displays basic understanding of core professional values Demonstrates ethical behavior & basic knowledge of APA Ethical Principles & Code of Conduct: see below: Foundational Competency: Ethical-legal standards-policy 	<ul style="list-style-type: none"> Demonstrates knowledge of professional values Demonstrates adherence to professional values Identifies situations that challenge professional values, and seeks faculty/supervisor guidance as needed. Demonstrates ability to share, discuss and address failures and lapses in adherence to professional values with supervisors/faculty as appropriate

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

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Not presenting for clinic on call hours or session observation appointments in professional attire and appropriate hygiene Discussing client(s) information in public areas of the clinic or elsewhere Discussion of client(s) in unprofessional terms or with disrespect for individual differences 	<ul style="list-style-type: none"> Demonstrates appropriate personal hygiene and attire Distinguishes between appropriate and inappropriate language and demeanor in professional contexts 	<ul style="list-style-type: none"> Demonstrates awareness of the impact behavior has on client, public and profession Utilizes appropriate language and demeanor in professional communications Demonstrates appropriate physical conduct, including attire, consistent with context

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

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Failure to complete required observation or client contact hours and notes or reports in a timely manner Failure to maintain responsibility in scheduling rooms and/or resources both when initiating scheduling and when changes are needed 	<ul style="list-style-type: none"> Turns in assignments in accordance with established deadlines Demonstrates personal organization skills Plans and organizes own workload Aware of and follows policies and procedures of institution 	<ul style="list-style-type: none"> Completes required case documentation promptly and accurately Accepts responsibility for meeting deadlines Available when “on-call” Acknowledges errors Utilizes supervision to strengthen effectiveness of practice

¹ Although not all inclusive, examples of behaviors that correspond to each competency rating are listed below. Please note that the “Well Developed Competence” category listed corresponds with the “Readiness for Internship” category from the “Competency Benchmark Document”, which is the product of the Assessment of Competency Benchmarks Work Group convened by the APA Board of Educational Affairs in collaboration with the Council of Chairs of Training Councils (CCTC). (July 2008)

D. Concern for the welfare of others - Consistently acts to understand and safeguard the welfare of others		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Engaging in behaviors that compromise a safe environment emotionally or physically Abandonment of client(s) 	<ul style="list-style-type: none"> Displays initiative to help others Articulates importance of concepts of confidentiality, privacy, informed consent Demonstrates compassion 	<ul style="list-style-type: none"> Regularly demonstrates compassion Displays respect in interpersonal interactions with others including those from divergent perspectives or backgrounds Determines when response to client needs takes precedence over personal needs
E. Professional Identity - Emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Cannot conduct an appropriate literature search Fails to seek needed supervision when appropriate Does not integrate supervision into care of client(s) Failure to attend schedule supervision (individually or on team) 	<ul style="list-style-type: none"> Has membership in professional organizations Demonstrates knowledge of the program and profession (training model, core competencies) Demonstrates knowledge about practicing within one's competence Understands that knowledge goes beyond formal training 	<ul style="list-style-type: none"> Attends colloquia, workshops, conferences Consults literature relevant to client care

II. Reflective Practice/Self-Assessment/Self-Care – Practice conducted with personal and professional self-awareness and reflection; with awareness and reflection; with awareness of competencies; with appropriate self-care.

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

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Does not articulate attitudes, values, and beliefs that guide behavior and decision-making Fails to acknowledge impact of self on others Does not use introspection to monitor the effect of personal issues on professional work and relationships Failure to foster development of individual and cultural identities Does not use supervision as an opportunity to facilitate self-awareness as related to professional performance, roles, and responsibilities 	<ul style="list-style-type: none"> Displays basic mindfulness and self-awareness; basic reflectivity regarding professional practice (reflection-on-action) Problem solving skills (critical thinking) organized reasoning intellectual curiosity and flexibility <p>Demonstrates openness to:</p> <ul style="list-style-type: none"> considering own personal concerns & issues recognizing impact of self on others articulating attitudes, values, and beliefs toward diverse others self-identifying multiple individual and cultural identities systematically reviewing own professional performance with supervisors/teachers 	<ul style="list-style-type: none"> Articulates attitudes, values, and beliefs toward diverse others Recognizes impact of self on others Self-identifies multiple individual and cultural identities Describes how others experience him/her and identifies roles one might play within a group Responsively utilizes supervision to enhance reflectivity Systematically and effectively reviews own professional performance via videotape or other technology with supervisors Initial indicators of monitoring and adjusting professional performance in action as situation requires

B. Self-Assessment - Broadly accurate self-assessment of competence; consistent monitoring and evaluation of practice activities.		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Fails to recognize professional limitations, 'blindspots' & mistakes • Fails to recognize strengths • Despite input from others, does not develop specific and realistic professional goals • Cannot describe an adequate subset of core competencies for scientist-practitioners • Does not devote adequate time to self-evaluation and review of professional performance 	<ul style="list-style-type: none"> • Knowledge of core competencies; emerging self-assessment re: competencies • Demonstrates awareness of clinical competencies for professional training • Develops initial competency goals for early training (with input from faculty) 	<ul style="list-style-type: none"> • Self-assessment comes close to congruence with assessment by peers and supervisors • Identifies areas requiring further professional growth • Writes a personal statement of professional goals • Identifies learning objectives for overall training plan • Systemically and effectively reviews own professional performance via videotape or other technology
C. Self-Care - Attention to personal health and well-being to assure effective professional		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Lacks awareness of personal & professional values and priorities • Fails to balance personal & professional commitments in a manner consistent with ones values & priorities • Relies on ineffective &/or maladaptive coping (e.g., puts physical health or important relationships at risk) • Denies personal vulnerabilities • Fails to seek help/advice for personal difficulties with the potential to impair professional functioning 	<ul style="list-style-type: none"> • Understanding of the importance of self-care in effective practice • Knowledge of self-care methods • Attention to self-care • Demonstrates basic awareness and attention to self-care 	<ul style="list-style-type: none"> • Monitoring of issues related to self-care with supervisor. • Understanding of the central role of self-care to effective practice • Works with supervisor to monitor issues related to self-care • Takes action recommended by supervisor for self-care to ensure effective training

III. Scientific Knowledge and Methods - Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

A. Scientific Mindedness		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Passive acceptance of published literature as truth • Unable/Unwilling to present own research in multiple modalities (e.g., written, oral) 	<ul style="list-style-type: none"> • Displays critical scientific thinking • Aware of need for evidence to support assertions • Questions assumptions of knowledge • Evaluates study methodology and scientific basis of findings • Presents own work for the scrutiny of others 	<ul style="list-style-type: none"> • Values and applies scientific methods to professional practice. • Articulates, in supervision and case conference, support for issues derived from the literature • Formulates appropriate questions regarding case conceptualization • Generates hypotheses regarding own contribution to therapeutic process and outcome • Performs scientific critique of literature

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

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Unable to articulate the scientific method • Applies illogical steps in place of scientific reasoning and evaluation 	<ul style="list-style-type: none"> • Understanding of psychology as a science. • Demonstrates understanding of core scientific conceptualizations of human behavior • Demonstrates understanding of psychology as a science, including basic knowledge of the breadth of scientific psychology. For example: able to cite scientific literature to support an argument. • Evaluates scholarly literature on a topic 	<ul style="list-style-type: none"> • In-depth knowledge of core science • Displays intermediate level knowledge of and respect for scientific bases of behavior

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

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Fails to learn the evidence base associated with interventions and assessments • Considers interventions and assessments without regard to their scientific status • Considers interventions and assessments without regard to their acceptability within the client's values • Considers interventions and assessments without regard to the clinician's preparation/expertise 	<ul style="list-style-type: none"> • Understanding the scientific foundation of professional practice • Understands the development of evidence based practice in psychology (EBP) as defined by APA • Displays understanding of the scientific foundations of the functional competencies • Cites scientific literature to support an argument • Evaluates scholarly literature on a practice-related topic 	<ul style="list-style-type: none"> • Knowledge, understanding, and application of the concept of evidence-based practice • Applies EBP concepts in case conceptualization, treatment planning, and interventions • Compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning.

IV. Relationships - Relate effectively and meaningfully with individuals, groups, and/or communities**A. Interpersonal Relationships**

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Limited or poor interpersonal relationships • Fails to listen/attend to others • Unable to see or dismisses alternative views & values • Unreliable, inconsistent • Blames others; does not take responsibility for own errors • Repeated boundary violations or excessive distance in therapeutic/supervisory relationship • Does not prepare for supervision or seek assistance 	<ul style="list-style-type: none"> • Displays interpersonal skills • Listens and is empathic with others • Respects and shows interest in others' cultures, experiences, values, points of view, goals and desires, fears, etc. • Demonstrates skills verbally and non-verbally. • Receives feedback well. 	<ul style="list-style-type: none"> • Forms/maintains productive, respectful relationships with clients, peers, supervisors and professionals from other disciplines • Forms effective working alliance with clients • Engages with supervisors to work effectively • Works cooperatively with peers • Involved in departmental, institutional, or professional activities or governance • Demonstrates respectful and collegial interactions with those who have different professional models or perspectives

B. Affective Skills - Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback non-		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Frequent conflict with others OR avoids conflict • Doesn't challenge or confront clients when appropriate • Immature, superficial or distant relationships • Poor working alliance with clients • Becomes angry or overly upset by negative feedback • Insensitive, over critical feedback or resistant to providing constructive criticism to peers • Avoids introspection; lacks awareness of own role in interactions 	<ul style="list-style-type: none"> • Demonstrates affective skills • Demonstrates affect tolerance • Tolerates and understands interpersonal conflict • Tolerates ambiguity and uncertainty • Demonstrates awareness of inner emotional experience • Demonstrates emotional maturity • Listens to and acknowledges feedback from others 	<ul style="list-style-type: none"> • Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback non-defensively. • Works collaboratively • Demonstrates active problem-solving • Makes appropriate disclosures regarding problematic interpersonal situations • Acknowledges own role in difficult interactions • Provides feedback to supervisor regarding supervisory process • Provides feedback to peers regarding peers' clinical work in context of group supervision or case conference • Accepts and implements supervisory feedback non-defensively.
C. Expressive Skills – Ability to clearly and articulately express oneself.		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Uses language that is vague or contains too much jargon • Unable to articulate e.g. stumbles, incomplete sentences/ideas, rambles too much or overly brief 	<ul style="list-style-type: none"> • Demonstrates coherent expressive skills • Communicates ideas, feelings and information verbally and non-verbally 	<ul style="list-style-type: none"> • Clear and articulate expression • Communicates clearly using verbal, nonverbal, and written skills • Demonstrates understanding of professional language

V. Individual and Cultural Diversity - Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent		
A. Self as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity,		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Has difficulty recognizing prejudices 	<ul style="list-style-type: none"> • Knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others. • Demonstrates this self-knowledge, awareness, and understanding. For example: articulates how ethnic group values influence who one is and how one relates to other people. 	<ul style="list-style-type: none"> • Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation • Understands and monitors own cultural identities in relation to work with others • Uses knowledge of self to monitor effectiveness as a professional • Critically evaluates feedback and initiates supervision regularly about diversity issues

B. Others as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity,		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Does not talk about inexperience or lack of exposure to individuals/groups from different backgrounds 	<ul style="list-style-type: none"> Knowledge, awareness, and understanding of others individuals as cultural beings. Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals. Critically evaluates feedback and initiates supervision regularly about diversity issues with others. 	
C. Interaction of self and others as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Holds some beliefs which limit effectiveness with certain clients 	<ul style="list-style-type: none"> Knowledge, awareness, and understanding of interactions between self and diverse others Demonstrates knowledge, awareness and understanding of the way culture and context shape interactions between and among individuals. 	<ul style="list-style-type: none"> Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others Understands the role of multiple cultural identities in interactions among individuals Uses knowledge of the role of culture in interactions in work as a professional Critically evaluates feedback and initiates supervision regularly about diversity issues with others
D. Applications based on individual and cultural context - Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Lacks insight into impact of personal experiences on case conceptualization, choice of treatment, etc. 	<ul style="list-style-type: none"> Basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understanding of the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues). Demonstrates basic knowledge of literatures on individual and cultural differences and engages in respectful interactions that reflects this knowledge Demonstrates understanding of the need to consider ICD issues in all aspects of professional psychology work through respectful interactions 	<ul style="list-style-type: none"> Demonstrates knowledge of ICD literature and APA policies, including guidelines for practice with diverse individuals, groups and communities Demonstrates ability to address ICD issues across professional settings and activities Works effectively with diverse others in professional activities Demonstrates awareness of effects of oppression and privilege on self and others

VI. Ethical Legal Standards and Policy - Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.
A. Knowledge of ethical, legal and professional standards and guidelines - Knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/ professional codes, standards and guidelines; laws, statutes, rules, regulations.

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Unable to locate the APA Ethical Code. Unable to identify which code is currently in place (e.g., which year of publication represents the current code). Unable to identify additional codes that are salient to professional practice (e.g, child custody, forensic, and so on). 	<ul style="list-style-type: none"> Basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making] Beginning knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting. Displays a basic understanding of this knowledge (e.g., APA, Ethics Code and principles, Ethical Decision Making Models) Demonstrates knowledge of typical legal issues (e.g., child and elder abuse reporting, HIPAA, Confidentiality, Informed Consent) 	<ul style="list-style-type: none"> Intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/ professional codes, standards and guidelines; laws, statutes, rules, regulations Identifies ethical dilemmas effectively actively consults with supervisor to act upon ethical and legal aspects of practice Addresses ethical and legal aspects within the case conceptualization Discusses ethical implications of professional work Recognizes and discusses limits of own ethical and legal knowledge

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

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Unable to identify, with the narrative code available, applicable sections to an ethical decision making dilemma. Failure to identify appropriate means and resources for obtaining consultation and/or supervision when facing an ethical decision making dilemma. 	<ul style="list-style-type: none"> Demonstrates the importance of an ethical decision model applied to practice. Recognizes the importance of basic ethical concepts applicable in initial practice (e.g. child abuse reporting, Informed consent, confidentiality, multiple relationships, and competence) Identifies potential conflicts between personal belief systems, APA ethics code and legal issues in practice. 	<ul style="list-style-type: none"> Knows and applies an ethical decision-making model and is able to apply relevant elements of ethical decision making to a dilemma. Uses an ethical decision-making model when discussing cases in supervision. Readily identifies ethical implications in cases and to understand the ethical elements in any present ethical dilemma or question Discusses ethical dilemmas and decision-making in supervision, staffing, presentations, & practicum settings.

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

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Failure to seek consultation before responding to an ethical decision making dilemma. Enacts conduct that is inconsistent with supervisor mandates regarding ethical conduct, without first seeking consultation from Clinic Director. 	<ul style="list-style-type: none"> Ethical attitudes and values evident in conduct Evidences desire to help others Demonstrates openness to new ideas Shows honesty/integrity/values ethical behavior Demonstrates personal courage consistent with ethical values of psychologists Displays a capacity for appropriate boundary management Implements ethical concepts into professional behavior 	<ul style="list-style-type: none"> Knowledge of own moral principles/ethical values integrated in professional conduct Articulates knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues Spontaneously discusses intersection of personal and professional ethical and moral issues.

VII. Interdisciplinary systems – Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple		
A. Knowledge of the shared and distinctive contributions of other professions.		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Lacks awareness or understanding of basic contributions of allied professions such as social work, psychiatry 	<ul style="list-style-type: none"> Beginning, basic knowledge of the viewpoints and contributions of other professions/ professionals. Demonstrates knowledge, respect, and valuing of roles, functions and service delivery systems of other professions. 	<ul style="list-style-type: none"> Awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems. Intermediate level knowledge of common and distinctive roles of other professionals Reports observations of commonality and differences among professional roles, values, and standards.
B. Functioning in multidisciplinary and interdisciplinary contexts		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Displays defensiveness when interacting with others 	<ul style="list-style-type: none"> Demonstrates cooperation Demonstrates ability to cooperate with others in task completion. 	<ul style="list-style-type: none"> Beginning, knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning Demonstrates knowledge of the nature of interdisciplinary vs. multidisciplinary function and the skills that support interdisciplinary process.
C. Understands how participation in interdisciplinary collaboration/ consultation enhances outcomes.		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Does not practice reflective listening skills or dominates discussion with own ideas 	<ul style="list-style-type: none"> Knowledge of how participating in interdisciplinary collaboration/ consultation can be directed toward shared goals. Demonstrates understanding of concept 	<ul style="list-style-type: none"> Participates in and initiates interdisciplinary collaboration/ consultation directed toward shared goals. Consults with and cooperates with other disciplines in service of clients
D. Respectful and productive relationships with individuals from other professions.		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Makes dismissive or disparaging comments of other disciplines 	<ul style="list-style-type: none"> Awareness of the benefits of forming collaborative relationships with other professionals Expresses interest in developing collaborative relationships and respect for other professionals 	<ul style="list-style-type: none"> Develops and maintains collaborative relationships and respect for other professionals Communicates effectively with individuals from other profession

Functional Competencies Codebook¹

I. Assessment – Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

A. Measurement and Psychometrics

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Lack of, or misunderstanding of, the scientific, theoretical, and contextual basis of test construction. Lack of, or misunderstanding of, basic psychometric constructs. 	<ul style="list-style-type: none"> Basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing. Demonstrates awareness of the benefits of standardized assessment. Demonstrates knowledge of the construct(s) being assessed. Evidences understanding of basic psychometric constructs such as validity, reliability, and test construction. 	<ul style="list-style-type: none"> Selects assessment measures with attention to issues of reliability and validity. Identifies appropriate assessment measures for cases seen at practice site. Routinely consults with supervisor regarding selection of assessment measures.

B. Evaluation Methods

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Lack of or misunderstanding of the scientific, theoretical, and contextual basis of evaluation methodologies. Failure to check out successfully (with supervisor or their designee) on standardized assessment measures within two attempts. 	<ul style="list-style-type: none"> Basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam. Accurately and consistently administers and scores various assessment measures. Demonstrates knowledge of initial interviewing (both structured and semi-structured interviews, mini-mental status exam). 	<ul style="list-style-type: none"> Awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances. Demonstrates intermediate level ability to accurately and consistently select, administer, score and interpret assessment tools with client populations. Collects accurate and relevant data from structured and semi-structured interviews and mini-mental status exams.

C. Application of Methods

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Lack of, or misunderstanding of, the scientific, theoretical, and contextual basis of the correct application of evaluation methodologies. Cannot articulate to supervisor the multi-trait, multi-method matrix approach to assessment. Proposes to supervisor an assessment battery that attends only to confirming hypotheses (e.g., hypothesizes ADHD and proposes a battery that 	<ul style="list-style-type: none"> Knowledge of measurement across domains of functioning and practice settings. Demonstrates awareness of need to base diagnosis and assessment on multiple sources of information. Demonstrates awareness of need for selection of assessment measures appropriate to population/problem. 	<ul style="list-style-type: none"> Selects appropriate assessment measures to answer diagnostic question. Selects assessment tools that reflect awareness of patient population served at a given practice site. Regularly selects and uses appropriate methods of evaluation. Demonstrates ability to adapt environment and materials according to client needs (e.g., lighting,

¹ Although not all inclusive, examples of behaviors that correspond to each competency rating are listed below. Please note that “Well Developed Competence” category listed corresponds with the “Readiness for Internship” category from the “Competency Benchmark Document,” which is the product of the Assessment of Competency Benchmarks Work Group convened by the APA Board of Educational Affairs in collaboration with the Council of Chairs of Training Councils (CCTC). (July 2008)

fails to consider other possible causes for problems with attention/concentration).		privacy, ambient noise).
D. Diagnosis		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Lack of basic knowledge of range of normal and abnormal behavior. • Lack of or misunderstanding of DSM criteria and system. 	<ul style="list-style-type: none"> • Basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity. • Identifies DSM criteria. • Describes normal development consistent with broad area of training. 	<ul style="list-style-type: none"> • Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity. • Articulates relevant developmental features and clinical symptoms as applied to presenting question. • Demonstrates ability to identify problem areas and to use concepts of differential diagnosis.
E. Conceptualization and Recommendations		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Lack of or misunderstanding of diagnostic formulation/case conceptualization • Inability to prepare basic reports which articulate theoretical material applied to case conceptualization. 	<ul style="list-style-type: none"> • Basic knowledge of formulating diagnosis and case conceptualization. • Demonstrates the ability to discuss diagnostic formulation and case conceptualization. • Prepares basic reports which articulate theoretical material applied to case conceptualization. 	<ul style="list-style-type: none"> • Utilizes systematic approaches of gathering data to inform clinical decision-making. • Presents cases and reports demonstrating how diagnosis is based on case material.

II. Intervention- Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.
A. Knowledge of Interventions - Knowledge of scientific, theoretical, empirical and contextual bases of intervention, including theory, research, and practice.

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Lacks self-initiative to request readings or resources used to inform treatment. • Fails to complete assigned readings associated. • Unable to articulate basic knowledge of scientific, theoretical, and contextual bases of evidence-based practice. 	<ul style="list-style-type: none"> • Basic knowledge of scientific, theoretical, and contextual bases of intervention and basic knowledge of the value of evidence-based practice and its role in scientific psychology. • Articulates the relationship of EBP to the science of psychology. • Identifies basic strengths and weaknesses of intervention approaches for different problems and populations. 	<ul style="list-style-type: none"> • Demonstrates knowledge of interventions and explanations for their use based on EBP. • Demonstrates the ability to select interventions for different problems and populations related to the practice setting. • Investigates existing literature related to problems and client issues. • Writes a statement of one's own theoretical perspective regarding intervention strategies.

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

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Responses to clients indicate significant inadequacies in their theoretical understanding and case formulation. • Chooses interventions without regard to their 	<ul style="list-style-type: none"> • Basic understanding of the relationship between assessment and intervention. • Articulates a basic understanding of how intervention choices are informed by assessment. 	<ul style="list-style-type: none"> • Formulates and conceptualizes cases and plan interventions utilizing at least one consistent theoretical orientation. • Articulates a theory of change and identifies

scientific status or their alignment. • Chooses interventions without regard to their acceptability within the client's values. • Chooses interventions without regard to own relevant preparation/expertise.		interventions to implement change; as consistent with the AAPI. • Writes understandable case conceptualization reports and collaborative treatment plans incorporating evidence-based practices.
C. Clinical Skills		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
• Has difficulty establishing rapport. • Frequently shows lack of confidence. • Misses or misperceives important information/themes presented by client. • Failure to identify any goals. • Lacks awareness of underlying problems. • Unable to demonstrate empathy and caring such that most clients become willing to trust and utilize therapeutic assistance.	• Basic helping skills. • Demonstrates helping skills, such as empathic listening, framing problems.	• Develops rapport with most clients. • Develops therapeutic relationships. • Demonstrates appropriate judgment about when to consult supervisor.
D. Intervention Implementation		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
• Failure to target interventions to client's level of understanding and motivation. • Unable to apply interventions that are technically consistent with supervisory and literature-based guidance. • Applies interventions without regard to their scientific status. • Applies interventions without regard to their acceptability within the client's values. • Applies interventions without regard to own relevant preparation/expertise.	• Basic knowledge of intervention strategies. • Articulates awareness of theoretical basis of intervention and some general strategies.	• Implements evidence-based interventions that take into account empirical support, clinical judgment, and client diversity (e.g., client characteristics, values, and context). • Applies specific evidence-based interventions. • Presents case that documents application of evidence-based practice.
E. Progress Evaluation		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
• Failure to appreciate the need for ongoing evaluation of working alliance and treatment effectiveness. • Unaware of methods to examine intervention outcomes. • Unable/Unwilling to perform assessments of intervention outcomes. • Persistent application of interventions that appear to be having deleterious effects.	• Basic knowledge of the assessment of intervention progress and outcome. • Demonstrates basic knowledge of methods to examine intervention outcomes.	• Evaluate treatment progress and modify treatment planning as indicated, utilizing established outcome measures. • Assesses and documents treatment progress and outcomes. • Alters treatment plan accordingly. • Describes instances of lack progress and actions taken in response.

III. Consultation- The ability to provide expert guidance or professional assistance in response to a client's needs or goals. Effectively relates to dialogue with other professionals.

A. Role of Consultant

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Does not recognize multiple professional roles such as consultant. Cannot distinguish among consultant roles Does not discuss with or inform consultee of clinician's role in consultation. 		<ul style="list-style-type: none"> Knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher). Articulates common and distinctive roles of consultant. Compares and contrast consultation, clinical and supervision roles.

B. Addressing Referral Question

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Inappropriate or incorrect selection of assessment tools. 		<ul style="list-style-type: none"> Knowledge of and ability to select appropriate means of assessment to answer referral questions Implements systematic approach to data collection in a consultative role. Identifies sources and types of assessment tools.

C. Application of Methods

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
		<ul style="list-style-type: none"> Identifies and acquires literature relevant to unique consultation methods (assessment & intervention) within systems, clients or settings. Identifies appropriate interventions based on consultation assessment findings.

IV. Supervision- Supervision and training in the professional knowledge base and of evaluation of the effectiveness of various professional activities.

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

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> As a supervisee, is routinely unprepared for supervision (e.g., unsure what to discuss, fails to bring clinical materials for review). As a supervisee, fails to disclose information that supervisor needs to understand clinical situations and/or accurately assess supervisee's training needs and performance. 	<ul style="list-style-type: none"> Basic knowledge of expectations for supervision. Demonstrates knowledge of the process of supervision. 	<ul style="list-style-type: none"> Identifies roles and responsibilities of the supervisor and supervisee in the supervision process.

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

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> Does not demonstrate a basic understanding of supervision models and practice. 	<ul style="list-style-type: none"> Demonstrates basic knowledge of supervision models and practice. 	<ul style="list-style-type: none"> Identifies goals and tasks of supervision related to developmental progression. Tracks progress achieving goals and setting new

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		goals.
C. Skills Development - Knowledge of the supervision literature and how clinicians develop to be skilled professionals.		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Cannot describe different models of supervision • Fails to complete self-assessment related to supervisory skills. 	<ul style="list-style-type: none"> • Interpersonal skills of communication and openness to feedback. • Completes self-assessment (e.g., Hatcher & Lassiter, 2006). • Integrates faculty/supervisor feedback into self-assessment. 	<ul style="list-style-type: none"> • Successfully completes coursework on supervision. • Demonstrates formation of supervisory relationship integrating theory and skills including knowledge of development, educational praxis.
D. Awareness of Factors Affecting Quality – Knowledge about the impact of diversity on all professional settings and supervision Participants including self as defined by APA policy.		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Cannot differentiate appropriate and inappropriate responses to individual and cultural differences in supervision. • Lacks insight into how ones cultural identity may differentially affect supervisees. 	<ul style="list-style-type: none"> • Basic knowledge of and sensitivity to issues related to individual and cultural differences (i.e., the APA definition) as they apply to the supervision process and relationships. • Demonstrates basic knowledge of literature on individual and cultural differences and engages in respectful interactions that reflect that knowledge. 	<ul style="list-style-type: none"> • Beginning knowledge of personal contribution to therapy and to supervision. • Demonstrates knowledge of Individual and Cultural Differences (I&CD) literature and APA guidelines in supervision practice. • Demonstrates awareness of role of oppression and privilege on supervision process.
E. Participation in Supervision Process - Observation of and participation in supervisory process (e.g., peer supervision).		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Fails to provide candid and sensitive critical feedback to supervisee when needed. • Is a passive observer rather than actively engaged in group supervision • Discounts supervisee's perspective or opinion. • Does not seek supervision of supervision &/or supervisory consultation when needed. • Fails to adopt a genuine openness to feedback from supervisees as evident from developmental stagnation as a supervisor. 	<ul style="list-style-type: none"> • Awareness of need for straightforward, truthful, and respectful communication in supervisory relationship. • Demonstrates willingness to admit errors, accept feedback. 	<ul style="list-style-type: none"> • Reflects on supervision process, areas of strength and those needing improvement. • Seeks supervision to improve performance, presenting work for feedback, and integrating feedback into performance.
F. Ethical and Legal Issues - Knowledge of and compliance with ethical/professional codes, standards and guidelines; institutional policies; laws, statutes, rules, regulations, and case law relevant to the practice of psychology and its supervision.		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Fails to recognize ethical issues in supervision. • Fails to recognize legal issues in supervision. • Cannot articulate institutional &/or APA principles as related to supervision. • Behaves unethically toward supervisee (e.g., 	<ul style="list-style-type: none"> • Knowledge of principles of ethical practice and basic skills in supervisory ethical decision making, knowledge of legal and regulatory issues in supervision. • Demonstrates understanding of this knowledge 	<ul style="list-style-type: none"> • Behaves ethically. • Recognizes ethical and legal issues in clinical practice and supervision.

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verbally abusive, sexually objectifying).	(e.g., APA 2002 ethical principles).	
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V. Management-administration - Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).		
A. Management - Participates in management of direct delivery of professional services; responds appropriately in management hierarchy.		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Naïve understanding of functional role as independent of the institutional structures. 	<ul style="list-style-type: none"> • Awareness of roles of management in organizations. • Articulates understanding of management role in own organization(s). 	<ul style="list-style-type: none"> • Responds appropriately to managers and subordinates. • Manages DDS under supervision, e.g., scheduling, billing, maintenance of records • Identifies responsibilities, challenges, and processes of management.
B. Administration - Knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures.		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Attempts to solve problems without engaging the administrative structures consistent with institutional policies and procedural guidelines. • Operates in ways that are counter to the institution's policies and procedural guidelines. 	<ul style="list-style-type: none"> • Awareness of the functions of policies and procedures, ability to comply with regulations. • Completes assignments by due dates. • Complies with relevant regulations. • Responds appropriately to direction provided by managers. 	<ul style="list-style-type: none"> • Articulates approved organizational policies and procedures. • Completes reports and other assignments promptly. • Complies with record-keeping guidelines. • Demonstrates understanding of quality improvement (QI) procedures in direct delivery of services basic management of direct services, QI procedures.
C. Leadership - Recognition of own role in creating policy, participation in system change, and management structure.		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Unwilling/Unable to contribute to the administrative functioning of the institution. • Behaves in ways that are hostile to the administrative policies and procedural guidelines of the institution. 		<ul style="list-style-type: none"> • Articulates agency mission and purpose and its connection to goals & objectives. • Implements procedures to accomplish goals and objectives.
D. Evaluation of Management and Leadership - Able to develop and prepared to offer constructive criticism and suggestions regarding management and leadership of organization.		
Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Passively accepts management and leadership without recognition of personal responsibility to engage and improve the institution. • Hostile denigration of management and leadership without genuine attempt to engage and constructively work to improve the 	<ul style="list-style-type: none"> • Autonomous judgment of organization's management and leadership. • Applies theories of effective management and leadership to form an evaluation of organization. 	<ul style="list-style-type: none"> • Identifies strengths and weaknesses of management and leadership or organization. • Provides input appropriately, participates in organizational assessment.

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institution.		
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VI. Advocacy – Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.
A. Empowerment - Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision.

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Lack of awareness that social, political, economic, or cultural factors may impact human development. • Lack of awareness that service provision must be sensitive to social, political, economic, or cultural factors. 	<ul style="list-style-type: none"> • Awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention. • Articulates social, political, economic or cultural factors that may impact on human development and functioning. 	<ul style="list-style-type: none"> • Identifies specific barriers to client improvement, e.g., lack of access to resources. • Assists client in development of self-advocacy plans.

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

Does Not Meet Expectations	Readiness for Practicum	Well Developed Competence
<ul style="list-style-type: none"> • Unable to identify means by which therapists may promote systems change(s) important to the individuals the therapist serves. • Unwillingness to engage in advocacy at systems level. 	<ul style="list-style-type: none"> • Understanding the differences between individual and institutional level interventions and system's level change. • Articulates role of therapist as change agent outside of direct patient contact. 	<ul style="list-style-type: none"> • Identifies target issues/agencies most relevant to specific issue. • Formulates and engages in plan for action. • Demonstrates understanding of appropriate boundaries and times to advocate on behalf of client.

Cancel

University of Houston Clinical Psychology Practicum Student Evaluation

Student's Name	<input type="text"/>
Academic Year	2016-2017 ▼
Specific Date Range (optional, if not Fall through Summer)	<input type="text"/>
Practicum Site	(None) ▼
Practicum Supervisor	<input type="text"/>
Practicum Grade	<input type="text"/>

Please estimate the percentage of time the student spends on the following skill areas in this practicum:

Assessment	<input type="text"/> %
Intervention	<input type="text"/> %
Research	<input type="text"/> %

Rating Scale (please provide comments below)

- Not Applicable
- 1: Deficient for level of experience
- 2: Weak for level of experience
- 3: Average for level of experience
- 4: Outstanding for level of experience

Please rate this student on:

A. Professional Conduct

Dependability (integrity/honesty/responsibility; attends appointments/meetings punctually; keeps commitments; completes job requirements timely)	<input type="text"/>
Communication (clear/informed/thorough/respectful, verbally and non-verbally; appropriately interfaces with others - clients, families, and interdisciplinary professionals/agencies - even in difficult situations; effectively provides and receives feedback)	<input type="text"/>
Preparedness (prepares sufficiently for meetings, appointments, seminars, discussions, etc.; organizes work effectively)	<input type="text"/>
Initiative (seeks growth opportunities; critically evaluates existing knowledge in psychological science and seeks to expand; assumes reasonable amount of responsibility for stating and meeting objectives of her/his training needs and goals)	<input type="text"/>
Professionalism (maintains appropriate professional appearance and demeanor; handles role conflicts; minimizes personal intrusions; recognizes potential ethical issues and adheres to APA ethical principles and conduct, laws/regulations, and professional standards, or seeks advisement when needed; active and ethical decision-making and problem-solving; understanding of psychology as science including the scientific foundations of psychology competencies and practice, the bio/soc/cog/aff/dev scientific underpinnings of behavior and their	<input type="text"/>

interplay, and integration of science and practice; is developing an identity as a psychologist)

Sensitivity (expresses appropriate concern for others; maintains privacy/confidentiality/informed consent; shows respect, understanding and appreciation for individual/cultural/other diversity, including how diversity affects the self, others, and social interaction; applies effective approaches in research, treatment, and evaluation, even when personally challenging; seeks advisement when needed)

Agency citizenship/Consultancy (learns and respects agency rules; shows concern for effective operation of the organization; also represents the agency well to patients, the public, and interdisciplinary professionals/agencies; has general understanding of how disciplines integrate and roles of various professional positions)

Responds effectively to supervision

(open/responsive; acknowledges errors; proper understanding of roles/practices/types of supervision and related legal/ethical issues; accurate assessment of competency level and progress; seeks advisement and integrates into practice; consistently practices reflective professional and personal self-evaluation and self-care)

B. Assessment (if applicable)

Working knowledge of the purpose, scope, and approaches to assessment procedures (including reviewing existing literature and choosing appropriate evidence-based assessment practices/methods/instruments relevant to and sufficient for goals/needs, and accounting for potential ethical/diversity issues)

Administration and scoring (proper procedures and methods including clinical interviewing; ethical conduct)

Interpretation (case conceptualization/recommendations informed by current EBP, professional standards and multiple sources of data, and based on proper understanding of strengths/weaknesses of various methods; objective)

Report writing (integrates data into diagnostic impression and meaningful recommendations for care; effective. sensitive, accurate, respectful communication)

Feedback/Communication (provides appropriate feedback to client and/or referring professionals; effective. sensitive, accurate, respectful communication)

C. Intervention/Treatment (if applicable)

Case conceptualization/Problem identification (reviews existing literature and uses evidence-based practices in determining appropriate approaches for service needs/goals; considers context – i.e. diversity, ethical/legal issues, assessment reports, etc.)

Treatment planning (sets realistic treatment goals; selects appropriately integrated, empirically-supported, therapeutic methods)

Intervention skills (integrates theoretical knowledge; effectively works with a variety of therapeutic issues and populations; flexibility in the use of a variety of techniques; provides appropriate crisis management; accurate evaluation of treatment progress measures and self-competence, and modifies/adapts or seeks advisement as needed)

Therapeutic alliance (demonstrates verbal and non-verbal warmth and sensitivity to client; establishes good rapport; manages strong personal feelings; collaborates effectively with interdisciplinary professionals/agencies)

Consolidation and termination (handles the end of therapy appropriately with clients)

D. Research (if applicable)

Conceptualization of research problem (critically evaluates existing research; independently formulates/produces new knowledge; ethical conduct; and integration of science and practice)

Understanding of research design (proper knowledge of scientific methods/processes/procedures)

Data management and analysis (understanding of quantitative methods and techniques; psychometrics)

Scientific presentation (presents, disseminates and contributes to knowledge base)

Publication and grant writing (publishes, disseminates and contributes to knowledge base)

Comments

Please briefly describe particulars regarding direct observation of this student's practicum training (i.e. approximately when, how, what method, how often):

Please describe any areas of particular strength the student exhibits

Please describe any areas in need of improvement that this student may have

Verification

Licensed Supervisor-of-Record (please enter your name as signature)

Date



Clinical Psychology Program Mid-Year and Annual Student Evaluation

Student's Name

Academic Year

2016-2017 ▼

Rating Scale (please provide ratings and comments)

- 1: Deficient for level of experience
2: Weak for level of experience
3: Average for level of experience
4: Outstanding for level of experience

Areas of Evaluation

A. Academic Performance

Evaluate whether the student has:

Comments:

(a) Enrolled in and passed required courses given cohort expectations;

(b) Completed key benchmarks (i.e. thesis/dissertation proposal, comps, etc.) in a timely manner, since last evaluation;

(c) is developing an appropriate breadth of understanding of psychological science: psychology as science, including the scientific foundations of psychology competencies and practice, the history of psychology, the biological/social/cognitive/affective/developmental scientific underpinnings of behavior and their interplay, integration of science and practice, research and quantitative methodology;

(d) is developing depth of knowledge in clinical psychology (clinical assessment, intervention, research, psychometrics and professional issues, etc.)

B. Development of Research Skills

Evaluate student's level of increase/improvement in research skills, specifically:

Comments:

(a) Conceptualization of research problem (critically evaluates existing research; independently formulates/produces new knowledge; ethical conduct; considers context and diversity);

(b) Understanding of research design (proper knowledge of scientific methods/processes/procedures);

(c) Data management and analysis (understanding of quantitative methods and techniques; psychometrics);

(d) Scientific presentation, publication, and grant-writing (disseminates and contributes to knowledge base);

(e) Number of publications to date (including papers in press or submitted for review as well as F31/grant-related activities)

C. Ethical and Professional Behavior

Evaluate student's compliance with ethical standards across all domains (research activities, clinical performance, etc). Evaluate student's professionalism, involvement in the program and engagement in activities that will prepare her/him for a successful career, and sensitivity to cultural diversity.

Comments:

(a) Dependability (integrity/honesty/responsibility; attends appointments/meetings, punctual, keeps commitments; completes job requirements timely);

(b) Communication (clear/informed/thorough/respectful, verbally and non-verbally; appropriately interfaces with others - peers, faculty, staff - even in difficult situations; effectively provides and receives feedback);

(c) Preparedness (prepares sufficiently for meetings, appointments, seminars, discussions, etc.; organizes work effectively);

(d) Initiative (seeks growth opportunities; critically evaluates existing knowledge in psychological science and seeks to expand; assumes reasonable amount of responsibility for stating and meeting objectives of her/his training needs and goals);

(e) **Professionalism** (maintains appropriate professional appearance and demeanor; handles role conflicts; minimizes personal intrusions; recognizes potential ethical issues and adheres to APA ethical principles and conduct, laws/regulations, and professional standards, or seeks advisement when needed; active and ethical decision-making and problem-solving; understanding of psychology as science including the scientific foundations of psychology competencies and practice, the bio/soc/cog/aff/dev scientific underpinnings of behavior and their interplay, and integration of science and practice; is developing an identity as a psychologist; identifies career goals and builds professional networks);

(f) **Sensitivity** (expresses appropriate concern for others; maintains privacy/confidentiality/informed consent; shows respect, understanding and appreciation for individual/cultural/other diversity, including how diversity affects the self, others, and social interaction; applies effective approaches in research, treatment, and evaluation, even when personally challenging; seeks advisement when needed);

(g) **Program citizenship** (learns and respects program rules; willing to assist with projects or other program needs; also represents program well to other professionals and potential students);

(h) **Responds effectively to supervision** (open/responsive; acknowledges errors; proper understanding of roles/practices/types of supervision and related legal/ethical issues; accurate assessment of competency level and progress; seeks advisement and integrates into practice; consistently practices reflective professional and personal self-evaluation and self-care)

D. Development of Clinical Skills

Evaluate student's clinical performance including proficiency and level of increase/improvement in clinical skills. Consider reports from both internal and external practica and student's sensitivity to cultural diversity and level of cultural competency, in addition to:

(a) **Case conceptualization/Problem identification** (reviews existing literature and uses evidence-based practices in determining appropriate approaches for service needs/goals; considers context – i.e. diversity, ethical/legal issues, assessment reports, etc.);

(b) **Treatment planning** (sets realistic treatment goals; selects appropriately integrated, empirically-supported, therapeutic methods);

(c) **Intervention skills** (integrates theoretical knowledge; effectively works with a variety of therapeutic issues and populations; flexibility in the use of a variety of techniques; provides appropriate crisis management; accurate evaluation of treatment progress measures and self-competence, and modifies/adapts or seeks advisement as needed; handles the end of therapy appropriately with clients);

(d) **Therapeutic alliance** (demonstrates verbal and non-verbal warmth and sensitivity to client; establishes good rapport; manages strong personal feelings; collaborates effectively with interdisciplinary professionals/agencies);

(e) **Working knowledge of the purpose, scope, and approaches to assessment procedures** (including reviewing existing literature and choosing appropriate evidence-based assessment practices/methods/instruments relevant to and sufficient for goals/needs, and accounting for potential ethical/diversity/contextual issues);

(f) **Administration, scoring, interpretation** (proper procedures and methods including clinical interviewing; ethical conduct; case conceptualization/recommendations informed by current EBP, professional standards and multiple sources of data, and based on proper understanding of strengths/weaknesses of various methods; objective);

Verification

(g) **Report Writing and Feedback/Communication** (effective, sensitive, accurate, useful communication; integrates data into diagnostic impression and meaningful recommendations for care; provides appropriate feedback to client and/or referring professionals)

Comments:

Reviewer Signature
Date

Print

Save

Cancel

EVALUATION OF SUPERVISOR
Clinical Psychology Doctoral Program
University of Houston

*Complete online in SharePoint

***Note: Complete a separate evaluation for each significant supervisor you've had for internship, internal and external practicum**

Student: _____ Time Period in Review: _____

Supervisor(s): _____ Site: _____

Training Type: _____ Internal Practicum _____ External Practicum _____ Internship

What type of supervision did you receive (individual, group, tiered, etc.) with this supervisor?

On average, how many hours/week was this supervision focused on your training and clients? Was this frequent and sufficient enough for your training needs?

In a few words, how would you describe the nature of this supervisor/supervisee relationship?

Describe this supervisor's strengths and what you found most beneficial:

Please describe what, if any, were this supervisor's weaknesses or what would have been more beneficial to your learning experience:

Any other thoughts?

Responses to the following rating questions will help the Clinical Program to monitor the quality of the training you've received....

Please rate this supervisor in the quality of his/her training and ability to serve as a professional model in the following areas:

General	N/A	Deficient	Weak	Average	Outstanding
Overall quality of training					
Faculty assessment of student competence					
Commitment to and enthusiasm for clinical teaching and supervision					
Commitment to availability outside of regular hours and backup supervision if needed					
Clear expectations for performance					
Suggested resources to aid in learning					
Relationship evolved from simple discussion and detailed directions to collegial sharing of information, exploration of larger issues and emphasis on theory/conceptualization					
Ethical/Legal Standards	N/A	Deficient	Weak	Average	Outstanding
Knowledge/awareness of APA ethical principles; local, state and federal laws and regulations, and professional standards for psychologists, including privacy, confidentiality and informed consent					
Applying effective approaches in research,					

I. EVALUATION OF SUPERVISOR
Clinical Psychology Doctoral Program
University of Houston

treatment and evaluation; recognizing potential ethical issues; and pursuing effective resolutions, even when personally challenging					
Awareness of personal and professional strengths/limitations, acknowledging accurate levels of professional competence, seeking advisement when needed, and dealing responsibly with personal issues					
Prompt review of video, notes and case files, and constructive feedback					
Issues related to professional liability and risk management					
Individual/Cultural Diversity	N/A	Deficient	Weak	Average	Outstanding
Awareness of, respect for and appreciation of diversity in its many forms (individual, cultural, ethnic, racial, disability, sex, orientation, etc), ability to work effectively with a wide variety of populations, and understanding the effects of diversity and the implications of this for the psychologist					
Knowledge of research and theory in diversity with regard to conducting research, clinical service, etc.					
Professional Values and Attitudes	N/A	Deficient	Weak	Average	Outstanding
Integration of science and practice					
Developing an identity as a psychologist; involvement in scholarly, clinical and professional activities that further a career in clinical psychology; and modeling various roles of psychologists and their inherent influences					
Consistently practicing reflective professional and personal self-evaluation and self-care; handling role conflicts, minimizing personal intrusions and maintaining a professional demeanor					
Professional conduct (prompt, prepared, consistent, organized), and importance of flexibility of professional behavior within context					
Identification of specific, concrete goals for training					
Communication/Interpersonal Skills	N/A	Deficient	Weak	Average	Outstanding
Affective and expressive communication; working effectively and productively with supervisors, colleagues, interdisciplinary professionals, and clients; managing difficult communication well					
Attentive and respectful of clinician and client; open, non-judgmental and encouraging of input, questions, doubts, differences in style and orientation; feedback is constructive					
Research	N/A	Deficient	Weak	Average	Outstanding
Critical evaluation of existing research, independent formulation of new research, and conceptualization of a research problem					
Understanding of research design (scientific					

I. EVALUATION OF SUPERVISOR
Clinical Psychology Doctoral Program
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methods/processes/procedures), data management and analysis (quantitative methods/techniques, psychometrics)					
Scientific presentation/Publication and Grant writing (dissemination and contribution to the knowledge base)					
Integration of research and practice					
General Clinical Skills	N/A	Deficient	Weak	Average	Outstanding
Supported development of conceptual skills/theory supported by empirical literature/research					
Helpful suggestions about technique, and rationale for using particular approaches and understanding implications/dynamics of techniques					
Ability to critique and gain insight from recorded sessions					
Assessment	N/A	Deficient	Weak	Average	Outstanding
Knowledge of the purpose, scope, and approaches to assessment procedures (literature review; choosing appropriate evidence-based assessment methods sufficient for goals/needs, and accounting for potential ethical/diversity/contextual issues); conducting assessments in an ethical and objective manner					
Administration and scoring; clinical interviewing; case conceptualization and recommendations informed by current EBP, professional standards, and multiple sources of data; understanding of strengths/weaknesses of various methods; integrating data into diagnostic impressions and meaningful treatment; providing appropriate feedback to client or referring professionals; effective, sensitive, accurate, respectful communication					
Intervention	N/A	Deficient	Weak	Average	Outstanding
Case conceptualization/Problem identification (reviewing existing literature and using evidence-based approaches for service needs/goals; considering context – i.e. diversity, ethical/legal issues, assessment reports, etc.)					
Treatment planning (setting realistic treatment goals; selecting appropriately integrated, empirically-supported, therapeutic methods)					
Integrating theoretical knowledge; effectively working with a variety of therapeutic issues or populations; flexibility in use of variety of techniques; appropriate crisis management; accurate evaluation of outcomes; verbal/non-verbal warmth/sensitivity; establishing good rapport; managing strong personal feelings; ethical practice					
Supervision	N/A	Deficient	Weak	Average	Outstanding
Understanding of roles, practices, types of supervision and related legal/ethical issues;					

I. EVALUATION OF SUPERVISOR
Clinical Psychology Doctoral Program
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taught and utilized explicit model of supervision, defining roles of supervisor and student, and nature of the relationship; modeled effective supervision					
Facilitated the development of supervisory skills					
Consultation/Interdisciplinary Skills	N/A	Deficient	Weak	Average	Outstanding
Knowledge and awareness of interdisciplinary systems; understanding how disciplines integrate and roles of various professional positions					
Collaborating effectively with interdisciplinary professionals and agencies					

EVALUATION OF TRAINING EXPERIENCE
Clinical Psychology Doctoral Program
University of Houston

*Complete online in SharePoint

***Note: Complete a separate evaluation for internship and each practicum site (internal or external)**

Student: _____ Time Period in Review: _____

Site: _____ Supervisor(s): _____

Training Type: _____ Internal Practicum _____ External Practicum _____ Internship

Training Emphasis: _____% Assessment _____% Intervention _____% Research

Clinical Hours Received at Site: _____ Assessment _____ Intervention _____ Supervision

Procedures or Professional Activities in which you were trained and supervised:

	Personality Assessment		Seminar/Classroom
	Neuropsychological Assessment		Rehabilitation
	Intellectual Ability Assessment		Imaging Procedures
	Family Evaluation		Cognitive/Experimental Procedures
	Interviewing/Intake		Data Coding and Entry
	Consultation with Other Professionals		Data Analysis
	Consultation with Family Members		Poster Preparation
	Individual Therapy		Publication Preparation
	Group Therapy		NSF Dissertation Support Grant
	Family Therapy		Grant Writing
	Report Writing		Administration
	Tiered Supervision		Advocacy
	Program Development/Evaluation		Systems/Performance Improvement
	Other		

Responses to the following open-ended questions will be provided to future trainees to help them evaluate their fit with the training site...

Please briefly describe this training experience in your own words:

What was your time commitment each week?

Describe any evidence-based practices in which you were trained at this site:

Describe any diversity (race, ethnicity, sex, orientation, age, religion, dis-/ability, etc.) you experienced with the clientele/patients of the training site:

Were time and/or opportunities available/encouraged for professional development? Please explain... (i.e. attendance at Grand Rounds, seminars, etc.):

Briefly describe how direct observation of your skills by your supervisor was part of your training:

What type of supervision did you receive at this site (individual, group, tiered, etc.)?

J. EVALUATION OF TRAINING EXPERIENCE

Clinical Psychology Doctoral Program

University of Houston

Was supervision frequent, consistent and sufficient enough for your training needs? Were you given an appropriate amount of freedom/independence for your level of training? If not, please explain:

(For practicum placements): Do you think this placement is most appropriate for a beginning clinician, mid-training level clinician, or advanced clinician?

Was there anything unanticipated/unexpected regarding the training experience in terms of hours, opportunities, expectations, flexibility, type or amount of work assignments, adequate resources to achieve training goals, organizational management, or general atmosphere? Please describe the weaknesses of the training site and the areas which did not meet your expectations or training needs.

Please describe the strengths and benefits of this training site, addressing particularly the areas of assessment, therapy, quality and amount of supervision, and theoretical and didactic information provided. Overall, do you feel the placement is a good training site and why? How has the placement been beneficial to your training?

Optional comments. Is there anything about your placement that you are particularly happy or unhappy about? What if anything, would you want to change at your placement? Other thoughts?

Responses to the following rating questions will help the Clinical Program to monitor the quality of this site's training....

Using the following scale, please rate the quality of your training at this site in the following areas:

General	N/A	Deficient	Weak	Average	Outstanding
Overall quality of this training site					
Understanding of psychology as a science					
Ability to integrate and apply advanced knowledge of the basic content areas (affective, biological, cognitive, developmental and social)					
Depth of knowledge in clinical psychology					
Faculty assessment of student competence					
Ethical/Legal Standards	N/A	Deficient	Weak	Average	Outstanding
Knowledge/awareness of APA ethical principles, local, state, and federal laws and regulations, and professional standards for psychologists					
Maintaining privacy, confidentiality and informed consent					
Applying effective approaches in research, treatment and evaluation; recognizing potential ethical issues; and pursuing effective resolutions, even when personally challenging					
Acknowledging accurate level of professional competence and seeking advisement when needed					
Individual/Cultural Diversity	N/A	Deficient	Weak	Average	Outstanding
Awareness of diversity in its many forms (individual, cultural, ethnic, racial, disability, sex, orientation, etc.)					

J. EVALUATION OF TRAINING EXPERIENCE

Clinical Psychology Doctoral Program

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Respecting and appreciating individual/cultural/etc. diversity and the ability to work with a wide variety of populations, even those whose attributes may conflict with your own					
Understanding how diversity affects the self, others and social interactions, and the implications of this for the psychologist					
Knowledge of research and theory in diversity with regard to conducting research, clinical service, etc.					
Professional Values and Attitudes	N/A	Deficient	Weak	Average	Outstanding
Developing an identity as a psychologist					
Integration of science and practice					
Involvement in scholarly, clinical and professional activities that further a career in clinical psychology					
Consistently practicing reflective professional and personal self-evaluation and self-care; handling role conflicts, minimizing personal intrusions and maintaining a professional demeanor					
Communication/Interpersonal Skills	N/A	Deficient	Weak	Average	Outstanding
Affective and expressive communication (i.e. effectively providing and receiving feedback, etc.) and the ability to manage difficult communication well					
Working effectively and productively with supervisors, colleagues, interdisciplinary professionals, and clients, even in difficult situations					
Research	N/A	Deficient	Weak	Average	Outstanding
Critical evaluation of existing research and independent formulation of new research					
Conceptualization of a research problem					
Understanding of research design (knowledge of scientific methods/processes/procedures)					
Data management and analysis (understanding of quantitative methods and techniques; psychometrics)					
Scientific presentation/Publication and Grant writing (dissemination and contribution to the knowledge base)					
Integration of research and practice					
Assessment	N/A	Deficient	Weak	Average	Outstanding
Knowledge of the purpose, scope, and approaches to assessment procedures (literature review; choosing appropriate evidence-based assessment methods sufficient for goals/needs, and accounting for potential ethical/diversity/contextual issues)					
Administration and scoring (proper procedures and methods including clinical interviewing)					
Interpretation (case conceptualization/recommendations informed by current EBP, professional standards and					

J. EVALUATION OF TRAINING EXPERIENCE
Clinical Psychology Doctoral Program
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multiple sources of data, and based on proper understanding of strengths/weaknesses of various methods)					
Feedback/Communication/Report writing (integrating data into diagnostic impression and meaningful recommendations for care; providing appropriate feedback to client and/or referring professionals; effective, sensitive, accurate, respectful communication)					
Conducting assessments in an ethical and objective manner					
Intervention	N/A	Deficient	Weak	Average	Outstanding
Case conceptualization/Problem identification (reviewing existing literature and using evidence-based approaches for service needs/goals; considering context – i.e. diversity, ethical/legal issues, assessment reports, etc.)					
Treatment planning (setting realistic treatment goals; selecting appropriately integrated, empirically-supported, therapeutic methods)					
Intervention skills (integrating theoretical knowledge; effectively working with a variety of therapeutic issues/populations; flexibility in the use of a variety of techniques; appropriate crisis management; accurate evaluation of treatment)					
Therapeutic alliance (demonstrating verbal and non-verbal warmth and sensitivity to client; establishing good rapport; managing strong personal feelings; ethical practice; managing the end of therapy well)					
Supervision	N/A	Deficient	Weak	Average	Outstanding
Understanding of roles, practices and types of supervision and related legal/ethical issues					
Openly and responsively accepting feedback and acknowledging errors					
Integrating feedback into performance and delivery of services					
Consultation/Interdisciplinary Skills	N/A	Deficient	Weak	Average	Outstanding
Knowledge and awareness of interdisciplinary systems; understanding how disciplines integrate and roles of various professional positions					
Collaborating effectively with interdisciplinary professionals and agencies					

Time2Track Categories Information

This document may be useful in clarifying what information should be entered in each specific category on the T2T form. Keep in mind that there is considerable overlap in categories and some hours may be entered in more than one category; however, you may only count hours in one category. That is, once hours have been entered into a specific category, they may not be concurrently entered into any other category. In a different vein, it is rare that students will have entries in every subcategory in the T2T system (so don't stress-out if some subcategories are blank).

Category

1. **Testing/Reports Child/Adolescent Adult:** The “tab” for Testing/Reports Child Adult should bring you to a screen that allows you to pick from a menu of assessments or add an assessment that is not in the menu (the menu is extremely comprehensive so any assessment you use will probably be in the menu—just click on the letter that comes first in the assessment's name; e.g., click on “w” for any Wechsler you are counting in this assessment field. Please indicate the number (and type) of tests administered to Children and those devoted to Adults. The T2T form does not define when an individual moves from Child to Adult so there is some latitude here. As a rule-of-thumb, those 18 or older are probably best categorized as adults. Integrated Report Writing is a part of this data field developed to record the number of supervised integrated psychological reports you have written. An integrated report, according to APPIC consists of a “...history, an interview, and at least two tests from one or more of the following categories: personality assessment (objective, self-report, and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient/client. (pp. 22).” Do not include hours spent scoring, interpreting, integrating, or writing up results—they will be included in separate subcategories and in a different data field.
2. **Assessment and Intervention:** This includes actual physical face-to-face hours spent working with clients or patients and the following subcategories are represented under this category:
 - a. **Individual Therapy:** *Face-to-face time with clients or patients engaged in psychosocial treatment.* This may include relationship issues (where significant players are not present), treatment of disorders (e.g., mood disorders such as depression, substance use disorders such as alcohol abuse, anxiety disorders such as agoraphobia, V-codes, etc.). The key to this category is that it reflects time spent with an individual in the delivery of some form of psychosocial treatment. A 45 to 50 minute individual therapy session counts as one hour of face-to-face individual therapy.
 - b. **Career Counseling:** May involve discussing the results of assessment (e.g., Strong-Campbell Interest Inventory) as they relate to various career issues/decisions. Also acceptable is discussion of career plans and means

to achieve career-related goals (e.g., schooling, financial concerns related to developing a career or switching careers).

- c. Group Therapy: Simply the *time spent delivering group therapy*—acting as a group therapist or co-therapist. Most groups run about 90 minutes; therefore, count a 90' group session as 1.5 hours of face to face group therapy.
- d. Family Therapy: This is distinguished by the presence of at least two individuals who are married or a parent (or legal guardian) and child dealing with family relationship issues. This subcategory may also include unmarried couples who have offspring or adopted/foster children. *Legally defined marriage or legally defined guardianship and/or blood-relations characterize this category.*
- e. Couples Therapy: This subcategory is *most appropriately* used to represent time spent in therapy with couples (typically unmarried dyads) dealing with *issues relevant to the couple's relationship*.
- f. School Consultation: This involves work with schools on a variety of issues that may represent the results of formal child assessment (including behavioral observations, IQ testing, achievement testing, ADHD assessment, etc.) and subsequent treatment recommendations or indicated changes in teaching strategy. Often parents or guardian(s) are present when recommendations and diagnoses are presented along with the special education teacher, school Principal, and classroom teacher (e.g., an IEP meeting). *Hours spent while in a consulting role on school issues with school personnel or parents belong here.*
- g. School (direct intervention): This category is reserved for trainees who have *delivered psychosocial/behavioral interventions within a school context or even in the student's home if they are directly related to the management of school-related problems.*
- h. Sport Psychology/Performance Enhancement: Reserved for interventions related to psychological functioning within a specific sport or performance domain. The goal of interventions is to increase performance.
- i. Medical/Health Related: A subcategory devoted to health-psychology. May include biofeedback, treatment compliance issues, lifestyle issues, genetic counseling, stress-management/relaxation exercises, etc.
- j. Intake/Structured Interview: Includes *time spent in clinical interviews* (open, semi-structured, or structured) where diagnostic impressions and the presenting problem or chief complaint are identified. Family, work, substance use, health, social and developmental history are part of this interview. Also, demographic information (e.g., marital status, number of children, ethnicity, etc.), past/current treatment history and outcomes, medication use, level of functioning, social support, life stressors, etc. are all important areas to include in most interviews. The preparation/writing of the intake report should be included the Clinical Writing/Progress Notes subcategory.
- k. Substance Abuse Intervention: Simply the *hours spent delivering psychosocial interventions relating to substance abuse treatment*. This

can include a number of intervention areas such as: health concerns/detox concerns, problem solving, situation projection and role-play, identification of triggers, reduction of craving, developing a healthy social support network, referral to legal experts, adjustment to a substance-free lifestyle/relationship, etc.

- l. Milieu Therapy: *Typically refers to inpatient settings where patients are receiving a form of therapy through the active participation of unit staff and active participation of patients in unit activities.*
- m. Treatment Planning with Client: May include time spent in developing a formal contract for therapy, discussion of treatment options, progress assessment, etc. *This activity typically occurs in the initial stage of treatment (sometimes the first session but usually in session two or three) and it may be revisited as progress is assessed and course of treatment is evaluated.*
- n. Psychodiagnostic Test Administration: Any time spent *administering* a psychodiagnostic instrument (e.g., MMPI, MCMI, CPI, PAI, SCL-90-R, HRSD, BDI-II, STAI, Rorschach, etc.). Technically, the SCL-90-R, BDI-II, STAI, and HRSD are symptom inventories, not diagnostic instruments; however, they are traditionally included as part of a diagnostic interview and it can be argued that the time spent delivering these instruments may be included here.
- o. Neuropsychological Assessment: *Any time spent administering neuropsychological assessments*—may include IQ, TPT, Trails, WCST, NCSE, Finger-Tapping, various tests of aphasia or apraxia, personality testing, MicroCog, NEPSY, Bailey, Grip Strength, Fingertip Writing, Visual Field confrontation, observational assessment, assessment of pre-morbid functioning, etc.
- p. Supervision of Other Student: A subcategory reserved for students who *are enrolled in or have completed instruction in supervision* and are being supervised by a doctoral-level supervisor. These individuals may provide supervision to M.A. or Psy.D. practicum students and count their time spent in this activity here.
- q. Program Development/Outreach Programming: In general, this includes *any time spent in the development and/or delivery* of community- or agency-based treatment programs (e.g., developing a caregiver supportive treatment, sexual abstinence programs, parenting programs, programs directed toward the reduction of domestic violence, and community outreach including any type of community psychoeducation)
- r. Outcome Assessment of Programs or Projects: Typically a research-oriented activity involving some type of pre-post assessment (or time-series design) and an analysis of change or effectiveness within the context of an existing psychosocial program.
- s. System Intervention/Organizational Consultation/Performance Improvement: This subcategory is a little vague; however, it involves time spent in clinical activities relevant to professional organizations (*where the organization is the client*). For example, if an organization

contracts to have a trainee assess potential job applicants or employees being considered for advancement or reorganization.

- t. Other: A subcategory created to allow for clinical experience related to Assessment and Intervention that does not have a subcategory already identified in this domain.

3. Support

- a. Chart Review: Any time spent reviewing the materials in a patient's or client's chart.
- b. Clinical Writing/Progress Notes: Any *time spent on preparation of progress notes or patient charting*. This typically involves materials that are placed in the patient's or client's chart or file.
- c. Consultation: *Time spent in consultation activities with colleagues or other qualified individuals* (supervisors, DCTs, professors, or other mental health/medical personnel qualified to provide informed feedback).
- d. Video-Audio-Digital Recording Review: This subcategory *is for the time that students spend reviewing any recorded psychosocial treatment sessions*. This subcategory may also include time spent in the review of intakes or assessments if they were appropriately recorded.
- e. Case Conferences: A subcategory for *the time that students spend on presenting or participating in case conferences*. These usually occur in a supervisory setting but students may also include time spent in formal (didactic) case presentations (but if formal didactic training time is included here, it may *not* also be included in "h" below). *Time spent preparing for (e.g., reading articles, researching) a case presentation should also be included here*.
- f. Psychological Assessment Scoring/Interpretation: This category is probably self-explanatory to most. It involves *time spent reading assessment manuals, scoring of responses, and interpretation and integration of the clinical interview data and formal test results*.
- g. Assessment Report Writing: Includes *all the time a trainee spends on writing up assessment results*. This includes writing for all the categories in an assessment report (e.g., patient history, diagnostic impressions, treatment recommendations, prognosis, etc.). Subcategory "g" is very similar to subcategory "f"; however, "g" involves the physical activity of writing a psychological assessment report.
- h. Seminars/Didactic Training: This subcategory is for *any time that a student spends in seminar-type training that occurs outside the formal Psy.D. training program*.
- i. Grand Rounds: A subcategory related to "h"; however, this is distinguished by the context in which the training/presentation occurs. That is, Grand Rounds are typically medical school or hospital activities—some organizations have borrowed this terminology and students may include time spent in non-medical Grand Rounds here (if included here, these hours may not also be included elsewhere).

- j. Case Management: This involves *time spent in appointment scheduling or rescheduling, room sign-up and preparation, record keeping/filing, and other preparatory or organizational activities related to specific cases*. Some individuals include case note writing here—if so, you may not include that activity in another subcategory.

4. **Supervision**

- a. One-to-One Supervision: Record hours spent in individual supervision. When a student is getting individual supervision, the session should be at least one hour per week. Students may get more supervision than an hour per week.
- b. Group supervision: Consists of at least 1.5 hours per week. Some students get both individual and group supervision on a weekly basis.
- c. Peer Supervision/Consultation: This subcategory is for logging hours spent in peer supervision and peer consultation (i.e., *getting supervision or consultation from those in your cohort or other students in the program—students do not need to be specifically trained in supervision or be in a supervisory relationship with anyone to provide or receive peer supervision*).

*Complete online in SharePoint

ANNUAL UPDATES

Name:

Degree entered program with:

Entrance Year:

Concentration:

Advisor:

Please enter data, if any, for each category for this past academic year only (Sept 1-Aug 31. Indicate if expected during Summer.

COURSES

Please list courses you were enrolled in during the academic year, including registered practicum courses and courses expected for Summer

Semester	Course No.	Course Name	Section	Instructor	Grade

ALL PRACTICA (make sure you have turned in practicum evaluations and summaries)

Please list all practica you have been involved with for the past year, including paid/unpaid practica, both registered practicum courses and practicum experiences not involving a corresponding enrolled course, formal placements through the General or Neuro Practicum Match and informal practicum experiences agreed upon by student, site, and advisor

Semester	Practicum Site	Supervisor	Rating (Satisfactory/ Unsatisfactory)

FINANCIAL SUPPORT

Please list sources of financial support this academic year

Semester	Source of Support (ex. TA, TF, Instructor, RA)

SERVICE (i.e. to the program, department, university or professional organization)

List any service-related commitments to the program (CA, student rep, etc.), department, university (committee member, etc.), or professional organization (positions held, etc.) during the past academic year

Semester/Date	Please provide details about any service commitments provided

RESEARCH

Please indicate any research-related experience you have gained over the last year by choosing an option from the “Type of Activity” and “Status” columns, then describe that activity, or paste the APA-style citation in the last column. If the option you need doesn’t exist, please enter it. Two examples have been entered; you may delete them.

<u>Type of activity:</u> Peer-reviewed publication Chapter Oral presentation Poster presentation Grants Research participation Other, etc.	<u>Status:</u> Submitted, Revised and resubmitted, Accepted/In press, Published, Awarded, Etc.	Description of Activity or APA-Style Citation (copied/pasted from CV)
EX: Peer-reviewed pub	Accepted/In press	Smith, J. Effects of... Journal of..., etc.
EX: Sharp research project		Assisted with data collection for Dr. Sharp’s....

BENCHMARKS

THESIS

Thesis Advisor/Chair:

Thesis Advisor 2, Department/Agency:

Thesis Advisor 3, Department/Agency:

Additional Thesis Advisors, Department/Agency:

Planned Thesis Proposal Date (Year/Semester):

Actual Thesis Proposal Date:

Planned Thesis Defense Date (Year/Semester):

Actual Thesis Defense Date:

Thesis Publication Date:

Number of Thesis Hours Completed:

Thesis Title:

COMPREHENSIVE EXAM

Comps Date:

Specialty Comps Score:

EPPP & JURISPRUDENCE EXAM (make sure you’ve provided copy of results to the program)

EPPP Date:

EPPP Score:

Met LPA Criteria on EPPP?

JPE Date:

JPE Score %:

Met LPA Criteria on JPE?

DISSERTATION

Dissertation Advisor/Chair:

Dissertation Advisor 2, Department/Agency:

Dissertation Advisor 3, Department/Agency:

Additional Dissertation Advisors, Department/Agency:

Planned Dissertation Proposal Date (Year/Semester):

Actual Dissertation Proposal Date:

Planned Dissertation Defense Date (Year/Semester):

Actual Dissertation Defense Date:

Dissertation Publication Date:

Number of Dissertation Hours Completed:

Dissertation title:

INTERNSHIP

Enter information from Fall 2014's APPIC application and internship match placement

Internship Start Date:

Internship Completion Date (estimated):

Internship Program:

Internship Sub-Specialty:

Is this internship APA-/CPA-accredited?

As of last November 1st, please enter approximate number of hours for:

Intervention Hours:

Assessment Hours:

Supervision Hours:

TYPE THE TITLE OF YOUR THESIS OR DISSERTATION IN ALL CAPS

John Q. Student
(Your name above)

APPROVED:

James Huffman, Ph.D.
Committee Chair

Lauren H. Smith, Ph.D.

Anthony Porter, Ph.D.

Paul Moore, Ph.D.
University of Houston
(Change above if outside of College/UH)

Daniel P. O'Connor, Ph.D.
Interim Dean, College of Liberal Arts and Social Sciences
Department of Psychological, Health and Learning Sciences

APPIC 2017 Application

Doe, Ms. Jane

Applicant Code Number: 12345

Applicant Information

Contact Information

Address:	123 Main Street	Home Phone:	123-456-7890
City:	Boston	Work Phone:	555-666-7777
State:	Massachusetts	Cell Phone:	999-999-999
Country:	United States	Preferred Phone:	Home
Zip:	02130	Phone # on APPIC Match Day:	123-456-7890
Primary Email:	janedoe@mailinator.com	Fax:	
Secondary Email:	janedoe@mymail.com		

Personal Information

Citizenship Status:	U.S. Citizen	Do you Hold a Visa?	No
Country of Citizenship:	United States	Visa Type:	
Other Citizenship Country:		Visa Number:	
		City of Visa Issue:	
		Visa Current and Valid?	
Veteran:		Visa Permits Work?	

General

Applicant's Preferred Name or Nickname:

Do you have any materials under another name:

If Yes, Specify Other First Name Used:

If Yes, Specify Other Last Name Used:

Yes

Jane

Smith

Language(s) other than English (including American Sign Language) in which you are **FLUENT** enough to conduct therapy.

Spanish

Certifications/Publications/Presentations

License 1	Marriage Family Therapist	Jurisdiction 1	Massachusetts
License 2	Professional Clinical Counselor	Jurisdiction 2	Massachusetts
License 3	Temporary Psychologist	Jurisdiction 3	Massachusetts
License 4		Jurisdiction 4	

Number of articles published in refereed journals: 1

Number of chapters or books: 2

Number of professional presentations made at regional, state, national, or international meetings/conferences:

Professional Conduct

Professional Conduct

Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board? No

If 'Yes', please elaborate :

Are there any complaints currently pending against you before any of the above bodies? No

If 'Yes', please elaborate :

Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending? No

If 'Yes', please elaborate :

Have you ever been put on probation, suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer? No

If 'Yes', please elaborate :

Have you ever reneged on an APPIC internship match agreement (i.e., refused to attend or left an internship program that you obtained through the APPIC Match or Clearinghouse) without prior approval from APPIC and the internship site? No

If 'Yes', please elaborate :

Have you ever been convicted of an offense against the law other than a minor traffic violation? No

If 'Yes', please elaborate :

Have you ever been convicted of a felony? No

If 'Yes', please elaborate :

Colleges Attended

Other College(s) Attended

006656 COLLEGE OF DUPAGE (-)

Type: Undergraduate
 Major: PSYCHOLOGY
 Minor/Second Major:
 Degree: B.S. Bachelor of Science
 Degree Status: Degree Awarded
 Degree Date:
 GPA:
 Highest Degree Earned in a Mental Health Field? No

Current Graduate Program Information

Suffolk University

Department: Psychology
 Program Name: Counseling Psychology Program
 College Name: College of Medicine

Designated Subfield of Doctoral Program in Psychology: Counseling

If Combined, Please Specify:

If Other, please specify the field you are currently enrolled and why you are applying to a Psychology internship:

Degree Seeking: Psy.D

If Respecialization, Please Specify:

If Other, Please Specify:

CGPA:

Have you earned or are you in the process of earning a Master's Degree in any field at your current university? Yes

Doctoral Program Accreditation Status:

APA Accreditation: Accredited

CPA Accreditation: Accredited

If not APA/CPA-Accredited, regionally accredited/provisionally chartered?

If Yes, Please Specify:

Department's Training Model: Practitioner-Scholar

If Other, Please Specify:

Dissertation/Research title or topic:

The contribution of expectations, attention and emotional states to the perception of pain

Type of Research Involved? Critical literature review / theoretical

If Other, Please Specify:

If no dissertation is required, describe the status of any major project:

Dissertation / Doctoral Advisor's Name: John Williams
 Co-Supervisor Advisor's Name: Jim Jones
 Advisor's Phone: 999-999-9999
 Advisor's Email Address: johnwilliams@mymail.com

Summary of Doctoral Training

Doctoral Program Information

Current University/School Name: Suffolk University

Department Name: Psychology

Doctoral Program Information	Status	Date Completed or Expected (MM / YYYY)	Required to participate in APPIC match?	Required to attend an internship?
Did you complete your academic Coursework? (Excluding dissertation and internship hours)	Completed	5/2012	Yes	Yes
Have you successfully completed your program's comprehensive/qualifying examinations?	Completed	2/2011	Yes	Yes
Master Thesis:	Completed	3/2009	Yes	Yes

What is the current status of your dissertation/doctoral research project?	Status	Date Completed or Expected (MM / YYYY)	Required to participate in APPIC match?	Required to attend an internship?
Proposal Approved	Completed	4/2016	Yes	Yes
Data Collected	Completed	5/2016	Yes	Yes
Data Analyzed	Completed	4/2016	Yes	Yes
Data Defended	Completed	6/2016	Yes	Yes

Summary of Practicum Experience

Terminal Masters Hours (if any) Verified by Director of Clinical Training (DCT)? Yes

Intervention Hours		Assessment Hours		Supervision Hours	
Doctoral Hours:	1899	Doctoral Hours:	457	Doctoral Hours:	472
Terminal Masters Hours:	1783	Terminal Masters Hours:	40	Terminal Masters Hours:	213
Total Completed Hours:	3682	Total Completed Hours:	497	Total Completed Hours:	685

Anticipated Practicum Experience

Number of Hours Anticipated

200

Description of the Anticipated Practicum Experience

Responsible for case management, case conceptualizations, and treatment of a wide variety of clinical cases including mood disorders, anxiety disorders, personality disorders, eating disorders, and substance use disorders. Compiled and conducted comprehensive, outpatient neuropsychological assessment batteries on patients with brain injuries and with learning disabilities. Scored assessments, conducted chart reviews and clinical interviews, and wrote integrative neuropsychological testing reports. Conducted comprehensive, outpatient psychodiagnostic assessments and provided consultation for treatment planning and diagnostic impressions. Collaborated with the university to assess, determine the treatment needs, resources available, and develop treatment plans for students at high-risk for severe psychopathology or chemical dependency. Responsible for identifying, assessing, and intervening in high-risk circumstances both at the center and as an on-call therapist.

Contact Information for Academic DCT/TD

DCT Name: Sarah Barnes
 Phone: 222-222-2222
 Address: 14 Elm St
 City: Boston
 State/Province: Massachusetts
 Zip: 02130
 Email Address: sarahbarnes@mailinator.com

Intervention Experience

Intervention Experience

Degree of Terminal Masters: MS

If Other , Please specify

Area of Concentration of Terminal Masters Degree: Counseling Psychology

If Other , Please specify

	Doctoral		Terminal Masters	
Individual Therapy	Total Hours Face-to-Face:	# of Different Individuals:	Total Hours Face-to-Face:	# of Different Individuals:
Older Adults (65+)	112	32	35	10
Adults (18-64)	983	278	872	412
Adolescents (13-17)	225	32	278	67
School-Age (6-12)	91	6	55	4
Pre-School Age (3-5)				
Infants/Toddlers (0-2)				

Career Counseling	Total Hours Face-to-Face:	# of Different Individuals:	Total Hours Face-to-Face:	# of Different Individuals:
Adults				
Adolescents (13-17)				

Group Counseling	Total Hours Face-to-Face:	# of Different Groups:	Total Hours Face-to-Face:	# of Different Groups:
Adults	302	27	50	5
Adolescents (13-17)				
Children (12 and under)				

Family Therapy	Total Hours Face-to-Face:	# of Different Families:	Total Hours Face-to-Face:	# of Different Families:
Family Therapy	91	13	213	32

Couples Therapy	Total Hours Face-to-Face:	# of Different Couples:	Total Hours Face-to-Face:	# of Different Couples:
Couples Therapy	70	9	220	23

School Counseling Interventions	Total Hours Face-to-Face:	# of Different Individuals:	Total Hours Face-to-Face:	# of Different Individuals:
Consultation				
Direct Intervention				
Other				

If other, please specify:

- Intervention Experience

Intervention Experience (continued)

Other Psychological Interventions	Doctoral		Terminal Masters	
	Total Hours Face-to-Face:	# of Different Individuals:	Total Hours Face-to-Face:	# of Different Individuals:
Sport Psychology/ Performance Enhancement				
Medical/Health-Related Interventions				
Intake Interview/ Structured Interview				
Substance Abuse Interventions				
Consultation				
Other Interventions				
Describe the nature of the experience in "Other Interventions":				

Other Psychological Experience with Students and/or Organizations	Total Hours Face-to-Face	
	Doctoral:	Terminal Masters:
Supervision of other students performing intervention and assessment activities		60
Program Development/Outreach Programming	25	
Outcome Assessment of programs or projects		
Systems Intervention/Organizational Consultation/Performance Improvement		
Other		
If other, please specify:		

Comments

Psychological Assessment Experience

Summary of Psychological Assessment Experience

	Total Hours Face-to-Face	
	Doctoral:	Terminal Masters:
Psychodiagnostic test administration (include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment), and providing feedback to clients/patients.	352	40
Include intellectual assessment in this category only when it was administered in the context of neuropsychological assessment involving evaluation of multiple cognitive, sensory and motor functions	105	0

Integrated Psychological Reports

Adults: 140
Children/Adolescents: 12

Adult Assessment Instruments

Symptom Inventories	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Beck Depression Inventory	310	21	0
Beck Anxiety Inventory	225	10	0

Diagnostic Interview Protocols	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
SCID	15	0	0

General Cognitive Assessment	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Wechsler Adult Intelligence Scale (WAIS-III)	65	60	0
Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)	55	50	0

Visual-Motor Assessment	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Bender Gestalt	10	10	0

Commonly Used Neuropsychological Assessment Measures	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Boston Diagnostic Aphasia Exam	32	30	0
California Verbal Learning Test Version: CVLT-II	50	43	0
Rey-Osterrieth Complex Figure	29	24	0
Trailmaking Test A and B	32	30	0
Wechsler Memory Scale III	54	48	0
Wisconsin Card Sorting Test	15	11	0

Psychological Assessment Experience

Commonly Used Measures of Academic Functioning	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Wechsler Individual Achievement Test (WIAT)	22	20	0

Behavioral/Personality Inventories	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Millon Clinical Multi-Axial III (MCMI)	135	60	0
Minnesota Multiphasic Personality Inventory	200	75	0
Personality Assessment Inventory	5	0	0

Measures of Malingering	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Rey 15-Item Test	8	8	0

Psychological Assessment Experience

Child Assessment Instruments

Symptom Inventories	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Conner's Rating Scales	60	10	0
General Cognitive Assessment	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
WISC-IV	12	10	0
Commonly Used Neuropsychological Assessment Measures	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Continuous Performance Test Version: Computer administration	3	3	0
Rey-Osterrieth Complex Figure	3	3	0
Commonly Used Measures of Academic Functioning	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Wechsler Individual Achievement Test (WIAT)	8	8	0
Woodcock Johnson-III (Achievement; Cognitive)	4	3	0
Behavioral/Personality Inventories	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Minnesota Multiphasic Personality Inventory - Adolescent (MMPI-A)	12	3	0
Projective Assessment	# Clinically Administered/Scored:	# Clinical Reports Written with this Measure:	# Administered as Part of a Research Project:
Roberts Apperception Test for Children (RATC)	2	2	1

Supervision Received

Supervision Received

Supervised By:	Doctoral Total Hours		Terminal Masters Total Hours	
	Individual	Group	Individual	Group
Licensed Psychologists	163	212	30	80
Allied Mental Health Professionals			27	76
Others*	51	46		

* For example, supervision provided by an advanced graduate student who is supervised by a licensed psychologist

Optional Comments about Other Supervisors:

Post Doctoral Fellowship Supervisor

Total Supervision Hours

Individual Total Hours: 271
Group Total Hours: 414

Have you made recordings of clients/patients and reviewed them with your supervisor?

Audio Tape: Yes
Video Tape/Digital Recording: Yes
Live/Direct Observation by Supervisor: Yes

Description of Support Activities

Total Doctoral Support Hours 327
Total Terminal Masters Support Hours 359

Description of Support Activities:

Charting, report writing, reviewing recorded sessions, preparing interventions, and coordinating outside care.

Additional Information about Practicum Experience

Additional Information about Practicum Experience

	Doctoral		Terminal Masters		Total	
	Intervention	Assessment	Intervention	Assessment	Intervention	Assessment
Child Guidance Clinic						
Community Mental Health Center	237	356	693		930	356
Department Clinic	315	21			315	21
Forensic/Justice Setting						
Inpatient Psychiatric Hospital	125	50			125	50
Medical Clinic/Hospital						
Outpatient Psychiatric Clinic / Hospital						
Partial Hospitalization/ Intensive Outpatient Programs	202	20			202	20
Private Practice						
Residential/Group Home						
Schools						
University Counseling Center / Student Mental Health Center	1110		1120		2230	
VA Medical Center						
Other						

If other, please specify

I have ran CBT, ACT, Process, Chemical Dependency, and Skill Building groups. Group typically lasted from 1 to 1.5 hours. The group averaged 8-10 people per group. I lead groups in inpatient, partial hospitalization and outpatient settings.

Have you led or co-led any type of groups?

Primary Theoretical Orientation

Behavioral	
Biological	
Cognitive Behavior	1
Eclectic	
Humanistic/Existential	2
Integrative	
Interpersonal	
Psychodynamic/Psychoanalytic	
Systems	3
Other	

If other, please specify:

Additional Information about Practicum Experience

Additional Information about Practicum Experience (Continued)

Race/Ethnicity	Intervention	Assessment
African-American/Black/African Origin	12	5
Asian-American/Asian Origin/Pacific Islander	15	1
Latino-a/Hispanic	56	20
American Indian/Alaska Native/Aboriginal Canadian	0	0
European Origin/White	275	96
Bi-racial/Multi-racial	20	8
Other		
If other, please specify		

Sexual Orientation	Intervention	Assessment
Heterosexual	284	123
Gay	18	1
Lesbian	3	0
Bisexual	2	0
Other		
If other, please specify		

Disabilities	Intervention	Assessment
Physical/Orthopedic Disability	3	0
Blind / Visually Impaired	1	0
Deaf/Hard of Hearing	2	2
Learning/Cognitive Disability	10	60
Developmental Disability	1	3
Serious Mental Illness	57	42
Other		
If other, please specify		

Gender	Intervention	Assessment
Male	74	46
Female	308	84
Transgender	0	0
Other		
If other, please specify		

Non-Practicum Clinical Work Experience

Application Certification

Application Certification

I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. I understand that any significant misstatement in, or omission from, this application may be cause for denial of selection as an intern or dismissal from an intern position. I authorize the internship site to consult with persons and institutions with which I have been associated who may have information bearing on my professional competence, character, and ethical qualifications now or in the future. I release from liability all internship staff for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I also release from liability all individuals and organizations who provide information to the internship site in good faith and without malice concerning my professional competence, ethics, character, and other qualifications now or in the future. I authorize the internship site and my doctoral program to release evaluative information about me to each other, now or in the future. In addition, I authorize the internship site and my doctoral program to consult with APPIC should the need arise.

I further understand that it is my responsibility to inform the internship sites to which I have applied if a change in my status with my academic program, (e.g., being placed on probation, being dismissed, etc.) occurs subsequent to the submission of my application. In addition, I understand I have the same responsibility to inform the internship site to which I match if a change in status occurs after the match has occurred.

If I am accepted and become an intern, I expressly agree to comply fully with the Association of Psychology Postdoctoral and Internship Centers (APPIC) policies, the Ethical Principles of Psychologists and Code of Conduct and the General Guidelines for Providers of Psychological Services of the American Psychological Association, and with the standards of the Canadian Psychological Association which are applicable. I also agree to comply with all applicable state, provincial and federal laws, all of the Rules and Code of Conduct of the State or Provincial Licensing Board of Psychology, and the rules of the institution in which I am an intern.

I understand and agree that, as an applicant for the psychology internship program, I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

I hereby agree that personally identifiable information about me, including but not limited to my academic and professional qualifications performance, and character, in whatever form maintained, may be provided by my academic program to any internship training site to which I have applied and/or will match. I further agree that, following any internship match, similar information may be provided by the internship site to my graduate program and by my graduate program to the internship site. I understand that such exchange of information shall be limited to my graduate program, any internship site, and/or representatives of APPIC, and such information may not be provided to other parties without my consent. This authorization, which may be revoked at any time, supersedes any prior authorization involving the same subject matter.

Electronic Signature: Jane Doe
Electronic Signature Date: 08/10/2016

UNIVERSITY of **HOUSTON** | GRADUATE SCHOOL

Graduate Student's Rights and Responsibilities

Graduate Students have a right to the following:

1. A graduate student has a right to be respected as a person of merit and junior colleague upon gaining admission to a graduate program.
2. Graduate students have a right to an accurate description of the availability and the likelihood of financial and resource support within their program.
 - a. Prospective and currently enrolled graduate students should be provided a thorough description of the requirements and qualifications necessary for academic employment, training or financial support at the university.
 - b. Assignments of office or lab space to departments and programs should consider the need for adequate graduate student space.
3. Graduate students have a right to specific requirements for achieving an advanced degree. These requirements should be communicated clearly upon entrance to the graduate program.
 - a. Prospective and currently enrolled graduate students have a right to know and should be informed of the "normative time to degree" and the "average time to degree" within a specific graduate program.
 - b. Prospective and currently enrolled graduate students have a right to know a program's student attrition rate and, if available, the predominate reasons for lack of program completion.
4. Graduate students have a right to have their progress towards achieving an advanced degree be evaluated in an objective manner and based on criteria that are understood by the graduate advisor and the student.
 - a. Evaluations should be factual, specific, and should be shared with the student within a reasonable period of time. Evaluations which should be in writing and include: annual progress reports, split decisions on qualifying examinations, and unusual or additional program requirements.

- b. The reasons for unsatisfactory performance on programmatic examinations should be clearly stated to the student in a written evaluation.
- 5. A graduate student has a right to regular feedback and guidance concerning his or her academic performance.
 - a. A graduate student and major professor should arrive at and maintain a mutually agreeable schedule of evaluative/supervisory conferences.
 - b. Graduate students should be given a fair opportunity to correct or remediate deficiencies in their academic performance.
 - c. Any intent to dismiss a student from a graduate program for academic reasons must be preceded by specific, written performance information well in advance of actual dismissal.
- 6. Graduate students have a right not to be discriminated against, such as actions based on a student's gender, race, age, sexual orientation, disability, religious, or political beliefs.
- 7. Graduate students have a right to reasonable confidentiality in their communications with professors.
 - a. Generally, a student's performance or behavior should not be discussed by a professor with other students.
 - b. Discussion of the student's performance among faculty should be of a professional nature, and should be limited to the student's academic performance and fitness as a graduate student; the substance of the communication should be based on a need to know relevant information.
- 8. Graduate students have a right to refuse to perform tasks if those tasks are not closely related to their academic or professional development program. The student's vulnerability in having a lesser status and authority in the academic unit or lesser experience in the academic field of study should not be exploited to the personal advantage of a faculty member.
- 9. Graduate students have a right to co-authorship in publications involving significant contributions of ideas or research work from the student. The student should receive "first authorship" for publications which are comprised primarily of the creative research and writing of the student. Faculty and graduate students should agree, as early as possible, upon authorship positions commensurate with levels of contribution to the work.

Graduate Students Have the Following Responsibilities:

1. Graduate students have a responsibility to conduct themselves, in all educational activities in a manner befitting an academic colleague. Graduate students' behavior should be a credit to themselves, the higher academic unit, and the university.
2. Graduate students have a responsibility to devote an appropriate amount of time and energy toward achieving the advanced degree within "normative time," except when special circumstances apply.
3. Graduate students have a responsibility to provide accurate and honest reporting of research results and to uphold ethical norms in research methodology and scholarship.
4. Graduate students have a responsibility to participate in the campus community to the extent that each is able, and should leave the campus enriched in whatever ways possible.
 - a. To contribute to the academic development and the social environment of the department or program in which he or she is pursuing the advanced degree.
 - b. To contribute to administration of the graduate program, student government and/or the university.
5. Graduate students have a responsibility to take the initiative in asking questions that promote their understanding of the academic regulations and the financial requirements of their specific graduate program.

Psychology Guide of Who-To-Go-To-For-What

Page 1 of 2

Amy Aragon, aaragon@uh.edu, 713-743-8534, 126 Heyne

Keys (Heyne and Clinic)

Copier/Network Printer/Fax Issues (Heyne)

Concur system Travel Requests and Expense Reports

Travel Reimbursements

Direct purchasing of lab supplies <\$3000 (paid up front by dept account)

Gift card requests for participants

Vanessa Mendoza, mvmendoza@uh.edu, 832-842-2006, 128F Heyne

Cash requests for participants

Direct purchases for travel (i.e., flight or hotel paid up front by dept account)

Purchasing, including amounts >\$3000

Supply or meal reimbursements

Joel Hammett, jthammett@uh.edu, 713-743-8242, 128E Heyne

Clinical Neuropsychology student practicum placements

Management of Psychology dept cost centers for those located in TIMES research center

Hiring and Payroll for above mentioned cost centers

Olga Litvinova, olitvinova@uh.edu, 832-842-8851, 128D Heyne

Account reconciliation and balances (with the exception of those handled by Joel Hammett)

Gift card and cash reconciliation and trouble-shooting

Payroll concerns

Establishing contracts

Alex Botti, psychservice@uh.edu, 713-743-8531, 240A Heyne

Computing and printing set-up and issues for Heyne and Clinic

Computing-related purchases, including SAS and other software purchases

Dr. Suzanne Kieffer, kieffer@uh.edu, 713-743-8504, 126A Heyne

Grant proposals (handled by Fauzia Nisar for TIMES faculty, though run student fellowships or training grants, (i.e., F31s, K-awards through Suzanne)

Post-award grant management

Academic honesty cases

Overall coordination of whatever you are trying to accomplish

Dr. Jill Anderson, janderson10@uh.edu, 281-924-5951, 128A Heyne

Undergraduate student or class concerns, including disability accommodation questions

Caroline Watkins, cgwatkins@uh.edu, 713-743-8502, 126B Heyne

Payroll (with the exception of that handled by Joel Hammett for TIMES faculty)

Graduate Tuition Fellowship (GTF)

Scholarship issues

Hiring work-study students for labs

Work orders for Heyne building issues (i.e., turning on an office network connection)

Psychology Guide of Who-To-Go-To-For-What

Page 2 of 2

Linda Canales, ldcanales@uh.edu, 713-743-8395, 124F Heyne

Course transfers and waivers

Course creation and schedule

Teaching Fellow and Teaching Assistant Assignments

Degree requirements

Enrollment issues

Amy Petesch, alpetesch@uh.edu, 713-743-1747, Health 2 Bldg

Clinical graduate program matters

Dr. Anka Vujanovic, aavujano@central.uh.edu, 713-743-3241, 201C Heyne, Director of Graduate Education

Graduate advisor concerns and changing of advisor

Guidance on progress

Course or program concerns

University of Houston Clinical Psychology Doctoral Program First Year Guide

Welcome to UH! This guide is to help answer questions that may arise during your first year of graduate school. It can be a daunting process to become acquainted with all of your new responsibilities, and while this list is not exhaustive, it will cover many issues and topics that are deemed important by students who have recently navigated through their first year. We would like to welcome the first year students and help make your first semester run as smoothly as possible.

If you have any questions that remain unanswered, feel free to contact any of the second year students (names and contact information are listed at the bottom of this document) or the student reps. Good luck and congratulations on this accomplishment!

Contents:

- 1.00 General UH/Psychology Department Tips
 - 1.01 ID Cards, Keys, PeopleSoft, and CougarNet Accounts
 - 1.02 GTF/Tuition Payment
 - 1.03 Payroll
 - 1.04 Health Insurance
 - 1.05 Parking Permits
 - 1.06 Printers
 - 1.07 Bookstore
 - 1.08 Important Web Addresses/Phone Numbers
 - 1.09 Library Services
 - 1.10 Departmental Events
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 - 1.12 Student Representatives
- 2.00 Tips for Administration and Program Duties
 - 2.01 Clinic Desk Duty
 - 2.02 Conference Travel Funding
 - 2.03 Employee Retirement System (ERS)
- 3.00 Tips for Surviving your First year
 - 3.01 Impostor Syndrome
 - 3.02 Food/Drink
 - 3.03 Houston Coupons
 - 3.04 Snacks/Caffeine
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 - 3.06 Theater/Concerts/Free Things
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- 3.08 Museums
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- 3.10 Houston Sports
- 4.00 Tips for Houston
 - 4.01 Safety
 - 4.02 Climate
 - 4.03 Becoming a Texan
 - 4.04 Being Green

1.00 General UH/Psychology Department Tips

1.01 ID Cards, Keys, PeopleSoft, CougarNet, and TIMES Accounts: You likely already have your CougarNet account set up, and will register for classes during orientation. Your first order of business after orientation is to obtain a student ID card. The ID card will allow you access to the library, computer lab, Recreation and Wellness Center, and the Graduate Instructional Lounge (GIF; Room 122 Heyne) after business hours. You will also have access to the clinic and to the Health and Biomedical Sciences Building (HBSB), added to your card in the first few weeks. 2nd year students will take you over to the Cougar Card office to get your Cougar Card (the lost card fee is \$10):

- You get IDs at the Cougar Card Office in the **Welcome Center, Suite 151**. They are open from 8am - 5pm Monday-Friday and typically have expanded hours during the first few weeks of school. Their phone number is 832-842-2273. You can park in the Welcome Center Garage (parking is free for the first 30 minutes).
- Make sure you take a valid photo ID (i.e. driver's license, passport, etc.) when going to pick up your ID card.
- *****COVID UPDATE:** You can complete CougarCard registration online. Go to <https://accessuh.uh.edu>. Click on "CougarCard Online" to upload personal information. Click on CougarCard photo upload to upload your photo and request a card.
- Once you have your ID card, contact **Alex Botti** to have him include you on the access list for the GIF (where computers, printers, and graduate mailboxes are located in Heyne), so that you can swipe into this room during non-business hours.
- **Amy Petesch** (alpetesc@central.uh.edu) will set up swipe card access to the Health 1 and 2. **Amy Aragon** will automatically order keys for you.
 - You will receive keys for the clinic and may receive keys for your lab as well. Once your keys are ready, you will receive an e-mail from Key Access Services (kas@central.uh.edu). As it is in an odd area of campus (4211 Elgin Street, Room 123), we recommend that you drive to pick up your keys. More information may be found on their website here: <http://www.uh.edu/facilities-services/services/access-control-shop/index.php>.

- **Cougarnet Account and UH email address:** Your Cougarnet account is your login to any computer connected to the UH server (unless your lab is in TIMES/HBSB, where you'll use your TIMES login). It allows you to customize your settings and has a disk drive to save documents. There is not much disk drive space, so don't save everything, but it is a good place to keep backups of important documents.

Although your Cougarnet account should be all set up, if you do need to sign up for a Cougarnet account you may need to visit the IT Support. Tech Commons is located at the back entrance of the MD Anderson Library, across from the Student Center, and is open from 8:00 a.m. to 8 p.m., Sunday through Saturday (except university holidays). The first time you register you will have to go in person, but any issues thereafter (i.e., need new password; locked out of Cougarnet) can be resolved by calling the IT Support Center at 713-743-1411 or emailing: support@uh.edu.

UH Email:

- This can be confusing as there are a lot of email accounts to set up:
- When you register for your Cougarnet account at IT Support, you will get your *UH email address alias* (first initial-middle initial-last name @ uh.edu) This is NOT a real email address! This is an "alias" or fake account that forwards emails to whichever email account you tell it to.
<http://www.uh.edu/infotech/services/accounts/email/alias/#http://www.uh.edu/infotech/services/accounts/email/alias/index.php>
- You can/should request a REAL UH email using this link for a Microsoft Exchange account:
<http://uh.edu/o365-migrations/selfservice/auth/>
 - This email will be your *cougarnetid*@cougarnet.uh.edu. This email will give you access to an Outlook inbox with Office 365.
- Option 1: Your @uh.edu email can forward to your personal email (Gmail etc.)
- Option 2: Your @uh.edu can forward to your uh @cougarnet.uh.edu email account
- **Professional communication from the program, department, and with students in your classes that you TA for, should all use a UH email address instead of a personal email.**
- If you are associated with TIMES, you will receive a third email account: *firstname.lastname@TIMES.uh.edu. You can have all your emails forward to your TIMES email or your central email.
- *****Important*** If you have a Cougarnet and/or TIMES email, often these email accounts are what professors will use to email you so make sure they all forward to one email or you check them consistently.**
- **PeopleSoft Account:** This account can be accessed from any computer on or off campus through accessuh.uh.edu. Your PeopleSoft ID number is your student ID, and will never change during your graduate career. Your PeopleSoft account will have a separate student (UH Self Services) and staff (P.A.S.S. Employee Self Services) portal on your home log-in page (access.uh.edu). In the staff section, you can find information regarding payroll (for your RA/TA positions) and your benefits. You can also change

your PeopleSoft password in the P.A.S.S. portal. The Student UH Self Services (myUH Self Service) Portal will be used to:

- enroll in classes (or drop classes)
- view grades
- find information regarding financial aid and accept/decline aid (also GTF)
- get your class schedule and room numbers/class times
- pay your fee balance
- access to all academic records
- view and/or request transcripts
- update personal information
- purchase a parking permit
- access Blackboard & complete Course Evaluations

● **TIMES Account and Access:** If your lab is in the Health and Biomedical Sciences building (HBS1), you will have a separate TIMES account for computers and printing in that building.

- Complete the new to TIMES form: <https://www2.times.uh.edu/helpful-links/times-access-information/times-setup-form/> to get building access added to your Cougar Card, lab keys, and TIMES account set up. (You may need to ask students in your lab what you need specific access to for this form)

IT and Computer support:

- FYI: Alex is our Computer Support for the Psychology Department, so he will also be the contact person for any computer related issues. His email is PsychService@uh.edu, Phone 713-743-8531 (NOTE: he will not work on any personal computer). Alex typically works in the afternoon/ evening and is rarely on campus during the morning hours. So, we recommend that you plan accordingly if you'll be needing IT support.
- If you are in **TIMES** you will probably never interact with Alex Botti. You will need to know TIMES IT (help@times.uh.edu). The main contact is Minh, and the other IT support staff are Jeremy and Martin. They will help you with getting TIMES VPN, remote servers etc. set up on your personal laptops and help with all lab computer issues.
 - The online knowledge base has helpful links for how to set up printers, VPN, remote desktop, etc.:
 - <https://help.times.uh.edu/kb/index.php>

1.02 GTF/Tuition Payment: The Graduate Tuition Fellowship (GTF) will be your primary source for paying your tuition each semester in addition to the employee waiver (an immediate waiver that covers your tuition). The GTF is not automatic, so a few things must be done to ensure that you are considered and accepted for the GTF.

- **Caroline Watkins** (cgwatkin@central.uh.edu) in the business office (Heyne 126) will be your contact for all information regarding the GTF. At the beginning of each semester, she will provide you with a GTF consideration form that you are to sign and return to her. These forms are emailed to you or placed in your mailbox in the GIF (Heyne room 122). Her email is cgwatkin@central.uh.edu.

- The **GTF is not automatic** (although there have not been any issues obtaining it) so most semesters it will not go into effect until sometime after the first day of class. This means that you may have a large tuition balance before the GTF goes through, and should consider the “90-day emergency loan” offered in the *Student Financials* section of your PeopleSoft account (accessible through MyUH). **If you have questions about this and whether you should choose that option, contact Caroline.** The emergency loan allows you to delay paying your balance until 90 days after the deadline. There is no fee for the short-term loan *as long as everything gets paid on time (if delayed, interest accrues, but this is explained in detail in PeopleSoft), by the deadline posted on your PeopleSoft account.*
 - It is possible that the GTF will *not* be provided in the Summer semester, unless you have required classes that you must be registered in. This is determined by the University, not the department, and changes year-to-year. If this happens, each student’s need to enroll will be considered on a case-by-case basis. Make sure to respond to all emails from Caroline, Suzanne, and Linda regarding summer course registrations.
 - **Very Important: You are still responsible for fees.** Your GTF and employment waivers will cover all tuition, but **there may be remaining fees each semester. The amount changes by year, but Linda Canales or Caroline Watkins will let you know this amount during orientation.** This amount will automatically be covered if you have financial aid, otherwise you need to either pay in person with a check at the Cashier’s office in the Welcome Center (bring a form of ID) or pay online with credit card or electronic check at accessuh.uh.edu. *Note: If you pay online with a credit card, you may have to pay an additional 5% fee. Also, these fees have been covered by the GTF in some years, but is a year-to-year determination.*
 - **FASFA** - In order to receive funds through the GTF stipend, you will need to fill out a FASFA form on an annual basis. You must associate your FASFA form with University of Houston. If you have not filled out a FAFSA form before, go to their websites, <https://studentaid.ed.gov/sa/fafsa> and create an account to begin.

1.03 Payroll: Unfortunately, **you will not be paid until October 1st**, so this is where the 90-day emergency loan will come in handy, in the event you do not have the funds to pay your fee balance at the start of the semester.

- Caroline Watkins in the Business Office can also help with payroll related questions. During orientation, she will go over all of the payroll specifics and direct you to the payroll office to fill out required forms.
- **Bring a blank check** with you to the payroll office for direct deposit purposes, or be prepared to give your electronic/wire transfer number and account number.
- To be paid, you are required to go through direct deposit. We are paid once monthly. Monthly pay-stubs will be available in electronic form on your PeopleSoft account.

- **TAXES:** Your W-4 will be available electronically for you to download on your PeopleSoft account around the end of January.
- If you have been awarded federal loans, the university will mail you the needed tax documents (Student's Form 1098-T).
- **ONLINE:** Through accessUH → P.A.S.S. (bottom of page); you can provide your routing number for direct deposit and setting up an electronic W-4.

1.04 Health Insurance: The available healthcare packages offered by the university will be reviewed during orientation.

- If you elect to use the University Provided employee insurance, your medical coverage will start 90 days after enrollment (i.e., ~December), and dental coverage is available after 30 days. You will receive your insurance cards automatically in the mail around the time coverage begins.
- Dental Insurance, Vision Insurance, and eye exams are also available. The HR Department should discuss this during the First Year Orientation.
- Some students choose to buy the UH Student Health Insurance instead of the employee provided insurance. You can find more about the Student Health Insurance plan here: <http://www.uh.edu/healthcenter/insurance/>. The student health coverage begins as soon as you enroll. If you have the Student Insurance Plan, you can use the Student Health Center on campus and most services are free. ***Many students who are 26 and do not have family members to insure choose the student insurance plan as it is usually cheaper and more convenient.***
 - **Register and enroll here:** <https://uh.myahpcare.com/>
- Health Center is in the Health 2 building which is very convenient!
- Pharmacy: there is also an on campus Pharmacy in Health 2.
- The department provides a \$150 insurance stipend every month, regardless of whether or not you sign up for insurance or whether you use student or employee insurance.
- HELPFUL TIP: Contact HR at least 2 months before your 26th birthday to begin the process in order to avoid waiting periods and delays.

1.05 Parking Permits: You have multiple options for parking permit types. You can register for permits online through the myParking Account portal on AccessUH (accessuh.uh.edu). Make sure you have a permit prior to the first day of class, or pay to park in the stadium, welcome center garages (charged hourly up to \$12 per day), or in a Pay-to-Park lot until you get one. You will also use this site to pay parking citations should you get one.

- You have the option of getting faculty/staff parking if you are an RA or student parking if you are a TA. If you buy a faculty parking pass, you cannot park in student-only lots and vice versa before 4pm. If neither staff nor student options show up in your parking account, you may need to go to the parking office or contact them. Go to <http://www.uh.edu/af-university-services/parking/> for more info.
- Options for 2020-2021 year can be found here: <http://www.uh.edu/af-university-services/parking/parking-on-campus/permits/student/>.

Note that you will typically be in Heyne and HBSB1 or HBSB2 during the first year. If you are unsure of which permit would be the best option, we would recommend that you

either call the parking office (832-842-1097) or go to the office in person (3874 Holman St. Suite C). It may also be helpful to ask an older student in your lab what has worked best for them in the past.

NOTE: The parking office has implemented a new Zoned approach when assigning parking permits for student passes (Faculty/Staff permits are not Zoned). You will have to look at the map to select the best Zone for you (<https://www.uh.edu/af-university-services/parking/images/blog%20images/zoned-parking-for-students-map2.jpg>).

Zones C and D are closest to HBSB/clinic; Zones D, E, and F are closest to Heyne.

- The remote campus permit requires a shuttle ride from the ERP lot. In the past, students have complained about the shuttle being inconsistent, but it is possible that it will be improved this year.

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1.06 Printers: The printers in Heyne and the PRSC (the clinic) are all named below. Once you have your CougarNet account, you will need to manually add the printer(s) you would like to use. Once a printer is added, it will be among the available options in your “print destination” list whenever you are logged into your CougarNet account.

- All printers for our purposes, except the printers in HBSB, will be included on the **VAQUERO drive**. Vaquero is a shared network dedicated specifically to the Psychology Dept., so all of our printers will be listed under this drive. See table below for all common printers in Heyne and the clinic.
 - o Vaquero is also where you can find some great clinical resources.
 - o To add a printer to a PC, you must first search for it on the desktop, by clicking **Start > search “Run”** (no quotes). Once you have the **Run** text box open, type in **“\\vaquero”** (no quotes) and **press enter**. It will show all the shared folders and printers. Click **View > Details** to see the information about the printers. To connect to a specific printer, right click and press **Connect**. Below is a list of the printers, where they are located, and what options they have available.
- If the network printers are down, Amy Aragon will send out an email to inform you of this.
- Printer paper (white and colored) is kept in the psychology business office printer room in Heyne. If a printer is low on toner, tell Amy Aragon at the front desk in the psychology business office (for Heyne printers) or Amy Petesch (for clinic printers; Room 1126 - Student Computer Lab)

Name of Printer	Location	Services
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Heyne-124B-2	This is located in the business office in Heyne room 124 (past Carolyn Watkins office).	Cannon printer. Can print double sided, with staples, collated or uncollated.
Heyne-203	This is located in the Statistics Lab in Heyne Room 203 (second floor)	Only prints single sided.
Heyne -122	This is the printer in the GIF located in Heyne Room 122	Can only print single-sided.

Printing in TIMES: There are two shared printers in **HBSB/TIMES**("followme"), which requires a TIMES login. To set it up on your laptop, follow the steps here:

<https://help.times.uh.edu/kb/faq.php?cid=3>

You should also be able to print from any TIMES computer directly to the printers.

first swipe your ID card and enter your TIMES login info on the printer in the 3rd floor work room of HBSB. To have the printer set up on a laptop, contact Times IT (help@times.uh.edu).

1.07 Bookstore: There are a couple of bookstores on campus (one in the University Center [UC] and one across from the Recreation and Wellness Center).

· **NOTE:** Consider contacting older students before purchasing books if you're trying to save money or would like to borrow a textbook.

You can also find online pdf versions of text books.

1.08 Important Web Address/Phone numbers:

- SHAREPOINT:

<https://uofh.sharepoint.com/sites/clinicalpsychology/SitePages/Home.aspx>

- Login: username: cougar\<username>; password is your cougar net password
- Our program Sharepoint site has been developed as a place to share information, documents, ideas, and discussions related to the program and program development. The page that opens is the home page for "official" program information, and along the top of the page you will see links to any sites that you have access to. Students will not have access to the faculty site, and faculty will not have access to the student site. Very similar to the listservs, the home page is content viewable by faculty and students, and should contain anything all members would need to know or access. The faculty page is similar to the faculty listserv and should contain items that only the faculty should know or access. The student page, by extension, should contain items that only the students should know or access.

- Sharepoint can be finicky. It works best on certain web-browsers, so if you are having difficulty, first try a different browser.
- Sharepoint is also where you will input and update your progress and your Individualized Development Plan (IDP), therefore it's a good idea to get familiar with this site.
- When filling out your IDP/end of year evaluations it is recommended that you try to complete it in one sitting. Sharepoint can be a bit finicky at times and does not always save responses if you try to come back to it at a later time (this is especially true of those evaluations that have a "drop down" section.)

- ACCESS UH: <https://accessuh.uh.edu/login.php> This will provide you with the easiest access to Blackboard, UH Self Services, and P.A.S.S. Employee Self Services. You will use this site a lot.

- The University Services Site is very helpful for questions regarding parking, cougar cards, dining services, bookstore, etc. (<http://www.uh.edu/af/universityservices/>)

- Program Listserv: Emails can be sent to the program listserv (either students only, or including faculty) by first emailing the listserv manager. This is a student who forwards the listserv emails (currently Lia Smith at ljsmith6@central.uh.edu).

- PHONE NUMBERS: Save these 3 phone numbers in your phone. You will have to use them frequently.

- Enrollment Services: **713-743-1010**

- This is the number to call with any questions regarding financial aid.

NOTE: It can be frustrating to call because they only have this one number to cover ALL enrollment and financial aid issues, so just be prepared and patient.

- UH IT Support: **713-743-1411**

- Use this is you need to reset your password for cougarnet (e.g., if you get locked of your account).

- Clinic Main Number: **713-743-8600 (will change for Lone Star Circle of Care)** ● Option 1: Reaches the front desk

- Option 2: Reaches the clinic assistants

- Lone Star Main Number (not UH-specific): **877-800-5722**

1.09 Library Services: Irene Ke is our Psychology librarian. She is very nice and helpful if you are researching and need help finding something. Her email is ijke@uh.edu.

- **TIP:** Irene made a helpful resource webpage that has everything you may need all in one place (e.g., quick link to PsycINFO, PubMed, full electronic version of the DSM-5, links to treatment videos, etc.): <http://guides.lib.uh.edu/psychology>.

1.10 Departmental Events: Occasionally, the department will host colloquia or job talks in which visiting professors and researchers will present their work. **Attendance to these events is expected**. Food is often provided and it's a good way to meet scholars from other universities and to discuss their past and future research. ***Due to COVID-19, departmental events will most likely be held virtually.

- Town Hall meetings occur at the end of each semester and attendance is expected of all students. At the Town Halls, students can bring up concerns or questions to be discussed with faculty. The DCT (currently Dr. Vincent) runs the Town Hall meetings.
- The clinical program hosts an internal Research Showcase Day that occurs near the end of the spring semester. This is an opportunity at which all students are expected to present work either with a poster or a talk, and faculty also briefly showcase their research.
- Additionally, there is a first-year party for clinical students and faculty in September, as well as clinic end-of-semester celebrations twice a year.

1.11 Clinical Student Guide: The Clinical Student Guide is the document that summarizes and collates all important program information and should be consulted first and foremost before any other mechanism of communication. It represents a collaborative effort between faculty and students to assemble information that will be helpful to you as a clinical psychology student at UH. This guide is best thought of as a working document, since elements of it will require modification and updating as new developments occur.

Here are some more details:

- The first hour of Fall Town Hall is dedicated to a face-to-face review with students and faculty of any updates in the Clinical Student Guide. In addition, the first Clinical Training Committee (CTC) meeting (this is a faculty meeting that the student reps also attend) of Fall will also be dedicated in part to a review of major changes and updates in the Guide.
- The intent of the Clinical Student Guide is to assemble in one place program policies and helpful suggestions designed to make the life of the clinical students a little easier. It covers information on coursework, clinical practica, internship, and so on. This information should be used (with the help of your advisor) to design your personalized training plan (Individualized Development Plan – IDP; see Appendix A of the Clinical Student Guide) that is consistent with your career goals.
- The policies and procedures contained within the Clinical Student Guide are consistent with our profession's current ethics code and adhere to the University of Houston's regulations and local, state and federal statutes regarding due process and fair treatment. Students are held to the requirements of the Clinical Student Guide under which they entered the program. However, if requirements are ambivalent, the current year's Clinical Student Guide will be followed at the discretion of the DCT and the CTC.
- All students receive a PDF of the updated Clinical Student Guide at the beginning of the academic year. In addition, it is publicly available on the Clinical Program "About Us" page as well as in Sharepoint. All students should be thoroughly familiar with the Clinical Student Guide.

1.12 Student Representatives: Each year, the students elect representatives. One representative is elected for each area of study (CP, CN, and CCP). Always remember that you can e-mail one of the student representatives (“reps”) with any questions. The student reps are a liaison between the students and faculty and are here to assist fellow students in any way that they can. This year’s student reps are CP: Antoine Lebeaut (amlebeau@central.uh.edu), CN: Anthony Gioia (anthony.gioia@times.uh.edu), and CCP: Haley Conroy (heconroy@uh.edu).

2.00 Tips for Administration and Program Duties

****NOTE: Clinic Procedures are likely to change as we transition to Lone Star Circle of Care. Students will be notified of changes as they occur****

2.01 Clinic Desk Duty: *This is dependent on COVID-19.** First and Second year students have clinic duty. You will be manning the phone/front desk of our clinic about 1-2 times a month from 4:30pm-8:00pm Mondays through Thursdays. You will train with a second-year student on your first clinic duty, and will then be responsible for clinic duty on your own. There will be a clinic orientation in the first few weeks of the semester, during which the clinical assistants (CAs) will review the clinic guidelines and procedures.

- This can sometimes be hard to fit into your schedule, but it is a very helpful way to learn about the clinic and the way it is run. The clinic assistants assign desk duty at the beginning of each semester. There is usually not a problem with switching schedules because almost everyone has at least one conflict, and will want to switch. So, don’t be afraid to send out an email asking if anyone is willing to switch a desk duty shift.
- The schedule is sent out through email, maintained through Sharepoint, and a hard copy is also posted in the clinic mailroom. If you do make changes, be sure to note the change at least on the hard copy calendar.
- **Professional Dress** (*per clinic supervisor*): When conducting any business at the PRSC, whether it is assessment, research, or therapy, please follow accepted codes of professional dress (below). If you are uncertain what professional dress is for a psychologist, please consult with a peer, a supervisor, or your clinic director. Note that professional dress applies when you will be working in and around the front desk area, even if you are not seeing clients or subjects on that day.

Generally speaking:

- Clothes should be neat and clean.
- Avoid jeans and tennis shoes or clothes that are too tight.
 - Observe modesty in your attire - no low necklines, bare midriffs, no jeans with holes (however fashionable) and no shorts or mini-skirts.
- No flip flops.
 - Additionally, please avoid heated foods at the front desk area as to reduce the odors.
 - As a perspective check - think about your own expectations when you enter your doctor’s office reception area.

2.02 Conference Travel Funding: Travel funding is available through the Psychology Department. It is dependent on the location of the conference, number of students seeking funding, and authorship of research (i.e., first author vs. second, third, etc.; first authored posters/presentation will receive more funding).

- Typically, students do not get more than \$300 per conference for travel. You must apply for anticipated travel funding in CONCUR in the beginning of each semester. Amy Aragon will send out an e-mail on the application process each semester.
- **You must first get approval from the department prior to travel**(as indicated above), but to be reimbursed up to the amount you have been awarded, you must show proof of conference attendance (conference program, etc.) and submit your receipts for reimbursement. Amy Aragon in the Psychology Business Office (Heyne Room 126) handles all of the travel reimbursement.
- Business travel and expenditures should be tracked via the Concur service. This is accessible through AccessUH. You will need to create an account. Talk to Amy Aragon if you're having trouble utilizing Concur services.

2.03 Employee Retirement System (ERS): ERS (<https://benweb.ers.texas.gov>) is the system that University of Houston uses to manage insurance enrollments. Some students in the past have had difficulty getting their account populated in ERS, which is done by the HR Department and needs to be done before you can make insurance elections. If you cannot log-in or create an account, see the HR Department in McElhinney 325. You can also contact them at 713.743.3988. Note that to log into your account, the information you input needs to match your profile exactly (so if you put your Apt # on the first row in the Student records, it needs to be on the same row in ERS.) If the HR people say that the problem is on the ERS side, go to <https://www.ers.state.tx.us/> and/or call 877.275.4377.

3.00 Tips for Surviving your First year

Mentorship Program: First-year students will be paired with two upper-year students (second-year student + a third- or fourth-year student) to have help facilitate a smooth transition into the clinical program. Further details will be provided at a later date.

3.01 Impostor Syndrome: Clinical psychologist Pauline Clance and colleague Suzanne Imes coined the term "impostor phenomenon" in a 1978 paper in *Psychotherapy Theory, Research and Practice*. First year graduate students commonly report feeling as if they are an impostor in the program, or that they were not supposed to get into the program, their admission must have been an accident, or that they have been fooled into thinking they were smart, but really they are not as smart as others in the program, etc... You get the idea!

- **BOTTOM LINE:** Everyone feels this way! The sooner one realizes that, the sooner the feeling begins to fade. After the first few weeks of school, your cohort should consider having some sort of informal get-together outside of school and ONLY for your cohort. This time with your classmates is really important, because it allows you to see that everybody else in your class is feeling the same way you are and it helps establish relationships.

3.02 Food/Drink: After moving to a new location it's difficult to know where to go for good food! Hopefully this list of grocery stores, restaurants, coffee shops, and bars will give you some ideas of where to start. Houston has a huge variety of restaurants and bars so this only begins to get at the great food options around!

- **Grocery Stores (**COVID-19: Offers curbside pickup.)**

- HEB: By far the cheapest of the grocery stores plus they have free samples!
- ALDI: Limited selection, but VERY affordable
- Central Market: Lots of unique (and organic) options at cheaper prices than Whole Foods. Bulk section to die for!
- Kroger: Another great cheap option. Plus, if you get their rewards card, you can save on gas at their locations as well as Shell stations.
- Randall's: (Same thing as Safeway)
- Trader Joe's: Has lots of unique options and good snack foods
- Rice Epicurean Market: Has many specialty items
- Whole Foods: Has lots of organic options
- Super Target: Groceries and the amazingsness of Target all in one stop!

- **Restaurants**

- Burgers

- Lankford Grocery (only open until 3pm!): <http://www.lankfordgrocery.com>
 - Southwell's: <http://www.southwells.com>
 - Jerry Built: <http://www.jerrybuiltburgers.com>
 - Moontower Inn (more known for hot dogs): <http://damngoodfoodcoldassbeer.com/>
 - The Burger Joint: <http://www.burgerjointhtx.com/>
 - Hubcap grill (<http://hubcapgrill.com/>)
 - Hopdoddy (Rice Village)
 - Shakeshack

- Barbeque & Steak

- Brookstreet BBQ: <http://www.brookstreetbbq.com/>
 - Goode Company BBQ: <http://www.goodecompany.com/our-restaurants/goode-company-bar-b-q.html>
 - Pappas BBQ: <http://pappasbbq.com/home>
 - Gatlin's BBQ: <http://gatlinsbbq.com/>
 - Killen's BBQ: <https://www.killensbarbecue.com/>
 - Under the Volcano (delicious \$17 steak night on Mondays): <https://www.yelp.com/biz/under-the-volcano-houston>
 - Ray's BBQ: (<https://raysbbqshack.com/>)
 - The Pit Room (<http://www.thepitroombbq.com/>)

- Italian

- Dolce Vita: <http://www.dolcevitahouston.com>
 - Just Dinner (Intimate BYOB): <http://www.justdinnerhouston.com>

- Vinoteca Poscol: <http://www.poscolhouston.com/>
- Coppa Osteria (Rice Village – On the pricier side)
<http://coppaosteriahouston.com/>
- Paulie's: <http://pauliesrestaurant.com/>
- Coltivare (pricier): <https://www.agricolehospitality.com/coltivare/>
- Sud Italia (Rice Village – free Limoncello, pricer side)

Greek/Mediterranean

- Niko Niko's: <http://www.nikonikos.com>
- Aladdin's: <http://www.aladdinshouston.com>
- Istanbul: <http://www.istanbulgrill.com/>
- Helen (pricier): <http://www.helengreek.com/>
- Fadi's Mediterranean Grill (<http://www.fadismeyerland.com/>)

Mexican/TexMex

- Taco Cabana (cheap and discount to UH students with ID):<http://www.tacocabana.com>
- Chuy's:<http://www.chuys.com>
- Ninfa's on Navigation:<http://www.ninfas.com>
- Pappasito's:<http://pappasitos.com/home>
- El Tiempo: <http://www.eltiempocantina.com/>
- Hugo's: <http://hugosrestaurant.net/>
- Torchy's Tacos:<http://torchystacos.com/>
- Armandos: <http://www.armandosrestaurant.com/>
- Tacos Tierra Caliente (great taco truck by West Alabama Ice House!):
[https://www.yelp.com/biz/tacos-tierra-caliente-houston\](https://www.yelp.com/biz/tacos-tierra-caliente-houston)
- Lupe Tortilla: <https://www.lupetortilla.com/>
- Velvet Taco: <https://velvettaco.com/>
- La Guadalupana Bakery and Café: <https://goo.gl/QRnMSN>
- El Bolillo Bakery: <http://www.elbolillo.com/home>

Seafood

- Pappas:<http://pappasseafood.com/home>
- Danton's (a little pricey but good):<http://www.dantonsseafood.com>
- Goode Company Seafood: www.goodecompany.com

Sushi/Poke

- Oishii Japanese Restaurant (cheap happy hour):<http://oishiihouston.com>
- Aka Sushi: <http://www.akasushihouse.com/>
- Uchi (relatively cheap happy hour): <http://uchi-houston.com/>
- Ono Poke: <http://www.onopokehouston.com/>
- MF Sushi (pricier): <https://goo.gl/FWQYmq>
- Kata Robata: <https://www.katarobata.com/>

Japanese & Chinese

- Jinya Ramen Bar: <https://jinya-ramenbar.com/menu/>

- Gyu-Kaku (Japanese BBQ): <http://www.gyu-kaku.com/houston>
- Pepper Twins (Chinese): <http://www.txpeppertwins.com/>
- Mala Sichuan (: <https://www.malasichuan.com/menus>
- Tamashi Ramen and Sushi (Japanese Ramen):
<https://www.tamashiramensushi.com/>

Thai & Vietnamese

- Morningside Thai (BYOB): <http://www.morningsidethai.com>
- Thai Bistro: <http://www.txthaibistro.com>
- Thai Gourmet: <http://www.thaigourmethouston.com/>
- Mai's: <http://maishouston.com/>
- Les Givral (great banh mi): <https://www.yelp.com/biz/les-givral-sandwich-and-cafe%C3%A9-houston-2>
- Huynh: <http://huynhrestauranthouston.com/>
- Simply Pho: <http://www.simply-pho.com/wp/>

Indian

- Himalaya (Anthony Bourdain approved):
<http://himalayarestauranthouston.com/>
- Pondicheri: www.pondichericafe.com/
- Hyderabad House (good Biryani): <https://www.yelp.com/biz/hyderabad-house-houston-2>
- Raja Sweets: <https://www.yelp.com/biz/raja-sweets-houston>

Variety

- 59 Diner (Open 24 hours): <http://59diner.com>
- House of Pies (Open 24 hours): <http://www.houseofpies.com>
- Hobbit Café: <http://www.myhobbitcafe.com>
- Barnaby's Cafe: <http://www.barnabyscafe.com>
- Ruggles Green: <http://www.rugglesgreen.com>
- Local Foods: <http://houstonlocalfoods.com>
- Blue Nile (Ethiopian): <http://bluenilerestaurant.com/>

Tapas

- Oporto: <http://oporto.us>

Vegetarian/Vegan

- Shri Balaji Bhavan (Vegetarian Indian): <https://www.yelp.com/biz/shri-balaji-bhavan-houston>
- Happy Cow: http://www.happycow.net/north_america/usa/texas/houston/
- The Doshi House Cafe <http://www.doshihouse.com/>
- Pepper Tree (Vegan Chinese) <http://ilovepeppertree.com/>

NOTE: Jimmy John's on campus will also deliver to the clinic– just order online.

Coffee & Tea Shops

- Agora: <http://www.agorahouston.com/pages/agorafirst.html>
- River Oaks Coffee House: <http://riveroakscoffeehouse.com>
- 24 Hour Starbucks in the Galleria
- Blacksmith: <http://www.yelp.com/biz/blacksmith-houston>
- Catalina: <http://catalinacoffeeshop.com/>
- Tout Suite: <http://www.toutsuite.co/>
- Black Hole: <http://www.blackholecoffeehouston.com/home>
- Siphon: <http://siphoncoffeehouston.com/>
- The Teahouse (bubble tea!): <http://teahousebeverage.com/>
- Empire Café (giant slices of cake half price on Mondays):
<http://www.empirecafe.com/>
- Mercantile (<http://www.mercantilehouston.com/>)
- Common Bond (<https://commonbondcafe.com/>)
- Paper Co: <http://www.papercohouston.com/>

Bars

- *Rice Village*: Gingerman, Little Woodrow's, Valhalla (Rice's grad student pub., very cheap beer!)
- *Midtown*: Pub Fiction, Celtic Garden, Little Woodrow's (turtle racing on Thursday nights!), Midtown Drinkery (fun for dancing), 13 Celsius, Dogwood, Sage County, Axelrad (super funky beer garden), Mongoose vs Cobra, Wooster's Garden, La Grange
- *Downtown*: Pastry War, Captain Foxheart's, Okra Charity Bar, Bovine & Barley
- *Westheimer/Montrose*: Boheme, Brooklyn Athletic Club, Anvil (cocktails), Hay Merchant, Royal Oak, Poison Girl, Silver Oak, Stone's Throw, Grand Prize, West Alabama Ice House
- *Washington Ave*: Taps, Liberty Station, Rebel's Country Club (honky-tonk w/ line-dancing)
- *Heights*: D&T Drive Inn, 8 Row Flint, Cottonwood, Heights Bier Garten, Cedar Creek, McIntyre's
- *Breweries*: St. Arnold's, Under the Radar, Karbach, Buffalo Bayou, 8th Wonder – most of these have fun events with food-trucks on the weekends. Some have odd hours though!

* Houston also has great food trucks – Smoosh (Ice Cream Sandwiches) and Waffle Bus are favorites.

3.03 Houston Coupons: If you are new to Houston, or even if you have lived here your whole life, the best way to take advantage of the city on a student budget is to sign up for the group buying websites listed below. They offer great daily discounts on restaurants, spas, athletic/exercise classes, theater, etc. All you do is sign up, and you get an email each morning with the deals.

- www.groupon.com
- www.buywithme.com

- www.livingsocial.com
- If you are interested specifically in restaurant deals, then head to www.Restaurant.com for gift certificates at some serious discounts. For example, they often have \$25 gift certificates for only \$2!!!

3.04 Snacks/Caffeine:

- Psi Chi has a room in Heyne that has snacks, frozen meals, water and caffeinated drinks for really cheap! It works on the honor system (e.g. you Venmo Psi Chi, the Venmo handle is posted to the fridge, and take what you want). If the room is locked (it often is), you can get a key from Amy Aragon in the business office.
- In HBSB, there are vending machines on the first floor of the old portion of the Optometry Clinic. You can ask one of their receptionists as it's hard to find.
- Cougar Grounds: 2 locations on campus. One is located on the second floor of HBSB. The other is located in the Hilton Hotel (behind the Welcome Garage).
- There are great vending machines in Farrish Hall (right by Heyne) that take credit cards.
- On-campus coffee shops: Starbucks (student center), The Nook, Cougar Grounds
- On-campus food options: There are several fast food restaurants in the student center, plus McAlister's, Jimmy John's, Pink's Pizza, Bullritos, and Calhouns all on Calhoun Ave.

3.05 Fitness, Health & Self Care As a student, we all pay for a membership at the Recreation and Wellness Center as part of our tuition "fees." This facility at UH is amazing! In addition to top of the line exercise equipment, they offer a rock climbing wall, indoor and outdoor track, racquetball and squash courts, outdoor and indoor pool, hot tub, 5 basketball courts, a combat room offering martial arts classes, several FREE group fitness classes, and a multipurpose court for soccer, roller hockey, handball, dodge ball and indoor tennis.

- It's possible to rent a locker for the semester for about \$25 dollars in the locker rooms; There are also free day lockers located near the Leisure Pool/Outdoor Adventure office, by the basketball and racquetball courts, and on the second floor in the Fitness Zone.
- Check out the website: <http://www.uhrecreation.com/Facilities/>
- Check the schedule for exact hours (they change slightly depending on sporting events), but the Recreation and Wellness Center is typically open:
 - Monday-Thursday from 6 am - 11:30 pm
 - Friday from 6 am - 8 pm
 - Saturday from 10 am - 8 pm
 - Sunday from 12 pm - 11:30 pm
 - Little Woodrow's in Rice Village hosts Trivia every Tuesday at 8pm. Luke's in the Heights also has Trivia on Tuesday's at 8.
 - Houston Sports and Social and WAKA are both great organizations for joining or putting together a club sports team (kickball and volleyball are favorites!). There are also intramural teams on campus: http://www.uh.edu/recreation/intramural_sports/

3.06 Theater/Concerts/Free Things:

- Houston's theater district features nine renowned performing arts organizations, and many smaller ones, in four venues –**Jones Hall, Wortham Theater Center, Alley Theatre and Hobby Center for the Performing Arts**. Most of the facilities offer student discounts.
- Check out The City of Houston Calendar of Events website at <http://www.houstontx.gov/events/index.html>. This is your go-to website for an exhaustive list of concerts, theater, festivals, sporting events, and **free events!**
- **Miller Outdoor Theater** offers the most diverse season of professional entertainment of any Houston performance venue, **and it's all FREE!** Classical music, jazz, ethnic music and dance, ballet, Shakespeare, musical theatre, classic films, and much, much more are included in this year's outstanding line up. Relax in the covered seating area or enjoy a pre-performance picnic on the hillside.
- **The Houston Symphony and Houston Ballet** offer student rush tickets. You show up about an hour and a half before, show your student ID and get a great discount! At the symphony student rush tickets are \$12 and it's comparable at the ballet. For those of you 25 and under, they also offer deeply discounted tickets on some Fridays.
- **Buffalo Bayou Park** is a 124-acre greenway that stretches from Downtown to the River Oaks neighborhood, Buffalo Bayou offers great views of the skyline. Within the park, paved trails welcome runners and bikers, and a disc golf course, boat launch, and children's playground draw visitors as well. Eleanor Tinsley Park rests within Buffalo Bayou Park (in the section from Taft Street to Sabine Street) and is the site of many city festivals, most notably the Fourth of July celebration.
 - Other nice areas to run are at Memorial Park and around Rice University-- both are 3 mile loops
- **Tubing on the Guadalupe River** is about three hours away, near Austin, TX. Grab a cooler, some adult beverages, and your suit and float for anywhere from 2 to 6 hours for ~\$15/tube rental. Campsites also litter the river bank, so you can make a weekend out of it!
- **Houston Rodeo** comes to town for a month every March with concerts every night after the rodeo events. Tickets are fairly cheap and easy to come by.
- **Hidden Gems of Houston:** <https://www.narcity.com/us/tx/houston/things-to-do/houston-has-a-bunch-of-hidden-gems-here-are-the-ones-that-dont-cost-a-thing>

3.07 Ways to cool off:

- **Galveston Island** is less than an hour away. Lay on the beach, enjoy one of the many poolside bars, and have a delicious burger at **The Spot**.

- For 2 weeks in February each year, Galveston is home to the second largest Mardi Gras festival complete with festival food, parades, masks, and beads!
- If you want to check out a less commercial beach, you can go to Surfside Beach, which is a little over an hour away from downtown. You can park on the sand and alcohol is allowed on the beach.
- **Schlitterbahn waterpark** in Galveston will help beat the Texas heat with a tube ride down the lazy river, a giant pool, and water slides and rides. You can bring your own picnics and ice chest to save money on the typical amusement park prices. Well worth it.
- **Moody Gardens** is one of the most recognizable establishments in Galveston, with 3 giant glass pyramids (that you can spot a mile away) offering a rainforest exhibit, indoor beach, aquarium, golf course, 5-star restaurant, hotel, spa, IMAX theater, and a 4D Special FX Theater that features 3D images and extra special effects such as leg ticklers, seat buzzers, scent, mist, snow and more to enable you to see, feel, hear and smell the action of the theater. The place is hard to describe, so check out the website for more specific details about what the resort has to offer.

3.08 Museums:

- **Space Center Houston** in Clear Lake (about 30 min drive from Houston) lets you step foot in the home of the building that first heard the words “*Houston, we have a problem!*” The Space center offers tours of NASA's Johnson Space Center, the Historic Mission Control Center, the Space Vehicle Mockup Facility and the current Mission Control Center. There is also a “Space Module Simulator” and a space theater.
 - **TIP:** buy tickets online for a \$5 discount.
- The **Houston Museum of Fine Arts** hosts an “art-on-the-rocks” type event during the summer. There is an outdoor bar and free admission to the museum on Thursday nights.
- There are too many museums in Houston to name them all, but take a look at <http://houmuse.org/> for detailed descriptions, admission pricing (many are FREE!) and maps. The Menil is a great free art museum in Montrose that we recommend!
 - **TIP:** If you have a Bank of America debit card, you can get in FREE to select Houston museums and The Houston Zoo on the 1st full weekend of every month. Go to the [B of A Museums on Us](#) website for details.
- The Menil Collection is a free art museum: <https://www.menil.org/>

3.09 The Kemah Boardwalk: About a 35-minute drive from Houston you can find this giant amusement boardwalk offering over 15 restaurants, multiple bars (with really great happy hour specials), a full amusement park (pay per ride-around \$3 each), shopping, marina, and a stingray petting zoo! **The Kemah Boardwalk** also hosts many festivals (ex: Wine fest and Jazz

fest), a laser light show, and every Thursday in the summer they offer “Rock the Dock” with drink specials and live music. The best thing about the boardwalk is you can just park your car and walk everywhere while enjoying views of the Galveston Bay. Look at the [Calendar of Events](#) for details.

3.10 Houston Sports: you can often find cheaper tickets for games on <https://seatgeek.com/or> a similar ticket resale site. Baseball and basketball typically have cheapest tickets.

- Astros (baseball) – they have \$1 hot dog nights at Wednesday night home games
- Dynamo (soccer)
- Texans (football)
- Rockets (basketball)
- UH Cougars (UH’s football team) – tailgates and games are free for students!

4.00 Tips for Houston

4.01 Safety

- **Campus**– There is a notable amount of crime that occurs in the area surrounding UH so it is suggested that you not be at the clinic too late without a buddy. If you must be at the clinic late at night, please be aware of your surroundings and be smart.
- **Car**– Houston is a big city, and like in any big city, leaving belongings in your car is an invitation to thieves. Make it a habit to remove all clutter from your car, because even a pile of papers can be enticing to such people (even graded papers have been stolen from cars). People have gotten their belongings stolen from their trunks, so it’s advised that you not leave ANYTHING valuable in your car no matter how quick the pitstop.
- **Pedestrian**– Houston is not the most pedestrian friendly city, although some areas are much better than others. Be aware of traffic, and that cars and trucks probably won’t stop for pedestrians here as they do in the more pedestrian friendly cities.
- **Flooding** –[Houston floods](#). With a sub-tropical climate and an archaic drainage system, the streets often flood when there are large amounts of rain.
 - Do not attempt to walk or drive through floodwaters—It **only takes six inches of moving water to knock over an adult**, and it **only takes two feet of rushing water to sweep away most vehicles**, including SUVs and pickup trucks. Combo glass-breaking-and-seat-belt-slashing tools can be bought for less than \$10 on Amazon just in case.

4.02 Climate

Creatures – Many of us have discovered that there are bugs that live in Houston that we were not previously aware of when living in more northern climates:

- **Roaches** – common nocturnal bugs that hopefully you will not find in your house, but the Houston climate is a great place for these little guys.

- **Solution:** General preventive measures against household pests include keeping all food stored away in sealed containers, using garbage cans with a tight lid, frequent cleaning in the kitchen, and regular vacuuming. Any water leaks, such as dripping taps, should also be repaired. I've also set out a few "Roach Houses" around my house as a precaution, and thus have only discovered dead roaches (~3/yr.).
- **Chiggers** – tiny, tiny red bugs found in tall grass or weeds, whose bites may cause severe itching.
- **Fire Ants** – usually found outdoors, but a bite from a fire ant can be quite painful and surprising if you've never experienced one before.
- **Lizards** – green, orange, or black, these little guys are good for getting the bug population down, but can be a surprise if you find one in your house
 - **Solution:** trap with an empty jar and relocate outdoors
- **Weevils** – small bugs that enjoy flour, sugar, or other baking supplies left unsealed.
 - **Solution:** put these items in the freezer for storage or place in sealed containers.

4.03 Becoming a Texan

- This website has all the details needed to become registered in the state of Texas: <http://www.registeredtexan.com/>
- This is a two-part process – your license plate / registration can be collected at one location, and your driver's license at another
- BEFORE you do any of this, you'll need to have your car inspected, which many oil change/auto repair places provide. This inspection must be repeated annually. Do this on time because many apartment complexes will get you towed or booted if you're parked on their premises with an expired inspection sticker.
- TX Tag – If you'll be driving a lot, or be frequently using toll roads, you might also want to look into the TX Tag (<http://www.txtag.org/>).
- This website has information on becoming a registered voter in Texas: <http://www.votetexas.gov>

4.04 Being Green

- Depending on your place of residence, recycling may or may not be made available to you.
- If recycling is difficult in your place of residence, this is a useful website to find recycling centers near you: <http://www.greenhoustontx.gov/recycling.html>

Once again, we welcome you to email us (the second years) or any one of the student reps CP: Antoine Lebeaut (amlebeau@central.uh.edu), CN: Anthony Gioia (anthony.gioia@times.uh.edu), and CCP: Haley Conroy (heconroy@uh.edu) with any questions throughout the year.

One last tip, for endless graduate school entertainment you must bookmark and frequently visit the following website: <http://www.phdcomics.com/>. Click on the “New to PhD” tab at the top. New comics are posted daily. Have a great year!

Sincerely,

Your 2nd year Students:

Adriana Bastardas-Albero, abastardas-albero@uh.edu, Adult Track (Babcock)

Haley Conroy, heconroy@uh.edu, Child Track (Viana)

Jessica Garcia, jlgarcia52@uh.edu, Child Track (Grigorenko)

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Sophie Kerr, srkerr@uh.edu, Child Track (Sharp)

Sam Leonard, sjleonard@uh.edu, Adult Track (Vujanovic)

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Andrea Ochoa, apochoalopez@uh.edu, Neuro Track (Medina)

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University of Houston Department of Psychology Support Information, 2020-2021

1. Funding support for all first year students is available through Teaching Assistantships (TA) in the Department of Psychology. For 2020-2021 the monthly stipend for a 50% appointment (20 hrs/wk) will be \$1586.67, or \$14,280 for the nine-month academic year. Students in TA appointments are assigned to 1 to 3 course sections per semester, depending on the workload of the course(s). Summer support as a TA (\$4760 total for 3 months) is also available upon early request by the student and fund availability. Students typically receive a summer assignment if requested, and thus the annual TA stipend totals \$19,040. Research Assistantships (RA) are also sometimes available to first year students, if they will be working with a faculty member who has a funded project on which to place the student. Stipends vary, typically ranging from \$1587 to \$2083/month.

2. Other benefits include the option of an excellent comprehensive state employee health benefit package (after a 60-day waiting period) at low cost to the student (student pays \$162/month; State and University pay \$461/month or \$5549 total/year), a waiver of non-resident tuition rates for out-of-state students (worth up to \$15,240/year) and a graduate tuition fellowship (GTF) that covers the cost of twelve credit hours for the Fall and Spring semesters and up to six credit hours for the Summer semester plus fees (worth \$11,103/year). Please note that full-time graduate study for first-year in the Department of Psychology requires twelve credit hours each for the Fall and Spring semesters, and three or six credit hours for the summer semester (depending on program requirements). Rates may increase slightly before Fall 2020. Graduate students may also elect student health coverage instead of the state employee coverage.

Bottom line: For tuition and fees, students should not expect to pay out-of-pocket. In order to qualify for the state employee health benefits and a waiver of out-of-state tuition, students must maintain at least a 50% employment appointment, be registered as a full-time student, and in good standing. To qualify for the GTF, students must be registered as a full-time student and in good standing.

3. After the second year, students may qualify for a Teaching Fellowship (TF). Teaching Fellows are instructors of record for a course. Each TF is expected to instruct 1-2 course sections per semester, depending on course size. The current monthly stipend for a 50% TF appointment is \$1722.67 or \$15,504 for the nine-month academic year. Summer support as a TF (\$5168 total for 3 months) is also available upon early request by the student, and fund availability. Students typically receive a summer assignment if requested, and thus the annual TF stipend totals \$20,672.

4. The Department does not guarantee support beyond the first year. However, students in good standing are virtually always successful in securing up to 6 years of funding support through a combination of teaching, research appointments, external internships, or traineeships.

5. Students' graduate application materials will be used to consider them for university and departmental scholarships.

Description of Required Graduate Level Coursework

Applicants must demonstrate proof of the following graduate level coursework by identifying the courses or training listed on their transcripts that satisfy the required areas of study. A course should be listed in no more than three areas, but preferably only one area. Each specific area however, must have at least one course listed. If requested by agency staff, applicants must provide an official course catalogue or description from their university or training program to verify whether a course meets the requirements of this rule. ***SEE NOTE BELOW***

General Area	Specific Area	Course or Training as Referenced on Applicant's Transcript <i>Example: PSY 503 Abnormal Psy/Devpmt Psychopath 3.00</i>
Psychological Foundations:	The biological bases of behavior.	CP/CCP: 7342: Biological Bases of Behavior CN: 6397: Functional Neuroanatomy
	The acquired or learned bases of behavior, including learning, thinking, memory, motivation and emotion.	CP/CCP: PHLS 8397: Cognitive and Affective Bases of Behavior; <u>OR</u> 6306: Foundations of Cognitive Psychology; <u>OR</u> 8330: Foundations of Cognitive Neuroscience; <u>OR</u> 6397: Foundations of Cognitive and Developmental Sciences CN: 7339: Cognitive Disorders and Lifespan Neuropsychology II
	The social, cultural, and systemic bases of behavior.	PHLS 8337: Multicultural Issues in Counseling; <u>OR</u> 6338: Foundations of Social (if this has been taken prior to application)
	The individual or unique bases of behavior, including personality theory, human development, and abnormal behavior.	6317: Psychopathology I; <u>OR</u> 6304: Foundations of Developmental Psychology; <u>OR</u> 6397: Foundations of Cognitive and Developmental Sciences; <u>OR</u> 8397: Theories and Research in Social and Personality Psychology
Research and Statistics:	The methodology used to investigate questions and acquire knowledge in the practice of psychology.	6302: Experimental Design
	Coursework in research design and methodology, statistics, critical thinking, and scientific inquiry.	6300: Statistics for Psychology

Applied Psychology:	The history, theory, and application of psychological principles.	6303: Interventions I
	The application of psychological theories to individuals, families, and groups.	6316: Interventions II (adult); <u>OR</u> 7394: Interventions II (child)
Assessment:	Intellectual, personality, cognitive, physical, and emotional abilities, skills, interests, and aptitudes.	6357: Assessment II
	Socio-economic, including behavioral, adaptive, and cultural assessment.	7397: Advanced Clinical Assessment
Interventions:	The application of therapeutic techniques.	6392: Internal Clinical Practicum
	Behavior management.	6392: Internal Clinical Practicum
	Consultation.	6392: Internal Clinical Practicum
Scientific and Professional, Legal, and Ethical Issues:		PHLS 8364: Professional Practice in Psychology: Ethics, Law, and Professional Issues

****Note:** Although multiple courses could be listed under each area, Clinical faculty recommends that you list only 1 course per area (and no course can be listed more than 3 times total). You need to have completed a course at the time of application in order to list it here (so it also appears on your transcript). Also, if you waived taking one or more of the UH courses listed because you took equivalent courses at another university, you will need to substitute those courses for the UH courses, making sure their course numbers and titles match what's on the transcript from that university.



ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002

Effective June 1, 2003

(With the 2010 Amendments
to Introduction and Applicability
and Standards 1.02 and 1.03,
Effective June 1, 2010)

With the 2016 Amendment
to Standard 3.04

Adopted August 3, 2016

Effective January 1, 2017



ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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AMENDMENTS TO THE 2002 "ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT" IN 2010 AND 2016

INTRODUCTION AND APPLICABILITY

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

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

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

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services.

In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

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

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (see p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereto, as follows:

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.
- American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.
- American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.
- American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.
- American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.
- American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
- American Psychological Association. (2010). 2010 amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct." *American Psychologist*, 65, 493.
- American Psychological Association. (2016). Revision of ethical standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as amended 2010). *American Psychologist*, 71, 900.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

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

2.06 Personal Problems and Conflicts

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

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

3. Human Relations

3.01 Unfair Discrimination

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

3.02 Sexual Harassment

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

3.03 Other Harassment

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

3.04 Avoiding Harm

(a) 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.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

3.05 Multiple Relationships

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

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

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

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

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

3.06 Conflict of Interest

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

3.07 Third-Party Requests for Services

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

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intima-

cies 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 recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

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

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

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

5.02 Statements by Others

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

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

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

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

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

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission,

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

5.05 Testimonials

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

5.06 In-Person Solicitation

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

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

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

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

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

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

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

6.04 Fees and Financial Arrangements

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

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

(c) Psychologists do not misrepresent their fees.

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

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

6.05 Barter with Clients/Patients

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

6.06 Accuracy in Reports to Payors and Funding Sources

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

6.07 Referrals and Fees

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

7. Education and Training

7.01 Design of Education and Training Programs

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

7.02 Descriptions of Education and Training Programs

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

7.03 Accuracy in Teaching

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

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

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding

sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

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

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

7.06 Assessing Student and Supervisee Performance

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

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

7.07 Sexual Relationships with Students and Supervisees

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

8. Research and Publication

8.01 Institutional Approval

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

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expect-

ed 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, in-

cluding 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 informa-

tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

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

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

9.02 Use of Assessments

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

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

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

9.03 Informed Consent in Assessments

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

(b) Psychologists inform persons with questionable

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

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

9.04 Release of Test Data

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

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

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

9.06 Interpreting Assessment Results

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

9.07 Assessment by Unqualified Persons

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

9.08 Obsolete Tests and Outdated Test Results

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

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

9.09 Test Scoring and Interpretation Services

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

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

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

9.10 Explaining Assessment Results

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

9.11 Maintaining Test Security

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

10. Therapy

10.01 Informed Consent to Therapy

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

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

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

10.02 Therapy Involving Couples or Families

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

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

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

10.04 Providing Therapy to Those Served by Others

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

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

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

10.09 Interruption of Therapy

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

10.10 Terminating Therapy

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

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

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

2010 Amendments

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 authority in keeping with basic principles of 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.

2016 Amendment

3.04 Avoiding Harm

(a) 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.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

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Washington, DC 20002-4242

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	Year 1			Year 2 or more*		
	Fall	Spring	Summer	Fall	Spring	Summer
Monday						
8.30-11.30		PSYC 7398 Stats consult (Francis)		PSYC 7398 Stats consult (Francis)		EPSY 8351 History & Systems (TBA; 8 am to 12 pm)
9.00-12.00	PSYC 6300 (Mehtas; Lee)	PSYC 6302 Experimental Design (Barr)	EPSY 8337 Multicultural (de Dios; MW 9:30 to 12:30)		PSYC 6337 Grant writing (Neighbors)	
1.00-4.00		PSYC 8397 Theory Res Sos & Personality (Damian)			PSYC 6397 Scientific writing (Sharp)	
2:30-5:30	PSYC 6344 - Functional Neuroanatomy (Leasure)					
Tuesday						
8.30-10.00						
9.00-12.00	PSYC 6338 F of Social (Derrick)					
12.30-3.30	PSYC 8330 Cognitive Neuroscience (Hernandez)					
1:00-4:00	PSYC 7342 Bio bases of behavior (Leasure)					
	PSYC 6370 F of I/O(various) No instructor yet for Fall					
1.00-4.00			EPSY 8364 Ethics (Smith; TTh 1 to 5)		PSYC 7307 APM (Steinberg)	
Wednesday						
8:30-11:30				PSYC 7306 MLM (Mehta)	PSYC 7305 SEM (Mehta)	
9.00-12.00	PSYC 6300 lab	PSYC 6302 lab Experimental Design Lab (Kulez)	EPSY 8337 Multicultural (de Dios; MW 9:30 to 12:30)		EPSY 7317 Cog & Affective Bases (Aguirre-Munoz; W 10 to 1)	

1.00-4.00	EPSY 8337 Multicultural (W 1p-4p)					
12:30-3:30	PSYC 6397 F of Cognition and Dev Sciences (Yoshida) 12:30-3:30p					
Thursday						
8.30-10.00						
10.00-1.00						
1.00-4.00			EPSY 8364 Ethics (Smith; TTh 1 to 5)	PSYC 6308 F of Neuropsychology (Medina)		

*Some of the courses listed here can be taken in Year 2, but others will be taken later depending on departmental requirements and/or course prerequisites

Teaching Resources

Web resources:

Resources for Teachers of Psychology (from Society for the Teaching of Psychology)

<http://teachpsych.org/page-1603066>

Teaching Psychological Science (from APS)

<https://www.psychologicalscience.org/members/teaching>

Resources for Teachers: (from APA)

<https://www.apa.org/action/resources/teachers/>

E-xcellence in Teaching Blog (from Society for the Teaching of Psychology)

http://www.teachpsych.org/?_ga=2.236331906.282289983.1581959086-791206214.1581959086

Graduate Student Teaching Association Blog (from Society for the Teaching of Psychology):

<http://www.teachpsych.org/page-1784686>

University of Houston

<https://uh.edu/provost/faculty/current/benefits/teaching/index.php>

Videos:

How to create a lesson plan

<https://www.youtube.com/watch?v=B81J2GeeJEg>

College Teaching Tips (20 videos)

https://www.youtube.com/playlist?list=PLoRoT8-8N8x_h4PN40NBvZFy5dS-udaGY

5 Tips for lesson planning

<https://www.youtube.com/watch?v=gJHYX344BvU>

Books:

College teaching: Practical insights from the science of teaching and learning (APA book)

<http://ezproxy.lib.uh.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=pzh&jid=201527665&site=ehost-live>

Teaching introductory psychology: Survival tips from the experts (APA book)

<http://ezproxy.lib.uh.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=pzh&jid=199708480&site=ehost-live>

Teaching Psychology: A Step-by-Step Guide

https://www.amazon.com/Teaching-Psychology-Douglas-Bernstein/dp/0367143941/ref=sr_1_2?crid=2M01BZXWC3QWW&keywords=teaching+psychology+a+step-by-step+guide&qid=1582237037&srefix=teaching+psychology%2Caps%2C157&sr=8-2

Journals:

Teaching Psychology

<https://www.tandfonline-com.ezproxy.lib.uh.edu/loi/htop20>

Teaching Workshop August 2019

Administrative Information

Academic Dishonesty

- Don't handle it yourself
- Report to Dr. Suzanne Kieffer (kieffer@uh.edu) within 5 class days
- Student options of signing a waiver or requesting a hearing
- Policy is at: <http://catalog.uh.edu/content.php?catoid=9&navoid=1866>
- Need to note in syllabus if you do not want student to use own previous work

Dean of Students (DOS) Office

- Disruptive student behavior
- Falsified documentation
- DOS site: <http://www.uh.edu/dos/>

Center for Students with Disabilities (CSD)

- Do not make accommodations without documentation from the CSD
- What to do if you do not agree with recommended accommodations (first discuss with Dr. Jill Anderson, Assistant Director of Undergraduate Education, janderson10@uh.edu)
- <http://www.uh.edu/csd/>

Writing in the disciplines

- PSYC 2344 – Cultural Psychology
- PSYC 3310 – Industrial-Organizational Psychology
- PSYC 4321 – Abnormal Psychology
- Writing intensive courses require substantial writing (at least 3000 words, including at least one piece of work done outside of class and returned to the student prior to the end of the semester or term with the instructor's written evaluation of grammar, style, and content).
- http://catalog.uh.edu/preview_program.php?catoid=6&poid=1648

Medical Withdrawals/Incompletes

- Medical Withdrawals: for a student who has documented medical reasons that prevented the student from successfully completing the semester coursework. Must be for ALL classes of the semester.
- <http://www.uh.edu/academics/courses-enrollment/enrollment-faq/withdrawal-faq/#definition>
- Incompletes: for students who are currently passing a course or still have a reasonable chance of passing in the judgment of the instructor, but for non-academic reasons beyond their control have not completed a relatively small part of all requirements. Form is required and attached here.
- How to handle if student needs to repeat course
- http://www.uh.edu/dos/studenthandbook/academicpolicy/a_incomplete.html

Grade grievances

- Must be within 90 days of grade posting for course
- http://www.uh.edu/dos/studenthandbook/academicpolicy/a_undergrad.html

Student communication

- Be clear (i.e., are students to use Blackboard or regular email to reach you)
- Faculty Center is a useful tool to email entire class
- Faculty Center – accessuh.uh.edu then UH self-service icon
- Blackboard – also at accessuh.uh.edu, assistance is at <http://www.uh.edu/blackboard/faculty/>

Students who need assistance

- Counseling and Psychological Services (CAPS) on campus provides mental health services and workshops to students -- <http://www.uh.edu/caps/>
- Referrals may also be made to our dept clinic – <http://www.uh.edu/class/psychology/clinics/contact/>
- Learning Support Services on campus offers a variety of workshops, including topics such as time management and test anxiety – <http://www.uh.edu/ussc/learning-support-services/services/>

TA assignments

- Be aware of hours person is assigned to you

Classroom Facilities

- Check what equipment is in your assigned classroom before semester starts: <http://www.uh.edu/infotech/php/buildings.php>
- To order equipment: <http://www.uh.edu/infotech/services/facilities-equipment/classrooms/request/index.php>
- For help with classroom equipment call 713-743-1155
- For building maintenance issues call 713-743-4948

June 2020

In response to the recent international protests against racism and police brutality, the University of Houston [Clinical Psychology Program Diversity Committee](#) has compiled the following resources to share.

How can I educate myself?

- [Racial Equity Tools](#)
- [Trevor Noah on George Floyd, Minneapolis Protests, Ahmaud Arbery, & Amy Cooper](#)
- [White Anti-Racism Q&A](#)
- [Obama Foundation Resources](#)
- [Political Education, Toolkits, and Other Resources from SURJ](#)
- [White Privilege: Unpacking the Invisible Knapsack](#)
- [APA Advocacy Update](#)
- [Black Professionals Are Going Through A Lot \(blog\)](#)
- [Resist Advocate Connect Educate for Justice \(RACE Justice\)](#)
- [The Link Between Experiences of Racism and Stress and Anxiety for Black Americans: A Mindfulness and Acceptance-Based Coping Approach](#)

Additional resource pages

- [Anti-Racism Resource Page](#) created by Alexandra Slaughter, M.A., M.Ed., LPA (UH PHLS student)
- [Anti-Racist Resource Guide](#)
- [Additional Anti-Racism Resources](#)
- [Combating White Privilege Resources](#)

Allyship

- [6 Ways to be a Better Ally](#)
- [5 Ways to Avoid Common Ally Pitfalls by Learning From Your Mistakes](#)
- [A guide for how to be an ally \(CNN\)](#)
- [For Our White Friends Desiring to be Allies](#)
- [75 Things White People Can Do for Racial Justice](#)
- [100 Ways White People Can Make Life Less Frustrating For People of Color](#)
- [75 Things White People Can Do for Racial Justice](#)
- [List of Anti-Racism Resources for White People](#)

For providers:

- [Guidance for Providers Addressing Community Trauma](#)
- [How Mental Health Professionals Can Fight Racism](#)
- [Actionable Steps for Therapists \(And All Human Beings\) In Response to the Racial Pandemic](#)

For parents:

- [100 Race-Conscious Things You Can Say to Your Child to Advance Racial Justice](#)
- [How to talk to your children about protests and racism](#)
- [Your Kids Aren't Too Young to Talk About Race: Resource Roundup](#)
- [EmbraceRace Resources For Parents on Talking to Children About Race](#)

For mentors:

- [A Thread for Pls on Supporting Black Students](#)
- [Mentoring Underrepresented Minority Students](#)

Ending Police Brutality

- [Fighting Police Abuse: A Community Action Manual \(ACLU\)](#)
- [Stop Law Enforcement Violence Toolkit](#)
- [5 Ways White People Can Take Action in Response to White and State-Sanctioned Violence](#)

Books

- [10 Books About Race To Read Instead Of Asking A Person Of Color To Explain Things To You](#)
- [17 Books On Race Every White Person Needs To Read](#)
- [31 Children's Books to Support Conversations on Race, Racism, and Resistance](#)
- [List of Recommended Books from the Anti-Racist Resource Guide](#)
- [White Fragility: Why it's So Hard for White People to Talk About Racism](#) by Robin DiAngelo
- [So You Want To Talk About Race](#) by Ijeoma Oluo
- [The Unapologetic Guide to Black Mental Health](#) by Dr. Rheeda Walker
- [The Racial Healing Handbook](#) by Anneliese Singh
- [Black Therapists Rock: A Glimpse Through the Eyes of Experts](#) by Deran Young
- [How to be an Antiracist](#) by Ibram X. Kendi

Black History Literature/Videos

- [Black History Month Library \(Google Drive\)](#)

Relevant Research

- Comas-Díaz, L. (2016). **Racial trauma recovery: A race-informed therapeutic approach to racial wounds**. In A. N. Alvarez, C. T. H. Liang, & H. A. Neville (Eds.), *Cultural, racial, and ethnic psychology book series. The cost of racism for people of color: Contextualizing experiences of discrimination* (p. 249–272). American Psychological Association. <https://doi.org/10.1037/14852-012>.
- French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Duenas, N. Y., Chen, G. A., Neville, H. A. (2019). **Toward a Psychological Framework of Radical Healing in Communities of Color**. *The Counseling Psychologist*, 48(1), 14–46. <https://doi.org/10.1177/0011000019843506> (open access)
- Hargons, C., Mosley, D., Falconer, J., Faloughi, R., Singh, A., Stevens-Watkins, D., & Cokley, K. (2017). **Black lives matter: A call to action for counseling psychology leaders**. *The Counseling Psychologist*, 45(6), 873–901.
- Nadal, K. L., Griffin, K. E., Wong, Y., Hamit, S., & Rasmus, M. (2014). **The impact of racial microaggressions on mental health: Counseling implications for clients of color**. *Journal of Counseling & Development*, 92(1), 57–66.
- Sue, D. W. (2017). **The Challenges of Becoming a White Ally**. *The Counseling Psychologist*, 45(5), 706–716. <https://doi.org/10.1177/0011000017719323>
- Sue, D. W., Capodilupo, C. M., & Holder, A. M. B. (2008). **Racial microaggressions in the life experience of Black Americans**. *Professional Psychology: Research and Practice*, 39(3), 329–336. <https://doi.org/10.1037/0735-7028.39.3.329>
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). **Racial microaggressions in everyday life: Implications for clinical practice**. *American Psychologist*, 62(4), 271–286. <https://doi.org/10.1037/0003-066X.62.4.271>

Mental Health and Other Supportive Resources

- [Black Lives Matter Meditations](#)
- [Self Care Toolkit - Association of Black Psychologists \(ABPsi.org\)](#)
- [Therapy for Black Girls](#)
- [Liberate Meditation App for Black and Indigenous People of Color](#)
- [List of Resources Supporting BIPOC Mental Health, compiled by Project Parachute](#) (click “show this thread” to see whole list)
- [List of Resources for Healing for Women of Color](#) (located halfway down page)
- [Black Therapists Rock](#)
- [Activists of Color Guide to Managing Burnout](#)

Mental Health Resource List for Students of Color

- Suffolk mental health resources for students of color:
 - https://www.suffolk.edu/-/media/suffolk/documents/student-life/health-and-wellness/resources/mh-resources-for-students-of-color_pdfdsgn.pdf
- Racial Trauma Toolkit from ISPRC at Boston College:
 - <https://www.bc.edu/bc-web/schools/lynch-school/sites/isprc/isprc-advisory-board.html>
- Blog posts about coping with anxiety and racism for Black Americans:
 - <https://www.anxiety.org/black-americans-how-to-cope-with-anxiety-and-racism>
 - <https://www.anxiety.org/black-americans-racism-anxiety-barrier-to-mental-health-care>
- Psychology Today blog post on radical self-care in the context of racial stress:
 - <https://www.psychologytoday.com/us/blog/healing-through-social-justice/201911/radical-self-care-in-the-face-mounting-racial-stress>
- APA Div 45 (Society for the Psychological Study of Culture, ethnicity and Race) website:
 - <http://division45.org>
- Healing through Social Justice Resources from Div 45:
 - <http://division45.org/healing-through-social-justice-resources/>
- Association of Black Psychologists webpage:
 - <http://www.abpsi.org/>
- Vice article on self-care for Black people in the context of current racism-based violence:
 - https://www.vice.com/en_ca/article/g5pgmq/self-care-tips-for-black-people-struggling-from-painful-week
- Therapy resources, podcasts, and blogs about Black mental health
 - <https://ourselvesblack.com/>
- Therapy resources, podcasts, and blogs for Black women:
 - <https://therapyforblackgirls.com/>
- Our Mental Health Minute (short 2-min videos) by Riana Anderson, PhD:
 - <https://www.rianaelyse.com/ourmentalhealthminute>
- Meditation app designed for and by people of color:
 - <https://liberatemeditation.com/>
- Innopysch – A way to find therapists of color and other MH resources for people of color
 - <https://www.innopsych.com/>

Donation Links

- [National Council For Incarcerated and Formerly Incarcerated Women and Girls](#)
- [List of places to donate, by category](#)
- [Where to Donate, by State](#)
- [List of Bail Funds/Legal Help Donations](#)
- [List of Bail Funds for Protestors](#)
- [Official Breonna Taylor Memorial Fund](#)

- [Official George Floyd Memorial Fund](#)
- [Official Tony McDade Memorial Fund](#)
- [National Association for the Advancement of Colored People \(NAACP\)](#)
- [Showing Up for Racial Justice \(SURJ\)](#)
- [Campaign Zero](#)
- [Black Visions Collective](#)
- [Advancement Project](#)

Community Activism

- [List of Petitions](#)
- [Sentencing Project - Criminal Justice Reform](#)
- [www.ally.wiki](#): Compilation of Events, Petitions, Donations, Protests, and Contact Info for Officials
- [www.bit.ly/BlackLivesAction](#): Resources for Accountability and Actions for Black Lives
- [SURJ Houston Chapter Facebook Page](#) posts planned events
- [BLM Houston Facebook Page](#) posts planned marches/protests
- [75 Things White People Can Do for Racial Justice](#)
- Petition to County Attorney Michael Freeman to hold Floyd's murderers accountable:
<http://justiceforbigfloyd.com>
- Petition to hold Breonna Taylor's murderers accountable:
<https://action.justiceforbreonna.org/sign/BreonnaWasEssential/>
- NAACP Petitions for Policy Demands: <https://naacp.org/campaigns/we-are-done-dying/>
- [Do's and Don'ts for Communicating your Support for #BlackLivesMatter](#)
- [Contact your representatives](#)
- [Moving from bystander to upstander: take action to combat harassment and aggression](#)
- [Improving Online Dialogues About Justice And Equity In Climate And Science](#)

Clinical Student Guide Revisions from 2018-2019 to 2019-2020

Old Page(s)	New Page(s)	Section	Old Text	New Text
13 & 19-20	13 & 19-20	Curricula	Cognitive/Affective Bases* (EPPP required (CP/CCP) in Spring of Yr2	Cognitive/Affective Bases* moved to Fall of Yr 4 (or Fall Y3) [2 clarifications: 1. This course is now offered in Fall rather than Spring; 2. This is a required course in order to cover the Affective domain per APA requirements. For EPPP, it is one of 2 options to cover the Cognitive domain.]
24	24-25	Transfer of course or thesis credits		<p>Added: Important Note regarding Waiving/Transfer of Courses from Another Graduate Program. Students applying for the LPA should read rules 463.1g. Any course required for the EPPP application must be on the UH transcript. If a student transfers a course to UH the official transcript will not list what that course is. This means the student must provide their unofficial transcript, which has the name of the course transferred, with the official transcript. The documents are reviewed by the council and they determine if the student must provide more proof.</p> <p>In the case of a course that has been waived, and non-transferrable to UH, TSBEP requires that the previous graduate degree/program not be more than 42 hours. This will allow the examiner to view two transcripts. If the program was more than 42 hours then only the UH transcript will be reviewed. There are dates involved with this rule which are located in 436.8G. Students need to view those dates carefully. This is why some students are approved and others must complete the M.A. at UH or jump through other hoops. Since our M.A. is less than 42 hours that should allow them to view the other transcript from the other institution. Each person needs to be reviewed by examiners to determine if they will qualify.</p> <p>We have to be really careful with the waiving of courses. Best practice is if someone is going to waive courses, they should waive courses not required for the EPPP.</p>

Clinical Student Guide Revisions from 2018-2019 to 2019-2020

Old Page(s)	New Page(s)	Section	Old Text	New Text
26-31	26-31	Mfaster's Thesis and Dissertation		<p>(Interwoven throughout text) Here are the revised steps for the submission of a Thesis/Dissertation:</p> <p>For the student</p> <p>Step 1: As you prepare your thesis/dissertation, use the new template for your front matter.</p> <p>Step 2: Use the new thesis/dissertation approval form to obtain the final approval and signatures of your thesis/dissertation committee. Submit this form to your college's thesis/dissertation coordinator.</p> <p>Step 3: Convert your document to a PDF</p> <ul style="list-style-type: none"> • For assistance with this step, please review the video available for your use at: http://vireoetd.org/vireo/support/vireo-3-0-help-videos/ <p>Step 4: Upload your PDF to the Vireo system: https://uh-etd.tdl.org/</p> <ul style="list-style-type: none"> • For assistance with this step, also review the video available for your use at: http://vireoetd.org/vireo/support/vireo-3-0-help-videos/ <p>Step 5: Wait for confirmation from your faculty chair and college coordinator that your document has been accepted</p> <p>Step 6: Complete the Survey of Earned Doctorates (SED)</p> <ul style="list-style-type: none"> • You may complete the hard-copy form given to you by the dissertation/thesis coordinator in your college, or • Complete the electronic form by visiting the SED website at: https://sed-ncses.org/ <p>Optional: Request a bound copy of your document. See your college ETD coordinator for help with this request.</p>
31	32	UH Human Subjects Institutional Review Board	The UH Human Subjects Instit	(*COVID-19 update: there are no set office hours; please email Nettie Martinez to schedule a Zoom meeting or conference call).

Clinical Student Guide Revisions from 2018-2019 to 2019-2020

Old Page(s)	New Page(s)	Section	Old Text	New Text
34	35	Internal Practicum: Timing and Prerequisites	Students are required to accrue 90 (100 recommended) face-to-face intervention hours...	Students are recommended to accrue 90 face-to-face intervention hours....
45-47	45-47	External Practica: Process and Timeline		Added: The Department carries professional liability insurance that covers students on practica and internship.
52-53	55-56	Clinical Internship: Preparations for Leaving on Internship		Added: The Department carries professional liability insurance that covers students on practica and internship.
51-52	54-55	Clinical Internship: Registration during internship year		Added: Remember, whether you intend to graduate this Spring or this Summer, you will need to apply for graduation this Spring, and to be approved the program needs a letter from the internship training director directed to the DCT indicating that you have successfully completed, or are expected to successfully complete, all internship training requirements.

Clinical Student Guide Revisions from 2018-2019 to 2019-2020

[illegible]