

UNIVERSITY OF MIAMI

Department of Psychology

**Graduate Student
Handbook**

2006-2007

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PREFACE

The information provided in this handbook applies specifically to the **2006-2007** entering class. Requirements for previous classes are outlined in the handbook in force at the time of their first registration. **All students should retain a copy of the handbook that applies to their entering class.**

INTRODUCTION

The University of Miami Department of Psychology offers courses leading to the degree of Doctor of Philosophy. Prospective degree applicants are admitted to graduate study in Psychology within one of three divisions: **ADULT**, **CHILD** or **HEALTH**. The only area of specialization available to students admitted to the Adult Division is a Clinical Track called Adult Clinical. Students admitted to the Child Division may choose from Clinical Child and Family, Pediatric Health Clinical and Applied Developmental Tracks. Students in the Health Division may choose from Health Clinical, Behavioral Neuroscience or Behavior Medicine Tracks. After admission to a program within a division, transfer between divisions, or between Clinical and Allied programs within a division, requires formal application and review by the appropriate admissions committee.

The purpose of this brochure is to outline the overall Departmental regulations and Program area requirements governing progress toward the M.S. and Ph.D. degrees. Prospective degree applicants are also advised to examine the current Bulletin of the Graduate School for a description of University regulations governing graduate study.

DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF MIAMI

DIVISIONS	ADULT	CHILD	HEALTH
Clinical Program	Adult Clinical Track	Clinical Child/Family Track Pediatric Health Clinical Track	Health Clinical Track
Non-Clinical Programs		Applied Developmental	Behavioral Neuroscience Behavioral Medicine

All of the Clinical Tracks are overseen by the Director of Clinical Training (Annette La Greca, Ph.D.) and the Clinical Committee to ensure compliance with APA standards.

Contact information: email, phones, and addresses.

The clinical program, and the psychology department in general, depend on email for main communications. *You must have an active email account registered with the Clinical Program Office and the Department Main Office, that you check daily.* It is your responsibility to ensure that you receive important communications.

If you use an account other than the UM account you are assigned, please make sure the following people know your correct contact information:

Computer Support (c/o Andre Perwin at 284-1939)
Clinical Program Office (c/o Liz Reyes at 284-5720)
Main Department Office (c/o Pat Perreira at 284-2814)

Please make sure that your email account and other contact information is correctly listed (and updated) in the UM directory by checking your information on the MyUM system on the UM website:
<https://caneid.miami.edu/cas/login?service=https://myum.miami.edu/idcheck.asp>

You are Responsible for the Material in this Handbook

Many of the clinical program policies and requirements are explained in the Graduate Student Handbook – **please read all of it; you are responsible for all of it.** You will be asked to sign a form, indicating that you have read all the materials and understand that you are responsible for knowing and complying with program requirements.

Disability/Impairment Issues

If you have an impairment – even temporary – due to health, psychological, family, or personal reasons, understand that it is your responsibility to let those who supervise you know what is going on. Personal problems do not “excuse” you from conducting yourself in a professional manner (e.g., turning in assessment reports in a timely manner; meeting with clients on time, showing up for class and research meetings, etc.). Faculty and supervisors are willing to make reasonable accommodations if they are consulted.

If you have a more extensive disability (e.g., Learning Disability, a physical or mental health condition) that may affect your academic, research, or clinical performance, you should consult with the Office of Accessibility Resources. Reasonable accommodations can be made if a disability is documented, but needs to be done “before” a problem occurs not after.

The Office of Accessibility Resources is a subdivision of the University of Miami Academic Resources Center (<http://www.umarc.miami.edu/>). The contact information is as follows:

Whitten University Center, Suite N-201
Telephone: 305-284-2374
Hours: 8:30 a.m. and 5:00 p.m., Monday to Friday.

The University of Miami Mission Statement

The University of Miami's mission is to educate and nurture students, to create knowledge, and to provide service to our community and beyond. Committed to excellence and proud of the diversity of our university family, we strive to develop future leaders of our nation and the world.

Department of Psychology Mission Statement

In accordance with the goals of the University of Miami, the mission of the Department of Psychology is to acquire, advance, and disseminate knowledge within the Psychological and Biobehavioral Sciences. In order to achieve these goals the Department seeks a balance among several academic endeavors including: basic scientific research, applied research, undergraduate teaching, graduate teaching, professional training and development, and service to the community.

In its undergraduate programs, the Department seeks to provide students with exposure to and a fundamental understanding of the psychological sciences. It seeks to deliver an integrative educational experience by promoting interactions among faculty, graduate students, and undergraduate students in basic and applied psychological inquiry, advising, mentoring and community outreach.

In educating undergraduate students it is the intent of the Department to:

1. Introduce students to the psychological and behavioral sciences to help them develop a fundamental knowledge base in the field with emphasis on its scientific nature.
2. Help students develop research skills by providing opportunities for supervised laboratory practice.
3. Provide a curriculum that will help students prepare for graduate school in psychology, the social sciences, or in related fields such as Law or Medicine.

In training graduate students for a career in the psychological sciences, it is the intent of the Department to:

1. Develop in these students an advanced understanding of behavioral, psychological, and biological processes.
2. Provide rigorous training in research design and analysis, and develop advanced research skills.
3. Provide detailed scientific knowledge about psychology as well as clinical psychology training and practical experience for those students seeking applied training in a career as a clinician scientist, in accordance with the American Psychological Association guidelines for accreditation in Clinical Psychology.
4. Foster independent learning, enabling the graduate to contribute to the scientific field of Psychology, including Clinical Psychology.

As a center for research in the psychological and behavioral sciences, the Department will strive to:

1. Conduct rigorous scientific research, which will elucidate both basic and applied principles of human behavior and psychological processes.
2. Foster international communication of scientific information and values.

3. Acquire extramural resources necessary to conduct internationally respected psychological research.

Service on the local, state, and national levels, will be accomplished by Departmental faculty and/or graduate students who:

1. Provide psychological services to populations in clinical training settings and research settings.
2. Serve within state and national professional organizations, and scientific review/policy committees.

In pursuing these activities the Department seeks to attract and retain the highest quality faculty and students, foster respect for differences among people, nurture curiosity, and insist upon high standards of thought, study, and communication that should characterize the ethical, educated person.

Training Philosophy and Objectives of the Clinical Psychology Program

Program Philosophy and Model of Training

In accordance with the goals of the University of Miami (UM), the mission of the Department of Psychology is to acquire, advance, and disseminate knowledge within the Psychological and Biobehavioral Sciences. The *philosophy and model of training* for the UM program in clinical psychology is that of a scientist-practitioner model, as elaborated at the Boulder Conference in 1949, with a somewhat greater emphasis on the clinical science component. To facilitate the clinical science component, the UM program uses a “mentor model” for research training, in that applicants are admitted to the program based in part on their “match” with the research interests of a specific faculty mentor; mentors closely supervise the research activities of the students working in their labs. The UM clinical program prepares students to contribute to the advancement of knowledge in the field and to practice clinical psychology. In addition to providing broad and general training in clinical psychology, the program provides training in one of the following substantive areas of focus within clinical psychology: adult, child, pediatric, and health psychology. The UM clinical program’s philosophy and model of training is both compatible with the mission of the University and is appropriate to promote the science and practice of psychology.

Integration of Science and Practice.

Following from the program’s philosophy, the educational model and curriculum plan focus on two major and interrelated goals *that integrate science and practice*: 1) to produce graduates who have the requisite knowledge and skills to produce and disseminate knowledge in clinical science and who understand the interface between science and practice, and 2) to produce graduates who have the requisite knowledge and skills for entry into the practice of professional clinical psychology with a track-specific area of focus (adult, child, pediatric or health clinical psychology), and who understand and value the importance of a scientific basis to clinical practice.

Pertinent to the first goal (clinical science), the program’s objectives for students are to: a) develop competence in planning, conducting, and disseminating empirical research relevant to the field of clinical psychology and to their track-specific area of focus (adult, child, pediatric, and health clinical psychology), b) acquire knowledge in research methods and statistics necessary to conduct and evaluate empirical research relevant to clinical psychology, c) acquire a depth of knowledge in clinical psychology as well as in the students’ track-specific area of focus (e.g., adult, child, pediatric, and health clinical psychology), d) acquire a depth of knowledge in issues related to individual differences and diversity that are pertinent to conducting or understanding clinical research, and e) develop competence in the ethical conduct of research.

Pertinent to the second goal (clinical practice), the program’s objectives for students are to develop knowledge and skills related to evidence-based psychological assessment, diagnosis, and psychosocial intervention, as well as issues related to individual differences and diversity in these areas, and to develop competence in the ethical conduct of psychotherapy and assessment

Central to the program is the importance of basing clinical practice on empirical research findings, and acquiring research skills that can inform clinical practice. The *integration of science and practice* takes place through coursework, practicum, and research training. In **coursework**, required and elective clinical courses in psychopathology, assessment, and intervention emphasize empirical findings that are pertinent to clinical practice, and the literature that is reviewed in these courses is critiqued from a science perspective.

In terms of **practicum** training, all students spend at least one year at the Department’s Psychological Services Center (PSC), where they are required to use evidence-based

assessment measures in evaluating clinical cases, and to incorporate evidence-based treatment strategies. In addition, students can participate in one of several specialty clinics at the PSC that are based on clinical research projects and which are supervised by clinical faculty. For example, the *Schizophrenia Treatment Study*, the *Goals Bipolar Program*, and the *Trauma Project* provide manualized treatments and gather systematic data for research purposes. Several other key track-specific practicum sites that are primary external practicum placements, such as the Mailman Center for Child Development, the University of Miami Counseling Center, and the Miami VA, are also APA-accredited clinical internships that provide high quality training that emphasizes the scientific basis of practice.

In terms of **research**, the emphasis of the department is on applied research that focuses on important clinical issues in psychopathology, assessment, and/or intervention with clinical or clinical health populations. For example, the *SMART Program* is a series of randomized controlled trials that test the effectiveness of a manualized cognitive behavioral stress management intervention in chronically ill populations; *Project ACE* is a randomized controlled trial examining the effects of self-management interventions on cardiovascular risk factors. Consequently, with the exception of a very rare student who has interests in animal models, all graduate students are engaged in clinically relevant research activities (for master's thesis, dissertation, and grant-funded research activities) that involve clinical populations, investigate clinical treatments, and/or have direct implications for clinical practice. The dissertation topics of our graduates since 2000 have focused on applied clinical issues, such as: cognitive-behavioral interventions for HIV infected individuals; stress management among breast cancer patients; the relationship between peer victimization and adolescent depression; affective dysregulation and bipolar disorder, and so on. The clinical program has recently added the requirement that all students must discuss the clinical implications of their research findings in their theses and dissertations.

Curriculum for Clinical Psychology Program

Breadth of Scientific Psychology. Consistent with the program goals and objectives, it is the intent of the Department that graduates be well-rounded and informed psychologists. Students' training in the *breadth of scientific psychology* is achieved through a combination of coursework, Clinical Qualifying Exams, and students' teaching-requirement, as explained below. In addition, these experiences contribute to the training of the program's goals and competencies.

In the first semester students begin the 3-semester research design and statistic course sequence (see list below); the first two courses are completed during the first year, with the third course taken in the second or third year. The first two courses in the sequence cover fundamental statistical concepts, use of statistical packages for data analyses, research methods and designs, methods for testing internal and external validity, analyses of variance, and multiple regression, among other topics. Students also begin taking the 7 required foundation courses in their first year, including PSY 600, with additional foundation courses completed during second year. Prior to the award of a master's degree, students must complete at least 4 of the 7 foundation courses and 2 of the 3 methodology/statistics courses. As indicated below, required courses cover the *biological, cognitive/affective, and social aspects of behavior, as well as research methods and data analysis.*

Foundation Courses (7 required)

Cognitive/Affective Aspects of Behavior	PSY 604: <i>Cognitive-Affective Basis of Behavior</i>
Biological Aspects of Behavior	PSY 605: <i>Cognitive Neuroscience</i>
Human Development	PSY 620: <i>Developmental Psychology</i>
Social Aspects of Behavior	PSY 625: <i>Social Psychology</i>
Dysfunctional Behavior	PSY 640: <i>Adult Psychopathology or</i> PSY 641: <i>Child and Adolescent</i>

Cultural Diversity/Individual Differences PSY 683: *Diversity Issues in Psychology*
Professional Issues PSY 600: *Issues in Professional Development and Research*

Research Methodology, Statistics, and Data Analyses (3 required)

PSY 631 - *Psychological Statistics, Research Methods & Design*

PSY 632 - *Multiple Regression & Statistics*

PSY 698 - *Seminar in Quantitative Psychology* (Structural Equation Modeling or Linear Hierarchical Models)

The clinical program uses an infusion model to address the topics of history and systems of psychology and psychological measurement. Specifically, course content for *history and systems* is integrated into several required foundation courses, including PSY 604, 605, 620, and 625. In addition, readings pertinent to history and systems may be included on Day 1 of the Clinical Qualifying Exams (explained below). Course content for *psychological measurement* is covered in all introductory and track-specific required courses in assessment (PSY 645, 646, 647, 648); measurement issues are also discussed in the context of required statistics courses (PSY 631, 632). In addition, required readings on Day 2 of the Clinical Qualifying Exam addresses issues pertinent to psychological measurement.

In addition to the above experiences, students gain further breadth in psychology by teaching an undergraduate course during their third or fourth year. Teaching is required of all students. Students typically teach a basic foundation course in psychology, often compatible with their track-specific area of focus. The most common teaching assignments include: introductory psychology, statistics, psychobiology, developmental psychology, social psychology, personality psychology, and abnormal psychology.

The *Scientific, Methodological, and Theoretical Foundations* of practice are initially acquired through a systematic series of courses and are concurrently reinforced in practica and research settings; the foundations of practice are also emphasized on the Clinical Qualifying Exams. Specifically, all students are **required to take courses** in *human development* (PSY 620; see above list), and *psychopathology* (PSY 640 or 641, plus a second psychopathology course). *Individual differences in behavior* is covered throughout multiple required and elective courses, including but not limited to: PSY 683 (Diversity Issues In Psychology Research and Practice), PSY 641 and 642 (advanced psychopathology courses), PSY 692 (Seminar in Personality), and PSY 646, 647, 648, 649 (advanced assessment courses). Students take two courses pertinent to *professional standards and ethics* (PSY 600, listed above, and PSY 657, listed below). In particular, PSY 657 precedes students' practicum placements and covers the APA Ethical Principles and other professional and legal issues, including confidentiality, conflicts of interest, and state laws for reporting abuse. Moreover, at the time of entry into the graduate program, all students participate in a formal orientation week that includes: a) an ethics seminar conducted by Kenneth Goodman, Ph.D. of the School of Medicine's Forum for Bioethics and Philosophy, b) completion of a CITI certification course required by the IRB prior to involvement in research on human subjects, and c) a discussion of ethical issues and professional standards and their implications for clinical training with the Director of the Clinical Program.

In addition to the above experiences, all students are required to take three, full-day **Clinical Qualifying Exams** (to qualify for Ph.D. candidacy). Preparation for and sitting for the qualifying examination provides an additional opportunity to evaluate clinical students' understanding in the areas of pathology, intervention, assessment, ethics, diversity, professional standards, and methodology, among others. These exams occur in the summer following the defense of the master's thesis, and include: Day 1 – Basic Science and

Psychopathology; Day 2 – Methodology and Assessment; and Day 3 – Ethics and Intervention. Students are provided with required reading lists that incorporate material on the scientific, methodological, and theoretical foundations of practice – both for the general field of Clinical Psychology (i.e., Core), but also for their track-specific area of focus (adult, child, pediatric, and health psychology). When taking each exam, students are required to answer questions from the general Core section as well as from their track-specific area of focus.

In addition to the above foundation courses, all clinical students are required to complete general clinical and track-specific coursework in *assessment and intervention*, as listed below. Material covered in coursework is reinforced in required practica and in the Clinical Qualifying Exams. With respect to **coursework**, *theories and methods of assessment and diagnosis* are covered in the two-course assessment sequence. All entering students complete PSY 645 during their first semester. This course is comprised of didactic and laboratory components and covers measurement theory, the administration and interpretation of evidence-based measures such as intelligence and personality tests, diagnosis of psychological problems, history and systems, and ethical/legal/cultural considerations. Depending upon students' area of focus, the second required assessment course is either PSY 646 (adults), 647 (child and pediatric), or 647 (health). Many students also take elective coursework in assessment.

Similarly, students have a 2-course intervention requirement (although students typically take additional electives, and pediatric track students are required to take a third course) that covers *effective intervention, consultation and supervision, and evaluating the efficacy of interventions*. The first intervention course, PSY 656 (see list below), is completed by all clinical students, and taken concurrently with the beginning of practicum training. This class serves as a foundation and prerequisite for the advanced intervention courses. It teaches students how to use research on psychopathology, principles of therapeutic change, and empirically-supported treatment procedures in their clinical work; it also covers issues pertinent to clinical trials, consultation and supervision, and ethical/cultural considerations. These themes and content are also covered in the additional, required, track-specific intervention courses: PSY 660 (child and pediatric), 661 (pediatric), 662 (health), or 665 (adult –Family Therapy), or 686 (Couples/Marital Therapy). In addition, all students take PSY 657 their first year, which also covers issues of consultation and supervision.

Introductory Clinical Courses (3 - required of all clinical students)

PSY 645 - *Introduction to Psychological Evaluation*

PSY 656 - *Introduction to Evidence-Based Psychological Treatments*

PSY 657 - *Introduction to Clinical Methods, Ethics, & Professional Issues*

Additional Track Specific Requirements (3 – 5 additional courses, depending on area of focus)

Adult Clinical (3 required)

PSY 642 - *Advanced Adult Psychopathology*

PSY 646 - *Psychological Evaluation of Adults*

Intervention: One of the following: PSY 660, 662, 663, 665 (*Family Therapy*), 686 (*Couples/Marital Therapy*), or other approved course.

Clinical Child (3 required)

Additional course in Psychopathology (e.g., PSY 640 or 642, in addition to 641) or Development

PSY 647 - *Psychological Evaluation of Children & Families*

PSY 660 - *Evidence-Based Psychological Intervention with Child & Families*

Pediatric Health Clinical (5 required)

Additional course in Psychopathology (e.g., PSY 640 or 642, in addition to 641) or Development
PSY 647 - *Psychological Evaluation of Children & Families*
PSY 660 - *Evidence-Based Psychological Intervention with Child & Families*
PSY 661 - *Intervention in Pediatric Psychology*
PSY 6xx - One additional course in Child or Health

Health Clinical (5 required)

PSY 610 - *Behavioral Medicine*
PSY 694 - *Foundations in Behavioral Medicine*
PSY 648 - *Psychological Evaluation in Physical Disorders*
PSY 662 - *Health Psychology Interventions*
One course from the following: PSY609 – *Psychopharmacology*; PSY 613 – *Psychoneuroimmunology*; PSY 693/694 - *Seminar in Behavioral Medicine*;
PSY 693 – *Seminar (Foundations in Neuropsychology)*; PSY 697 - *Neuroanatomy*

For more details pertaining to the philosophy, objectives and curriculum plan for the Clinical Program, go to the departmental website (www.psy.miami.edu).

STEPS TO THE Ph.D

While all students generally intend to complete the doctorate, admission to Ph.D candidacy and earning the terminal degree occurs only after a series of preliminary Department requirements have been met. These include (1) successfully completing the Department's core statistics and foundation courses, (2) demonstrating continued research activity, (3) completing a Master's thesis, (4) completing advanced coursework required within the student's Program Area, (5) passing a qualifying examination or satisfactorily completing a qualifying paper, (6) completing and defending a Ph.D. dissertation, and (7) meeting all Program Area Competency requirements. The minimum number of credits required for the Ph.D. in Psychology varies according to the student's program area but in no case falls below 72, which includes 6 thesis credits and 12 dissertation credits. Clinical tracks require additional practicum credits and a year-long internship. The specific course requirements for each program may be found in **APPENDICES A** through **G**. All beginning students must be enrolled for a minimum of 9 course credits per semester in order to be considered full time. Questions regarding waiver of any core course requirement, transfer of graduate credit earned elsewhere and part time status are addressed in **APPENDIX I**. Information regarding each of the department requirements is contained within the sections that follow:

1. **Departmental Core Courses.** It is the intent of the Department that its doctoral graduates, regardless of their field of specialization, be well rounded and informed psychologists. To that end all entering students are required to take a series of core design and statistics courses [PSY 631, PSY 632, and PSY 698] and seven foundation courses (PSY 600, 604, 605, 620, 625, 640/641, 683). Completion of two core statistics courses as well as at least three foundation courses (excluding PSY 600) must be completed with a grade of B⁻ or higher before the Qualifying Exam can be taken and M.S. degree can be awarded. Completion of all statistics core and foundation courses with a grade of B⁻ or higher is required for the Ph.D. degree. If a student receives a grade of "C⁺" or lower in any core course, that course must be repeated.

The usual pattern for completing the core sequence of courses is for each student to take two or three of the core foundation courses each semester until all of the courses have been taken. PSY 600, 605, 625, 631 and 698 are taught during the Fall semester of each academic year; PSY 604, 620, 632, 640/641, and 683 are taught during the Spring semester.

All students are to follow the same core curriculum, however, alternatives are available for those who seek or are enrolled in a specialized training program (e.g., IES training). A written waiver must be submitted by the student and supervising faculty to the Department Administration to request alternatives to the common core curriculum.

2. **Advanced Program Area Coursework.** The minimum number of earned credit hours required for the Ph.D degree in Psychology varies according to the student's Program Area (see Appendices A through G) but is typically 72 credit hours or more (see your Division Director for clarification of specific requirements). No more than 6 practicum credits (PSY 670) can be counted toward the Ph.D. course requirements. Research courses (PSY 680, 681) cannot be used to satisfy elective or advanced content course requirements. Special

Projects (PSY 682, 683) and Readings (PSY 684) can be used to satisfy elective or advanced content course requirements, but only with the written approval of the Division Director and the Chairman. In order to remain in good standing within the Department, independent of program area, students must be enrolled for a minimum of 9 credit hours per semester (excluding Summer Sessions) until all advanced coursework has been completed and a dissertation project initiated. In addition, students must maintain a "B" average or better in all advanced coursework attempted with no single grade recorded below a "C-". All "Incompletes" in courses comprising part of the student's degree program must be removed from a student's records before any degree can be awarded.

3. **Research Activity.** In addition to course work, each student must be involved in a minimum of 10 hours per week of faculty supervised research activity. The department operates under a "mentor model" in which students work with a particular faculty member based on a similarity of research interests. In order to demonstrate full-time student status during the summer months, it may be necessary to enroll in a graduate course or in a 700-level research course each summer session.

Within four weeks following registration each semester, new students must provide their division Director with an outline of planned research activities signed by their faculty supervisor. For returning students this should be done immediately. Students who work as research assistants within the Department and those students who are conducting masters or dissertation research projects, may seek authorization to include these activities as part of the 10 hours per week research requirement. The total number of research hours credited in this manner during any given semester is at the discretion of the faculty supervisor.

At the end of each semester the faculty supervisor will evaluate the student's research efforts. This evaluation will become part of the student's permanent Department file. The form used for outlining the research activities for the semester and evaluating these activities may be found in **APPENDIX J**. It is the responsibility of each student to complete one of these forms early each semester and to leave a copy for the file with the department secretary. Furthermore, each student should be certain that his/her supervising Professor completes the form at the end of each semester. In addition, students are required to fill out a Research Supervisor Feedback Form (**APPENDIX S**) at the end of each semester to provide feedback to the Department regarding their research supervisor. Guidelines for Graduate Student Mentoring by Faculty are provided on page 26.

At the end of each semester each student is evaluated by the faculty of the Department. The faculty's evaluation of individual academic progress is forwarded in writing to each student. A negative evaluation may result in the student's termination from the graduate program.

4. **Teaching Activity.** All students seeking an advanced degree in Psychology must also participate substantially in the teaching of undergraduate course offerings in the Department as an essential part of their education. Typically, students teach one entire undergraduate course during their third year in residence, however, some students elect to teach in their fourth year. Each January, students receive a memo from the Department asking if they intend to teach the following year. Students are allowed to indicate their teaching preferences (i.e., course, semester), however assignments are made based upon need and availability of courses. Several months before they will teach, a faculty-teaching mentor is assigned to each student. Students should meet with the mentor several times before the semester to go over the course syllabus, required textbooks, audiovisual aids, and helpful tips for teaching. Student teachers are also required to attend an Orientation Session sponsored by the Instructional Advancement Center (IAC), and attend two Psychology Department Teaching Workshops (taught by Dr. Rod Gillis). Students are also evaluated by

the faculty-teaching supervisor and given constructive feedback (once in the first 7 weeks, and again at the end of the semester), and are evaluated by their undergraduate students (computerized form and open-ended comments).

The IAC and the Psychology Department offer a Teaching Certification Program for graduate students. This program provides training, evaluation and certification in teaching. The certification and teaching portfolio developed during this process may be helpful for future employment. Students who are interested in this certification and the development of a teaching portfolio must complete all of the steps described in the paragraph above, and must also submit a statement of teaching philosophy. Please see Ms. Pat Perreira for details regarding the certification procedure.

5. **Master's Thesis** (required in all programs). If the student receives a positive evaluation from the Department (satisfactory progress in all respects) at the end of his/her first year in residence, the student should immediately proceed to form a thesis committee and make formal application to the Graduate School for degree candidacy. The procedures used to form a thesis committee and complete the thesis requirement may be found under #8 of this section (Thesis and Dissertation Procedures). Forms for completion of the thesis are found in **APPENDIX L**.

In order to receive the Master's degree, a student must earn a minimum of 24 credits in course work, plus six credits of thesis research (PSY 710) and pass a thesis oral defense. No student may receive the M.S. degree in the same semester in which admission to candidacy is granted. Of the 24 credits of course work required, the Department core courses account for at least 12 credits (the first two statistics courses (i.e., PSY 631 and 632) and at least three (excluding PSY 600) of the seven foundation courses). Most students should have completed the necessary coursework for the master's degree by the end of their second year in residence. If the thesis has not been completed by the end of the first semester of the third year (December 15) the student will be permitted to register only for six credits of coursework plus 3 research credits during the following semester. It is required that all students complete this requirement by May 15 of the year in which they intend to take the qualifying exam.

Bound copied of the completed thesis must be submitted to the Department and to the project chair within 3 months of defending the project. If the master's thesis is not completed by May 15 of the third year the student will be denied permission to register for anything but research credits in subsequent semesters until completion.

In some cases, the Department will accept a Master's Thesis completed at another university as satisfying our Master's Thesis requirement. Only empirical studies will be considered, and they should be submitted to the Area Director for evaluation (see form in **APPENDIX I**).

6. **Qualifying Requirements** - After successfully completing the defense of the masters thesis, students wishing to pursue the Ph.D. degree must first pass a clinical qualifying examination or satisfactorily complete a qualifying paper. The method of assessing the candidate's performance within his or her chosen area may vary depending upon the particular Program area. Options available to Clinical and Non-clinical students are outlined below.
 - 6A. **Clinical Tracks** - Prior to the Fall semester of the third or fourth year of residence (dates announced in advance) students in any track of the clinical psychology program who have completed their master's thesis are eligible to take qualifying examinations, which are necessary in order to be admitted to candidacy for the Ph.D. The purpose of these examinations is to allow the

student to demonstrate up to date knowledge and critical appreciation of the research and scholarly literature in the broad field of psychology, and in the specialty areas of clinical psychology, including pathology (i.e., personality, psychopathology, and pathophysiology), assessment, and intervention (with the latter being understood to include ethics and professional issues). The Director of Clinical Training coordinates these examinations.

The qualifying examinations are given only once a year, in midsummer generally shortly after the 4th of July holiday. In order to take the examinations, the student must have successfully defended a master's thesis and submitted documentation (See **APPENDIX N**; Eligibility to Sit for the Qualifying Exam/Paper) no later than May 15. The usual sequence of the examinations is one day each for pathology, assessment, and intervention, with at least one day in between examinations. Each examination begins at 9 a.m. and continues until 3 p.m. The Department provides students with computers and word processing software.

All questions on the qualifying examinations are based on specified reading lists made available to the students for study at the beginning of the summer. These reading lists are updated each year by the faculty, with consultation from the group of students who took their qualifying examinations during the previous year. Most of the items on the reading lists are recent articles from peer-reviewed scientific journals. The lists do include a few older (classic) articles and an occasional book or book chapter. There are separate reading lists in the areas of pathology, assessment, and intervention. Each list contains a "core" portion, to be mastered by all students, plus separate "specialty" lists for students in the Adult, Child, and Health tracks. In each day's examination, the student is presented with 6 questions, including 3 core questions and 3 specialty questions. The student is required to answer 4 of these questions, including at least 2 core questions. The core questions are based on items from the core reading list for that day. The specialty questions may draw on either core or specialty reading lists for the day. Students are not permitted to bring any notes with them to the qualifying examinations. In order to reduce the memory load, however, they are provided with a clean (unmarked) copy of the reading lists.

Each question is graded anonymously by two faculty members with expertise on the particular topic, using the following marking system: 3 for outstanding, 2 for pass, 1 for borderline, and 0 for failure. Intermediate decimal numbers may be used. In order to pass in a given area (pathology, assessment, or intervention), the student must achieve an average mark of at least 1.5 for that day's questions. An average mark of 2.5 or above in any of the three areas will earn a commendation. Although the qualifying examinations are given in midsummer for the convenience of students, it must be recognized that many faculty are not on the academic payroll during the summer and cannot be expected to grade exams during that time. Thus, the results on the examinations are generally not available until about September 1.

In the Department's recent experience, almost all students are able to pass their qualifying examinations. Occasionally a student falls short of an average mark of 1.5 in one area. In such a case, the student must arrange to retake an examination in that area (different questions, but based on the same reading list) before the end of the fall semester. The same grading system is used. In this case, however, the student must pass the re-examination in order to remain in good standing in the clinical psychology program. Failure to pass the re-examination would be considered sufficient grounds for termination.

In studying for the qualifying examination, it is considered crucial that students in fact read and study all items on the core list and on their own specialty list. Past experience has shown that reading only summaries of some items is a high risk strategy, not to mention one that defeats the whole purpose of the qualifying examinations to form study groups, delegate individuals to outline the individual readings, and in general provide each other with emotional support during this rather stressful time. On their part, the faculty try to be understanding when their previously dependable research assistants tend to disappear for hours at a time. One cannot deny that in addition to their intended academic functions, the qualifying examinations come to be viewed as a "rite of passage."

- 6B. **Non-Clinical Tracks** - Students enrolled in one of the non-clinical programs (Applied Developmental, Behavioral Neuroscience, or Behavioral Medicine) may elect either to take a comprehensive written qualifying examination or to write a qualifying research paper in order to gain admission to Ph.D. candidacy. The qualifying requirement must be completed within six months after the master's thesis is defended. If a student opts to write a paper and does not complete the paper within that time, he/she will be required to take a written qualifying exam within six weeks of the missed deadline. A student who fails the qualifying examination or paper may be allowed to retake the task a second time no later than six months after the first attempt.

The student should explore with his or her Faculty Supervisor the advantages and disadvantages of fulfilling the qualifying requirement through written examination or by writing a review paper. If a written examination is decided upon, the scope of the topic should be explicit and clearly defined, and a reading list developed. In some cases a list of sample questions may be given to the student as a study aid. If a review paper is chosen, the content of the paper will be determined by the Faculty Supervisor and approved by the Qualifying Committee within one month after defense of the master's thesis. Students will have a choice of two content categories: (A) Theoretical literature review similar to that which would appear in Psychological Bulletin or a similar journal (e.g., Developmental Review); (B) A small grant in R03 format and in comparable length to the R03.

The Qualifying Committee will consist of the Faculty Supervisor and at least two other Faculty members. At least one of these additional faculty members must be a member of the Division within the Department affiliated with the student's chosen area of concentration. At least one of the three members of the committee must be a member of the Graduate Faculty within the Department of Psychology.

After a Qualifying Committee has been formed, the group meets with the student to finalize the topic area to be covered and the procedure to be followed. When this has been accomplished, each member of the committee must sign an "Agreement to Serve on Qualifying Committee" form (found in Appendix K) that lists the topic area to be covered, designates whether an examination or review paper is to be written and specifies a completion date. This form should then be forwarded to the Departmental office for inclusion in the student's permanent file. The form for use on completion of the requirement is also found in **APPENDIX K**.

7. **Ph.D. Dissertation** - The Ph.D. degree is a research degree. The Department requires each degree applicant to design and execute an original study that makes a unique contribution to knowledge in the field of Psychology.

After successfully passing the qualifying requirements and completing the majority of advanced program coursework, students seeking the terminal degree must select a dissertation research topic and form a dissertation committee as soon as possible. This step is necessary in order to register for dissertation research (PSY 730). (The procedure used to form a dissertation committee and complete the dissertation requirement can be found in the next section.) Forms for completion of the dissertation can be found in **APPENDIX L**.

In order to receive the Ph.D. degree, a student must complete at least 12 credits of dissertation research (PSY 730) as well as have completed all the advanced program area coursework specified within his or her area of specialization. No student may receive the Ph.D. in the semester in which they are admitted to candidacy. Clinical students must defend their dissertation proposal **before** they can apply for internship programs (typically in the Fall of the fourth year). In addition, before applying for internship students must present a letter from The Graduate School acknowledging final acceptance of the Masters Thesis. All students, regardless of their advanced or regular standing at the time of admission, should complete and defend their dissertation research within six years after first entering the graduate program. Students who have not completed their dissertation by the end of the 7th year will be required to re-certify credits, which is done at the discretion of the Department. Re-certification may require retaking the courses and/or re-satisfying the qualifying exam requirement. Otherwise, credits that are older than 7 years will be decertified. At the end of each semester the faculty will review the candidate's progress toward the degree and will send notification of required action by the student. If not action is taken by the specified time, the student will be dropped from the Ph.D. Program. It is the responsibility of the student to apply for graduation before the date indicated on the graduate school calendar.

8. Thesis and Dissertation Procedures

1. At the time of application for admission to candidacy for the M.S. degree or at the time of successful completion of the Ph.D. Qualifying requirements, a student decides on a problem area for investigation. The student writes a proposal in the area delineating a particular problem to be researched. The proposal is then submitted to a faculty member from the Department of Psychology whom the student wishes to serve as chair of the, thesis or dissertation committee. In most cases, a faculty member holding a primary appointment in the Department of Psychology serves as chair. However, a faculty member holding a secondary appointment in the Department of Psychology may serve as a co-chairperson of a thesis or dissertation committee provided that a faculty member holding a primary appointment in the Department serves as the other co-chair. In the case of dissertations, the chairperson (or co-chairperson with a primary appointment in the Department) must also be a member of the graduate faculty. (A list of graduate faculty members may be found in the current Bulletin of the Graduate School.)
2. After a faculty member has agreed to chair a research committee on the chosen problem, the student and the faculty member approach other faculty members with copies of the student's preliminary proposal and determine whether each would be willing to serve on the committee. The minimum number of members for a thesis committee is three; one member must be from the regular (not adjunct or secondary) faculty of the Department of Psychology and (for the thesis only) one must be a University faculty member from outside the Department. At least one member of the thesis committee must be a member of the graduate faculty.

The minimum number of members for a dissertation committee is five. All Committee members must hold a primary appointment in some Department of the University of Miami or hold an adjunct appointment in the Department of Psychology. Three members, including the chair or co-chair of the committee, must be members of the graduate faculty of the University of Miami. At least two members of the committee, including the chair or co-chair, must be from the primary Psychology faculty, and a majority of the committee must hold appointments in the Department of Psychology (primary, secondary, or adjunct). One member must be from outside the primary faculty of the department.

3. When a committee chair and a sufficient number of qualified faculty members have reviewed the student's preliminary proposal and agreed to serve, they inform the Chairman of the Department in writing of this and he or she will file their statements with a copy of the proposal in the student's permanent Department file. (The form used for notifying the Department Chairman of Faculty members' willingness to serve on thesis and dissertation committees (**FORM 1**) appears in **APPENDIX L**.)
4. At this point, the Department Chairman will recommend to the Dean of the Graduate School that a thesis or dissertation committee be appointed and the student be admitted to M.S. or Ph.D. candidacy. The student may now be permitted to register for PSY 710 or PSY 730 as appropriate. Students may not be admitted to candidacy in the same semester they intend to graduate.
5. The student, after due consultation with his or her committee, will then prepare a final written proposal to include a definitive statement of the problem and its significance along with the detailed design for the conduct of the research.
6. Two weeks after the final proposal has been circulated to the committee the committee will meet with the student to consider any objections or suggestions for revision and will either order such revisions as it considers necessary or approve the design. (The form used for obtaining committee members' approval may be found in **APPENDIX L (FORM 2)**. The forms should be placed in the student's Department file by the committee chair.) Clinical students must propose their Ph.D. dissertation proposal before applying for internship programs (typically in the Fall of their fourth or fifth year).
7. Following the final approval by the thesis or dissertation committee, and approval by the appropriate ethics committee(s) when human subjects are to be used, the student will begin to conduct the research. The actual execution of the research is carried out by the student independently, in consultation with his or her committee. Procedural modifications within the general framework of the proposal may occur with committee approval, although the student is expected not to depart drastically from the original proposal.
8. Following the execution of the research, the student will prepare the thesis, or dissertation manuscript. The Graduate School has granted permission to the Department of Psychology to have theses and dissertations written in a form consistent with the Publication Manual of the American Psychological Association. Students should follow the Manual in preparation of all research reports. Additional preparation guidelines may be obtained from the Dissertation Secretary, Graduate School, Albert Pick Hall (Brescia Avenue). Thesis and dissertations can be written in a publication style to facilitate publication. At the advisor's discretion, students can be asked to complete more lengthy literature reviews and discussions.

The Department of Psychology will assess all theses, dissertations and qualifying papers for potential plagiarism (see Plagiarism Definitions, p. 37) using commercially available software, such as the "Safe Assignment" program provided by the Office of Instructional Advancement. All students are required to submit an electronic version of their thesis, dissertation, and/or qualifying paper to Pat Perreira at least two weeks prior to submission of the document to the Graduate School for this purpose. Students are encouraged to run their documents through the "Safe Assignment" program before they submit the document to scan for potential problems. As noted in the Graduate Student Handbook section on "Retention and Termination", evidence of plagiarism is grounds for dismissal from the program.

9. Upon completion of the master's thesis or doctoral dissertation, a Final Oral Examination will be scheduled, held, and evaluated by the thesis or dissertation committee. At least two weeks prior, all committee members should be provided with a clean copy of the project, thesis or dissertation. The date chosen should allow sufficient time for the student's committee members to read and judge the manuscript and allow the student sufficient time to make any necessary corrections prior to the Graduate School deadline associated with the anticipated commencement. The oral examination is open to all members of the University community, although responsibility for the examination itself is vested in the committee which has supervised the research. The examination is intended to center upon the context of the thesis, or dissertation itself, although it may extend into areas within the general scope of Psychology.
 10. The chair and members of the thesis or dissertation committee must sign the appropriate forms obtained from the Graduate School or Psychology Department (**APPENDIX L; FORM 3**) to certify successful completion of the Final Oral Examination. The student is responsible for obtaining these forms and filling out the necessary background information prior to the final oral examination.
 11. Following the Final Oral Examination any further corrections or revisions to the thesis, or dissertation are executed. For theses and dissertations, three unbound copies of the final manuscript, with a summary abstract (600 words or less) and the appropriately signed Graduate School forms, are then transmitted to the office of the Graduate School on or before the date specified in the current Graduate School Calendar. Theses/dissertations should be submitted and approved by the Graduate School no later than the end of the semester following the defense.
 12. Any thesis or dissertation is considered an "Educational Record" to the public, or may be subject to publication, prior to these documents being made available by consent from the student.
 13. Expectations will be set that students will review their completed thesis and dissertation for potential publication possibilities, and they will submit relevant papers ideally within 6 months after a defense. This expectation will be monitored on the pink sheet research evaluation forms.
9. **Program Area Competency Requirements** - The Department requires all aspirants to the Ph.D. degree to demonstrate an acceptable level of professional competence within the chosen area of specialization before the terminal degree can be awarded. All students are required to teach at least one regularly scheduled undergraduate course typically before the end of their third year of residence. The course subject should include topics related to the

student's area of specialization. The nature of the course and the scheduling should be discussed with the student's research advisor well in advance of the semester in which the student will be teaching. Teaching performance is evaluated by at least one member of the faculty who has regularly taught the course. This evaluation will become a part of the student's permanent departmental file. Additional competency requirements vary according to the particular program area and are listed below.

9A. Clinical Tracks. Students enrolled in any of the Clinical Training Tracks (Adult Clinical, Clinical Child, Pediatric Health Clinical or Health Clinical) are required to successfully complete a 1-year APA-accredited internship. Each student must complete a thesis, pass the qualifying examination, successfully defend their dissertation proposal and complete all required coursework prior to leaving for internship.

9B. Non-Clinical Tracks. Students enrolled in any of the non-clinical tracks (Applied Developmental, Behavioral Neurosciences, Behavior Medicine) must have a paper published (or accepted for publication) in a recognized psychological journal prior to graduation. Papers submitted for publication but not yet accepted do not meet this requirement. A letter of acceptance indicating the title of the paper, the author(s) and journal name must be placed in the students' Departmental file prior to the awarding of the Ph.D.

10. Curriculum Policy Issues and Procedures for Clinical Students

10A. Practicum-Related Policies and Procedures

All graduate students who are enrolled in one of the clinical training program tracks (Adult, Child, Health, Pediatric) must comply with the policies of the Clinical Program. These policies have been developed in accordance with the regulations of the American Psychological Association (APA), and particularly with APA's Committee on Accreditation. The policies are designed either to maintain the clinical program's current APA accreditation, to protect students, or to facilitate students' progress through the clinical program.

- **Professional Liability Insurance** (see **APPENDIX P**)

Beginning August 15th, 2001 and every August thereafter, all students enrolled in one of the clinical graduate program tracks (Adult, Child-Clinical, Health, Pediatric) are required to secure their own liability insurance, either through the American Psychological Association (see www.apa.org) or through an alternative suitable source (e.g., the American Professional Agency, Inc.: www.americanprofessional.com). (The maximum insurance amount of \$1,000,000 per incident/\$3,000,000 aggregate is required.)

All clinical students who will be enrolling in practica or participating in any other department-related clinical activities (i.e., assessment, therapy, consultation) are required to obtain such insurance before involvement in practicum activities at the University of Miami or in any community placement. Students must submit a copy of insurance verification to the main office of the

Department of Psychology **prior** to beginning practicum for the academic year. The format for this document can be found in **APPENDIX P**.

Students should be aware that insurance policies do not cover clinical activities or jobs other than those associated with practicum training or the fulfillment of other program requirements. Failure to provide insurance verification before beginning a practicum placement or any program-related clinical activity will result in the student's forced withdrawal from practicum until such insurance verification is provided.

- **Registering for Practicum Credits (students must enroll every semester and summer after the 1st year)**

Once clinical students complete the "first year" courses that are prerequisites to beginning practica (e.g., Assessment; Introduction to Clinical Methods), and begin to enroll in clinical practica, they must enroll in a practicum course. (Students who enter with a master's degree or prior clinical training may be eligible to begin the practicum sequence earlier).

During any semester or summer that a student is engaged in clinically related activities (as defined in point #1), he/she **MUST** be enrolled in one credit of practicum or research. This is to ensure that all students are covered by the University of Miami's Liability Insurance (which only pertains to students enrolled in program-related activities). This policy also ensures that students receive formal feedback on their activities from their supervisors.

- **Clinical Practice Survey Forms – Completed Every Semester and Summer (see APPENDIX O)**

At the beginning of each semester that clinical students are enrolled in the graduate program, and also at the beginning of the summer, students **MUST** complete a Practice Survey. This form asks students to list all clinically related activities that are anticipated/planned for semester (or summer) and the primary supervisors for the activities. Clinically related activities include assigned practica (e.g., Psychological Services Clinic [PSC]; Mailman Center for Child Development), clinical research projects (i.e., projects that involve interviews, assessments, or treatment programs), and "additional" cases or practica activities in which students are involved (e.g., continuing cases at the PSC, neuropsych. assessments). All students must complete the form, even if they are **NOT** engaged in any clinical activities that particular semester or summer.

- **Practicum Guidelines for Psychological Services Clinic**
PSC Guidelines

1. Students are limited to 4 semesters and 2 summers of practicum at the PSC, during which they can see therapy clients. This limit includes "official practica" (i.e., full-time practica required to fulfill the 5 semester program requirement) and "unofficial practica" (i.e., carrying a client or seeing a group at the clinic). The summer practica limit does not include the "summer after the first year of graduate training" if a student only conducts assessments during that summer, but it does count toward the limit if therapy cases are seen.
2. As before, during the first year (2 semesters) and summer of practicum training at the PSC, students are expected to accumulate at least 60 hours of therapy (carrying 3 clients at a time) and 6 (adult and health

students) or 9 (child students) assessment cases. No group participation is permitted during the first full practicum year at PSC.

3. Students continuing beyond their first full year of training at PSC are limited to no more than 3 therapy clients at a time. When students are completing another full-time practicum placement simultaneously, they may see one client at the clinic, but must obtain permission from their track advisor (e.g., Sheri Johnson, Kristin Lindahl, Pat Saab) to see additional clients.
4. When students are conducting a group at the PSC, they may not also see individual clients.
5. Students *may* be allowed to engage in practicum beyond the “4 semesters and 2 summers” limit at the PSC, but only on an “as space is available” basis. Such additional experiences will likely be supervised via group supervision, or possibly may take place in a specialty clinic setting.

Additional Guidelines for Practica

6. Each Division (Adult, Child, Health) will oversee the practicum placements of its students each semester, and make appropriate assignments of students to placements. Placements *must be arranged with and approved by* each Division’s academic advisor (i.e., Drs. Johnson, Lindahl, and Saab). Students are not permitted to negotiate their own practicum placements.
 7. Each Division will make concerted efforts to expand its available outside practicum placements.
 8. Clinical program requirements indicate that students are required to complete 5 semesters of practicum training; however, in most cases, students will engage in practicum training during the 2nd – 4th years of graduate training. Practicum activities should not exceed 10-12 hours per week of clinical activities (including supervision). The 5th year of graduate training is intended for students to focus primarily on research activities; students should not expect to be engaged in practicum during the 5th year, and such activities may only be available on a limited basis.
- **Practicum Supervision Feedback Forms – Completed every Semester and Summer (see APPENDIX T)**
 - **Clinical Practicum Training Evaluations - Completed Every Semester and Summer (see APPENDIX U)**
 - **Policy on “Outside” Clinical Activities**
Any clinical student who anticipates engaging in clinically-related activities that are not part of the approved clinical program activities must secure permission for such activities from the Clinical Committee. This is the case regardless of whether the activities are volunteer or paid. The following procedures apply to all clinical students who wish to do paid or non-paid clinical activities, outside of a program approved practicum or research setting.

The Director of Clinical Training will review students' requests with input from the Clinical Committee. Please allow at least 2 weeks for the approval process, and possibly longer during the summer.

Procedures for getting program approval of outside clinical activities:

- I. Prepare a letter for the Director of Clinical Training (Dr. La Greca) describing:
 - the job (i.e., type of activity)
 - the # hours per week
 - the name, phone number, and professional background of the supervisor (should be a licensed professional)
 - the amount and type of supervision provided
 - whether or not the supervisor or "site" has professional liability insurance that will cover your activities, and the amount of the insurance
 - whether or not it is a "paid" or "volunteer" position

- II. The letter should acknowledge that you understand that:
 - under APA ethical guidelines and the FL state licensing guidelines, you may not represent yourself as a psychologist or as a graduate student in our program/department
 - neither the UM liability insurance policy, nor your individual liability insurance policy, covers your activities in case of malpractice, as the activities are not a part of your training program

- III. Have the letter co-signed by:
 - your major research advisor
 - one of the Directors of your program track (e.g., Drs. Carver or Johnson for Adult; Drs. Mundy or Lindahl for Child; Drs. Schneiderman or Saab for Health)

- IV. In the case of paid employment, approval is also required from the Graduate School Dean.

• **Policy on Ethics and Confidentiality (see APPENDIX V)**

It is critical that students who participate in clinical training activities fully abide by all aspects of the ethical guidelines for psychologists, published by the American Psychological Association (APA) (www.apa.org/ethics; see **APPENDIX V.**)

As one aspect of the ethics code, that pertains to issues of confidentiality, this means that students should treat client notes, assessment materials, testing reports, or other sensitive clinical materials, with utmost care, and do everything possible to protect the confidentiality of client information.

Students should not leave confidential materials in places where others may view the materials inadvertently (e.g., on a printer that is in a shared public space; on a desk in an office that is shared with other students, etc.). Whenever sharing case materials (e.g., for case conference or class; as a sample report for internships) extreme care should be used to remove all identifying information.

Failure to fully abide by this or other aspects of the APA ethics code may be cause for dismissal from the clinical program.

- **Policy on Assessment Reports**

Students who participate clinical training activities must conduct such activities in a timely, responsible, and professional manner. This means that assigned cases should be promptly scheduled for intake appointments, and that case notes and testing materials must be completed in a timely fashion.

Specifically, for assessment cases that are seen in the Department's Psychological Services Center, the following guidelines are to be followed:

- a) No more than two weeks should elapse from the time a case is assigned until the intake session is completed. If there is a problem with this time frame, or if the case doesn't work out (e.g., the client is no longer interested in the assessment), you must advise your supervisor immediately (i.e., within one working day).
- b) Following an intake, all testing should be completed within 4 weeks.
- c) A complete draft of the testing report must be submitted to your supervisor no more than 2 weeks after the testing has been completed.
- d) A final report must be completed within one week of receiving feedback on the necessary revisions from your supervisor.

If the above guidelines are followed, all testing cases will be completed within 2 1/2 months from the time of initial assignment to the time of providing a report with feedback to the client. If any problems should arise with any of the steps that are outlined above, it is your responsibility to advise your supervisor immediately (i.e., within one work day). In no case should the assessment process extend more than a month beyond this time line.

Students who conduct clinical assessments in other settings (e.g., UM Counseling Center, Mailman Center for Child Development, etc.) must follow the guidelines that are appropriate for that particular setting. In no case should assessments extend more than a month beyond the appropriate time frame for that particular clinical setting.

Failure to follow these guidelines will result in an unsatisfactory grade for practicum. Repeated failure to comply with these guidelines may result in dismissal from the clinical program.

10B. APA Accreditation of the Clinical Training Program

- **Annual Report and Tracking of Student Activities (see APPENDIX Q)**

Every spring, the clinical program must gather information on current and prior students, and report program statistics to APA, in order to maintain accreditation. Thus, each spring it is essential that all clinical students promptly complete the student tracking form (see **APPENDIX Q** for a sample form), and submit the form along with an updated vitae to the Administrative Assistant for the Clinical Program (Ms. Liz Reyes).

Students who are on internship, or who have completed the program, will also be asked to complete an annual tracking form that contains information needed for submitting our annual program report to APA. Please advise the Main Office of the Psychology Department of any changes in home address, phones, or email addresses, so that we may be able to contact current and former students in a timely manner.

- **Tracking of Practicum Hours on a Regular Basis (see APPENDIX R)**

Students typically apply for clinical internships early in the fall of their 4th or 5th year. At that time, students must provide a summary of all their clinical activities and hours. Most students find this to be a very difficult task, and thus we **require that students track their clinical activities and hours at the end of each semester and summer**. The form contained in **APPENDIX R** may be used for this purpose. It is based on the uniform APPIC Internship Application, and lists the clinical hours and activities that are recognized by APA-accredited internship programs (see www.APPIC.org).

10C. Licensing Requirements

Because professional licensing requirements vary from state to state, students are responsible for understanding the specific licensing requirements (e.g., specific coursework) for the state within they wish to practice. Students are strongly advised to retain course syllabi, the graduate student manual, and the graduate bulletin for future licensure and employment issues.

10D. Important Points for Students

Ethics

Your professional and research training at UM includes becoming socialized to the role of a psychologist, and conducting your research, clinical, and personal activities in a manner that is consistent with the American Psychological Association (APA) ethics guidelines and standards. As a graduate student (effective immediately) you are required to know and abide by the APA ethics guidelines and standards. You may download a free copy of the guidelines at any time by going to the APA website: www.apa.org/ethics (Also see **APPENDIX V**.)

Clinical Students: Keep All Your Course Syllabi from Graduate Courses!!

However, if you have not taken a course on a specific topic, you may need to use your syllabi as evidence that you covered that topic as part of one or more courses. Thus, it is important to keep a copy of your course syllabi for ALL graduate level classes. You can also download copies of brief course descriptions from the psychology website (www.psy.miami.edu), but these may not be as useful as a detailed syllabus.

Clinical Students: Keep Track of Your Practicum Hours “As You Go.”

When you apply for a clinical internship during your 4th or 5th year, you will need to provide a very detailed accounting of all your assessment and treatment experiences. In order to do this, we strongly advise you to keep track of your practicum and related training activities at least once each semester. It is best to do this in the format that is consistent with internship applications. Thus, go to the APPIC website (www.appic.org) for the most recent version of the clinical hours reported on APPIC application, and use this format to record your hours “as you go.” (There is a sample form in **APPENDIX R**.)

10E. Frequently Asked Questions – Clinical Graduate Students

Questions Commonly asked by FIRST Year Students

When can I begin clinical practicum?

Students typically begin practicum during the summer after their first year, or the fall of their second year.

I'd like to begin practicum at the Psychological Services Center (PSC) during the summer. How can I arrange this?

In the spring semester, the director of the PSC determines how many students can be accommodated in the summer, and informs the faculty advisors. During April registration for the summer and fall semesters, you should consult with your academic advisor, to determine whether you can begin training during the summer.

When does the summer practicum begin at the PSC?

The summer practicum (and the first “summer session”) begins in mid-May, immediately following the spring semester. You must be available for orientation at the PSC during the week following final exams for the spring semester.

Do I need to arrange professional liability insurance before I start my practicum?

Yes. Proof of coverage must be submitted to Joyce Lalor prior to starting practicum. Although you are also covered by the University of Miami policy when you are registered for a practicum, the clinical program requires that you also obtain individual coverage through the American Psychological Association.

By what date do I need liability insurance?

If you begin practicum in the summer, insurance must be arranged by mid-May. Otherwise, all students must have a policy in force by August 15th of each academic year. Proof of coverage must be submitted to Joyce Lalor every year.

How can I arrange for professional liability insurance?

Visit www.apait.org to apply online for your student insurance. You must also register as a student member of the American Psychological Association.

Questions Commonly Asked by SECOND and THIRD Year Students

When do I take my Qualifying Exams?

Students take qualifying exams after their second or third year of the graduate program. In order to take the exam, you must have successfully defended your Master's thesis by May 15th, in the year that you plan to take the exams.

In addition to defending my thesis, is there anything else I need to do before taking qualifying exams?

Yes. Your advisor must complete a form stating that you have completed your thesis defense and are eligible to take the exam. Please check APPENDIX N for a copy of the form.

When is the reading list for qualifying exams provided?

The reading list is distributed in mid-May, after the spring semester has been completed. This is usually on or around May 15th.

When are qualifying exams given?

There are 3 exams (Psychopathology, Assessment, and Intervention), and they are typically held soon after the 4th of July, with at least one day in between each exam (e.g., Monday, Wednesday, Friday, or Wednesday, Friday, and Monday, etc.).

What happens if I don't complete my Master's Thesis by the middle of my 3rd year?

Students are expected to complete their thesis no later than the end of the fall semester of their 3rd year. Students who have not defended their thesis by their 6th semester (spring semester of the 3rd year) can take only 6 credits of academic coursework in the spring semester. In addition, students who have not defended their thesis by May 15th of their third year will only be allowed to register for research credits (no coursework or practica) until their thesis has been completed.

Do I need to be registered for practicum over the summer?

Yes. In order to be covered by the University's liability insurance, as well as your individual liability insurance, you must be enrolled in a practicum or research course, even if you are only seeing one client, or conducting one assessment. Registration also helps to document the practicum hours you accumulate.

Questions Commonly Asked by Students in Their FOURTH or FIFTH Year

Where can I find information on internship sites?

The website for the Association of Psychology Postdoctoral and Internship Centers (www.appic.org) contains the most current information on internships and psychology postdoctoral positions. There also is a file cabinet in the 3rd floor lounge that contains information (by state) about internship possibilities in Canada and the US. Further, it is important to talk to psychology alumni and faculty about the internship sites that they applied to and their impressions of each.

How do I apply for internship?

The general application for internship can be found online at www.appic.org. In the fall of the year you apply for internship, the Director of Clinical Training plans several meetings with internship applicants to prepare them for the process.

Do I have to propose my dissertation before applying for internship?

Yes, the department requires all students to have defended a dissertation proposal prior to applying for internship. Because many internship sites now request applications by the end of October or by November 1st, this means that most students will need to defend their proposal no later than late October of the year they apply for internship.

Questions Commonly Asked by Students on Internship

Licensing requirements vary from state to state. How will I know if I have met the requirements?

Licensing requirements are available online through the Association of State and Provincial Psychology Boards (www.asppb.org). However, the ASPPB website is a bit hard to navigate. If you are looking for specific state, it is easier to use <http://kspope.com/licensing/index.php#Canada>. It has several links for licensing

boards in Canada and US, and even some application forms. You can check each state individually.

What if I did not complete the coursework required for licensure in a specific state?

Some states require coursework in specific areas such as domestic violence. Most of the requirements should be met through your regular coursework. However, if you have not taken a course on a specific topic, you may be able to use your syllabi as evidence that you covered that topic as part of one or more courses. Thus, it is important to keep a copy of your course syllabi for ALL graduate level classes. You can also download copies of course descriptions from the psychology website (www.psy.miami.edu). Syllabi change frequently, however, and online versions of syllabi are updated frequently as well; be sure to keep copies of syllabi from the years you actually took your courses. You may need to take an extra course or locally sponsored workshop to meet requirements in some states (e.g., California).

Can I graduate in May if I have not completed internship?

In order to graduate in May, you must have completed all course requirements, dissertation, and internship by the date of “application for graduation.” This is usually in April (or earlier) for a May graduation. Because clinical internships typically begin in the summer or fall, very few students graduate in May.

Can I “walk” in the May commencement exercises, if I have not completed my internship?

Students on internship, who have defended their dissertation and completed their coursework, can “walk” in the May commencement ceremony, and will officially receive their degree in August, if all degree requirements are met by mid-July. Please check the UM website for information on graduation registration dates and deadlines (www.miami.edu/commencement).

What happens if my internship begins in August or September?

Students with August and September start dates for internship typically do not graduate until the December commencement ceremony. Please consult the UM website to see if it is possible to “walk” in the May ceremony. Otherwise, you should plan to attend the December ceremony.

How do I handle jobs and post-docs following internship, if I have completed all my degree requirements, but will not receive my degree until December?

If you are not graduating until December, but need to document that you have completed all your degree requirements, please contact the main office of the Department of Psychology. A letter will be written on your behalf, stating that you have met all the requirements for your degree. This is usually sufficient for you to begin a job or postdoctoral traineeship.

ACADEMIC ADVISING

To facilitate the regular and orderly progress of graduate students through its degree programs, the Department has developed a system of academic advising. The purpose of the system is to aid the student in drawing up an overall plan for his or her degree track and to monitor the student's progress as he or she moves toward the Ph.D. Upon admission to graduate study within the Department, the student's initial academic advisor is the Director of the division to which he or she has been admitted. The Director, or his/her designee, outlines the overall requirements of the degree track and together with the student draws up a tentative course schedule. If the student has not decided upon a regular faculty supervisor by the time of registration for the first semester, the Director or his/her designee takes responsibility for approving a schedule of courses for the student and signing all the necessary forms needed for registration. (Departmental pre-registration procedures are outlined on page 37.)

During the first four weeks of the first semester of residence those students who have not yet aligned themselves with a faculty supervisor must seek out a faculty member whose research interests most closely approximate their own. After finding a faculty member who agrees to supervise his/her work, a Graduate Student Research Evaluation Form is filed (see **APPENDIX J** and Number 3 under "Steps to the Ph.D."). The designated faculty member becomes the student's official faculty supervisor. The faculty supervisor supervises the student's research activities. The student should consult regularly with the faculty supervisor in order that he or she may remain cognizant of the student's progress in the degree program.

The student should make certain that his/her permanent departmental file contains adequate up-to-date records of his/her status. Should the student's faculty supervisor change from one semester to next, this change should be recorded in the student's department file. When the student is admitted to master's or Ph.D. degree candidacy, the chairperson of the master's or Ph.D. research committee automatically becomes the student's faculty supervisor. In the case of co-chairpersons the student must designate in his or her file which co-chair will assume primary responsibility for academic advising.

Student Performance and Feedback

While the Department's system of academic advising has been designed to forestall the occurrence of any bottlenecks in the student's progress through his or her degree program, it should be realized that it is ultimately the student who bears the final responsibility for completing the program successfully. The faculty supervisor, having had experience with the procedures and policies of the Department and of the Graduate School, can advise the student as to the wisdom and propriety of his or her plans. However, this should not be seen as a substitute for the student being independently aware of the Department, program area and University regulations governing graduate study

In addition to serving as an advisor to the student, the faculty supervisor serves to inform the rest of the faculty as to the student's progress. At the end of the Fall and Spring semesters the faculty associated with each Division meet to evaluate all students enrolled in their respective programs. Each student's academic record is examined, including grades received in all classes and written evaluations of research activities. At the time of this meeting the student's faculty supervisor may be called upon to provide additional information regarding the student's progress. Each student's record is then discussed at a meeting of the entire faculty. Written notices are mailed to each student indicating the outcome of these proceedings with regard to their own status in the program. The Department reserves the right to require additional coursework, research or practica, when necessary or desirable for a particular student. Such courses of action should be expected for students on departmental probation, students who have failed portions of their qualifying exams, or whose work is otherwise judged unsatisfactory by a majority of their division committee, in consultation with the Department Chair.

Advisors and the Department take factors other than satisfactory grades into consideration in determining qualifications for advanced degrees. An adequate GPA does not in itself ensure continuance in an advanced degree program. Many departments keep records of deferred and plus and minus grades, as well as written evaluations by instructors and supervisors. These factors, along with other skills, aptitude and record of professional behavior, are considered by

the Department in determining satisfactory progress and in decisions to permit students to continue in master's and doctoral degree programs.

Guidelines for Graduate Student Mentoring Department of Psychology

As stated in the Department of Psychology Mission Statement, "in training graduate students for a career in psychological sciences it is the intent of the Department to: 1) develop in these students an advanced understanding of behavior, psychological processes, and biological processes, 2) provide rigorous training in research design and analysis, and develop advanced research skills, and 3) provide clinical psychology training and practical experience for those students seeking applied training in a career as a scientist/practitioner." In order to meet these goals it is imperative for departmental faculty to be conscientious in supervising students, and to assume an active role in their mentorship. Faculty-student interactions are expected to be cordial and respectful. Faculty are expected to be available, supportive and timely in meeting their instructional and mentoring responsibilities. If concerns regarding faculty-student interactions should arise, see page 31 for grievance procedures Graduate student mentorship should include the following duties.

I. Advising

Although students are advised by the Division Director each semester regarding curriculum and clinical training, mentors should be aware of all aspects of the students' training. Mentors should meet with students regularly to see that research efforts are coordinated with divisional and departmental deadlines and requirements, and if appropriate, clinical training. Students have responsibilities in addition to their research, and mentors should work with their students to make the process proceed smoothly. The "Graduate Student Research Evaluation Form" (**APPENDIX J**) provides important feedback to the student and is to be filled out by the student and mentor each semester. Also each semester, the student should fill out the "Research Supervisor Feedback Form" (**APPENDIX S**) to provide their mentor with constructive feedback.

II. Research Supervision

In order to train students adequately, faculty must provide direct one-on-one supervision of graduate student research activities. Although students may work closely with, and gain valuable training from postdocs, research associates, or other faculty, this training cannot substitute for direct supervision from the faculty mentor. Mentors should meet with students at least biweekly to discuss their research projects. In addition, mentors should make sure that the students are involved in all aspects of the research, and not just fulfilling a narrow role in the project. If students are collecting data on projects not directly related to their M.S. or Ph.D. projects, care should be taken to limit this activity after the first year.

III. Scientific Communication and Grantsmanship

An important part of scientific training is proficiency in writing, public speaking, and grantsmanship. Mentors should involve their students in the planning and writing of manuscripts and research grants. Frequent writing assignments, with feedback from the mentor, will enhance the student's ability to communicate scientifically. In addition, oral presentations in lab meetings, classes, and scientific conferences will improve their public speaking skills and foster confidence.

IV. Intellectual Development

It is the responsibility of the mentor to provide an environment for intellectual growth of the graduate student. Through regular one-on-one meetings, group lab meetings, journal clubs, 'brown bag' seminars, colloquia, and scientific conferences, the mentor can stimulate creativity and critical thinking among the graduate students. By the end of their training, students should be able to conceptualize and develop their own research studies.

V. Employment/Internship Opportunities

Toward the end of the students' training, mentors should take an active role in helping their students to find postdocs, internships, faculty positions, or other jobs. Placement of students in outstanding institutions will enhance their career, and it will reflect well upon our program.

RETENTION AND TERMINATION

Required courses. Students must receive a grade of B- or higher in all required courses to remain in good standing in the program. Students who receive a grade below B- in any required course MAY BE GIVEN the option of retaking the course. Students who fail to repeat the course with a grade of B- or higher may be dismissed from the program. At the end of every semester each student's course work performance is evaluated by the faculty in their track and by the psychology department faculty as a whole. The Graduate School of the University of Miami also requires that all graduate students maintain a minimum of a 3.0 GPA.

Research. Students must engage in 10 or more hours of research per week, each semester, to remain in good standing. At the beginning of each semester students must submit an outline of their planned research activities and this must be reviewed with and signed by their faculty research mentor. At the end of every semester, all students' research progress is evaluated by their faculty mentor, by the division faculty, and by the psychology department faculty as a whole. Students who fail to make satisfactory progress towards the goals proposed in their research outline may receive an unsatisfactory evaluation and in extreme cases may be terminated from the program.

Masters Thesis. Students are expected to successfully defend and complete a master's thesis by the middle of their third year in residence; students who have not completed a master's thesis by that time will receive an unsatisfactory evaluation, will not be allowed to register for more than two courses (in addition to research credits), and may be placed on probationary status. Students who fail to successfully complete a master's thesis by the fall of the fourth year will be placed on probationary status and may not take any courses (except research credits) until they complete the master's thesis. Failure to complete the thesis by the end of the fourth year may result in termination from the graduate program.

All students are expected to submit the complete and final thesis document to the graduate school within THREE months of having a formal thesis defense. Students who defend a thesis in May, and subsequently take qualifying exams the same summer, must submit their final thesis document to the graduate school by the beginning of the fall semester for that year; failure to do so may jeopardize the student's admission to Ph.D. candidacy.

Qualifying Exam/QUALIFYING PAPER and Admission to Doctoral Candidacy. Advancing to doctoral candidacy after completion of the master's degree is not automatic; students whose performance has been marginal may not be approved by the faculty for advancement to the Ph.D. One criteria for advancing to Ph.D. candidacy is the successful completion of the Clinical Qualifying Exams (or Qualifying Paper, for non-clinical Ph.D.

programs). Clinical students are required to take Clinical Qualifying Exams during the summer after the defense of their master's thesis (typically the summer after their third year in the program) and must defend the thesis project no later than May 15th of the year they expect to take qualifying exams. The Clinical Qualifying Exams (three exams on separate days) occur in early July. Students who fail any of the exams will be required to retake and pass that exam during the subsequent fall semester; failure to do so will result in termination from the clinical program.

Dissertation. Students must complete a formal dissertation by the end of their 7th year in the program. Clinical students may not apply for internship (typically in the early fall of their 4th or 5th year) until they have established a dissertation committee and successfully defended their dissertation proposal. Students who do not complete and defend their dissertations within seven years will need to re-certify their graduate credits and may be dismissed from the program.

Internship. For students enrolled in the clinical program, failure to successfully complete a clinical internship by the end of the seventh year in the program may result in program dismissal.

Clinical work. For clinical graduate students, failure to demonstrate satisfactory performance (e.g., grade of B- or higher) in any clinical course – even after retaking the course, receiving an unsatisfactory practicum evaluation, or failure to abide by APA ethical standards (e.g., confidentiality, record keeping), may result in dismissal from the program. Ethical guidelines and standards are discussed on pages 15-16 and the APA ethics code is included in full in **APPENDIX V** of the handbook.

Professional conduct. Clinical students are in a professional training program, and those who do not behave in a professional manner throughout their training may be dismissed from the program. Examples of unprofessional behavior include: frequently arriving late for classes, supervision, clinical appointments with clients, or other professional meetings; excessive defensiveness with supervisors or instructors; rude, disrespectful behavior with faculty, classmates, or clients; inappropriate dress, especially during clinical activities; and intoxication on campus. Evidence of unethical behavior in research, clinical work, or classes (e.g., cheating on exams, PLAGIARISM) is grounds for program dismissal.

GRIEVANCE PROCEDURES

There are several different procedures, both formal and informal, that are available to students who might have a concern, complaint, or grievance.

Student concerns regarding academic policies and procedures of the Psychology Department and its graduate programs may be brought to the attention of the faculty by way of the Psychology Graduate Student Association (PGSA) (see page 39). Matters of general concern also should be brought to the attention of the faculty via the PGSA representative who regularly attends faculty meetings.

Specific questions regarding funding, TA responsibilities, or course issues should be first addressed with the Director of the Division (Adult: Dr. Charles Carver; Child: Dr. Peter Mundy; Health: Dr. Neil Schneiderman). Questions on these matters also should be brought to the attention of the Associate Chair (Dr. Philip McCabe).

Concerns regarding practicum experiences should be initially discussed with the Clinical Track Coordinator for the student's division (Adult: Dr. Sheri Johnson; Child: Dr. Kristin Lindahl; Health: Dr. Pat Saab) and with the Director of Clinical Training (Dr. Annette La Greca).

For all other difficulties or concerns, including concerns regarding a faculty research mentor, attention should be directed to the Director of the Division (Carver, Mundy, Schneiderman) or to the Director of Clinical Training (La Greca). If this is not possible or comfortable, alternate contacts are available. In the Adult area, students may speak with Dr. Sheri Johnson. In the Child division, students may also speak with Dr. Kristin Lindahl, and in the Health division, students should speak with Dr. Philip McCabe. Students should also feel free to contact any faculty member with whom they feel comfortable to discuss problems or issues of mentorship.

Individual appeals regarding academic probation or termination should be forwarded to the Director of the student's program area for consideration by the affiliated faculty, or directly, to the Department Chairperson. Under extreme circumstances, the Department Chairperson may convene an *ad hoc* advisory committee consisting of three faculty members and a representative of the Graduate School to consider all sides in the matter.

All University of Miami students are subject to the policies and procedures defined in the “Student Rights and Responsibilities” document available at the Graduate School webpage within the UM website (<http://www6.miami.edu/dean-students/srr.pdf>). For issues pertaining to academic misconduct or dishonesty, students should refer to the Graduate Student Honor Code at the Graduate School webpage (<http://www.education.miami.edu/studentsintranet/pdfs/grad-gen/honorcode.pdf>).

PLAGIARISM

The following definitions and resources have been taken from the University of Miami School of Medicine Office of Research Education and Training website (<http://researchedu.med.miami.edu/x18.xml>).

Scientific Misconduct includes Fabrication, Falsification, and Plagiarism. A formal definition of Scientific Misconduct from the DHHS is still pending, however there is general consensus of the elements.

Plagiarism is the intentional use of someone else's words (e.g., direct quotes), thoughts (e.g., paraphrased quotes), ideas (e.g., charts, data), or internet materials in your own writings/presentations as if you had come up with them on your own. Plagiarism is the theft of intellectual property and is not unlike stealing from a commercial business.

Another issue to consider in this context is what some term "*self plagiarism*," in which an author uses substantial segments of his/her own published material in a new publication without reference. Another example is when students present the same paper they have written for the two different course assignments.

Although the University of Miami has established strict policies against plagiarism by students there are currently no web-based courses on plagiarism available.

The Department of Psychology will assess all theses, dissertations and qualifying papers for potential plagiarism (see Plagiarism Definitions, p. 37) using commercially available software, such as the "Safe Assignment" program provided by the Office of Instructional Advancement. All students are required to submit an electronic version of their thesis, dissertation, and/or qualifying paper to Pat Perreira at least two weeks prior to submission of the document to the Graduate School for this purpose. Students are encouraged to run their documents through the "Safe Assignment" program before they submit the document to scan for potential problems. As noted in the Graduate Student Handbook section on "Retention and Termination", evidence of plagiarism is grounds for dismissal from the program.

Resources related to plagiarism and scientific misconduct:

University of Miami Resources

University of Miami Undergraduate Honor Code
"What Constitutes Plagiarism" by Christopher F. Colby, President,
University of Miami, Undergraduate Honor Council
Composition Symposium 2002 "Punishing Forgery, Preventing Plagiarism,
and Teaching to Motivate" with Rebecca Moore Howard

Web Based Resources available

United States DHHS, Office of Research Integrity (ORI)
1993 Conference on Plagiarism and Theft of Ideas
ORI Provides Working Definition of Plagiarism

Other Resources on the Web

Comprehensive Plagiarism site at the University of Illinois
"Case Study of Plagiarism" by Terry Ann Krulwich, Dean of Graduate School,
Mt. Sinai School of Medicine, New York, NY from the ONLINE ETHICS CENTER
"Plagiarism" by Earl Babbie, Professor Sociology Department, Chapman University
"What is Plagiarism?" The History News Network staff has posted three different
definitions of plagiarism provided by the American Historical Association, Modern
Language Association and the American Psychological Association

“On Being a Scientist: Responsible Conduct in Research” from the National Academy of Science

“Keeping Kids Honest in the Information Age: Dealing with Cyber-Plagiarism” by Lorraine Sherry, a Senior Research Associate at RMC Research Corporation (Denver, CO) put together this article as part of her work with the STAR Center (Support for Texas Academic Renewal). Sherry discusses some reasons why students use the internet to “cut and paste” information to complete assignments. She also presents data about term paper providers and other sites that “encourage” plagiarism. Tips on how to teach about plagiarism, detection strategies, and methods to help prevent plagiarism are also covered.

Rebecca Moore Howard--Articles, Rebecca Moore Howard, Associate Professor of writing and rhetoric, and Writing Program Director at Syracuse University is one of the most well-known researchers in the area of composition and plagiarism. This site provides access to a number of Howard’s articles on the topic of plagiarism. Howard present a seminar at the University of Miami in September 2002. A video of Howard’s talk is available from the Office of Research Education, 305-243-7970.

NON-DISCRIMINATION POLICY

The Department of Psychology endorses the University of Miami's policy on non-discrimination, which is described in detail on the University's website:

http://www6.miami.edu/UMH/CDA/UMH_Main/0.1770.2607-1;31380-3.00.HTML

The core of the policy statement reads as follows:

The University's equal opportunity goal is to provide equal employment opportunity through the recruitment, employment and promotion of individuals at all levels within the University's employment structure without regard to race, color, sex, age, disability, veteran status, religion, national origin or sexual orientation. The University has officially adopted and reaffirms its non-discrimination/equal opportunity policy as follows:

No citizen of the United States, or any other person within the jurisdiction thereof, shall on the grounds of race, color, sex, age, disability, veteran status, religion, national origin or sexual orientation be excluded from participation in, be denied the benefits of, or be subjected to discrimination in employment or under any educational program or activity of the University.

AND

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance.

AND

No person shall be subject to sexual harassment in employment or educational programs and activities. Sexual harassment includes, but is not limited to, physical or verbal abuse of a sexual nature including graphic commentaries about an individual's body, sexually degrading remarks used to describe an individual or unwelcome propositions and physical advances of a sexual nature. Sexual harassment also includes the threat or insinuation that the lack of sexual submission will be used as a basis for employment or educational decisions affecting or interfering with an individual's salary, academic standing or other conditions of employment, academic or career development.

DEPARTMENT PRE-REGISTRATION PROCEDURE

Prior to pre-registration each semester (dates announced in advance) the student should develop a proposed course schedule for the coming semester with his or her Faculty Supervisor. Prior to meeting with the advisor, the student should secure from the Department's main office any forms required for special courses involving direct faculty supervision (Psy 684, Psy 680, Psy 681, Psy 673, Psy 674, PSY 710, PSY 730); these forms should be filled out and signed by the appropriate faculty member before the student seeks final course schedule authorization. (a "Permission to Register" is reprinted in **APPENDIX H**).

During pre-registration the student submits his or her approved course schedule and all accompanying forms to the Division Director or his/her designee for final written authorization. The Director double checks the student's records to ensure that a given course is not taken out of sequence, that the minimum number of credits required for full-time status has been achieved, and that appropriate faculty approval has been secured for special faculty supervised courses. No student will be allowed to register for courses without obtaining this final written authorization. During registration the student submits his/her approved Departmental course schedule to student Enrollment Services or the office of the Associate Dean of Arts and Sciences.

REQUESTS FOR WAIVER OF CORE COURSES, TRANSFER CREDITS AND PART-TIME STATUS

Waiver of Core Courses

If a newly admitted student has taken one or more graduate courses at another institution whose content appears to be equivalent to one or more of the Department's core courses, he or she may request a waiver for the course(s) in question. In most cases, students may not obtain more than 3 core course waivers (i.e., a minimum of 4 core courses must be taken within the department). The procedure to be followed when seeking a waiver for any core course is as follows:

1. Discuss the possibility of obtaining a course waiver with your Faculty Supervisor or Program Director, and determine the advantages and disadvantages of excluding a core course from your course schedule.
2. If it is determined that a waiver is desirable, obtain a "Request for Waiver of Core Course" form (reprinted in **APPENDIX I**) and list the course(s) in question and state the reasons for the requested waiver.
3. Initiate contact with the faculty member who is scheduled to teach the course. This faculty member has the primary authority to waive the course requirement and to recommend a substitute where appropriate.
4. The instructor determines the appropriateness of a waiver by employing one of 3 options:
 - a. Assessing the student's knowledge by interviewing the student and examining the course syllabus, text, written reports and other materials associated with the previously taken course.
 - b. Constructing, administering and scoring a specially designed examination to assess the student's knowledge of the course's content area.
 - c. Allowing the student to take the regularly scheduled exam(s) for the course without registering for it and grading the exam(s) using the same criteria as employed with other class members. The particular option chosen for any student is at the full discretion of the instructor making the decision.)
5. The instructor informs the student of his or her decision and forwards the completed waiver form (indicating approval or denial) to the student's Program Director.
6. The Program Director forwards the waiver form together with any comments to the Department Chairman.

7. The Chairman approves or denies the waiver, informs the student, and records the final decision in the student's Department file.

Master's Theses From Other Universities

In some cases the Department will accept Master's Theses from other universities as having satisfied our Master's Thesis requirement. Only empirical studies will be considered, and should be submitted to the Area Director for evaluation (see form in **APPENDIX I**).

Transfer of Credits

If a student has completed one or more graduate courses with a grade of B or above at another institution and wishes to have a corresponding number of course credits applied to his degree requirements within the Department of Psychology, he or she must first seek Department approval and then petition the Graduate School. Waiver of any given core course does not ensure transfer of course credit; nor does the approval of transfer credits mean automatic approval of a course waiver. Graduate school rules provide that no more than six transfer credits may be applied against requirements for the Masters degree. Transfer of credit from another institution will generally not be made until the student has completed a like amount of credit at the University of Miami. Work taken more than six years prior to the transfer request will not be accepted. **IMPORTANT:** The Graduate school does not allow a student to use the same course credits for two different degrees. Therefore, course credit obtained at another university that was used to fulfill the requirements of a master's degree cannot be used toward an M.S. or Ph.D. within the Department of Psychology. In these cases, the student's total Ph.D. course credit requirement (i.e., 72 credits) may be reduced by the Chairman following the recommendation of the Division Director. To illustrate this point, if a student takes 6 credits of statistics at another university in the process of obtaining an M.S., that student may ask the Division Director (i.e., Adult, Child, Health) to reduce the Ph.D. requirement from 72 credits to 66 credits. Of course, a waiver must be obtained for the credits to be reduced (see **APPENDIX I**).

The procedure for applying for course credit transfer is as follows:

1. Discuss the possibility of obtaining transfer credits with your Faculty Supervisor or Program Director.
2. If the transfer of credits appears appropriate, obtain a "Petition for Transfer of Credit" (reprinted in **APPENDIX I**) and supply the requested information regarding course descriptions, dates and institutions.
3. If not already on file, obtain an official transcript listing the courses and credits to be transferred.
4. Submit the completed Petition form and transcript to your Program Director.
5. The Program Director may request course syllabi and other course materials to assess the suitability of transfer credits. In the case of students who have already formed a Dissertation research committee, the graduate school requires committee approval of all transfer credits.
6. The Program Director forwards the Petition form together with recommendations (and Dissertation committee approval when necessary) to the Department Chairman.
7. The Department Chairman records the Department's final recommendation on the Petition form and forwards it to the Graduate School for final action.

Part-Time Status

Graduate study within the Department of Psychology has been designed for full-time students. Only under unusual circumstances are students allowed to proceed on a part-time basis, and these instances are generally limited to students who have already completed the Department's core statistics and foundation courses. On occasion students have been allowed to take a one semester leave of absence so that upon their return they may complete their course of study on a full time basis. The procedure followed for requesting part-time status or a leave of absence is as follows:

1. The student should discuss the need for a change from full-time status with his or her Faculty Supervisor or Program Director.
2. If it is determined that a reduction in course load or a leave of absence would be beneficial, the student should write a letter stating his or her request, including the reasons for making the request, to the appropriate Program Director. The Program Director should receive the request no later than two weeks prior to the desired change in status between semesters, this means at least two weeks prior to registration for the next semester.
3. The program Director will solicit recommendations from the Faculty most familiar with the student's program of study. The Director will then forward the

student's request, together with his or her own recommendation, to the Department Chairman.

4. The Department Chairman will make the final decision, inform the student and record the decision in the student's permanent file.

Failure to register for the minimum number of credits required in the student's Program Area, without first obtaining Department approval, is sufficient reason to drop a student from the Program. Failing to register for courses after the end of an approved leave of absence will be considered an official withdrawal from the program. Should the student wish to be readmitted to graduate study, an application must be filed with the Department of Psychology. The student's application will be considered along with others seeking admission to the Program during the next regular admission cycle.

PSYCHOLOGY GRADUATE STUDENT ASSOCIATION

The Psychology Graduate Student Association is a Department of Psychology student organization devoted to promoting and enhancing effective communication between graduate students and faculty. Its primary goals are to provide a forum for students' questions and concerns and to assure students a voice in Departmental decisions. All of PGSA's functions are executed by PGSA voting members and a board of graduate students elected by majority vote. The PGSA board is composed of two co-chairpersons who attend faculty meetings (general and clinical) and preside over PGSA meetings, representatives from each track (adult, child/pediatric, developmental, health) who attend individual track faculty meetings, a secretary, a Graduate Student Association (GSA) representative, and a Florida Psychological Association (FPA) student representative. All graduate students in the Department of Psychology are voting members of PGSA and are responsible for attending regularly scheduled PGSA meetings. These meetings are held at least twice a semester in order to disseminate important information and to respond to students' questions or concerns. It is extremely important that all graduate students attend these meetings and participate fully in achieving PGSA goals.

STUDENT FINANCIAL OBLIGATIONS

Funding, either in the form of a Teaching Assistantship (TA), a Research Assistantship (RA), a fellowship, or a training grant position, is provided for MOST students; any additional employment outside of the University is discouraged, and must be reviewed and approved by the DEPARTMENT CHAIR AND BY THE GRADUATE SCHOOL. Clinical graduate students interested in additional external sources of employment must FIRST obtain special permission from THEIR RESEARCH SUPERVISOR, the Director of their Division, the Director of Clinical Training, and from the Clinical Committee. Specific procedures for making such requests are included in the Handbook on pages 20-21.

Students are responsible for purchasing required textbooks.

Clinical graduate students are required to purchase their own professional liability insurance (see p. 18 of the Handbook for more details).

SEXUAL HARASSMENT POLICY

The Department of Psychology will not tolerate verbal or physical abuse on the part of its faculty, staff, or students. The Department also endorses the University's policy on sexual harassment. Full disclosure of the University of Miami's policies on sexual harassment can be found on the departmental website:

http://www6.miami.edu/UMH/CDA/UMH_Main/0.1770.2607-1;26962-2.00.html

The core of the policy is provided here:

“The University of Miami reaffirms its commitment to the concept of non-discrimination and to providing a workplace and educational forum free of sexual harassment. It is the policy of the University of Miami that sexual harassment of, or by, any administrator, faculty member, employee, or student is prohibited. A violation of the sexual harassment policy shall constitute grounds for disciplinary action up to and including dismissal from the university.”

All graduate students, faculty, and staff IN THE DEPARTMENT OF PSYCHOLOGY are required to attend a Sexual Harassment Workshop during their first few weeks at the University.

COMMITTEE ON ACCREDITATION INFORMATION

Our program is committed to the accreditation process and we fulfill our responsibilities to the APA Committee on Accreditation. For further information, students may contact: Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street NE, Washington, DC 20002-4242. They also can be reached by phone (202/ 336-5979) and information can be obtained from their website (www.apa.org/ed/accreditation).

Courses Offered in the Department of Psychology Graduate Program

Crse #	Title	Semester Offered	Frequency
600	Issues in Professional Development & Research	Fall	Yearly
604	Cognitive & Affective Basis of Behavior	Spring	Yearly
605	Cognitive Neuroscience	Fall	Yearly
609	Psychopharmacology	Spring	Every other year
610	Behavior Medicine	Spring	Yearly
613	Psychoneuroimmunology	Spring	Every other year
620	Developmental Psychology	Spring	Yearly
621	Theories of Development	Fall	Every other year
624	Atypical Social Development	Spring	Every other year
625	Social Psychology	Fall	Yearly
631	Psych Statistics, Research Methods & Design	Fall	Yearly
632	Multiple Regression Statistics	Spring	Yearly
636	Developmental Methodology	Fall	Every other year
638	Psychology of Infant Development	Fall/Spring	Every other year
640	Adult Psychopathology	Spring	Yearly
641	Child & Adolescent Psychopathology	Fall	Yearly
642	Advance Adult Psychopathology	Fall	Every other year
643	Behavior Med Dev Disabilities	Fall/Spring	Yearly
645	Introduction to Psychological Evaluation	Fall	Yearly
646	Psychological Evaluation of Adults	Spring	Every other year
647	Psychological Evaluation Children & Families	Spring	Yearly
648	Psychological Evaluation in Physical Disorders	Spring	Yearly
656	Intro Evidence-Based Psychological Treatments	Fall	Yearly
657	Intro Psychotherapy, Ethics, Professional Issues	Spring	Yearly
660	Evidence-Based Psychological Intervention with Children & Families	Fall	Every other year
661	Intervention Pediatric Psychology	Spring	Every other year
662	Health Psychology Interventions	Fall	Every other year
665	Conjoint Family Therapy	Fall	Every other year
666	Early Intervention	Fall	Every other year
670	Practicum Clinical Psy I	Fall/Spring/Summer I & II	Yearly
680-681	Research	Fall/Spring/Summer I & II	Yearly
682	Special Projects	Fall/Spring	Yearly
683	Diversity Issues in Psychology	Spring	Yearly
684	Readings in Psychology	Fall/Spring	Yearly
685	Seminar in Clinical Psychology	Fall/Spring	Periodically
686	Seminar in Clinical Psychology	Fall	Periodically
687	Seminar in Clinical Psychology	Spring	Periodically
688	Seminar in Developmental Psychology	Fall/Spring	Periodically
692	Seminar in Personality	Spring	Periodically
693	Seminar in Behavior Med (Neuropsychology)	Spring	Yearly
694	Foundations in Behavior Medicine	Fall	Yearly
697	Seminar in Biological Psy (Neuroanatomy)	Fall	Yearly
698	Quantitative Psychology	Fall	Yearly
6xx	Seminar on Ethics & Professional Development	Fall	Yearly
704	Internship Clinical Psychology	Fall/Spring	Yearly
706	Summer Practicum	Summer I & II	Yearly
710	Master's Thesis	Fall/Spring	Yearly
720	Research In Residence	Fall/Spring	Yearly
725	Master's Study	Fall/Spring	Yearly

730	Doctoral Dissertation	Fall/Spring	Yearly
750	Research In Residence	Fall/Spring	Yearly

APPENDIX A
Requirements For ADULT CLINICAL Track

Student's Name _____

Date _____

Summary of Requirements Completed: Adult Clinical

(Please indicate when the requirement was completed, course number and grade received, as appropriate.)

Foundation Courses (all required; 3 courses, excluding PSY 600, must be taken prior to Quals/M.S. Thesis)

PSY 600: Issues in Professional Development & Research _____

PSY 604: Cognitive & Affective Basis of Behavior _____

PSY 605: Cognitive Neuroscience _____

PSY 620: Developmental Psychology _____

PSY 625: Social Psychology _____

PSY 640: Adult Psychopathology _____

PSY 683: Diversity Issues in Psychology _____

Statistics Core (required)

PSY 631 - Psychological Statistics, Research Methods & Design _____

PSY 632 - Multiple Regression & Statistics _____

PSY 698 - Seminar in Quantitative Psychology _____

Normal and Abnormal Adjustment (PSY 640 & 642 required)

PSY 640 - (see above) _____

PSY 642 - Advanced Adult Psychopathology _____

Any of the following as electives: PSY 641, 610, 604, 692, or other approved course.

List _____

Assessment (PSY 645 & 646 Required)

PSY 645 - Introduction to Psychological Evaluation _____

PSY 646 - Psychological Evaluation of Adults _____

Any of the following as electives: PSY 647, 648 or other approved course.

List _____

Intervention (PSY 656 & 1 other course required)

PSY 656 - Introduction to Evidence-Based Psychological Treatments _____

One of the following: PSY 660, 662, 665, 683 or other approved course.

List _____

Practicum (indicate setting and semester completed).

PSY 657: Introduction to Psychotherapy, Ethics, & Professional Issues _____

1st practicum _____

2nd practicum _____

3rd practicum _____

4th practicum _____

5th practicum _____

(PSY 670, 1 - 3 credits/semester)

Qualifying exam (indicate when passed) _____

Internship (indicate setting and year) _____

(Enrollment in 704 (Clinical Internship) is required and continuous enrollment at UM is required until dissertation defense; interns may enroll for 1 dissertation credit per semester to maintain continuous registration.)

Masters thesis (indicate topic, committee members and date completed; six credits PSY 710 required)

Dissertation (indicate topic, committee members, date of proposal acceptance and of final oral.)

(12 credits of PSY 730 are required, from 1 to 6 per semester, no more than 3 of which may be prior to proposal acceptance. Indicate semesters and credits of PSY 730 enrollment.)

Research Advisors (list)

First year (F) _____	(Sp) _____
Second year (F) _____	(Sp) _____
Third year (F) _____	(Sp) _____
Fourth year (F) _____	(Sp) _____

Teaching Requirement

Indicate course and semester taught _____

Proposed Illustrative Course Schedule: ADULT CLINICAL Track

FIRST YEAR

Fall Semester

PSY 625: Social Psychology	3 cr.
PSY 631: Psych Statistics, Research Methods & Design	3 cr.
PSY 645: Intro Psychological Evaluation	3 cr.
PSY 600: Issues in Professional Development & Research	<u>1 cr.</u>
	10 cr.

Spring Semester

PSY 640: Adult Psychopathology	3 cr.
PSY 632: Multiple Regression & Statistics	3 cr.
PSY 646: Psych Evaluation Adults OR 683: Diversity Issues in Psychology	3 cr.
PSY 657: Intro Psychotherapy, Ethics, & Professional Issues	<u>3 cr.</u>
	12 cr.

SUMMER

PSY 706: Summer Practicum	1 cr.
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SECOND YEAR

Fall Semester

PSY 656: Intro Evidence-Based Psych Treatments	3 cr.
PSY 605: Cognitive Neuroscience OR 698: Seminar Quantitative Psychology	3 cr.
PSY 670: Practicum	1 cr.
PSY 710: Master's Research	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 646: Psych Evaluation Adults OR 683: Diversity Issues in Psychology	3 cr.
PSY 604: Cognitive & Affective Basis of Behavior OR 642: Advance Adult Psychopathology	
OR 6xx: Specialty Intervention Course	3 cr.
PSY 670: Practicum	1 cr.
PSY 710: Master's Research	<u>3 cr.</u>
	10 cr.

SUMMER

PSY 706 – Summer Practicum	1 cr.
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THIRD YEAR

Fall Semester

If Not Teaching:

PSY 605: Cognitive Neuroscience OR 698: Seminar Quantitative Psychology	3 cr.
PSY 6xx: Specialty Intervention Course OR Elective	3 cr.
PSY 6xx: Elective	3 cr.
PSY 670: Practicum	<u>1 cr.</u>

If Teaching:

PSY 605 OR 698	3 cr.
PSY 670	1 cr.
PSY 680	3 cr.
PSY 681	<u>3 cr.</u>

10 cr. 10 cr.

SPRING SEMESTER

If Not Teaching:

PSY 620: Developmental Psych	3 cr.
PSY 604: Cognitive & Affective Basis of Behavior OR 642: Advance Adult Psychopathology	
PSY 6xx: Specialty Intervention Course	3 cr.
PSY 6xx: Elective	3 cr.
PSY 670: Practicum	<u>1 cr.</u>
	10 cr.

If Teaching:

PSY 620	3 cr.
PSY 680	3 cr.
PSY 681	3 cr.
PSY 670	<u>1 cr.</u>

10 cr. 10 cr.

SUMMER

PSY 706 – Summer Practicum	1 cr.
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FOURTH YEAR

Fall Semester

PSY 6xx: Specialty Intervention (if not already taken)	3 cr.
PSY 6xx: Elective OR 730	3 cr.
PSY 670: Practicum	1 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 640/642 if not taken 3 rd yr (due to teaching)	3 cr.
PSY 6xx: Elective OR 730	3 cr.
PSY 670: Practicum	1 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

Need: Total of 18 courses of which 7 are Foundation (600, 604, 605, 620, 625, 640, 683), 3 are statistics (631, 632, 698) and 3 are clinical requirements (656, 657, 645) and 3 are track-specific (642, 646, specialty intervention).

Note: 3 Foundation courses (excluding PSY 600) must be taken prior to MS/Quals.

APPENDIX B
Requirements of CLINICAL CHILD/FAMILY TRACK

Student's Name _____ Date _____

Summary of Requirements Completed: Child/Family Clinical

(Please indicate when the requirement was completed, course number and grade received, as appropriate.)

Foundation Courses (all required; 3 courses, excluding PSY 600, must be taken prior to Quals/M.S. Thesis)

PSY 600: Issues in Professional Development & Research _____

PSY 604: Cognitive & Affective Basis of Behavior _____

PSY 605: Cognitive Neuroscience _____

PSY 620: Developmental Psychology _____

PSY 625: Social Psychology _____

PSY 641: Child & Adolescent Psychopathology _____

PSY 683: Diversity Issues in Psychology _____

Statistics Core (required)

PSY 631 - Psychological Statistics, Research Methods & Design _____

PSY 632 - Multiple Regression & Statistics _____

PSY 698 - Seminar in Quantitative Psychology _____

Normal and Abnormal Development (2 from this group are required)

PSY 636: Developmental Methodology* _____

PSY 640: Adult Psychopathology _____

PSY 641: Child & Adolescent Psychopathology _____

PSY 642: Advanced Adult Psychopathology _____

Developmental Elective: (list) _____

Assessment (2 are required)

PSY 645: Introduction to Psychological Evaluation* _____

PSY 647: Psych Evaluation of Children & Families* _____

PSY 687: (list)

Intervention (2 are required)

PSY 656: Intro to Evidence-Based Psychological Treatments* _____

PSY 660: Evidence-Based Psychological Intervention with Child & Families* _____

PSY 661: Interventions in Pediatric Psychology _____

PSY 665: Family Therapy _____

*Required courses

Research Credits

710 - Masters _____ (6 cr.; second year)

730 - Dissertation _____ (12 cr.)

Electives (list)

(1) _____ (2) _____

Practicum

657 - Intro to Psychotherapy, Ethics & Professional Issues * _____

Research Advisor

1st year: _____
2nd year: _____
3rd year: _____
4th year: _____

*** = Required**

A total of 18 courses, plus 6 credits research for Masters, 12 credits research for dissertation, 1 prepracticum and 5 practicum credits are required.

Internship (indicate setting and year) _____

(Enrollment in 704 (Clinical Internship) is required, and continuous enrollment at UM is required until dissertation defense; interns may enroll for 1 dissertation credit per semester to maintain continuous registration.)

Qualifying exam (indicate when passed) _____

Research

1. **Masters research project** (indicate topic, committee members and date completed; 6 credits PSY 710 required.)

2. **Dissertation** (indicate topic, committee members, date of proposal acceptance and of final oral)

(12 credits of PSY 730 are required, from 1 to 6 per semester, no more than 3 of which may be prior to proposal acceptance. Indicate semesters and credits of PSY 730 enrollment.)

Teaching Requirements

Indicate course and semester taught _____

Proposed Illustrative Course Schedule for: CHILD CLINICAL Track

FIRST YEAR

Fall Semester

PSY 631: Psych Statistics, Research Methods & Design	3 cr.
PSY 641: Child & Adolescent Psychopathology	3 cr.
PSY 645: Intro Psychological Evaluation	3 cr.
PSY 600: Issues in Professional Development & Research	<u>1 cr.</u>
	10 cr.

Spring Semester

PSY 632: Multiple Regression Stats	3 cr.
PSY 647: Psych Evaluation Children & Families	3 cr.
PSY 657: Intro Psychotherapy, Ethics & Professional Issues	3 cr.
PSY 620: Developmental Psych	<u>3 cr.</u>
	12 cr.

SUMMER

PSY 706 – Summer Practicum 1 cr.

SECOND YEAR

Fall Semester

PSY 656: Intro Evidence-Based Psych Treatments	3 cr.
PSY 605: Cognitive Neuroscience OR 625: Social Psychology OR 698: Seminar in Quantitative Psychology	3 cr.
PSY 670: Practicum	1 cr.
PSY 710: Master's Thesis	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 660: Evidence-Based Psych Intervention Children & Families OR 661: Intervention Pediatric Psych	3 cr.
PSY 604: Cognitive & Affective Basis of Behavior OR 640: Adult Psychopathology OR 683: Diversity Issues in Psychology	3 cr.
(If needed third foundation course to defend Master's Thesis, must take 683 or 604)	
PSY 670: Practicum	1 cr.
PSY 710: Master's Thesis	<u>3 cr.</u>
	10 cr.

SUMMER

PSY 706 – Summer Practicum 1 cr.

THIRD YEAR

Fall Semester

<u>If Not Teaching:</u>		<u>If Teaching:</u>	
PSY 605: Cognitive Neuroscience OR 625: Social Psychology OR 698: Seminar Quantitative Psychology	3 cr.	PSY 605 or 625 or 698	3 cr.
PSY 6xx: Elective	3 cr.	PSY 680	3 cr.
PSY 6xx: Elective	3 cr.	PSY 681	3 cr.
PSY 670: Practicum	<u>1 cr.</u>	PSY 670	<u>1 cr.</u>
	10 cr.		10 cr.

Spring Semester

<u>If Not Teaching</u>		<u>If Teaching</u>	
PSY 604: Cognitive & Affective Basis of Behavior OR 640: Adult Psychopathology OR 683: Diversity Issues in Psych OR 660 or other intervention	3 cr.	PSY 604 or 640 or 642 or 683 or 6xx	3 cr.
PSY 6xx: Elective	3 cr.	PSY 680	3 cr.
PSY 6xx: Elective	3 cr.	PSY 681	3 cr.
PSY 670: Practicum	<u>1 cr.</u>	PSY 670	<u>1 cr.</u>
	10 cr.		10 cr.

SUMMER

PSY 706 – Summer Practicum 1 cr.

FOURTH YEAR

Fall Semester

PSY 605: Cognitive Neuroscience OR 625: Social Psychology OR 698: Quantitative Psychology	3 cr.
PSY 6xx: Elective or 730	3 cr.
PSY 670: Practicum	1 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 604: Cognitive & Affective Basis of Behavior OR 640: Adult Psychopathology OR 683: Diversity Issues in Psychology	3 cr.
PSY 6xx: Elective or 730	3 cr.
PSY 670: Practicum	1 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

Need: Total of 18 courses of which 7 are Foundation (600, 604, 605, 620, 625, 641, 683), 3 are statistics (631, 632, 698) and 3 are clinical requirements (656, 657, 645) and 3 are track-specific (647, 660, specialty intervention).

Note: 3 Foundation courses (excluding PSY 600) must be taken prior to MS/Quals.

APPENDIX C
Requirements For PEDIATRIC HEALTH Clinical Track

Student's Name _____ Date _____

Summary of Requirements Completed: Pediatric Health

(Please indicate when the requirement was completed, course number and grade received, as appropriate.)

Foundation Courses (all required; 3 courses, excluding PSY 600, must be taken prior to Quals/M.S. Thesis)

- PSY 600: Issues in Professional Development & Research _____
- PSY 604: Cognitive & Affective Basis of Behavior _____
- PSY 605: Cognitive Neuroscience _____
- PSY 620: Developmental Psychology _____
- PSY 625: Social Psychology _____
- PSY 641: Child & Adolescent Psychopathology _____
- PSY 683: Diversity Issues in Psychology _____

Statistics Core (required)

- PSY 631: Psychological Statistics, Research Methods & Design _____
- PSY 632: Multiple Regression & Statistics _____
- PSY 698: Seminar in Quantitative Psychology _____

Normal and Abnormal Development (2 from this group are required) - in addition to core

- PSY 640: Adult Psychopathology _____
- PSY 641: Child & Adolescent Psychopathology _____
- PSY 642: Advanced Adult Psychopathology _____
- Developmental elective #1 _____
- Developmental elective #2 _____

Health/Child (not assessment or intervention) (1 course is required)

One course in Child or Health _____

Assessment (2 of following; course must be child or health oriented)

- PSY 645: Intro to Psychological Evaluation* _____
- PSY 647: Psychological Evaluation of Children & Families* _____

Intervention (3 of following) Note required courses (*)

- PSY 656: Intro to Evidence-Based Psychological Treatments* _____
- PSY 660: Evidence-Based Psychological Intervention with Children & Families* _____
- PSY 661: Intervention in Pediatric Psychology* _____
- PSY 665: Family Therapy _____

Electives (list)

Practicum

657 : Intro to Psychotherapy, Ethics & Professional Issues *

Research Advisor

1st year: _____

2nd year: _____
3rd year: _____
4th year: _____

* = Required Course

Program requires a total of 18 courses, plus 1 prepracticum, 5 practicum, 6 masters credits and 12 dissertation credits.

Internship (indicate setting and year) _____

(Enrollment in 704 (Clinical Internship) is required, and continuous enrollment at UM is required until dissertation defense; interns may enroll for 1 dissertation credit per semester to maintain continuous registration.)

Qualifying exam (indicate when passed) _____

Research

1. Masters research project (indicate topic, committee members and date completed; 6 credits PSY 710 required.)

2. Dissertation (indicate topic, committee members, date of proposal acceptance and of final oral.)

(12 credits of PSY 730 are required, from 1 to 6 per semester, no more than 3 of which may be prior to proposal acceptance. Indicate semesters and credits of PSY 730 enrollment.)

Teaching Requirement

Indicate course and semester taught _____

Proposed Illustrative Course Schedule for: PEDIATRIC HEALTH Track

FIRST YEAR

Fall Semester

PSY 631: Psych Statistics, Research Methods & Design	3 cr.
PSY 641: Child & Adolescent Psychopathology	3 cr.
PSY 645: Intro Psychological Evaluation	3 cr.
PSY 600: Issues in Professional Development & Research	<u>1 cr.</u>
	10 cr.

Spring Semester

PSY 620: Developmental Psychology	3 cr.
PSY 632: Multiple Regression Statistics	3 cr.
PSY 647: Psych Evaluation Children & Families	3 cr.
PSY 657: Intro Psychotherapy, Ethics & Professional Issues	<u>3 cr.</u>
	12 cr.

SUMMER

PSY 706 – Summer Practicum	1 cr.
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SECOND YEAR

Fall Semester

PSY 656: Intro Evidence-Based Psych Treatments	3 cr.
PSY 605: Cognitive Neuroscience OR 625: Social Psychology OR 698: Seminar in Quantitative Psychology	3 cr.
PSY 670: Practicum	1 cr.
PSY 710: Master's Thesis	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 660: Evidence-Based Psych Intervention Children & Families OR 661: Intervention Pediatric Psych	3 cr
PSY 640: Adult Psychopathology OR 683: Diversity Issues in Psychology (If needed third foundation course to defend Master's Thesis, must take 683 or 604)	3 cr
PSY 670: Practicum	1 cr.
PSY 710: Master's Thesis	<u>3 cr.</u>
	10 cr

SUMMER

PSY 706 – Summer Practicum	1 cr.
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THIRD YEAR

Fall Semester

If NOT Teaching:

PSY 605: Cognitive Neuroscience OR 625: Social Psychology OR 698: Seminar Quantitative Psychology	3 cr.
PSY 6xx: Pediatric, Child or Health Elective	3 cr.
PSY 6xx: Elective	3 cr.
PSY 670: Practicum	<u>1 cr.</u>
	10 cr.

If Teaching:

PSY 605 or 625 or 698	3 cr.
PSY 6xx:	3 cr.
PSY 680	3 cr.
PSY 670	<u>1 cr.</u>
	10 cr.

Spring Semester

If NOT Teaching

PSY 604: Cognitive & Affective Basis of Behavior OR 620: Developmental Psychology 640: Adult Psychopathology OR 683: Diversity Issues in Psych OR 6xx: Developmental Course	3 cr.
PSY 660: Evidence-Based Psych Intervention Children & Families OR 661: Intervention Pediatric Psych	3 cr.
PSY 680: Research	3 cr.
PSY 670: Practicum	<u>1 cr.</u>
	10 cr.

If Teaching:

PSY 642	3 cr.
PSY 660 or 661	3 cr.
PSY 680	3 cr.
PSY 670	<u>1 cr.</u>
	10 cr.

PSY 706 – Summer Practicum 1 cr. SUMMER

FOURTH YEAR

Fall Semester

PSY 605: Cognitive Neuroscience	OR 625: Social Psychology	OR 698: Seminar Quantitative Psychology	3 cr.
PSY 6xx: Elective or 730			3 cr.
PSY 670: Practicum			1 cr.
PSY 730: Doctoral Dissertation			<u>3 cr.</u>
			10 cr.

Spring Semester

PSY 604: Cognitive & Affective Basis of Behavior	OR 683: Diversity Issues in Psych	OR 620: Developmental Psychology	3 cr.
PSY 6xx: Elective or 730			3 cr.
PSY 670: Practicum			1 cr.
PSY 730: Doctoral Dissertation			<u>3 cr.</u>
			10 cr.

Need: Total of 18 courses of which 7 are Foundation (600, 604, 605, 620, 625, 641, 683), 3 are statistics (631, 632, 698) and 3 are clinical requirements (656, 657, 645) and 3 are track-specific (647, 660, specialty intervention).

Note: 3 Foundation courses (excluding PSY 600) must be taken prior to MS/Quals.

APPENDIX D
Requirements For APPLIED DEVELOPMENTAL Track

Student's Name _____ Date _____

Summary of Requirements Completed: Applied Developmental

(Please indicate when the requirement was completed, course number and grade received, as appropriate.)

Foundation Courses (all required; 3 courses, excluding PSY 600, must be taken prior to Quals/M.S. Thesis)

PSY 600: Issues in Professional Development & Research _____

PSY 604: Cognitive & Affective Basis of Behavior _____

PSY 605: Cognitive Neuroscience _____

PSY 620: Developmental Psychology _____

PSY 625: Social Psychology _____

PSY 641: Child & Adolescent Psychopathology _____

PSY 683: Diversity Issues in Psychology _____

Statistics Core (required)

PSY 631: Psychological Statistics, Research Methods & Design _____

PSY 632: Multiple Regression & Statistics _____

PSY 698: Seminar in Quantitative Psychology _____

Methodology

PSY 631: Psychological Statistics, Research Methods & Design _____

PSY 632: Multiple Regression & Statistics _____

PSY 698: Seminar in Quantitative Psychology _____

Developmental Core

PSY 621: Theories of Development _____

*PSY 624: Atypical Social Development _____

PSY 636: Developmental Methodology _____

PSY 641: Child & Adolescent Psychopathology _____

***Research Practicum**

PSY 677: Developmental Research Practicum (1 credit) _____

Developmental Elective

One course (choose from 541 or 623, 624, 643, 690)

*PSY 638: Development in Infancy & Early Childhood _____

*PSY 666: Research Methods in Early Intervention _____

Non-developmental Electives

First course _____

Second course _____ (can be inside Psych., e.g., PSY 635, or in another department, e.g., EPH 571)

Free Electives (developmental and/or non-developmental and/or outside department.)

First course _____ Third course _____

Second course _____ Fourth course _____

(Decisions on 4 courses are to be made in conjunction with major advisor and area coordinator.)

Qualifying paper (indicate topic, committee members and date when passed)

Research

1. **Masters Thesis** (indicate topic, committee members and date completed; 6 course credits of PSY 710 required.)

2. **Dissertation** (indicate topic, committee members, date of proposal acceptance and of final oral.)

(Twelve credits of PSY 730 are required, from 1 to 6 per semester, no more than 3 of which may be prior to proposal acceptance. Indicate semesters and credits of PSY 730 enrollment.)

3. **Research Advisors** (list)

First year	(F) _____	(Sp) _____
Second year	(F) _____	(Sp) _____
Third year	(F) _____	(Sp) _____
Fourth year	(F) _____	(Sp) _____

Teaching Requirement

Indicate course, supervisor and semester taught:

Illustrative Course Schedule for APPLIED DEVELOPMENTAL Track

FIRST YEAR

Fall Semester

PSY 631: Psych Statistics, Research Methods, & Design	3 cr.
PSY 641: Child & Adolescent Psychopathology	3 cr.
PSY 621: Theories of Development	3 cr.
PSY 600: Issues in Professional Development & Research	<u>1 cr.</u>
	10 cr.

Spring Semester

PSY 632: Multiple Regression Statistics	3 cr.
PSY 620: Developmental Psychology	3 cr.
PSY 6xx: Elective	<u>3 cr.</u>
	9 cr.

SUMMER SESSIONS

PSY 710 - Master's Thesis	3 cr.
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SECOND YEAR

Fall Semester

PSY 625: Social Psychology	3 cr.
PSY 677: Research Practicum	1 cr.
PSY 698: Quantitative Psychology	3 cr.
PSY 710: Masters Thesis	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 636: Developmental Methods	3 cr.
PSY 6xx: Elective	3 cr.
PSY 710: Master's Thesis	3 cr.
PSY 677: Research Practicum	<u>1 cr.</u>
	10 cr.

THIRD YEAR

Fall Semester

PSY 605: Cognitive Neuroscience	3 cr.
PSY 639: Research in MR/DD	3 cr.
PSY 6xx: Elective	<u>3 cr.</u>
	9 cr.

Spring Semester

Teaching Requirement (required finished Thesis)	
PSY 6xx: Elective	3 cr.
PSY 730: Dissertation	3 cr.
PSY 604: Cognitive & Affective Basis of Behavior	<u>3 cr.</u>
	9 cr.

FOURTH YEAR

Fall Semester

PSY 6xx: Elective	3 cr.
PSY 6xx: Elective	3 cr.
PSY 730: Dissertation	<u>3 cr.</u>
	9 cr.

Spring Semester

PSY 730: Dissertation	6 cr.
PSY 6xx: Elective	3 cr.

APPENDIX E
Requirements for HEALTH CLINICAL Track

Student's Name _____ Date _____

Summary of Requirements Completed: Health Psychology

(Please indicate when the requirement was completed, course number and grade received, as appropriate.)

Foundation Courses (all required; 3 courses, excluding PSY 600, must be taken prior to Quals/M.S. Thesis)

PSY 600: Issues in Professional Development & Research _____

PSY 604: Cognitive & Affective Basis of Behavior _____

PSY 605: Cognitive Neuroscience _____

PSY 620: Developmental Psychology _____

PSY 625: Social Psychology _____

PSY 640: Adult Psychopathology _____

PSY 683: Diversity Issues in Psychology _____

Statistics Core (required)

PSY 631: Psychological Statistics, Research Methods & Design _____

PSY 632: Multiple Regression & Statistics _____

PSY 698: Seminar in Quantitative Psychology _____

Health Courses (Foundations in Behavioral Medicine (PSY 694) and one other course required from list below)

PSY 609 Psychopharmacology _____

PSY 613 Psychoneuroimmunology _____

PSY 694 Foundations in Behavioral Medicine _____

PSY 693/694 Seminar in Behavioral Medicine _____

PSY 693 Seminar (Foundations in Neuropsychology) _____

PSY 697 Neuroanatomy _____

Assessment (2 courses required)

PSY 645: Introduction to Psychological Evaluation _____

PSY 648: Psychological Evaluation in Physical Disorders (Required) _____

Elective assessment course _____
(PSY 646 - Psychological Evaluation of Adults; PSY 647 - Psychological Evaluation of Children & Families)

Clinical/Pathology/Disorder Series (2 courses required)

PSY 610: Behavioral Medicine (Required) _____

PSY 640: Adult Psychopathology - Required _____

Elective Courses: PSY 641 - Child & Adolescent Psychopathology; PSY 642 - Advance Adult Psychopathology; PSY 697 – Neuroanatomy

Intervention (2 courses required)

PSY 662: Health Psychology Interventions (Required) _____

PSY 656: Introduction to Evidence-Based Psychological Treatments _____

Elective Intervention courses: _____
PSY 660: Evidence-Based Psychological Intervention with Children & Families (every 2 yrs)
PSY 665: Conjoint Family Therapy

Practicum (indicate setting and semester completed) PSY 657 and 5 other practica are required

PSY 657: Introduction to Psychotherapy, Ethics, & Professional Issues _____
1st Practicum _____ 2nd Practicum _____
3rd Practicum _____ 4th Practicum _____
(Psy 670 1-3 cr/semester) 5th Practicum _____
Elective Practica _____

Masters Thesis (6 cr.) (indicate topic, committee members and date completed; 6 credits PSY 710 required.)

Qualifying exam (indicate when passed) _____

Dissertation (indicate topic, committee members, date of proposal acceptance and of final oral)

(Twelve credits PSY 730 are required, from 1 to 6 per semester, no more than 3 of which may be prior to proposal acceptance. Indicate semesters and credits of PSY 730 enrollment.)

Research Advisors (list)

First year	(F) _____	(Sp) _____
Second year	(F) _____	(Sp) _____
Third year	(F) _____	(Sp) _____
Fourth year	(F) _____	(Sp) _____

Internship (indicate setting and year) _____
(Enrollment in 704 (Clinical Internship) is required, and continuous enrollment at UM is required until dissertation defense; interns may enroll for 1 dissertation credit per semester to maintain continuous registration.)

Proposed Illustrative Course Schedule for: HEALTH CLINICAL Track

FIRST YEAR

Fall Semester

PSY 631: Psych Stats, Research Methods & Design	3 cr.
PSY 645: Intro to Psychological Evaluation	3 cr.
PSY 694: Foundation in Behavior Medicine	3 cr.
PSY 600: Issues in Professional Development & Research	<u>1 cr.</u>
	10 cr.

Spring Semester

PSY 610: Behavior Medicine	3 cr.
PSY 632: Multiple Regression Statistics	3 cr.
PSY 640: Adult Psychopathology	3 cr.
PSY 657: Intro Psychotherapy Ethics, & Professional Issues	<u>3 cr.</u>
	12 cr.

SUMMER

PSY 706 – Summer Practicum	1 cr.
----------------------------	-------

SECOND YEAR

Fall Semester

PSY 605: Cognitive Neuroscience	3 cr.
PSY 656: Intro Evidence-Based Psych Treatments	3 cr.
PSY 698: Seminar Quantitative Psych or PSY 710	3 cr.
PSY 670: Practicum	<u>1 cr.</u>
	10 cr.

Spring Semester

PSY 648: Psych Evaluation in Physical Disorders	3 cr.
PSY 604: Cognitive & Affective Basis of Behavior OR 620: Developmental Psych OR 683: Diversity Issues in Psychology	3 cr.
PSY 670: Practicum	1 cr.
PSY 710: Master's Thesis	<u>3 cr.</u>
	10 cr.

SUMMER

PSY 706 – Summer Practicum	1 cr.
----------------------------	-------

THIRD YEAR

Fall Semester

If NOT Teaching:

PSY 662: Health Psych Interventions	3 cr.
PSY 625: Social Psychology	3 cr.
PSY 698: Seminar Quantitative Psych or 710	3 cr.
PSY 670: Practicum	<u>1 cr.</u>
	10 cr.

If Teaching:

PSY 662	3 cr.
PSY 680	3 cr.
PSY 681	3 cr.
PSY 670	<u>1 cr.</u>
	10 cr.

Spring Semester

If NOT Teaching

PSY 604: Cognitive & Affective Basis of Behavior OR 620: Developmental Psych OR 683: Diversity Issues in Psychology	3 cr.
PSY 693: Neuropsychology or Elective	3 cr.
PSY 670: Practicum	1 cr.
PSY 6xx: Elective	<u>3 cr.</u>
	10 cr.

If Teaching

PSY 604 or 620 or 683	3 cr.
PSY 670	1 cr.
PSY 680	3 cr.
PSY 681	<u>3 cr.</u>
	10 cr.

SUMMER

PSY 706 – Summer Practicum	1 cr.
----------------------------	-------

FOURTH YEAR

Fall Semester

PSY 625: Social Psychology or Elective	3 cr.
PSY 613: Psychoneuroimmunology OR 698: Seminar Quantitative Psych OR 6xx: Elective or 730	3 cr.
PSY 670: Practicum	1 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 604: Cognitive & Affective Basis of Behavior OR 620: Developmental Psych OR 683: Diversity Issues in Psychology	3 cr.
PSY 693: Neuropsychology OR Elective OR 730	3 cr.
PSY 6xx: Elective OR 730	3 cr.
PSY 670: Practicum	<u>1 cr.</u>
	10 cr.

Need: Total of 18 courses of which 7 are Foundation (600, 604, 605, 620, 625, 640, 683), 3 are statistics (631, 632, 698) and 3 are clinical requirements (656, 657, 645) and 3 are track-specific (642, 646, specialty intervention).

Note: 3 Foundation courses (excluding PSY 600) must be taken prior to MS/Quals.

APPENDIX F
Requirements For BEHAVIORAL NEUROSCIENCE Track

Student's Name _____ Date _____

Summary of Requirements Completed: Behavioral Neuroscience

(Please indicate when the requirement was completed, course number and grade received, as appropriate.)

Foundation Courses (all required; 3 courses, excluding PSY 600, must be taken prior to Quals/M.S. Thesis)

PSY 600: Issues in Professional Development & Research _____

PSY 604: Cognitive & Affective Basis of Behavior _____

PSY 605: Cognitive Neuroscience _____

PSY 620: Developmental Psychology _____

PSY 625: Social Psychology _____

PSY 640: Adult Psychopathology _____

PSY 683: Diversity Issues in Psychology _____

Statistics Core (required)

PSY 631: Psychological Statistics, Research Methods & Design _____

PSY 632: Multiple Regression & Statistics _____

PSY 698: Seminar in Quantitative Psychology _____

Psychobiology

PSY 610: Behavioral Medicine _____

PSY 694: Foundations of Behavioral Medicine _____

PSY 697: Functional Neuroanatomy _____

NEU 661: Neuroscience I _____

NEU 662: Neuroscience II _____

NEU 663: Developmental Neurobiology _____

Electives

PSY 609: Psychopharmacology _____

PSY 612: Stress, Motivation & Emotion _____

PSY 613: Psychoneuroimmunology _____

PSY 693: Neuropsychology _____

General Electives

Medical School courses included

Masters Thesis -6 credits PSY 710 (indicate topic, committee members and date completed; no course credit required.)

Qualifying Paper (indicate when passed)

Dissertation (indicate topic, committee members, date of proposal acceptance and of final oral)

(Twelve credits PSY 730 are required, from 1 to 6 per semester, no more than 3 of which may be prior to proposal acceptance. Indicate semesters and credits of PSY 730 enrollment.)

Research Advisors (list)

First year	(F) _____	(Sp) _____
Second year	(F) _____	(Sp) _____
Third year	(F) _____	(Sp) _____
Fourth year	(F) _____	(Sp) _____

Teaching Requirement

Indicate course and semester taught _____

Illustrative Course Schedule for Behavioral Neuroscience

FIRST YEAR

Fall Semester

PSY 605: Cognitive Neuroscience	3 cr.
PSY 631: Psych Statistics, Research Methods & Design	3 cr.
PSY 694: Foundations in Behavior Medicine	3 cr.
PSY 600: Issues in Professional Development & Research	<u>1 cr.</u>
	9 cr.

Spring Semester

PSY 640: Adult Psychopathology	3 cr.
PSY 632: Multiple Regression Statistics	3 cr.
NEU 661: Neuroscience I	<u>3 cr.</u>
	9 cr.

SECOND YEAR

Fall Semester

NEU 662: Neuroscience II	3 cr.
PSY 698: Seminar in Quantitative Psychology	3 cr.
NEU 697: Neuroanatomy	<u>3 cr.</u>
	9 cr.

Spring Semester

PSY 610: Behavioral Medicine	3 cr.
NEU 663: Developmental Neurobio	3 cr.
PSY 710: Masters Research	<u>3 cr.</u>
	9cr.

THIRD YEAR

Fall Semester

MCP 641: Memb. Phys. & Biophys.	3 cr.
PSY 613: Psychoneuroimmunology	3 cr.
PSY 710: Master's Thesis Research	<u>3 cr.</u>
	9 cr.

Spring Semester

PSY 604: Cognitive & Affective Basis of Behavior	3 cr.
PSY 683: Diversity Issues in Psychology	3 cr.
PSY 693: Neuropsychology	<u>3 cr.</u>
	9 cr.

FOURTH YEAR

Fall Semester

PSY 625: Social Psychology	3 cr.
PSY 730: Dissertation credits	3 cr.
PSY 730: Dissertation credits	<u>3 cr.</u>
	9 cr.

Spring Semester

PSY 620: Developmental Psychology	3 cr.
PSY 730: Dissertation credits	3 cr.
PSY 730: Dissertation credits	<u>3 cr.</u>
	9 cr.

APPENDIX G
Requirements For BEHAVIORAL MEDICINE Track

Student's Name _____ Date _____

Summary of Requirements Completed: Behavioral Medicine

(Please indicate when the requirement was completed, course number and grade received, as appropriate.)

Foundation Courses (all required; 3 courses, excluding PSY 600, must be taken prior to Quals/M.S. Thesis)

PSY 600: Issues in Professional Development & Research _____

PSY 604: Cognitive & Affective Basis of Behavior _____

PSY 605: Cognitive Neuroscience _____

PSY 620: Developmental Psychology _____

PSY 625: Social Psychology _____

PSY 640: Adult Psychopathology _____

PSY 683: Diversity Issues in Psychology _____

Statistics Core (required)

PSY 631: Psychological Statistics, Research Methods & Design _____

PSY 632: Multiple Regression & Statistics _____

PSY 698: Seminar in Quantitative Psychology _____

Behavioral Medicine (PSY 694 & 610 required)

PSY 610: Behavioral Medicine _____

PSY 694: Foundations in Behavior Medicine _____

Electives

PSY 609: Psychopharmacology _____

PSY 612: Stress, Emotion and Motivation _____

PSY 613: Psychoneuroimmunology _____

PSY 693: Neuropsychology _____

PSY 697: Neuroanatomy _____

Remaining Electives from Psychology and/or Other Departments

PSY 645: Introduction to Psychological Evaluation _____

PSY 648: Psychological Evaluation in Physical Disorders _____

Other Psychology courses: _____

Courses in other departments:

Masters Thesis -6 credits PSY 710 (indicate topic, committee members and date completed)

Qualifying Paper (indicate when passed) _____

Dissertation -12 credits PSY 730 (indicate topic, committee members, date of proposal acceptance and of final oral)

(Twelve credits of PSY 730 are required, from 1 to 6 per semester, no more than 3 of which may be prior to proposal acceptance. Indicate semesters and credits of PSY 730 enrollment.)

Research Advisors (list)

First year	(F) _____	(Sp) _____
Second year	(F) _____	(Sp) _____
Third year	(F) _____	(Sp) _____
Fourth year	(F) _____	(Sp) _____

Teaching Requirement

Indicate course and semester taught _____

Illustrative Course Schedule - Behavioral Medicine

FIRST YEAR

Fall Semester

PSY 600: Issues in Professional Development & Research	1 cr.
PSY 625: Social Psychology	3 cr.
PSY 631: Psych Statistics, Research Methods, & Design	3 cr.
PSY 694: Foundations in Behavior Medicine	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 610: Behavioral Medicine	3 cr.
PSY 632: Multiple Regression Statistics	3 cr.
PSY 640: Adult Psychopathology	<u>3 cr.</u>
	9 cr.

SECOND YEAR

Fall Semester

PSY 605: Cognitive Neuroscience	3 cr.
PSY 698: Seminar Quantitative Psychology	3 cr.
PSY 697: Neuroanatomy	<u>3 cr.</u>
	9 cr.

Spring Semester

PSY 604: Cognitive & Affective Basis of Behavior	3 cr.
PSY 683: Diversity Issues in Psychology	3 cr.
PSY 710: Masters Research	<u>3 cr.</u>
	9 cr.

SUMMER SESSION I

PSY 710 - Master's Research - 3 cr.

THIRD YEAR

Fall Semester

PSY 613: Psychoneuroimmunology	3 cr.
Behavior Medicine or Spec. Elective	3 cr.
Behavior Medicine or Spec. Elective	<u>3 cr.</u>
	9 cr.

Spring Semester

PSY 609: Psychopharmacology	3 cr.
PSY 620: Developmental Psychology	3 cr.

FOURTH YEAR

Fall Semester

PSY 730: Dissertation	3 cr.
PSY 730: Dissertation	3 cr.
Behavior Medicine or Spec. Elective	<u>3 cr.</u>
	9 cr.

Spring Semester

PSY 730: Dissertation	3 cr.
PSY 730: Dissertation	3 cr.
Behavior Med or Spec. Elective	<u>3 cr.</u>
	9 cr.

APPENDIX H

DEPARTMENT OF PSYCHOLOGY

Permission to Register

_____, has
permission

to register (Student Name) _____

(I.D.#) _____ in Psychology (circle one) 684, 673, 674, 680, 681 for
_____ credits during the (circle one) Fall, Spring, SSI, SSII, of 200____. I will accept the
responsibility for supervising and evaluating the work of the student in this course.

Faculty Supervisor

Date

APPENDIX I

Request for Waiver of Core Course

Student _____ Date _____

I request waiver of the following core course (complete separate form for each course).

_____ 605 _____ 640 _____ 621 _____ 625 _____ 630 _____ 631
_____ 632

I request waiver because

=====

TO BE COMPLETED BY COURSE INSTRUCTOR

(1)____ I recommend waiver of Psychology _____. I am satisfied that the student has mastered the content of the course. I ascertained the student's competence by (state, e.g., special exam, interview, etc.)

(2)____ I recommend waiver of Psychology _____. However, I have found the student lacking in one or more critical areas in the course. In lieu of the course I recommend that the student be required to:

(3)____ The student's previous work does not overlap the core course sufficiently. Therefore I recommend that the request for waiver be denied.

INSTRUCTOR _____

Date _____

PROGRAM DIRECTOR _____

Date _____

CHAIR _____

Date _____

Student's File (Date) _____

Department of Psychology

We have read _____ Thesis entitled
Student's Name

which was previously accepted by _____
Name of University

and agree that it should be accepted as having satisfied our M.S. requirement.

Area Director

Date

Final Decision _____

Chairman of Department

Date

UNIVERSITY OF MIAMI
GRADUATE SCHOOL

PETITION FOR TRANSFER OF CREDIT

I hereby petition for transfer of the following graduate credits taken at

(Institution) (City)

Course#	Credits Sem	Hrs	Grade	Title	Date Taken

(Use other side for any comments on nature of courses)

The official transcript of this work _____ is on file at the University
_____ was requested by me on _____
(Date)

Name _____ Date Submitted _____
(Please Print)

ID # _____ Address _____

Please remember:

1. Credits with grades of "C" are not acceptable for transfer.
2. Courses over six (6) years old, or taken by extension, are not acceptable.
3. Limit of six (6) credits for transfer in thirty (30) credit program.
Limit of nine (9) credits for transfer in thirty-six (36) credit program.
4. Credits that pertain to and have been counted toward another degree cannot be transferred.

DO NOT WRITE BELOW THIS LINE

=====

Recommendation of major department: _____

By: _____ Date: _____

Final Action Taken:

By: _____ Date: _____

**APPENDIX J
GRADUATE STUDENT RESEARCH EVALUATION FORM**

Graduate student and faculty supervisor should meet to complete the planned activities section in the first two weeks of the semester, and then complete the evaluation section *at least one week before the track committee's evaluation of students.*

Planned Activities

Students who complete thesis or dissertation projects should consider potential publications with their research mentor and try to submit such publications within 6 months of their defense. If not working on thesis or dissertation-related publication, other possible writing projects should be considered. For each line, describe the research activities the student is expected to complete during his/her research time this semester.

Literature review: _____
 Data collection: _____
 Data entry and analysis: _____
 Present findings (what meeting? oral/poster?): _____
 Writing/Publishing: _____
 Other: _____

Student's Signature	Date	Supervisor's Signature	Date
---------------------	------	------------------------	------

Print Here: _____

Print Here: _____

Evaluation of Student Research Performance

1. Average time spent per week:

_____ < 10 hours _____ about 10 hours (recommended minimum) _____ > 10 hours

2. Did the student spend an average of 30 min./week in face-to-face supervision with you? ____ Yes ____ No

If no, please explain why _____

3. Please rate the quality of the work completed in the following areas related to the above research plan. Use the following scale: 1 = unacceptable, 2 = poor, 3 = acceptable, 4 = above average, 5 = outstanding.

		Quality of Work (circle one)				
a. Literature reviews?	Not assigned	1	2	3	4	5
b. Data collection?	Not assigned	1	2	3	4	5
c. Data entry, preparation and analysis?	Not assigned	1	2	3	4	5
d. Presenting research findings?	Not assigned	1	2	3	4	5
e. Writing/Publishing?	Not assigned	1	2	3	4	5
f. Other?	Not assigned	1	2	3	4	5
g. Overall performance on research activities?		1	2	3	4	5

Please circle items from the above plan that were not completed. Note unfinished aspects of the work below, along with other comments.

I have read and understand the above evaluation.

Student's Signature	Date	Faculty Supervisor's Signature	Date
---------------------	------	--------------------------------	------

Please note any presentations you have co-authored this semester.

Please note any publications you have co-authored this semester.

Please copy this page for Victoria Noriega for the departmental newsletter.

APPENDIX K

DEPARTMENT OF PSYCHOLOGY

Agreement to Serve on Qualifying Committee

I have examined the topic outline entitled _____

submitted by _____ and agree to serve

as a member/chairperson of his/her qualifying committee. It is my understanding that the qualifying

procedure to be followed by the student involves a written examination/review paper and falls within

the Specialty Area of _____. The Qualifying requirement is scheduled to

be completed by _____.

Signature

Date

MEMORANDUM

Date _____

TO: Chairman
Department of Psychology

FROM: Director

SUBJECT: Qualifying Paper/Examination

This is to advise you that the committee listed below has approved the Qualifying paper/examination of _____,

The qualifying Specialty area is _____.

A copy of the paper/examination is attached.

Chairperson _____

APPENDIX L

FORM 1

DEPARTMENT OF PSYCHOLOGY
AGREEMENT TO SERVE ON MASTER'S THESIS
OR DISSERTATION COMMITTEE

I have read the preliminary proposal submitted by _____
for the research (s)he proposes to do in fulfilling the requirements for his/her thesis/dissertation under
the title, _____

and I agree to serve as a member/chairperson of his/her project/thesis/dissertation committee.

Signed _____

Date _____

FORM 2

DEPARTMENT OF PSYCHOLOGY

APPROVAL OF THE THESIS/DISSERTATION PLAN

I have read the final proposal submitted by _____ for the research (s)he proposes to do in fulfilling the requirements for his/her thesis/dissertation under the title, _____

I approve of the plan for conducting the research and authorize him/her to proceed to collect data in accordance with this plan.

Signed _____

Date _____

FORM 3M

**UNIVERSITY OF MIAMI GRADUATE SCHOOL
CERTIFICATE OF APPROVAL OF MASTER'S THESIS
(3 originals are required)**

TO BE FILLED IN BY STUDENT: (Please type)

Author's Name: _____

Author's ID #: _____

School: _____ Major: _____

Title of Thesis: _____

TO BE FILLED IN BY COMMITTEE MEMBERS (who also sign certification page of thesis)

This is to certify (1) that this thesis has been approved by the committee: (2) that the student has satisfactorily passed the oral examination in defense of the thesis on _____ (date); (3) that credit should be given as follows, with a grade of "S":

Course No. _____ Credits _____

(Please have committee members' names typed/printed in next to or below their signature.)

SIGNED: _____ Chairperson _____ (Date)

_____ (Committee Member)

_____ (Committee Member)

_____ (Committee Member)

TO BE FILLED IN BY DISSERTATION COORDINATOR

This thesis has been examined and found to be complete and suitable for binding.

Signed: _____ (Date)

Dissertation Coordinator in the Graduate School

(One copy of signed form to be returned to the Psychology Department.)

FORM 3D

UNIVERSITY OF MIAMI GRADUATE SCHOOL
CERTIFICATE OF APPROVAL OF DOCTORAL DISSERTATION
(3 originals are required)

TO BE FILLED IN BY STUDENT: (Please type)

Author's Name: _____

Author's ID #: _____

School: _____ Major: _____

Title of Dissertation: _____

TO BE FILLED IN BY COMMITTEE MEMBERS (who also sign certification page of thesis)

This is to certify (1) that this dissertation has been approved by the committee: (2) that the student has satisfactorily passed the oral examination in defense of the dissertation on _____ (date); (3) that credit should be given as follows, with a grade of "S":

Course No. _____ Credits _____

(Please have committee members' names typed/printed in next to or below their signature.)

SIGNED: _____ Chairperson _____ (Date)

_____ (Committee Member)

_____ (Committee Member)

_____ (Committee Member)

_____ (Committee Member)

TO BE FILLED IN BY DISSERTATION COORDINATOR

This thesis has been examined and found to be complete and suitable for binding.

Signed: _____ (Date)

Dissertation Coordinator in the Graduate School

(Date)

(One copy of signed form to be returned to the Psychology Department.)

APPENDIX M

LIST OF ADDITIONAL RESOURCES OF INTEREST TO PSYCHOLOGY GRADUATE STUDENTS

University of Miami Department of Psychology website: www.psy.miami.edu

- Departmental information on financial assistance: <http://www.psy.miami.edu/graduate/financial.phtml>
- Departmental list of faculty members and research interests: click on the “research” link, and then select a division, at www.psy.miami.edu

University of Miami website: www.miami.edu

- University of Miami Toppel Career Center: www.miami.edu/toppel
- University of Miami Student Health Center: <http://www6.miami.edu/student-health/>
- University of Miami Accessibility Resources: <http://www6.miami.edu/umar/>
- Graduate Student Honor Code and other student responsibilities: see *Student Rights and Responsibilities*: <http://www6.miami.edu/dean-students/srr.pdf>
- University of Miami Academic Resource Center: <http://www.umarc.miami.edu>
- University of Miami Counseling Center: <http://www6.miami.edu/counseling-center/>
- Support and guidance for minority students: http://www6.miami.edu/UMH/CDA/UMH_Main/1,1770,36737-1;36719-2;36817-3,00.html

University of Miami Graduate School website: www.miami.edu/grad

- Graduate financial assistance: http://www6.miami.edu/UMH/CDA/UMH_Main/0,1770,23370-1;27034-3,00.html
- Off-campus housing information: <http://www.sa.miami.edu/off-campus-services/off-campus-housing/index.htm>
- Health insurance information: http://www6.miami.edu/UMH/CDA/UMH_Main/0,1770,23370-1;29879-2;45046-3,00.html
- Research resources: http://www6.miami.edu/UMH/CDA/UMH_Main/0,1770,2425-1;11493-2,00.html
- Professional development, transportation, and recreational/cultural activities: http://www6.miami.edu/UMH/CDA/UMH_Main/1,1770,23370-1;28117-3,00.html

American Psychological Association website: www.APA.org

APPENDIX N

ELIGIBILITY TO SIT FOR THE QUALIFYING EXAM/PAPER

In order to be eligible to take the Qualifying Exam/Paper a student must be in good standing, have successfully completed the course requirement for the M.S. degree and successfully defended the M.S. thesis by May 15 of the year he/she wishes to fulfill the qualifying requirement. Students who have received an M.S. degree from another institution must provide an official transcript and proof of the M.S. degree (i.e., the M.S. degree itself) from that institution. Only after the thesis has been approved by the Division Director will they be allowed to sit for the Qualifying Exam/Paper (also by May 15).

Below is a checklist of these items which **must** be verified by the student's advisor and by the department.

- _____ Completion of M.S. coursework or official transcript of M.S. coursework from other institution.
- _____ Documentation of approved M.S. degree from other institution or successful M.S. defense at UM
- _____ Student in good standing within Department.

Student' Name (Please Print)

Student's Signature

Student's Advisor (Please Print)

Advisor's Signature

Departmental Staff

Departmental Chair

**APPENDIX O
CLINICAL PRACTICE SURVEY**

Fall _____ Spring _____ Summer _____ Year _____
ALL CLINICAL STUDENTS ARE REQUIRED TO COMPLETE THIS [by September 15th]
RETURN to Liz Reyes in Flipse 320 or put it in her mailbox

Name: _____ **Major Research Advisor:** _____

- (1) What track are you in? **Adult** **Child** **Health**
- (2) What year are you in? **1st** **2nd** **3rd** **4th** **5th** **Other:** _____
- (3) Do you carry individual student malpractice insurance (through the APA or otherwise)? **YES** **NO**
- (4) Are you currently seeing any assessment or therapy clients, even as part of a research placement?
YES **NO** (do not continue)
- (5) Are you currently a full-time practicum student? **YES** **NO** (go to #6)
If yes, what is your **primary practicum setting?** _____
- Are you also seeing clients/cases in a setting other than your primary practicum setting? **YES** **NO**
- (6) Have you completed your 5 credits of full-time practica but are still seeing clients? **YES** **NO**
- (7) Please complete the following for **all sites that you have clinical contact, including required practicum.**
Use the back of the form if more space is needed.

Name of site: _____
Type of clinical work: _____
Number of clients (per week): _____
Number of hours (per week): _____
Name of supervisor: _____
Supervisor's e-mail address: _____ Supervisor's Phone: ()
Type of supervision: **Individual** **Group** **Other:** _____
Amount of supervision per week: _____
Are you being paid? **Yes** **No**

Name of site: _____
Type of clinical work: _____
Number of clients (per week): _____
Number of hours (per week): _____
Name of supervisor: _____
Supervisor's e-mail address: _____ Supervisor's Phone: ()
Type of supervision: **Individual** **Group** **Other:** _____
Amount of supervision per week: _____
Are you being paid? **Yes** **No**

Name of site: _____
Type of clinical work: _____
Number of clients (per week): _____
Number of hours (per week): _____
Name of supervisor: _____
Supervisor's e-mail address: _____ Supervisor's Phone: ()
Type of supervision: **Individual** **Group** **Other:** _____
Amount of supervision per week: _____
Are you being paid? **Yes** **No**

APPENDIX P

MEMORANDUM OF INSURANCE		Date Issued 08/06/2001			
Insured Name Address Miami, FL 33173		This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below			
Producer Seabury & Smith, Inc. 1776 West Lakes Parkway West Des Moines, Iowa 50398		Company Affording Coverage Chicago Insurance Company			
		Covered Person (Status) Student	Owner Employee		
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability	To Be Assigned	8/6/2001	8/6/2002	each incident or occurrence in the aggregate	\$1 million each incident / \$3 million annual aggregate
Occurrence					
Memorandum Holder					
		Authorized Representative: <i>Steven C. Lister</i>			

APPENDIX Q

APA Tracking Form _____ Spring _____

- 1) Your name: _____
- 2) Year in program (circle one): 1 2 3 4 5 6
- 3) Track (circle one): Child Adult Health
- 4) Year entered program: _____
- 5) Ethnicity (circle one): African American/Black Caucasian Hispanic/Latino
 Asian/Pacific Islander American Indian/Alaska Native Multi-ethnic
- 6) Date of Birth: _____
- 7) Funding type (circle one): TA RA Fellowship
- 8) Research Advisor: _____
- 9) Have you defended your masters thesis (circle one)? YES NO
 If yes: What was the date of your thesis defense? _____
 Who was your major advisor? _____
- 10) Have you defended your dissertation (circle one)? YES NO
 If yes: What was the date of your dissertation defense? _____
 Who was your major advisor? _____
 What was the title of your dissertation? _____

- 11) For the current school year (i.e., **from September 1, 2000 to August 31, 2001**), please check the appropriate boxes in the table below:

	<u>YES</u>	<u>NO</u>
Are you a member of any professional/research organizations?		
Have you been an author/co-author of any papers or workshops at professional meetings?		
Have you been an author/co-author of any articles in professional and/or scientific journals?		
Are you involved in grant-supported research (e.g., a RA)?		
Are you involved in teaching (either through a TA or by teaching a class)?		
Are you involved in the delivery of professional services on- or off-campus (e.g., practicum placements)?		

APPENDIX R

Recommended Form for Practicum Documentation (from the APPIC Internship Application; www.APPIC.org)

Doctoral Practicum Documentation

This form was created to allow applicants to document their experience in therapy and other psychological interventions. While this form lists a wide range of experiences that one might have had, **no applicant is expected to have experience in all, or even most, of these areas.** In fact, most internship programs focus on those areas that are a good fit for their program. You are advised to identify those categories that fit best with your experiences and provide the relevant information for those categories.

Instructions For This Section:

1. For items 1 - 4 in this section, you should only count hours for which you received formal academic training and credit or which were program-sanctioned training experiences (e.g., VA summer traineeship, clinical research positions, time spent in the same practicum setting after the official practicum has ended). Practicum hours must be supervised. Please consult with your academic training director to determine whether experiences are considered program sanctioned or not. The academic training director must be aware of and approve of the clinical activity. Academic credit is not a requirement in all cases. Items 5 - 7 ask for information about practicum and/or work experience.
 2. You will be asked to report your practicum hours separately for: (1) practicum hours accrued in your doctoral program, and (2) practicum hours accrued as part of a terminal master's experience in a mental health field. **Hours accrued while earning a master's degree as part of a doctoral program should be counted as doctoral practicum hours.**
 3. **Practicum hour** - A practicum hour is a clock hour, not a semester / quarter hour. A 45-50 minute client / patient hour may be counted as one practicum hour.
 4. Items 1 - 3 below are meant to be mutually exclusive; thus, any practicum hour should **not** be counted more than once across these three items. **You may have some experiences that could potentially fall under more than one category, but it is your responsibility to select the category that you feel best captures the experience.** (For example, a Stress Management group might be classified as a group or as a Medical / Health-Related Intervention, but not both.)
 5. For items 1-3, include only experience accrued through November 1, 2004. Item 4 will allow you to designate estimated future practicum hours to be accrued prior to the start of internship.
 6. When calculating practicum hours, you should provide your best estimate of hours accrued or number of clients / patients seen. It is understood that you may not have the exact numbers available. Please round to the nearest whole number. Use your best judgment, in consultation with your academic training director, in quantifying your practicum experience.
- 1. INTERVENTION AND ASSESSMENT EXPERIENCE - How much experience do you have with different types of psychological interventions and assessment?**

Please report actual clock hours in direct service to clients / patients. Hours should not be counted in more than one category. Time spent gathering information about the client / patient, but not in the actual presence of the client / patient, should instead be recorded under item 2, below ("Support Activities").

For the "Total hours face-to-face" columns, count each hour of a group, family, or couples session as

one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours. For the “# of different...” columns, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group. Groups may be closed or open membership; but, in either case, count the group as one group.

***Remember that hours accrued while earning a master’s degree as part of a doctoral program should be counted as doctoral practicum hours.**

	<u>DOCTORAL*</u>		<u>TERMINAL MASTERS*</u>	
	Total hours face-to-face	# of different individuals	Total hours face-to-face	# of different individuals
a. Individual Therapy				
1) Older Adults (65+)				
2) Adults (18-64)				
3) Adolescents (13-17)				
4) School-Age (6-12)				
5) Pre-School Age (3-5)				
6) Infants / Toddlers (0-2)				
b. Career Counseling				
1) Adults				
2) Adolescents				
	Total hours face-to-face	# of different groups	Total hours face-to-face	# of different groups
c. Group Therapy				
1) Adults				
2) Adolescents (13-17)				
3) Children (12 and under)				
	Total hours face-to-face	# of different families	Total hours face-to-face	# of different families
d. Family Therapy				
	Total hours face-to-face	# of different couples	Total hours face-to-face	# of different couples
e. Couples Therapy				
	Total hours face-to-face	# of different individuals	Total hours face-to-face	# of different individuals
f. School Counseling Interventions				
1) Consultation				
2) Direct Intervention				
3) Other (Specify:)				
g. Other Psychological Interventions				
1) Sports Psychology / Performance Enhancement				
2) Medical / Health - Related Interventions				
3) Intake Interview /				

Structured Interview

- 4) Substance Abuse Interventions
- 5) Other interventions (e.g., milieu therapy, treatment planning with the patient present.)

Please describe the nature of the experience(s) listed in g-5:

h. Psychological Assessment Experience: This is the estimated total number of face-to-face client contact hours administering and providing feedback to clients/patients. This does not include time spent scoring and/or report writing, which should be included under item 2, below ("Support Activities"). You will provide information about numbers of tests administered in Section 4 of the AAPI.

DOCTORAL*	TERMINAL MASTERS*
Total hours face-to-face	Total hours face-to-face

- 1) Psychodiagnostic test administration (Include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment), and providing feedback to clients/patients.
- 2) Neuropsychological Assessment (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).
- 3) Other (Specify :)

i. Other Psychological Experience with Students and/or Organizations:

DOCTORAL*	TERMINAL MASTERS*
Total hours face-to-face	Total hours face-to-face

- 1) Supervision of other students performing intervention and assessment activities
- 2) Program Development/Outreach Programming
- 3) Outcome Assessment of programs or projects
- 4) Systems Intervention / Organizational Consultation / Performance Improvement

5) Other (Specify:)

TOTAL INTERVENTION AND ASSESSMENT HOURS:

Add the number of hours included in 1a through 1i above

DOCTORAL*	TERMINAL MASTERS*
Total hours	Total hours
face-to-face	face-to-face

Total Intervention & Assessment Hours:

2. **SUPPORT ACTIVITIES – How much time have you spent in support activities related to your intervention and assessment experience?** This item includes activities spent outside the counseling / therapy hour while still focused on the client / patient (e.g. chart review, writing process notes, consulting with other professionals about cases, video / audio tape review, time spent planning interventions, assessment interpretation and report writing, etc.). In addition, it includes hours spent at a practicum setting in didactic training (e.g. grand rounds, seminars).

DOCTORAL*	TERMINAL MASTERS*
Total hours	Total hours

Total Support Hours:

3. **SUPERVISION RECEIVED – How much time have you spent in supervision?** Supervision is divided into one-to-one, group, and peer supervision / consultation. Supervision provided to less advanced students should be counted in item 1i-1, above.

Item 3a: Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the psychological services rendered by the student.

Items 3b and 3c: The hours recorded in the group supervision category should be actual hours of group focus on specific cases. Many excellent practicum courses incorporate both didactic and experiential components in the course activity. **While the didactic portion is excellent training, it should not be recorded as a supervision activity; it should instead be included as a support activity in Item 2 (“Support Activities”) above.** This may necessitate breaking the hours spent in a practicum course into intervention, supervision, and didactic activities by actual course hours. For example, if you present on the “Psychosocial Issues of HIV Infection” using examples of cases, it is a didactic activity. Similarly, Grand Rounds that consists of in-service education on specific topics would not be considered supervision for the purposes of documenting practicum hours, but would be considered a support activity.

DOCTORAL*	TERMINAL MASTERS*
Total hours	Total hours

- a. Hours spent in one-on-one, face-to-face supervision:
- b. Hours spent in group supervision:
- c. Hours of peer supervision / consultation and case discussion on specific cases:

Total Supervision Hours (add 3a, 3b, and 3c):

- 4. SUMMARY OF PRACTICUM HOURS** - This section summarizes the total number of practicum hours described above, along with estimated future practicum hours. In columns one and two, please include the total hours as designated in items 1 - 3 above. In column three, please estimate the number of hours to be accrued between November 2, 2004 and July 1, 2005. In column four please total the numbers from the previous columns.

DOCTORAL* through Nov. 1, 2004	TERMINAL MASTERS*	Estimated after Nov. 1, 2004**	Total Hours
--------------------------------------	----------------------	-----------------------------------	-------------

- a. Total Intervention and Assessment Hours (item 1):
- b. Total Support Hours (item 2):
- c. Total Supervision Hours (item 3):

GRAND TOTAL

* Hours accrued while earning a master's degree as part of a doctoral program should be counted as doctoral practicum hours.

** For Hours Estimated after Nov. 1, 2004, please describe the type of experience anticipated:

CLINICAL WORK EXPERIENCES – What other clinical experiences have you had?

Some students may have had work experience outside of their master's and doctoral training. This section is to include professional work experiences separate from practica or program sanctioned work experience. Use this section to describe settings and activities that are not included in items 1-4 above, "Intervention and Assessment Experience". You may simply provide this information in narrative form or you may present this information in a format similar to that used above (i.e., using the format from one or more items 1-4 above). If you choose to identify hours, please use the same criteria for intervention and assessment hours, support hours, and supervision hours.

6. INFORMATION ABOUT YOUR PRACTICUM AND WORK EXPERIENCE

- a. **TREATMENT SETTINGS - How many hours have you spent in each of the following treatment settings?** Please indicate the estimated total number of hours (including intervention and assessment, support, and supervision) spent in each of the following treatment settings through November 1, 2004. The total number of practicum hours in the first two columns for this section should equal the Grand Total in item 4, columns 1 and 2, above.

DOCTORAL through Nov. 1, 2004	TERMINAL MASTERS	Other Work Experience	Total Hours
-------------------------------------	---------------------	--------------------------	-------------

Child Guidance Clinic

Community Mental Health Center

Department Clinic (psychology
clinic run by a department or school)

Forensic / Justice setting
(e.g., jail, prison)

Inpatient Hospital

Military

Outpatient Medical / Psychiatric
Clinic & Hospital

University Counseling Center /
Student Mental Health Center

Schools

Other (Specify:)

**Total Hours in all Treatment
Settings**

b. What types of groups have you led or co-led? Please describe.

c. Do you have experience with Managed Care Providers in a professional therapy / counseling /
assessment capacity? (Put an "X" next to only one choice)

Yes
No

d. Have you audio or videotaped clients/patients and reviewed these tapes with your clinical
supervisor?

Audio tape review

Yes
No

Videotape review

Yes
No

e. In which languages other than English (including American Sign Language), are you FLUENT
enough to conduct therapy?

- f. What is your experience with diverse populations in a professional therapy /counseling or an assessment capacity? Please indicate the number of clients/patients seen for each of the following diverse populations. You may provide additional information or comments in the space provided. Include under the assessment column clients/patients for whom you performed assessments and/or intake interviews. For this section, you may include a single client/patient in more than one category and/or more than one column, as appropriate. For families, couples, and/or groups please count each individual as a separate client or patient

Number of Different
Clients / Patients Seen

Intervention Assessment

Race / Ethnicity

African-American / Black / African Origin
 Asian-American / Asian Origin / Pacific Islander
 Latino-a / Hispanic
 American Indian / Alaska Native / Aboriginal Canadian
 European Origin / White
 Bi-racial / Multi-racial
 Other (specify below)

Sexual Orientation (Please indicate only for those clients where this information is known.)

Heterosexual
 Gay
 Lesbian
 Bisexual
 Other (specify below)

Disabilities

Physical / Orthopedic Disability
 Blind / Visually Impaired
 Deaf / Hard of Hearing

Learning / Cognitive Disability

Developmental Disability
 (Including Mental Retardation and Autism)

Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders that significantly interfere with adaptive functioning)

Other (specify below)

Gender

Male
 Female
 Transgendered

Comments:

- 7. TEACHING EXPERIENCES - What is your teaching experience?** Please summarize any teaching experience that you have. Include both undergraduate and graduate courses taught.

SECTION 4: TEST ADMINISTRATION

What is your experience with the following instruments? Please indicate all instruments used by you in your assessment experience, excluding practice administrations to fellow students. You may include any experience you have had with these instruments such as work, research, practicum, etc., other than practice administrations. Please indicate the number of tests that you administered and scored in the first column and of these, please indicate in the second column, the number of reports that include an interpretation of this test. Please designate your experiences for the instruments listed below, without changing the sequence in which they are listed. Then, you may add as many additional lines (under "Other Tests") as needed for any other tests that you have administered.

1. ADULT TESTS

<u>Name of Test</u>	<u># Administered and Scored</u>	<u># of Reports Written</u>
Bender Gestalt		
Millon Clinical Multi-Axial Inv. III (MCMI)		
MMPI-II		
Myers-Briggs Type Indicator		
Personality Assessment Inventory		
Projective Sentences (includes Rotter Sentence Completion and other Sentence Completion Tests)		
Projective Drawings (includes Draw-a-Person Test and Kinetic Family Drawing Test)		
Rorschach (scoring system:)		
Self-report measures of symptoms / disorders (e.g., Beck Depression Inventory)		
Strong Interest Inventory		
Structured Diagnostic Interviews (e.g., SADS, DIS)		
TAT		
Trail Making Test A & B		
WAIS-III		
Wechsler Memory Scale III		
<u>Other Tests:</u>		

2. CHILD AND ADOLESCENT TESTS

<u>Name of Test</u>	<u># Administered and Scored</u>	<u># of Reports Written</u>
Connors Scales (ADD assessment)		
Diagnostic Interviews (e.g., DISC, Kiddie-SADS)		
MMPI-A		
Parent Report Measures (e.g., Child Behavior Checklist)		
Peabody Picture Vocabulary Test		
Rorschach (scoring system:)		
Self report measures of symptoms / disorders (e.g., Children's Depression Inventory)		
WISC-III		
WPPSI-R		
WRAT		
<u>Other Tests:</u>		

3. INTEGRATED REPORT WRITING

How many supervised integrated psychological reports have you written for each of the following populations? An integrated report includes a history, an interview, and at least two tests from one or more of the following categories: personality assessments (objective 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.

- a. Adults:
- b. Children / Adolescents:

SECTION 5: PROFESSIONAL CONDUCT

Please answer ALL of the following questions with “YES” or “NO”: (If yes, please elaborate)

1. 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?

2. Are there any complaints currently pending against you before any of the above bodies?

3. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?

4. Have you ever been suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer?

5. 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/or the internship site?

6. Have you ever, in your lifetime, been convicted of an offense against the law other than a minor traffic violation?

7. Have you ever, in your lifetime, been convicted of a felony?

SECTION 6: 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.

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.

Applicant's Signature:

Date:

APPENDIX S
UNIVERSITY OF MIAMI - DEPARTMENT OF PSYCHOLOGY
Research Supervision Feedback Form
Due Dates: Fall, December 8th; Spring, May 8th
(For completion by all students)

Directions: Please fill out the following anonymously and return it to **MS. JOYCE LALOR.**

This form is reviewed by the Department Chairman and the appropriate Division Director. Information from this form is conveyed to the research supervisor once enough have been completed to be aggregated. Data are taken into consideration in faculty members' evaluations. Therefore, we ask you take the evaluation process seriously. Beyond numerical ratings, your comments would be appreciated. Please be specific in your comments so that they can easily be conveyed to the supervisor.

Research Supervisor: _____ Date of Evaluation: _____
Evaluation Period (circle one) Fall Spring Summer Year: _____

1. Definitely Unsatisfactory 3. Satisfactory 5. Very Good N/A Not Applicable
2. Needs Improvement 4. Good 6. Exceptional

- | | | | | | | | |
|---|---|---|---|---|---|---|-----|
| 1. Supervisor was willing to spend at least 30 minutes/week in face-to-face research supervision with me. | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 2. Early in the semester, my supervisor and I agreed upon a set of research-related goals that I would pursue. | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 3. Those research goals were meaningfully related to my career development. | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 4. My supervisor was aware of my other training obligations (e.g., clinical responsibilities). | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 5. My supervisor established rapport and related effectively with me. | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 6. My supervisor provided me with timely feedback on my research-related work products. | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 7. My supervisor involved me in research activities that were likely to lead to publications or conference presentations. | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 8. My supervisor helped me gain pragmatic skills, by providing guidance on topics such as how to find articles, organize a paper or presentation, or conduct statistics. | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 9. My supervisor helped me gain conceptual skills, by providing guidance on topics such as how to think about and summarize relevant literature or methodological concerns. | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 10. My supervisor's expectations of me were reasonable. | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 11. Overall quality of supervision. | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| 12. Overall satisfaction with my research supervisor. | 1 | 2 | 3 | 4 | 5 | 6 | N/A |

Comments about the best ways to address lower ratings:

Comments about strengths and positives of this supervisor:

You are encouraged to talk directly with your faculty mentor about any concerns. If you would like more help in resolving issues and would prefer discussing your concerns in person rather than on paper, you should feel free to contact your track director (Drs. Carver, Mundy, or Schneiderman)

APPENDIX T

**UNIVERSITY OF MIAMI
DEPARTMENT OF PSYCHOLOGY**

Practicum Supervision Feedback Form

Due Dates:

Fall – December 8th

Spring – May 8th

Summer – August 1st

(For completion by students)

Directions: Please fill out the following **anonymously** and return it to
MS. JOYCE LALOR, 524 FLIPSE, Coral Gables Campus.

This form is reviewed by the Department Chairman, the Director of Clinical Training and the Clinical Coordinator for the student's academic track. Information contained in this form is conveyed to the practicum supervisor. If you wish to maintain anonymity, please write a separate letter to the Department Chairman or Director of Clinical Training.

Practicum Supervisor: _____

Practicum Site: _____

Date of Evaluation: _____

Evaluation Period (circle one) Fall Spring Summer Year _____

General Information

Mode of supervision: _____ Individual _____ Group

Type of supervision: _____ Video Tape _____ Direct Observation
(% of each) _____ Audio Tape _____ Post Hoc Discussion

Type of cases: _____ Assessment _____ Individual Therapy
(% of each) _____ Couple Therapy _____ Family Therapy
 _____ None

PART I

Please use the 6-point scale below to respond to each of the items that follow. In addition to the numerical ratings, your comments would be appreciated. Please be specific in your comments so that they can easily be conveyed to the supervisor.

	1. Definitely Unsatisfactory	2. Needs Improvement	3. Satisfactory	4. Good	5. Very Good	6. Exceptional	N/A Not Applicable
1. Quality of Supervision Comments:	1	2	3	4	5	6	N/A
2. Amount of Supervision Comments:	1	2	3	4	5	6	N/A
3. Supervisor's responsiveness to your training needs. Comments:	1	2	3	4	5	6	N/A
4. Supervisor established rapport and related effectively with me. Comments:	1	2	3	4	5	6	N/A
5. Supervisor allows for differences in my style and orientation. Comments:	1	2	3	4	5	6	N/A
6. Supervisor as "role model" of professional psychologist. Comments:	1	2	3	4	5	6	N/A
7. Extent to which supervisor promoted a comfortable context for growth. Comments:	1	2	3	4	5	6	N/A
8. How satisfied are you that your professional development was enhanced by this supervisory experience? Comments:	1	2	3	4	5	6	N/A

PART II

Please use the 6-point scale below to respond to each of the items that follow. In addition to the numerical ratings, your comments would be appreciated. Please be specific in your comments so that they can easily be conveyed to the supervisor.

1. Definitely Unsatisfactory	3. Satisfactory	5. Very Good					N/A Not Applicable		
2. Needs Improvement	4. Good	6. Exceptional							
Is prompt for supervisory appointments.			1	2	3	4	5	6	N/A
Follows through with time commitments or “make up” cancellations.			1	2	3	4	5	6	N/A
Clearly spells out expectations of you.			1	2	3	4	5	6	N/A
Communicates professional values to you.			1	2	3	4	5	6	N/A
Collaborates with you in setting professional goals.			1	2	3	4	5	6	N/A
Is available and accessible when you need help.			1	2	3	4	5	6	N/A
Offers direct supervision (review of tapes or observations on site.			1	2	3	4	5	6	N/A
Gives direct instruction/suggestions when appropriate.			1	2	3	4	5	6	N/A
Helps you conceptualize the dynamics of cases.			1	2	3	4	5	6	N/A
Offers useful advice regarding therapy techniques.			1	2	3	4	5	6	N/A
Is open to discussion of different theoretical viewpoints.			1	2	3	4	5	6	N/A
Encourages you to experiment so that you can develop your own style.			1	2	3	4	5	6	N/A
Helps you develop self-confidence as a professional.			1	2	3	4	5	6	N/A
Challenges/confronts you when appropriate.			1	2	3	4	5	6	N/A
Is able to discuss disagreements with you in a constructive manner.			1	2	3	4	5	6	N/A
Helps you deal with personal issues which may impact your effectiveness as a therapist.			1	2	3	4	5	6	N/A
Respects your “boundaries” in terms of privacy.			1	2	3	4	5	6	N/A
Shows enthusiasm about supervising you.			1	2	3	4	5	6	N/A

PART III

Please comment on the following characteristics in terms of your practicum site:

Ease of adjustment into the work place:

Clarity in communication of professional responsibilities and procedures:

Availability and amount of client contact:

Relations with site staff:

In-service training opportunities:

Number of required hours and/or days on site:

Additional comments:

APPENDIX U

STUDENTS: PLEASE CHECK YOUR FILE REGULARLY TO BE SURE THAT ALL EVALUATIONS ARE PRESENT. THIS WILL PREVENT UNDUE STRESS WHEN APPLYING TO INTERNSHIPS.

**PLEASE RETURN FORM TO CLINICAL COORDINATOR OF STUDENT'S ACADEMIC TRACK
(Adult-Dr. Johnson/Child-Dr. Lindahl/Health-Dr. Saab)
508 FLIPSE (LOCATOR 0751)
UNIVERSITY OF MIAMI
DEPARTMENT OF PSYCHOLOGY
Due Dates: Fall, December 10th
Spring, May 8th
Summer, August 31st**

Clinical Practicum Training Evaluation

Practicum Student: _____

Practicum Site: _____

Practicum Supervisor: _____

Date of Evaluation: _____

Evaluation Period: _____

Student's Academic Track: Adult Child Health

Nature of the Practicum: All Assessment All Therapy Combination

Description of client population seen by the student (demographics and purpose of assessments; or diagnostic categories and/or typical population characteristics)

Nature of the student's assignments during practicum period:

Rating Scale

For the next four sections, please use the following "anchors" in making your evaluations:

1. Never does this OR has never demonstrated this quality or characteristic.
2. Does this (OR demonstrates this quality or characteristic) on rare occasions, less than 25% of the time.

3. Sometimes does this (OR sometimes demonstrates this quality or characteristic), but not consistently, about half the time.
 4. Usually does this (OR usually demonstrates this quality or characteristic), but not always, about 75% of the time.
 5. Always does this OR always demonstrates this quality or characteristic.
 - ?. Insufficient information to evaluate this behavior, quality or characteristic.
-

I. Professional conduct

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Prompt for meetings, supervision, client appointments | 1 | 2 | 3 | 4 | 5 | ? |
| 2. Dresses appropriately and professionally | 1 | 2 | 3 | 4 | 5 | ? |
| 3. Polite and professional telephone manner | 1 | 2 | 3 | 4 | 5 | ? |
| 4. Polite and respectful with office staff, peers and supervisor | 1 | 2 | 3 | 4 | 5 | ? |
| 5. Notes are legible | 1 | 2 | 3 | 4 | 5 | ? |
| 6. Notes and reports reflect an awareness of legal/ethical needs for documentation balanced by need for client privacy | 1 | 2 | 3 | 4 | 5 | ? |
| 7. Notes are in order, signed and cosigned, and affixed in chart | 1 | 2 | 3 | 4 | 5 | ? |
| 8. Notes are made for all sessions, telephone contacts and supervision meetings | 1 | 2 | 3 | 4 | 5 | ? |
| 9. Notes are completed within: | | | | | | |
| One day | | | | | | |
| One week | | | | | | |
| More than one week | | | | | | |
| 10. Able to plan and make case presentation concisely | 1 | 2 | 3 | 4 | 5 | ? |

Future goals for professional conduct:

II. Supervision

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Comes to supervision prepared with testing material or tapes/notes of client | 1 | 2 | 3 | 4 | 5 | ? |
| 2. Asks questions and raises concerns | 1 | 2 | 3 | 4 | 5 | ? |
| 3. Is open to feedback from supervisor | 1 | 2 | 3 | 4 | 5 | ? |
| 4. Disagreements with supervisor are discussed in a professional and reasonable manner | 1 | 2 | 3 | 4 | 5 | ? |
| 5. Open to discussing own reactions to clients | 1 | 2 | 3 | 4 | 5 | ? |
| 6. Can summarize case history and treatment plan in 10-15 minutes | 1 | 2 | 3 | 4 | 5 | ? |

Future goals for supervision:

III. Assessment ___ Check here if no assessments were conducted. If so, skip this section.

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Knowledge of test administration | 1 | 2 | 3 | 4 | 5 | ? |
| 2. Knowledge of test interpretation | 1 | 2 | 3 | 4 | 5 | ? |
| 3. Ability to integrate information from multiple tests | 1 | 2 | 3 | 4 | 5 | ? |
| 4. Communication with supervisor/willing to be supervised? | 1 | 2 | 3 | 4 | 5 | ? |
| 5. Clarity of report writing | 1 | 2 | 3 | 4 | 5 | ? |
| 6. Grammar, spelling and punctuation | 1 | 2 | 3 | 4 | 5 | ? |
| 7. Client feedback | 1 | 2 | 3 | 4 | 5 | ? |
| 8. Awareness of client's emotional reaction to test feedback | 1 | 2 | 3 | 4 | 5 | ? |
| 9. Responds empathically and accurately to client questions | 1 | 2 | 3 | 4 | 5 | ? |
| 10. Applies corrections to future reports | 1 | 2 | 3 | 4 | 5 | ? |
| 11. Schedules appointments promptly | 1 | 2 | 3 | 4 | 5 | ? |
| 12. Writes up results promptly | 1 | 2 | 3 | 4 | 5 | ? |
| 13. Independent learning | 1 | 2 | 3 | 4 | 5 | ? |
| 14. Scores test protocols accurately | 1 | 2 | 3 | 4 | 5 | ? |
| 15. Attends case conferences regularly and on time | 1 | 2 | 3 | 4 | 5 | ? |
| 16. Case presentation is clear and concise at case conference | 1 | 2 | 3 | 4 | 5 | ? |
| 17. Maintains good relations with clients | 1 | 2 | 3 | 4 | 5 | ? |

Future assessment goals:

IV. Therapy _____ Check here if no therapy cases were seen. If so, skip this section.

1. Knowledge of facilitative skills (warmth, empathy, genuineness)	1	2	3	4	5	?
2. Applies facilitative skills competently	1	2	3	4	5	?
3. Knowledge of didactic therapy techniques (CBT, behavioral, interpersonal)	1	2	3	4	5	?
4. Applies didactic therapy skills competently	1	2	3	4	5	?
5. Knowledge of family systems concepts	1	2	3	4	5	?
6. Makes interpretive comments effectively	1	2	3	4	5	?
7. Facilitates realistic goal-setting with client	1	2	3	4	5	?
8. Facilitates client self-exploration	1	2	3	4	5	?
9. Recognizes and responds to positive affect	1	2	3	4	5	?
10. Recognizes and responds to negative affect	1	2	3	4	5	?
11. Begins and ends sessions smoothly and on time	1	2	3	4	5	?
12. Establishes continuity session to session	1	2	3	4	5	?
13. Addresses problems of continuity and attendance with clients	1	2	3	4	5	?
14. Recognize implications of case material	1	2	3	4	5	?
15. Is aware of client/therapist interaction	1	2	3	4	5	?
16. Able to formulate a clinical hypothesis	1	2	3	4	5	?
17. Ability to test and revise a clinical hypothesis	1	2	3	4	5	?
18. Has a therapeutic orientation or theory of change and is able to articulate it	1	2	3	4	5	?

For students doing child or family work:

1. Helps child use play or symbols therapeutically	1	2	3	4	5	?
2. Works well with caregivers	1	2	3	4	5	?
3. Balances privacy needs of child with parent involvement in therapy	1	2	3	4	5	?
4. Incorporates caregivers into child's therapy	1	2	3	4	5	?
5. Incorporates other systems (i.e. school) into child's therapy	1	2	3	4	5	?

Future goals for therapy:

V. Ethics

1. Demonstrates an awareness of ethical guidelines and concerns	1	2	3	4	5	?
2. Raises ethical questions in supervision or case conferences	1	2	3	4	5	?
3. Is aware of cultural/diversity issues in relating to clients (i.e. impact of client and therapist race, ethnicity, gender, age, etc.)	1	2	3	4	5	?
4. Respects client confidentiality	1	2	3	4	5	?
5. Obtains necessary informed consent forms and explains them to client	1	2	3	4	5	?

Future goals for ethical growth and learning:

What are this student's major strengths as a clinician?

What are the most important problems or areas of growth this student should address next semester?

Any additional comments about this student's work:

Student's signature after reviewing evaluation with supervisor:

Date

Student comments (write on back if needed):

APPENDIX V

Ethical Principles of Psychologists and Code Of Conduct
2002

History and Effective Date Footnote

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INTRODUCTION AND APPLICABILITY

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

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

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

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

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

The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term reasonable means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE

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

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

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

GENERAL PRINCIPLES

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

Principle A: Beneficence and Non-maleficance

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

Principle B: Fidelity and Responsibility

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

Principle C: Integrity

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

Principle D: Justice

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

Principle E: Respect for People's Rights and Dignity

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

ETHICAL STANDARDS**1. Resolving Ethical Issues****1.01 Misuse of Psychologists' Work**

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

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

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands

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

1.04 Informal Resolution of Ethical Violations

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

1.05 Reporting Ethical Violations

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

1.06 Cooperating With Ethics Committees

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

1.07 Improper Complaints

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

1.08 Unfair Discrimination Against Complainants and Respondents

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

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

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

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

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary,

psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

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

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

2.02 Providing Services in Emergencies

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

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

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

2.05 Delegation of Work to Others

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

2.06 Personal Problems and Conflicts

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

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

3. Human Relations

3.01 Unfair Discrimination

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

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can

consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

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

3.04 Avoiding Harm

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

3.05 Multiple Relationships

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

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

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

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

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

3.06 Conflict of Interest

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

3.07 Third-Party Requests for Services

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

3.08 Exploitative Relationships

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

With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals

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

3.10 Informed Consent

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

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

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

8.03 Informed Consent for Recording Voices and Images in Research

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

8.04 Client/Patient, Student, and Subordinate Research Participants

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

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

8.05 Dispensing With Informed Consent for Research

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

and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

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

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

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

8.14 Sharing Research Data for Verification

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

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

8.15 Reviewers

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

9. Assessment

9.01 Bases for Assessments

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

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

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

9.02 Use of Assessments

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

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

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

9.03 Informed Consent in Assessments

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

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

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

9.04 Release of Test Data

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

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

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

9.06 Interpreting Assessment Results

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

9.07 Assessment by Unqualified Persons

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

9.08 Obsolete Tests and Outdated Test Results

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

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

9.09 Test Scoring and Interpretation Services

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

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

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

9.10 Explaining Assessment Results

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

9.11. Maintaining Test Security

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

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and

receive answers. (See also Standards 4.02, *Discussing the Limits of Confidentiality*, and 6.04, *Fees and Financial Arrangements*.)

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

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

10.02 Therapy Involving Couples or Families

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

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, *Multiple Relationships*.)

10.03 Group Therapy

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

10.04 Providing Therapy to Those Served by Others

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

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant

factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination 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 pre-termination counseling and suggest alternative service providers as appropriate.

History and Effective Date Footnote

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

The APA has previously published its Ethics Code as follows:

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.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

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