

UNIVERSITY
OF MIAMI
DEPARTMENT of PSYCHOLOGY



Graduate Student Handbook

2014-2015

(Revisions Approved July 2014)

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PREFACE

The information provided in this handbook applies specifically to the 2014-2015 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 Department of Psychology at the University of Miami 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 Program Track called Adult Clinical. Students admitted to the Child Division may choose from two tracks in the Clinical Program (Clinical Child and Family, Pediatric Health Clinical) or the program in Developmental Psychology. Students in the Health Division may choose from the Health Clinical Track of the Clinical Program or the Behavioral Neuroscience (including the Evolution and Behavior concentration), or Behavioral Medicine Programs. 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 handbook 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.

<u>DEPARTMENT OF PSYCHOLOGY</u> <u>UNIVERSITY OF MIAMI</u>			
DIVISIONS	ADULT	CHILD	HEALTH
Clinical Program	<i>Adult Clinical</i>	<i>Clinical Child/Family</i> <i>Pediatric Health Clinical</i>	<i>Health Clinical</i>
Non-Clinical Programs		<i>Developmental</i>	<i>Behavioral Neuroscience</i> <i>(Evolution & Behavior)</i> <i>Behavioral Medicine</i>

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

Contact information: email, phones, and addresses.

The Clinical Program and the Department of Psychology 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, please 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 Disabilities Services. Reasonable accommodations can be made if a disability is documented, but needs to be done before a problem occurs not after.

The Office of Disabilities Services 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.

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

1. Promote 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 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. 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. 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 promotes 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. These specialty clinics 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, in the Health Division, students have been involved in the *Coping and Recovery Project* and the *VideoHealth Study*, which are funded clinical trials with health populations (i.e., breast cancer, chronic fatigue patients) that contain evidence-based assessment and intervention components. In the Child Division, clinical research projects with assessment and/or intervention components include *PEERS* (an indicated preventive treatment for peer-victimized adolescents) and *Kid Detectives* (a group treatment study for children with anxiety and depression). In the Adult Division, students have been involved in clinical research on schizophrenia (*A Culturally Based Family Therapy for Schizophrenia*) and anxiety disorders (*Program for Anxiety, Stress, and OCD*). With the exception of a very rare student who has interests in animal models, most 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 2007 have primarily focused on applied clinical issues, such as: interventions for health populations; the psychological impact of peer victimization; risk factors for affective dysregulation, to name a few. All students 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, 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
Biological Aspects of Behavior
Human Development
Social Aspects of Behavior
Dysfunctional Behavior

PSY 604: *Cognition & Emotion*
PSY 605: *Cognitive Neuroscience*
PSY 620: *Developmental Psychology*
PSY 625: *Social Psychology*
PSY 640: *Adult Psychopathology* **or**
PSY 641: *Child & Adolescent Psychopathology*
PSY 614: *Diversity Issues in Psychology*
PSY 601: *Issues in Professional Development*

Cultural Diversity/Individual Differences
Professional Issues
and Research

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

PSY 631 - *Psychological Statistics, Research Methods & Design*
PSY 632 - *Multiple Regression & Multivariate Statistics*
PSY 633 - *Structural Equation Modeling*

The clinical program uses an infusion model to address the topics of history and systems of psychology and psychological measurement. History and systems is integrated into several required courses; content for psychological measurement is covered in introductory and track-specific required courses in assessment, in statistics courses, and in required readings on Day 2 of the Clinical Qualifying (CQ) Exams. Coverage of research methods is provided across several courses and by required readings on Day 2 of the CQ Exams.

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 pathology course). *Individual differences in behavior* is covered throughout multiple required and elective courses, including but not limited to: PSY 614 (*Diversity Issues In Psychology*), PSY 640 and 641 (psychopathology), and PSY 646, 647, and 648 (assessment courses). All students take two courses pertinent to *professional standards and ethics* (PSY 601 and PSY 657); PSY 657 covers the APA Ethical Principles and other professional and legal issues, including confidentiality and conflict of interest. At entry into the program, all students participate in an orientation that includes an ethics seminar, completion of a CITI certification course required by the IRB, a statistics boot camp, and discussion with the DCT of ethical issues and professional standards.

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 intervention 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, prior to the start of their 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 family), 661 (pediatric), 662 (health), or 685 (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 Psychotherapy, Ethics, & Professional Issues*

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

Adult Clinical (3 required)

PSY 642 - *Advanced Psychopathology* or other approved Psychopathology course

PSY 646 - *Psychological Evaluation of Adults* or other approved Assessment course

Intervention: One of the following: PSY 660, 662, 685 (*Couples Therapy*), or other approved course.

Clinical Child and Family (3 required)

One additional course in Psychopathology (e.g., PSY 640 or 642, in addition to 641), or Development, or other approved course

PSY 647 - *Psychological Evaluation of Children and Families*

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

Pediatric Health Clinical (4 required)

One additional course in Psychopathology (e.g., PSY 640 or 642, in addition to 641), or Development, or other approved course

PSY 647 - *Psychological Evaluation of Children and Families*

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

PSY 661 - *Intervention in Pediatric Psychology*

Health Clinical (5 required)

PSY 606 – *Biobehavioral Processes and Disease in Health Psychology*

PSY 610 – *Behavioral Medicine: Overview of Basic Science, Public Health and Clinical Trials*

PSY 616 - *Biobehavioral Processes and Clinical Research Applications in Health Psychology*

PSY 648 - *Psychological Evaluation in Physical Disorders*

PSY 662 - *Health Psychology Interventions*

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

Additional quantitative courses available as electives in other departments include:

EPS 650 - Meta-analysis Methods

EPS 661 - Measurement

EPS 662 - Item Response Theory

EPS 774 - Multilevel Modeling

BST 630 - Longitudinal Data

BST 665 - Advanced Clinical Trials

EPH 651 - Survival Analysis in Clinical Trials

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 yearlong 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 633] and seven foundation courses (PSY 601, 604, 605, 614, 620, 625, 640/641). Two core statistics courses as well as at least three foundation courses (excluding PSY 601) 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 601, 605, 625, 631, 640/641 and 633 are taught during the Fall semester of each academic year; PSY 604, 614, 620, and 632 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 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) 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 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 becomes 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 31.

At the end of each semester the faculty of the Department evaluates each student. 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).
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), PSY 601 and at least three of the six remaining 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 copies 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 master's 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 methodology, and intervention (including 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 to complete the examination.

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, Pediatric, 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.

Two faculty members grade each question anonymously 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 tries 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. Students must have completed the oral defense of their master's thesis and have had the thesis accepted by the Graduate School before beginning the qualifying requirement. The qualifying requirement must be completed (i.e., have approval form signed by the Qualifying Committee) by **August 10th of the third year of residence**. If a student opts to write a paper and does not complete the paper within that time, potential consequences include: a) loss of funding, and/or b) loss of good standing in the program. 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. Failure to pass the qualifying requirement a second time would be considered sufficient grounds for termination.

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 paper. If a written examination is decided upon, the scope of the topic should be explicit and clearly defined, and a reading list developed. If a paper is chosen, the content of the paper will be determined by the Faculty Supervisor and approved by the Qualifying Committee within two months 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 similar in scope to

an NRSA. If a small grant is chosen to fulfill the qualifying requirement, the final version must be a complete grant proposal including all required documents for the proposed funding agency. This will typically include a face page, abstract/statement of purpose, budget, staffing plan, statement of resources, and personnel. In some cases it might also include a training plan. Additionally, the project narrative should comply with the page limits set by the proposed funding agency. However, for the purposes of the qualifying examination, the length of the narrative should be at least 10 single-spaced pages. The NIH NRSA format can always be used by default.

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 the "Agreement to Serve on Qualifying Committee" form (found in Appendix K) that lists the topic area to be covered, designates whether an examination or 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**.

Students are expected to submit drafts to their Qualifying Committee on a regular basis and need to keep committee members informed about when they will be submitting drafts to insure timely feedback. With appropriate planning and notification, Committee members should be able to provide feedback within 2 weeks after receiving a draft. Given the variability of summer schedules, students must turn in a near-final draft (approved by the Qualifying Committee chair) to the Qualifying Committee no later than June 10th to allow sufficient time for comments and revisions to meet the August 10th deadline.

7. **Ph.D. Dissertation.** The Ph.D. degree is a research degree. The Department requires each degree applicant to design and execute a 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). **STUDENTS WILL NOT BE ALLOWED TO FORM A DISSERTATION COMMITTEE UNTIL THEY HAVE RECEIVED APPROVAL OF THEIR FINAL MASTERS THESIS FROM THE GRADUATE SCHOOL.** (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, 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 no 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 **APPENDIX W.**)
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.

STUDENTS WILL NOT BE ALLOWED TO FORM A DISSERTATION COMMITTEE UNTIL THEY HAVE RECEIVED APPROVAL OF THEIR FINAL MASTERS THESIS FROM THE GRADUATE SCHOOL.

- 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 student carries out the actual execution of the research 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) or from <http://etd.library.miami.edu/grad/index.html>. 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. 32) 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 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 Program Tracks. Students enrolled in any of the Clinical Program Tracks (Adult Clinical, Clinical Child, Pediatric Health Clinical or Health Clinical) are required to successfully complete a one-year APA-accredited or an APPIC member 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. Because the Department requires students to have successfully defended a dissertation proposal prior to applying for internship, students need to defend their proposal no later than **OCTOBER 1** of the year they apply for internship.

9B. Non-Clinical Programs. Students enrolled in any of the non-clinical programs (Developmental, Behavioral Neuroscience, 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 Commission 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**)

Since 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 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 in 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, neuropsychology 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 6 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. During the first year (2 semesters) and summer of practicum training at the PSC, child and pediatric students are expected to accumulate at least 80 face-to-face therapy hours and adult

and health students are expected to accumulate at least 100 hours of therapy (carrying 3 to 4 clients at a time). Adult and health students will conduct 4 comprehensive assessment cases while child and pediatric students will complete 7 comprehensive assessment cases. With the exception of involvement with the CAMAT program, no group participation is permitted during the first full practicum year at PSC.

Students continuing beyond their first full year of training at PSC are limited to no more than 3 to 4 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 Division advisor (e.g., Kristin Lindahl, Patrice Saab, Amy Weisman de Mamani) to see additional clients.

3. 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

4. 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 advisor (i.e., Drs. Weisman de Mamani, Lindahl, and Saab). Students are not permitted to negotiate their own practicum placements.
5. Clinical program requirements indicate that students are required to complete 6 semesters of practicum training; however, in most cases, students will engage in practicum training throughout 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 be engaged in full-time 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 on line (see APPENDIX T)

- **Clinical Practicum Training Evaluations - Completed Every Semester and Summer**
- (see APPENDIX U)

Additional information on Practica sites may be found at

http://www.psy.miami.edu/graduate/clinical_training/

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 or during semester breaks (e.g., intersession; spring break).

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 to 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
- the hours accumulated in an outside clinical setting cannot be counted toward your clinical hours for internship
- 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 Weisman de Mamani for Adult; Drs. Quittner or Lindahl for Child; Drs. Schneiderman or Saab for Health)

IV. In the case of paid employment, approval may 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, which 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 in 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) Once a case is assigned the client needs to be contacted immediately in order to schedule an intake appointment. If there is a problem with contacting the client, or if the case does not work out (e.g., the client is no longer interested in the assessment), students must advise the Clinic Assistant immediately (i.e., within one working day) so he/she may assign another case.
- b) Following an intake, all testing should be completed within 4 weeks.

- c) A complete first draft of the testing report must be submitted to the supervisor no more than 1 week after the testing has been completed.
- d) Students should be able to complete a case, which includes first draft of report submitted to supervisor, within a maximum of 5 weeks.

If any problems should arise with any of the requirements that are outlined above, it is the student's responsibility to advise the 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., 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, must also complete an annual tracking form that contains information needed for submitting the 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**. Students should present these tracking hours to their Clinical Track Advisor every Spring at the time of advising for the upcoming fall semester. We strongly urge students to use an electronic tracking system, such as Time2Track or MyPsychTrack (www.appic.org). Alternatively, a 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

We strongly encourage all clinical students to become licensed psychologists; this is one of our program outcomes. 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. See website for ASPPB (www.ASPPB.org).

10D. Important Points for Students

Ethics. Professional and research training at UM includes becoming socialized to the role of a psychologist, and conducting research, clinical, and personal activities in a manner that is consistent with the APA ethics guidelines and standards. Graduate students are required to know

and abide by the APA ethics guidelines and standards. The guidelines may be downloaded at any time from the APA website: www.apa.org/ethics (Also see **APPENDIX V.**)

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

Our clinical program uses an “infusion” model to cover certain requirements (e.g., History and Systems, etc.). If you have not taken a course on a specific topic that is required by certain state licensing laws, you will 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. We strongly recommend that you use the MyPsychTrack tool to keep track of your hours. This program is free to UM psychology graduate students with the use of a program code and can be accessed at <http://www.mypsychtrack.org/>. Alternatively, students can purchase use the Time2Track program (go to: www.time2track.com) to keep track your clinical hours. Use of either of these programs will be of tremendous assistance in planning your clinical hours while in the graduate program and will greatly facilitate your Internship Applications.

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. Except in unusual circumstances, students begin their practicum training at the PSC.

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 Clinical Track Advisors (i.e., Drs. Lindahl, Saab, and Weisman de Mamani). During April registration for the summer and fall semesters, you should consult with your 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 Pat Perreira 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 APA.

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 Pat Perreira ***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 APA.

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 and instructions for the exams are 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 (Basic Science and Psychopathology, Assessment and Methodology, and Intervention and Ethics), and they are held immediately 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.). For example, in 2013, the exams were scheduled for Monday, July 8, Wednesday, July 10, and Friday, July 12.

What happens if I don't complete my Master's Thesis by the middle of my 3rd year? Students are expected to complete their master's 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. Even if you are only seeing one client, or conducting one assessment, you must be enrolled in a practicum or research credit. This is required in order to be covered by the University's liability insurance, as well as your individual liability insurance. Registration also helps to document the practicum hours you accumulate.

If I would like to remain in the graduate program through my 5th year, what should I do? The 5th year of graduate training is designed for students who are planning on a research career and wish to focus on research and publications to build their research portfolio. The 5th year is not intended for students who are falling behind in other requirements (e.g., dissertation proposal, achieving required clinical hours, etc.), and funding for the 5th year of training is not automatically guaranteed. By the end of the 3rd year of training (or even earlier), students who wish to stay for a 5th year should work out a research plan with their research advisor.

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 (**APPIC**) (www.appic.org) contains the most current information on internships and psychology postdoctoral positions. Further, it is important to talk to your faculty mentor, psychology alumni, and other clinical faculty about the internship sites they recommend. The DCT advises students through the application process beginning in mid-May of the year you apply.

How do I apply for internship? The general application for internship is posted online every July at www.appic.org. In the spring and 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 successfully defended a dissertation proposal prior to applying for internship. Because many internship sites request applications by the end of October, this means

that most students are required to defend their proposal no later than **October 1** 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, if any, students graduate in May. Most students graduate in the summer or December.

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 graduate in December. However, it may be possible to graduate in the summer if you submit a letter from your Internship Training Director, indicating that the internship has been completed successfully by the end of August or first of September. The Graduate School can issue a summer degree at the end of the summer once the internship has been completed and all other degree requirements have been met. Please contact the Graduate School and the Department of Psychology main office if you are trying to graduate in the summer. Otherwise, you should plan to graduate and 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 41.)

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. The Department keeps 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.

Graduate Student Selection/Admission Process
From Department Website (graduate admissions page):

Student Selection

To receive full consideration for entry into the Ph.D. program for the Fall of the ensuing school year, applications must be received no later than **December 1**. Only students pursuing the Ph.D. are admitted. Approximately 10 to 15 clinical students are admitted each year from 400-500 applicants, and they are distributed across the four clinical program tracks (adult, child, pediatric, and health). Applicants to the clinical program should indicate the specific program track to which they are applying. The number of admissions to the developmental, evolutionary science, behavioral/cognitive neuroscience, and behavioral medicine programs vary each year. Applicants for admission to graduate study in the Department of Psychology must hold an undergraduate degree from an accredited college or university, and provide official transcripts, scores from the Graduate Record Examination (GRE), three letters of recommendation, and a personal statement. See [student admissions, outcomes, and other data](#).

In applying to admission to the graduate program, the faculty caution that *we do not encourage students to change programs*, but rather we strongly encourage applicants to select the graduate program that best meets their career goals *at the time of initial application to the graduate program*.

Top applicants will be invited to visit the University in order to interview with the faculty, meet current graduate students, and familiarize themselves with the University and the surrounding community. Invitations are typically extended in January.

Applicants for admission to graduate status in psychology generally have a minimum undergraduate GPA of 3.5 or higher overall and must have at least 18 hours of undergraduate psychology courses which must include courses in Introductory Psychology, Statistics, and Experimental Psychology or Research Methods. Students lacking the necessary preparation must ordinarily make up deficiencies prior to admission to the Graduate School. All applicants must present the Graduate Record Examination (Aptitude Tests; Advanced Test in Psychology preferred but not mandatory). GRE scores for the middle 50% of successful applicants range from 590-700 for verbal reasoning (159-166 new scoring system) and 620-700 for mathematical reasoning (149-155 new scoring system).

The University of Miami clinical program operates under a scientist-practitioner model, with somewhat greater emphasis on the clinical science or research component. As such, successful applicants typically have at least one semester of research experience in psychology or a related field. Experiences might include running experimental protocols, conducting literature searches on current topics, entering data from experiments, analyzing data using statistical techniques, preparing posters for presentation, or preparing manuscripts for publication. Because the clinical program uses a "mentor model" for research training, applicants should clearly indicate which faculty mentors they are interested in working with on their research.

Applicants to the clinical program are also encouraged to highlight their clinical experiences, such as working at a clinic or hospital, in their applications. Clinical experience is not required, however, to achieve admission into the program.

All the graduate programs work on a "mentorship model" that is, students are admitted to work with a specific faculty mentor, or possibly a combination of faculty members. Faculty select students based on the quality of the application and the match between the student and mentor's research interests. The mentor supervises the student's research, including the Master's Thesis and Doctoral Dissertation. Occasionally students choose to switch mentors after starting the program.

Student Evaluation and Admission Process

Once completed applications are received they are assigned to one of the three graduate divisions (Adult, Child, Health), and a faculty representative from the division performs a preliminary screening of the applications for completeness and competitiveness. Our graduate program has a strong commitment to diversity, and we encourage persons from diverse ethnic/racial backgrounds to apply for admission to our program. Therefore, applications are also screened by a faculty representative from each graduate division to ensure that there is adequate representation of ethnic minority applicants among the applications deemed to be competitive.

Competitive applications are then placed electronically in a folder (one folder for each graduate division and each clinical program track) on the departmental server, with only departmental faculty given access to the applications. The faculty from each graduate division then review the applicant files.

Once faculty mentors identify applicants who are a good fit for their lab and for the relevant graduate program, each Division meets separately to discuss their potential candidates. Each Division compiles a list of applicants they wish to interview for admission; that list is then reviewed and approved by the Department Chair. Potential sources of funding for the applicants are also identified. Applicants are then invited to interview at UM (typically in February).

Soon after "Interview Weekend," faculty meet with their Division to discuss preferred candidates for admission and any "alternate" candidates. A ranked list of candidates for admission is then forwarded to and reviewed by the Department Chair, along with recommendations for financial aid (all our students are funded). The department offers financial aid in the form of NIH traineeships, research assistantships, teaching assistantships, and university fellowships. Assistantships and pre-doctoral traineeship stipends typically range from \$20,000 to \$22,500 per year plus tuition remission.

After approval by the Department Chair, mentors may contact their applicants to give verbal feedback that an official offer will be forthcoming. The Department will send the offer letter to admitted candidates via email.

Applicants who are selected for admission have until April 15th to reach a decision and respond in writing. Our Department and our Clinical Program abide by the policies of APA, the Council of Graduate Departments of Psychology, and the Council of University Directors of Clinical Programs, which commit us to giving candidates until April 15th to decide whether they will accept our offer. However, we hope that applicants respect this process and do not hold on to multiple offers while they are deciding on a graduate program. We appreciate hearing from applicants once they have made a decision, so that we can plan on their attendance or consider alternate candidates.

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 38 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 post-docs, 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 post-docs, internships, faculty positions, or other jobs. Placement of students in outstanding institutions will enhance their career, and it will reflect well upon our program.

Minimum Levels of Acceptable Achievement in the Graduate Program

The minimum levels of acceptable achievement in the Graduate Program are indicated below. (Please also see the following section on Retention and Termination, for further details.)

I. Coursework:

- Students must receive a grade of B- or higher in all required courses to remain in good standing in the program.
- Students must also maintain an overall GPA of 3.0 or higher across all courses.

II. Research:

- Students must engage in 10 or more hours of research per week, each semester, to remain in good standing.
- Students must also receive an overall rating of “satisfactory” from their research mentor each semester, which is based on students’ progress toward their stated research goals. (See Appendix V of the Graduate Student Handbook.)
- Students must satisfactorily complete and defend a master’s thesis (typically by the 2nd or third year of the program).
- Students must satisfactorily complete and defend a dissertation project, typically before or during the clinical internship year, and prior to the end of the 7th year of program enrollment)

Additional Research Requirements for Students in the Clinical Program:

By the time of application for clinical internships (usually the fall of the 4th or 5th year), students also must have either:

a) Presented 3 papers/posters at a scientific meeting (e.g., APA, SBM, SRCD, ABCT) as a first author during their graduate training.

OR

b) Published a peer-reviewed journal article or book chapter as author or co-author during their graduate training.

III. Qualifying Exams or Papers:

Clinical students must receive a grade of P- or higher in all three Clinical Qualifying Exams.

Non-clinical students must successfully complete and defend a Clinical Qualifying Paper or an examination.

IV. Teaching

Students are expected to teach an undergraduate class and receive satisfactory evaluations from students and the faculty supervisor.

V. Clinical Practice Training and Internship (for Clinical Graduate Students):

Students must receive a satisfactory grade (S) in all required clinical practica. Practicum grades are based on students’ evaluations from their clinical supervisors, with input from the clinical faculty. Each semester, clinical supervisors rate students’ clinical skills and competencies in important areas such as assessment, intervention, ethics, and professional behaviors (see Practicum Form in Appendix U of the Handbook).

Students must satisfactorily complete a year long, full-time clinical internship. It is expected that most if not all students will complete their clinical internship at a site that is accredited by the American Psychological Association or the Canadian Psychological Association. In unusual circumstances, students may complete their internship at a non-accredited site (preferably one that is an APPIIC member site), with the permission of the Director of Clinical Training and the student’s Clinical Track Advisor.

RETENTION, REMEDIATION, 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; for advancement to the Ph.D. the faculty may not approve students whose performance has been marginal. One criterion 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.

Personal Problems.

As stated in APA's *"Ethical Principles of Psychologists and Code of Conduct"* (**APPENDIX V** of this Handbook):

"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. 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.”

The Department takes a similar position with regard to Psychologists-in-training. Examples of personal problems include, but are not limited to, substance abuse, maladaptive e social behaviors, untreated mental or physical health issues, and dishonesty in dealing with peers, supervisors, clients or others.

Overall Assessment.

The decision to recommend a student for admission to candidacy for the Ph.D. degree ultimately resides with the departmental faculty. Faculty advisors and the department as a whole take factors other than satisfactory grades into consideration in determining qualifications for advanced degrees. As mentioned in the “Academic Advising” section of this manual, 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 masters and doctoral degree programs.

Remediation

- a. **Written notification of problems.** Students are provided with detailed, specific feedback in their written evaluation letters when their progress is unsatisfactory or requires placing them on probation; they are also given the names of one or more faculty (e.g., DCT, Division Director, research mentor) who is available to discuss the feedback with them. Every effort is made to speak with the student in a timely manner (within a week or less). In most cases, students will have already received feedback from a clinical supervisor, research mentor, or course instructor that his/her performance has been unsatisfactory. Students are also able to discuss their concerns with the research advisor, DCT, Division Director, academic advisor, practicum supervisor, or other suitable faculty member.
- b. **Guidance regarding steps to remediation.** Via meetings with the designated faculty (as indicated above) and/or with the student’s research mentor, DCT, or Division Director, a remediation plan is developed if the problem is considered to be remediable. For example, in the clinical realm, a student may have difficulty acquiring certain skills, progress more slowly than expected, and/or acquire skills and then deteriorate in performance. When a concern is raised about a student by a supervisor or in the course of the semester evaluations, our practice is to clearly describe the concern, linking it to measurable or observable behaviors (e.g., behaviors indicated on the practicum evaluation form). For example, concerns have been raised about students’ professional skills, such as the timely preparation of assessment reports or case notes. Given the nature of our program and the evaluation process, it is likely that independent evaluators (clinical supervisors, DCT, clinical faculty) would be available to document any problems.

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. 36) 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, Remediation, 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 Honor Code

(http://www.miami.edu/sa/index.php/policies_and_procedures/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) (<http://ori.dhhs.gov/>)
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

(<http://www.library.illinois.edu/learn/research/academicintegrity.html#ui>)

“Plagiarism” by Earl Babbie, Professor Sociology Department, Chapman University

(http://www.chapman.edu/wilkinson/english/_files/wc-plagiarism.pdf)

“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 (<http://hnn.us/articles/514.html>)

“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 presents 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.

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 Organization (PGSO) (see page 45). 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. Alexandra Quittner; Health: Dr. Neil Schneiderman). Questions on these matters also should be brought to the attention of the Associate Chair (Dr. Maria Llabre).

Concerns regarding practicum experiences should be initially discussed with the Clinical Track Coordinator for the student's division (Adult: Dr. Amy Weisman de Mamani Child: Dr. Kristin Lindahl; Health: Dr. Patrice 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, Quittner, 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. Amy Weisman de Mamani. In the Child division, students may also speak with Dr. Kristin Lindahl or Dr. Daniel Messinger, and in the Health division, students should speak with Dr. Maria Llabre. Students should also feel free to contact any faculty member with whom they feel comfortable to discuss problems or issues of mentorship.

Individual student concerns and 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 Dean of Students' webpage http://www.miami.edu/sa/index.php/policies_and_procedures/student_rights_responsibilities/

For issues pertaining to academic misconduct or dishonesty, students should refer to the Graduate Student Honor Code at the Dean of Students' webpage: http://www.miami.edu/sa/index.php/policies_and_procedures/honor_code/

Department of Psychology: Students' Due Process and Procedure for Complaints

Graduate students have multiple avenues available for handling complaints or concerns. Depending on the situation, students can consult with their research mentor, Clinical Track Advisor (Drs. Lindahl, Saab, Weisman de Mamani), Director of Clinical Training (DCT) (Dr. La Greca), Division Director (Drs. Carver, Quittner, Schneiderman), Graduate Coordinator (Dr. Llabre), and/or the Department Chair (Dr. McCabe). The department also has an Ombudsman (Dr. Llabre) who can hear complaints and concerns and help to resolve differences.

If a graduate student has a complaint against an individual (faculty member, instructor, another student), the student should first consult with their mentor/advisor, Clinical Track Advisor, DCT, or Division Director. If the matter cannot be resolved at this level, the next step would be to involve the Graduate Coordinator or Department Chair.

If the problem or complaint involves clinical training (e.g., conflict with a supervisor, dissatisfaction with a clinical evaluation), the student might first contact their Clinical Track Advisor and/or the DCT. If the matter cannot be resolved at this level, the next step would be to involve the Graduate Coordinator or Department Chair.

In all cases, the department Ombudsman can assist with the process of hearing complaints and concerns, and deciding on the most appropriate course of action.

If a problem cannot be resolved at the department level, the next step is to present complaints to the Dean of Students (http://www.miami.edu/sa/index.php/dean_of_students/) or Dean of the Graduate School (http://www.miami.edu/gs/index.php/graduate_school). The webpage for the Dean of Students contains more information on University procedures for complaints and concerns. The page also has a link to the manual on *Students Rights and Responsibilities*. Also of interest is the graduate honor code: http://www.miami.edu/sa/index.php/policies_and_procedures/honor_code/

Procedures for Documenting Complaints (for Clinical Students)*

After appropriate discussions with the above faculty and/or advisors have occurred, but have not resolved the issue, it may be the case that a student wishes to file a formal complaint (e.g., to request reinstatement in the clinical program after a dismissal). In such cases, the procedures for due process are as follows.

1. The student should write a letter to the DCT* and Department Chair making the formal request, and explaining the case (e.g., why individual should be reinstated).
2. The request will then be reviewed by the Clinical Committee* and a recommendation will be made to the department faculty.
3. The recommendation of the Clinical Committee* will then be reviewed by the Department's Advisory Group (i.e., the Department Chair, Associate Chair, Division Directors, and the DCT). This group will make further recommendations about how to handle the individual complaint.
4. The recommendations of the Clinical Committee* and Advisory Group will then be discussed and voted on by the full Department Faculty.
5. If the complaint is dismissed by the Department or the decision is not to the satisfaction of the student, the student can file a formal complaint with the Graduate School. (See the UM Graduate School Handbook: http://www.miami.edu/gs/index.php/graduate_school)

*Note: The procedures are very similar for students enrolled in non-clinical programs. However, such students should first file complaints with their Division Director (rather than the DCT), and complaints are then reviewed by their program faculty (rather than the Clinical Committee).

NON-DISCRIMINATION POLICY

The Department of Psychology endorses the University of Miami's policy on non-discrimination, described on the website: http://www.miami.edu/index.php/equality_administration/about_us-6/.

The core of the policy statement reads as follows:

It is the policy of the University of Miami that no person within the jurisdiction thereof shall, on the basis of race, religion, color, sex, age, disability, sexual orientation, gender identity or expression, veteran status, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination or harassment (including all forms of sexual harassment and sexual violence) under any program or activity of the University, regardless of whether such program or activity occurs on-campus or off-campus.

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.

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 ORGANIZATION

The Psychology Graduate Student Organization (PGSO) 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 PGSO's functions are executed by PGSA voting members and a board of graduate students elected by majority vote. The PGSO board is composed of two co-chairpersons who attend faculty meetings (general and clinical) and preside over PGSO meetings, representatives from each track (adult, child/pediatric, developmental, health) who attend individual track faculty meetings, a secretary and a Graduate Student Association (GSA) representative. All graduate students in the Department of Psychology are voting members of PGSO and are responsible for attending regularly scheduled PGSO 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 PGSO goals.

STUDENT FINANCIAL OBLIGATIONS

Funding, either in the form of a Teaching Assistantship (TA), a Research Assistantship (RA), a fellowship, or 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 page 19.

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), and pay university fees (approximately \$300/semester).

Students interested in applying for funding to attend professional meetings should consult the Department's website at: <https://www.psy.miami.edu/login/forms/>

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://www.miami.edu/index.php/equality_administration/sexual_harassment-1/.

The core of the policy is provided here:

"The University of Miami is committed to providing an environment free from all forms of discrimination including sexual harassment. Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964 and the University's Sexual Harassment Policy. 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 of insinuation that sexual submission or the lack thereof 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, educational, or career development. It is the policy of the University to promote a cooperative work and learning environment in which mutual respect exists for all University students, faculty members, and employees. Sexual harassment is inconsistent with this objective and contrary to the University's policy.

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.

COMMISSION ON ACCREDITATION INFORMATION

Our program is committed to the accreditation process and we fulfill our responsibilities to the APA Commission 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).

Typical Schedule of Graduate Course Offerings in Psychology

Year 1

Fall

PSY 601: Issues in Professional Development & Research
 PSY 603: Neuroanatomy
 PSY 605: Cognitive Neuroscience
 PSY 610: Behavioral Medicine: Overview of Basic Science, Public Health & Clinical Trials
 PSY 616: Behavioral Processes & Clinical Research Applications in Health Psychology
 PSY 625: Social Psychology
 PSY 631: Psychological Statistics, Research Methods & Design
 Disorders
 PSY 633: Structural Equation Modeling
 PSY 640: Adult Psychopathology
 PSY 641: Child & Adolescent Psychopathology
 PSY 642: Advanced Adult Psychopathology
 PSY 645: Introduction to Psychological Evaluation
 PSY 650: Laboratory in Clinical Psychology
 PSY 660: Evidence-Based Psychological Intervention With Child & Families
 PSY 662: Health Psychology Interventions
 PSY 666: Research & Theory of Early Intervention
 PSY 670: Practicum in Clinical Psychology
 PSY 671: Assessment Lab (taken w/PSY 645)

Spring

PSY 602: Scientific Writing & Grantsmanship
 PSY 604: Cognition & Emotion
 PSY 606: Biobehavioral Processes & Disease in Health Psychology
 PSY 609: Psychopharmacology
 PSY 614: Diversity Issues in Psychology
 PSY 620: Developmental Psychology
 PSY 632: Multiple Regression & Multivariate Statistics
 PSY 647: Psychological Evaluation of Children & Families
 PSY 648: Psychological Evaluation in Physical
 PSY 656: Introduction to Evidence-Based Psychological Treatment
 PSY 657: Introduction Psychotherapy, Ethics, & Professional Issues
 PSY 670: Practicum Clinical Psychology

Year 2

Fall

PSY 601: Issues in Professional Development & Research
 PSY 603: Neuroanatomy
 PSY 605: Cognitive Neuroscience
 PSY 610: Behavioral Medicine: Overview of Basic Science, Public Health & Clinical Trials
 PSY 615: Foundations of Neuropsychology
 PSY 616: Behavioral Processes & Clinical Research Applications in Health Psychology
 PSY 621: Theories of Development
 PSY 625: Social Psychology
 Disorders
 PSY 631: Statistics, Research Methods & Design
 PSY 638: Psychology of Infant Development
 PSY 640: Adult Psychopathology
 PSY 641: Child & Adolescent Psychopathology
 PSY 645: Introduction to Psychological Evaluation
 PSY 650: Lab for PSY 640
 PSY 661: Interventions in Pediatric Psychology
 PSY 662: Health Psychology Interventions
 PSY 665: Family Therapy
 PSY 670: Practicum in Clinical Psychology
 PSY 671: Assessment Lab (taken w/PSY 645)

Spring

PSY 602: Scientific Writing & Grantsmanship
 PSY 604: Cognition & Emotion
 PSY 606: Behavioral Processes and Disease in Health Psychology
 PSY 614: Diversity Issues in Psychology
 PSY 620: Developmental Psychology
 PSY 624: Atypical Social & Emotional Development
 PSY 632: Multiple Regression & Multivariate Statistics
 PSY 646: Psychological Evaluation of Adults
 PSY 647: Psychological Evaluation Children & Families
 PSY 648: Psychological Evaluation in Physical
 PSY 656: Introduction to Evidence-Based Psychological Treatments
 PSY 657: Introduction Psychotherapy, Ethics, & Professional Issues
 PSY 670: Practicum in Clinical Psychology
 PSY 692: Seminar in Personality

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 601, must be taken prior to Quals/M.S. Thesis)

PSY 601: Issues in Professional Development and Research _____ PSY 620: Developmental Psychology _____
 PSY 604: Cognition & Emotion _____ PSY 625: Social Psychology _____
 PSY 605: Cognitive Neuroscience _____ PSY 640: Adult Psychopathology _____
 PSY 614: Diversity Issues in Psychology _____

Statistics Core (required)

PSY 631: Psychological Statistics, Research Methods and Design _____
 PSY 632: Multiple Regression & Multivariate Statistics _____
 PSY 633: Structural Equation Modeling _____ or PSY 634: Hierarchical Linear Evaluation _____ or EPS 674: An Introduction to Multilevel Modeling _____

Normal and Abnormal Adjustment (*required)

PSY 640: Adult Psychopathology* _____
 PSY 642: Advanced Psychopathology* _____
 Any of the following as electives: PSY 641, 610, 604, 692, or other approved course.
 List _____

Assessment (*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 and 1 other course required)

PSY 656: Introduction to Evidence-Based Psychological Treatments _____
 One of the following: PSY 614, 660, 662, 665 or other approved course.
 List _____

Practicum in Clinical Psychology (indicate setting and semester completed).

PSY 657: Introduction to Psychotherapy, Ethics, and Professional Issues _____
 1st Practicum _____ 4th Practicum _____
 2nd Practicum _____ 5th Practicum _____
 3rd Practicum _____ 6th 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) _____

Second year (F) _____

Third year (F) _____

Fourth year (F) _____

(Sp) _____

(Sp) _____

(Sp) _____

(Sp) _____

Teaching Requirement

Indicate course and semester taught _____

Proposed Illustrative Course Schedule: ADULT CLINICAL TrackFIRST YEARFall Semester

PSY 601: Issues in Professional Development and Research	1 cr.
PSY 631: Psychological Statistics, Research Methods and Design	3 cr.
PSY 640: Adult Psychopathology	3 cr.
PSY 645: Introduction to Psychological Evaluation	3 cr.
PSY 650: Lab for PSY 640	0 cr.
PSY 671: Lab for PSY 645	<u>0 cr.</u>
	10 cr.

Spring Semester

PSY 632: Multiple Regression and Multivariate Statistics	3 cr.
PSY 656: Introduction to Evidence-based Psychological Treatments	3 cr.
PSY 646: Psych Evaluation Adults OR 614: Diversity Issues in Psychology	3 cr.
PSY 657: Introduction to Psychotherapy, Ethics, and Professional Issues	<u>3 cr.</u>
	12 cr.

SUMMER

PSY 706: Summer Practicum 1 cr.

SECOND YEARFall Semester

PSY 605: Cognitive Neuroscience OR 633: Structural Equation Modeling OR EPS 674: An Introduction to Multilevel Modeling	3 cr.
PSY 656: Introduction to Evidence-Based Psychological Treatments	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 710: Master's Research	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 646: Psychological Evaluation Adults OR 614: Diversity Issues in Psychology	3 cr.
PSY 604: Cognition and Emotion OR 642: Advanced Psychopathology OR 6xx: Specialty Intervention Course	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 710: Master's Thesis	<u>3 cr.</u>
	10 cr.

SUMMER

PSY 706 – Summer Practicum 1 cr.

THIRD YEARFall SemesterIf Not Teaching:

PSY 605: Cognitive Neuroscience OR 633: Structural Equation Modeling	3 cr.
PSY 6xx: Specialty Intervention Course OR Elective	3 cr.
PSY 6xx: Elective	3 cr.
PSY 670: Practicum in Clinical Psychology	<u>1 cr.</u>
	10 cr.

If Teaching:

PSY 605 OR 633	3 cr.
PSY 670	1 cr.
PSY 680	3 cr.
PSY 681	<u>3 cr.</u>
	10 cr.

Spring SemesterIf Not Teaching:

PSY 620: Developmental Psychology	3 cr.
PSY 604: Cognition and Emotion OR 642: Advanced Psychopathology	3 cr.
PSY 6xx: Specialty Intervention Course	3 cr.
PSY 6xx: Elective	
PSY 670: Practicum in Clinical Psychology	<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.

SUMMER

PSY 706 – Summer Practicum 1 cr.

FOURTH YEARFall Semester

PSY 6xx: Specialty Intervention (if not already taken)

3 cr.

PSY 6xx: Elective **OR** 730

3 cr.

PSY 670: Practicum in Clinical Psychology

1 cr.

PSY 730: Doctoral Dissertation

3 cr.

10 cr.

Spring SemesterPSY 640/642 if not taken 3rd yr (due to teaching)

3 cr.

PSY 6xx: Elective **OR** 730

3 cr.

PSY 670: Practicum in Clinical Psychology

1 cr.

PSY 730: Doctoral Dissertation

3 cr.

10 cr.

Need: Total of 18 courses of which 7 are Foundation (601, 604, 605, 614, 620, 625, 640), 3 are statistics (631, 632, 633) and 3 are clinical requirements (656, 657, 645) and 3 are track-specific (642, 646, specialty intervention).

Note: 3 Foundation courses (excluding PSY 601) 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 601, must be taken prior to Quals/M.S. Thesis)

PSY 601: Issues in Professional Development and Research (1 cr.) _____

PSY 604: Cognition and Emotion _____

PSY 605: Cognitive Neuroscience _____

PSY 614: Diversity Issues in Psychology _____

PSY 620: Developmental Psychology _____

PSY 625: Social Psychology _____

PSY 641: Child and Adolescent Psychopathology _____

Research Methodology, Statistics, and Data

PSY 631: Psychological Statistics, Research Methods and Design _____

PSY 632: Multiple Regression and Multivariate Statistics _____

PSY 633: Structural Equation Modeling _____ or PSY 634: Hierarchical Linear Evaluation _____ or EPS 674: An Introduction to Multilevel Modeling _____

Introductory Clinical Courses

PSY 645: Introduction to Psychological Evaluation _____

PSY 656: Introduction to Evidence-Based Psychological Treatments _____

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

Track Specific Requirements

PSY 647: Psychological Evaluation of Children and Families _____

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

1 additional Psychopathology Course (PSY 640, 642), Developmental course, or other approved course _____

Practicum (indicate setting and semester completed).

1st Practicum _____ 4th Practicum _____

2nd Practicum _____ 5th Practicum _____

3rd Practicum _____ 6th 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 for: CHILD CLINICAL Track**FIRST YEAR**Fall Semester

PSY 601: Issues in Professional Development and Research	1 cr.
PSY 631: Psychological Statistics, Research Methods and Design	3 cr.
PSY 641: Child and Adolescent Psychopathology	3 cr.
PSY 645: Introduction Psychological Evaluation	3 cr.
PSY 671: Lab for PSY 645	<u>0 cr.</u>
	10 cr.

Spring Semester

PSY 656: Introduction Evidence-Based Psychological Treatments	3 cr.
PSY 632: Multiple Regression and Multivariate Statistics	3 cr.
PSY 647: Psychological Evaluation of Children and Families	3 cr.
PSY 657: Introduction Psychotherapy, Ethics and Professional Issues	<u>3 cr.</u>
	12 cr.

SUMMER

PSY 706 – Summer Practicum	1 cr.
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SECOND YEARFall Semester

IF OFFERED: PSY 660: Evidence-Based Psychological Interventions with Child and Families	
IF NOT: PSY 605: Cognitive Neuroscience OR 625: Social Psychology	3 cr.
PSY 633: Structural Equation Modeling	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 710: Master's Thesis	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 620: Developmental Psychology	3 cr.
PSY 604: Cognition and Emotion OR 614: Diversity Issues in Psychology	3 cr.
PSY 670: Practicum in Clinical Psychology	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 YEARFall Semester

IF OFFERED: PSY 660: Evidence-Based Psychological Interventions with Child and Families	
IF NOT: PSY 605: Cognitive Neuroscience OR 625: Social Psychology	3 cr.
PSY 605: Cognitive Neuroscience OR 625: Social Psychology	3 cr.
PSY 680/730: Research Credit/Doctoral Dissertation	3 cr.
PSY 670: Practicum in Clinical Psychology	<u>1 cr.</u>
	10 cr.

Spring Semester

PSY 604: Cognition and Emotion OR 614: Diversity Issues in Psychology	3 cr.
PSY 6xx: Elective OR Research Credit	3 cr.
PSY 680/730: Research Credit/Doctoral Dissertation	3 cr.
PSY 670: Practicum in Clinical Psychology	<u>1 cr.</u>
	10 cr.

SUMMER

PSY 706 – Summer Practicum	1 cr.
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FOURTH YEAR*Fall Semester*

PSY 640: Adult Psychopathology	3 cr.
PSY 6xx: Elective or 730	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 6xx: Elective	3 cr.
PSY 6xx: Elective or 730	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

Need: Total of 18 courses of which 7 are Foundation (601, 604, 605, 614, 620, 625, 641), 3 are statistics (631, 632, 633) and 3 are clinical requirements (656, 657, 645) and 3 are track-specific (647, 660, one additional psychopathology or developmental course).

Note: 3 Foundation courses (excluding PSY 601) 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 601, must be taken prior to Quals/M.S. Thesis)

PSY 601: Issues in Professional Development and Research (1 cr.) _____

PSY 604: Cognition and Emotion _____

PSY 605: Cognitive Neuroscience _____

PSY 614: Diversity Issues in Psychology _____

PSY 620: Developmental Psychology _____

PSY 625: Social Psychology _____

PSY 641: Child and Adolescent Psychopathology _____

Research Methodology, Statistics, and Data

PSY 631: Psychological Statistics, Research Methods and Design _____

PSY 632: Multiple Regression and Multivariate Statistics _____

PSY 633: Structural Equation Modeling _____ or PSY 634: Hierarchical Linear Evaluation _____ or EPS 674: An Introduction to Multilevel Modeling _____

Introductory Clinical Courses

PSY 645: Introduction to Psychological Evaluation _____

PSY 656: Introduction to Evidence-Based Psychological Treatments _____

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

Track Specific Requirements

PSY 647: Psychological Evaluation of Children and Families _____

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

PSY 661: Interventions in Pediatric Psychology _____

1 additional Psychopathology Course (PSY 640, 642), Developmental course, or other approved course _____

Practicum (indicate setting and semester completed).

1st practicum _____

4th practicum _____

2nd practicum _____

5th practicum _____

3rd practicum _____

6th 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 for: PEDIATRIC HEALTH Track**FIRST YEAR****Fall Semester**

PSY 601: Issues in Professional Development and Research	1 cr.
PSY 631: Psychological Statistics, Research Methods and Design	3 cr.
PSY 641: Child and Adolescent Psychopathology	3 cr.
PSY 645: Introduction to Psychological Evaluation	3 cr.
PSY 671: Lab for PSY 645	<u>0 cr.</u>
	10 cr.

Spring Semester

PSY 656: Introduction to Evidence-Based Psychological Treatments	3 cr.
PSY 632: Multiple Regression and Multivariate Statistics	3 cr.
PSY 647: Psychological Evaluation of Children and Families	3 cr.
PSY 657: Introduction to Psychotherapy, Ethics and Professional Issues	<u>3 cr.</u>
	12 cr.

SUMMER

PSY 706 – Summer Practicum	1 cr.
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SECOND YEAR**Fall Semester**

PSY 660: Evidence-Based Psychological Interventions with Child and Families OR PSY 661: Interventions in Pediatric Psychology	3 cr.
PSY 633: Structural Equation Modeling	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 710: Master's Thesis	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 620: Developmental Psychology	3 cr.
PSY 604: Cognition and Emotion OR 614: Diversity Issues in Psychology	3 cr.
PSY 670: Practicum in Clinical Psychology	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**

PSY 660: Evidence-Based Psychological Interventions with Child and Families OR PSY 661: Interventions in Pediatric Psychology	3 cr.
PSY 605: Cognitive Neuroscience OR 625: Social Psychology	3 cr.
PSY 680/730: Research Credit/Doctoral Dissertation	3 cr.
PSY 670: Practicum in Clinical Psychology	<u>1 cr.</u>
	10 cr.

Spring Semester

PSY 604: Cognition and Emotion OR 614: Diversity Issues in Psychology	3 cr.
PSY 6xx: Elective	3 cr.
PSY 680/730: Research Credit/Doctoral Dissertation	3 cr.
PSY 670: Practicum in Clinical Psychology	<u>1 cr.</u>
	10 cr.

SUMMER

PSY 706 – Summer Practicum	1 cr.
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FOURTH YEAR**Fall Semester**

PSY 605: Cognitive Neuroscience OR 625: Social Psychology	3 cr.
PSY 640: Adult Psychopathology	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>

10 cr.

Spring Semester

PSY 6xx: Elective

3 cr.

PSY 6xx: Elective or 730

3 cr.

PSY 670: Practicum in Clinical Psychology

1 cr.

PSY 730: Doctoral Dissertation

3 cr.

10 cr.

Need: Total of 18 courses of which 7 are Foundation (601, 604, 605, 614, 620, 625, 641), 3 are statistics (631, 632, 633) and 3 are clinical requirements (656, 657, 645) and 4 are track-specific (647, 660, 661, and one additional psychopathology or developmental course).

Note: 3 Foundation courses (excluding PSY 601) must be taken prior to MS/Quals.

APPENDIX D

Requirements For DEVELOPMENTAL Track

Student's Name _____ Date _____

Summary of Requirements Completed: Developmental

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

Foundation Courses (all required; 3 courses, excluding PSY 601, must be taken prior to Quals/M.S. Thesis)

PSY 601: Issues in Professional Development and Research _____ PSY 620: Developmental Psychology _____
 PSY 604: Cognition and Emotion _____ PSY 625: Social Psychology _____
 PSY 605: Cognitive Neuroscience _____ PSY 641: Child and Adolescent Psychopathology _____
 PSY 614: Diversity Issues in Psychology _____

Statistics Core (required)

PSY 631: Psychological Statistics, Research Methods and Design _____
 PSY 632: Multiple Regression and Multivariate Statistics _____
 PSY 633: Structural Equation Modeling _____ or PSY 634: Hierarchical Linear Evaluation _____ or EPS 674: An Introduction
 to Multilevel Modeling _____

Developmental Core (*required)

PSY 621: Theories of Development _____
 PSY 636: Developmental Methodology _____
 PSY 641: Child and Adolescent Psychopathology _____

Research Practicum

PSY 677: Developmental Research Practicum (1 credit) _____

Developmental Elective (*required)

One course (choose from 541 or 623, 624, 643, 690)
 PSY 624: Atypical Social and Emotional Development* _____
 PSY 638: Development in Infancy and Early Childhood _____
 PSY 666: Research and Theory of Early Intervention _____

Non-developmental Electives

First course _____
 Second course _____ (can be inside Psychology 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 DEVELOPMENTAL TrackFIRST YEARFall Semester

PSY 601: Issues in Professional Development and Research	1 cr.
PSY 631: Psychological Statistics, Research Methods, and Design	3 cr.
PSY 641: Child and Adolescent Psychopathology	3 cr.
PSY 621: Theories of Development	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 632: Multiple Regression and Multivariate 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 YEARFall Semester

PSY 625: Social Psychology	3 cr.
PSY 677: Research Practicum	1 cr.
PSY 633: Structural Equation Modeling	3 cr.
PSY 710: Masters Thesis	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 636: Developmental Methodology	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 YEARFall Semester

PSY 605: Cognitive Neuroscience	3 cr.
PSY 6xx: Elective	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: Cognition and Emotion	<u>3 cr.</u>
	9 cr.

FOURTH YEARFall 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	<u>3 cr.</u>
	9 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 601, must be taken prior to Quals/M.S. Thesis)

PSY 601: Issues in Professional Development and Research _____

PSY 604: Cognition and Emotion _____

PSY 605: Cognitive Neuroscience _____

PSY 614: Diversity Issues in Psychology _____

PSY 620: Developmental Psychology _____

PSY 625: Social Psychology _____

PSY 640: Adult Psychopathology _____

Research Methodology, Statistics, and Data

PSY 631: Psychological Statistics, Research Methods and Design _____

PSY 632: Multiple Regression and Multivariate Statistics _____

PSY 633: Structural Equation Modeling _____ or PSY 634: Hierarchical Linear Evaluation _____ or EPS 674: An Introduction to Multilevel Modeling _____

Introductory Clinical Courses

PSY 645: Introduction to Psychological Evaluation _____

PSY 656: Introduction to Evidence-Based Psychological Treatments _____

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

Track Specific Requirements

PSY 603: Neuroanatomy _____

PSY 606: Biobehavioral Processes and Disease in Health Psychology (required) _____

PSY 610: Behavioral Medicine: Overview of Basic Science, Public Health and Clinical Trials (required) _____

PSY 615: Foundations of Neuropsychology _____

PSY 616: Biobehavioral Processes and Clinical Research Applications in Health Psychology (required) _____

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

PSY 662: Health Psychology Interventions (required) _____

Practicum (indicate setting and semester completed).

1st Practicum _____

4th Practicum _____

2nd Practicum _____

5th Practicum _____

3rd Practicum _____

6th Practicum _____

(PSY 670, I - 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) _____

Second year (F) _____

Third year (F) _____

Fourth year (F) _____

(Sp) _____

(Sp) _____

(Sp) _____

(Sp) _____

Teaching Requirement

Indicate course and semester taught _____

Proposed Illustrative Course Schedule for: HEALTH CLINICAL Track**FIRST YEAR**Fall Semester

PSY 601: Issues in Professional Development and Research	1 cr.
PSY 610: Behavioral Medicine: Overview of Basic Science, Public Health and Clinical Trials	3 cr.
PSY 631: Psychological Statistics, Research Methods and Design	3 cr.
PSY 640: Adult Psychopathology	3 cr.
PSY 645: Introduction to Psychological Evaluation	3 cr.
PSY 650: Lab for PSY 640	0 cr.
PSY 671: Lab for PSY 645	<u>0 cr.</u>
	13 cr.

Spring Semester

PSY 606: Biobehavioral Processes and Disease in Health Psychology	3 cr.
PSY 632: Multiple Regression and Multivariate Statistics	3 cr.
PSY 656: Introduction to Evidence-Based Psych Treatments	3 cr.
PSY 657: Introduction to Psychotherapy Ethics, and Professional Issues	<u>3 cr.</u>
	12 cr.

SUMMER

PSY 706 – Summer Practicum	1 cr.
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SECOND YEARFall Semester

PSY 605: Cognitive Neuroscience	3 cr.
PSY 633: Structural Equation Modeling or PSY 710	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 616: Biobehavioral Processes and Clinical Research Applications in Health Psychology	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 648: Psychological Evaluation in Physical Disorders	3 cr.
PSY 614: Diversity Issues in Psychology	3 cr.
PSY 670: Practicum in Clinical Psychology	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 YEARFall Semester

PSY 662: Health Psychology Interventions	3 cr.
PSY 625: Social Psychology	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 710: Master's Thesis	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 604: Cognition and Emotion (if NOT teaching)	3 cr.
PSY 6xx: Health Elective	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 6xx: Elective	<u>3 cr.</u>
	10 cr.

SUMMER

PSY 706 – Summer Practicum	1 cr.
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FOURTH YEARFall Semester

PSY 6xx: Elective	3 cr.
PSY 6xx: Elective	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 620: Developmental Psychology	3 cr.
IF NEEDED: PSY 604: Cognition and Emotion	3 cr.
PSY 6xx: Elective	3 cr.
PSY 670: Practicum in Clinical Psychology	<u>1 cr.</u>
	10 cr.

Need: Total of 18 courses of which 7 are Foundation (601, 604, 605, 620, 625, 640, 614), 3 are statistics (631, 632, 633) and 3 are clinical requirements (656, 657, 645) and 3 are track-specific (642, 646, specialty intervention).

Note: 3 Foundation courses (excluding PSY 601) 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 601, must be taken prior to Quals/M.S. Thesis)

PSY 601: Issues in Professional Development and Research _____

PSY 620: Developmental Psychology _____

PSY 604: Cognition and Emotion _____

PSY 625: Social Psychology _____

PSY 605: Cognitive Neuroscience _____

PSY 640: Adult Psychopathology _____

PSY 614: Diversity Issues in Psychology _____

Statistics Core (required)

PSY 631: Psychological Statistics, Research Methods and Design _____

PSY 632: Multiple Regression and Multivariate Statistics _____

PSY 633: Structural Equation Modeling _____ or PSY 634: Hierarchical Linear Evaluation _____ or EPS 674: An Introduction to Multilevel Modeling _____

Psychobiology

PSY 603: Neuroanatomy _____

PSY 606: Biobehavioral Processes and Disease in Health Psychology _____

NEU 661: Neuroscience I _____

PSY 610: Behavioral Medicine: Overview of Basic Science, Public Health and Clinical Trials _____

NEU 662: Neuroscience II _____

PSY 616: Biobehavioral Processes and Clinical Research Applications in Health Psychology _____

NEU 663: Developmental Neurobiology _____

Electives

PSY 609: Psychopharmacology _____

PSY 612: Stress, Motivation and Emotion _____

PSY 615: Foundations of Neuropsychology _____

General Electives

Medical School courses included

MCP 641: Memb Phys. And Biophys

NEU 697: Neuroanatomy

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 I 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 601: Issues in Professional Development and Research	1 cr.
PSY 605: Cognitive Neuroscience	3 cr.
PSY 610: Behavioral Medicine; Overview of Basic Science, Public Health and Clinical Trials	3 cr.
PSY 631: Psychological Statistics, Research Methods and Design	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 606: Biobehavioral Processes and Disease in Health Psychology	3 cr.
PSY 632: Multiple Regression and Multivariate Statistics	3 cr.
NEU 661: Neuroscience I	<u>3 cr.</u>
	9 cr.

SECOND YEAR**Fall Semester**

PSY 633: Structural Equation Modeling	3 cr.
NEU 662: Neuroscience II	3 cr.
PSY 616: Biobehavioral Processes and Clinical Research Applications in Health Psychology	<u>3 cr.</u>
	9 cr.

Spring Semester

PSY 640: Adult Psychopathology	3 cr.
NEU 663: Developmental Neurobiology	3 cr.
PSY 710: Masters Research	<u>3 cr.</u>
	9cr.

THIRD YEAR**Fall Semester**

MCP 641: Memb. Phys. and Biophys.	3 cr.
PSY 710: Master's Thesis	3 cr.
NEU 697: Neuroanatomy	<u>3 cr.</u>
	9 cr.

Spring Semester

PSY 604: Cognition and Emotion	3 cr.
PSY 614: Diversity Issues in Psychology	3 cr.
PSY 615: Foundations of Neuropsychology	<u>3 cr.</u>
	9 cr.

FOURTH YEAR**Fall Semester**

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

Spring Semester

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

Behavioral Neuroscience: Evolution and Behavior Track

The Evolution and Behavior Emphasis is an interdisciplinary emphasis within the Psychology Department's PhD track in Behavioral Neuroscience. This emphasis is aimed at producing the next generation of evolution-minded researchers in the field of psychology. Faculty and graduate students working in this area are focused on discovering the evolved structure of the human mind. Current faculty research interests include altruism, kinship, religion, emotions, sexual attraction, morality conflict and its resolution, impulsiveness, effort, and fatigue. Coursework includes an analysis of the human psychological architecture on multiple levels: neuroscientific organization, computational processes, and evolved function. In addition to coursework in psychology and neuroscience, students are encouraged to incorporate biological coursework into their training

Summary of Requirements Completed: Behavioral Neuroscience: Evolution and Behavior Track

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

Foundation Courses (required; 3 courses, excluding PSY 601, must be taken prior to Quals/M.S. Thesis)

PSY 601: Issues in Professional Development and Research _____ PSY 620: Developmental Psychology _____
 PSY 604: Cognition and Emotion _____ PSY 625: Social Psychology _____
 PSY 605: Cognitive Neuroscience _____ PSY 640: Adult Psychopathology _____
 PSY 614: Diversity Issues in Psychology _____

Statistics Core (required)

PSY 631: Psychological Statistics, Research Methods and Design _____
 PSY 632: Multiple Regression and Multivariate Statistics _____
 PSY 633: Structural Equation Modeling _____ or PSY 634: Hierarchical Linear Evaluation _____ or EPS 674: An Introduction to Multilevel Modeling _____

Biology (required)

BIL 520: Evolution _____
 BIL 530: Population Genetics _____
 BIL 540: Ethology and Behavioral Ecology _____
 BIL 640: Neuroethology _____

Psychobiology (*required)

*PSY 603: Neuroanatomy _____
 *PSY 606: Behavioral Processes and Disease in Health Psychology _____
 *PSY 610: Behavioral Medicine: Overview of Basic Science, Public Health and Clinical Trial Approaches _____
 PSY 693: Seminar in Evolution and Behavior _____
 *NEU 661: Neuroscience II _____

Other required courses

Electives

PSY 609: Psychopharmacology _____
 PSY 612: Stress, Motivation and Emotion _____
 PSY 615: Foundations of 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: Evolution and Behavior Track**

FIRST YEAR

Fall Semester

PSY 601: Issues in Professional Development and Research	1 cr.
PSY 610: Behavioral Medicine: Overview of Basic Science, Public Health and Clinical Trials	3 cr.
PSY 631: Psychological Statistics, Research Methods and Design	3 cr.
BIL 520: Evolution	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 606: Biobehavioral Processes and Disease in Health Psychology	3 cr.
PSY 620: Developmental Psychology	3 cr.
PSY 632: Multiple Regression and Multivariate Statistics	3 cr.
PSY 693: Seminar in Evolution and Behavior	<u>1 cr.</u>
	10 cr.

SECOND YEAR

Fall Semester

PSY 605: Cognitive Neuroscience	3 cr.
PSY 616: Biobehavioral Processes and Clinical Research Applications in Health Psychology	3 cr.
PSY 693: Seminar in Evolution and Behavior	1 cr.
NEU 661: Neuroscience II	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 693: Seminar in Evolution and Behavior	1 cr.
PSY 710: Masters Thesis	6 cr.
BIL 530: Population Genetics	<u>3 cr.</u>
	10 cr.

THIRD YEAR

Fall Semester

PSY 603: Neuroanatomy	3 cr.
PSY 625: Social Psychology	3 cr.
PSY 633: Structural Equation Modeling	3 cr.
PSY 693: Seminar in Evolution and Behavior	<u>1 cr.</u>
	10 cr.

Spring Semester

BIL 540: Ethology and Behavioral Ecology	3 cr.
BIL 640: Neuroethology	3 cr.
PSY 693: Seminar in Evolution and Behavior	1 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

FOURTH YEAR

Fall Semester

PSY 693: Seminar in Evolution and Behavior	1 cr.
PSY 640: Adult Psychopathology	3 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>
	7 cr.

Spring Semester

PSY 693: Seminar in Evolution and Behavior	1 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>
	4 cr.

FIFTH YEAR

Fall Semester

PSY 693: Seminar in Evolution and Behavior	1 cr.
PSY 730: Doctoral Dissertation	<u>3 cr.</u>
	4 cr.

Spring Semester

PSY 693: Seminar in Evolution and Behavior	1 cr.
PSY 750: Doctoral Dissertation	<u>1 cr.</u>
	2 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 601: Issues in Professional Development and Research _____ PSY 620: Developmental Psychology _____
 PSY 604: Cognition and Emotion _____ PSY 625: Social Psychology _____
 PSY 605: Cognitive Neuroscience _____ PSY 640: Adult Psychopathology _____
 PSY 614: Diversity Issues in Psychology _____

Statistics Core (required)

PSY 631: Psychological Statistics, Research Methods and Design _____
 PSY 632: Multiple Regression and Multivariate Statistics _____
 PSY 633: Structural Equation Modeling _____ or PSY 634: Hierarchical Linear Evaluation _____ or EPS 674: An Introduction to Multilevel Modeling _____

Behavioral Medicine (required)

PSY 606: Biobehavioral Processes and Disease in Health Psychology _____
 PSY 610: Behavioral Medicine: Overview of Basic Science, Public Health and Clinical Trials _____

Electives

PSY 603: Neuroanatomy _____ PSY 615: Foundations in Neuropsychology _____
 PSY 609: Psychopharmacology _____ PSY 616: Biobehavioral Processes and Clinical Research
 PSY 612: Stress, Emotion and Motivation _____ Applications in Health Psychology _____

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 601: Issues in Professional Development and Research	1 cr.
PSY 610: Behavioral Medicine: Overview of Basic Science, Public Health and Clinical Trials	3 cr.
PSY 625: Social Psychology	3 cr.
PSY 631: Psychological Statistics, Research Methods, and Design	<u>3 cr.</u>
	10 cr.

Spring Semester

PSY 606: Biobehavioral Processes and Disease in Health Psychology	3 cr.
PSY 632: Multiple Regression and Multivariate Statistics	3 cr.
PSY 640: Adult Psychopathology	<u>3 cr.</u>
	9 cr.

SECOND YEAR**Fall Semester**

PSY 605: Cognitive Neuroscience	3 cr.
PSY 633: Structural Equation Modeling	3 cr.
PSY 603: Neuroanatomy	<u>3 cr.</u>
	9 cr.

Spring Semester

PSY 604: Cognition and Emotion	3 cr.
PSY 614: Diversity Issues in Psychology	3 cr.
PSY 710: Masters Thesis	<u>3 cr.</u>
	9 cr.

SUMMER SESSION I

PSY 710 - Master's Research - 3 cr.

THIRD YEAR**Fall Semester**

PSY 616: Biobehavioral Processes and Clinical Research Applications in Health Psychology	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: Doctoral Dissertation	3 cr.
PSY 730: Doctoral Dissertation	3 cr.
Behavior Medicine or Spec. Elective	<u>3 cr.</u>
	9 cr.

Spring Semester

PSY 730: Doctoral Dissertation	3 cr.
PSY 730: Doctoral 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 _____
(Please Print)

Date Submitted _____

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 – PLANNED & COMPLETED ACTIVITIES

Semester (circle): Fall Spring Year: _____

Student's printed name

Faculty mentor's printed name

The front side of this form should be completed during the first two weeks of the semester. The back side of the form should be completed at least one week before the track committee's evaluation on students.

	Student's planned activities this semester	
Thesis / Dissertation work		
Data collection (separate from thesis / dissertation)		
Data entry / analysis (separate from thesis / dissertation)		
Writing / publishing (separate from thesis / dissertation)		
Present findings (Which meeting? Presentation/poster?)		
Apply for grants / awards / funding		
IRB / Human Subjects Activities (annual reports / new protocols)		
Other (list):		

Student's Signature

Date

Faculty Member's Signature

Date

STUDENT SELF-EVALUATION (Student completes at end of semester, BEFORE meeting with his/her mentor)

1. What were your biggest accomplishments this semester?
2. What things did you NOT accomplish this semester that you had planned? Why not?
3. What would you like to do differently next semester (if anything)?
4. [OPTIONAL] Was there anything your mentor did that was particularly helpful/supportive? What can mentor do differently (if anything)?

Number of department colloquia / job talks attended this semester: _____

Mean time per week spent on research (10 hours recommended min): _____

Average time per week spent in face-to-face research supervision (30 minutes recommended minimum): _____

FACULTY EVALUATION OF STUDENT'S ACTIVITIES (to be completed after discussion of student's self-evaluation)

What is your overall evaluation of the student's accomplishments this semester?

Quality of work (circle one; 1 = unacceptable; 5 = outstanding)

Thesis / Dissertation	1	2	3	4	5	N/A
Data collection	1	2	3	4	5	N/A
Data entry / analysis	1	2	3	4	5	N/A
Writing / publishing	1	2	3	4	5	N/A
Presenting findings	1	2	3	4	5	N/A
Apply for grants etc.	1	2	3	4	5	N/A
IRB activities	1	2	3	4	5	N/A
Other	1	2	3	4	5	N/A
Overall rating	1	2	3	4	5	N/A

WHAT WILL STUDENT AND/OR MENTOR DO DIFFERENTLY NEXT SEMESTER? (If no changes, write "None".)

We have discussed the above evaluations and agree to the plan for next semester (if any).

Student's Signature

Date

Faculty Member's Signature

Date

NOTE: Please attach a current, dated CV with any updates highlighted in yellow since the last review.

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/small grant and falls within the Specialty Area of _____.

The Qualifying Requirement is scheduled to be completed by _____.

Signature

Date

APPENDIX L

FORM I

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

(Original copy of the completed and signed form should be sent to the Graduate School and one copy returned to the Psychology Department.)

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: _____
Dissertation Coordinator in the Graduate School

(Date)

FORM 3D
UNIVERSITY OF MIAMI GRADUATE SCHOOL
CERTIFICATE OF APPROVAL OF DOCTORAL DISSERTATION

(Original copy of the completed and signed form should be sent to the Graduate School and one copy returned to the Psychology Department.)

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 (I) 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: _____

Dissertation Coordinator in the Graduate School

(Date)

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/financing.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://www.miami.edu/sa/index.php/student_health_center/
- University of Miami Office of Disability Services: <http://www.miami.edu/index.php/academicbulletin/>
- 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://www.miami.edu/sa/index.php/counseling_center

University of Miami Graduate School website: <http://www.miami.edu/gs/>

American Psychological Association website: www.APA.org.

The university provides several services that are available to graduate students; they are listed on the university website:

- http://www.miami.edu/sa/index.php/student_services-1 and at
- http://www.miami.edu/index.php/academicbulletin/GeneralUniversityInformation/student_services/.

They include the Career Center, Student Health Center, counseling services, and Office of Disability Services.

The UM Graduate School website (<http://www.miami.edu/grad>) also has descriptions and “helpful links” (http://www.miami.edu/gs/index.php/graduate_school/helpful_links_resources/) for student support services. These include financial assistance, off-campus housing, health insurance, research opportunities, professional development, transportation, and recreational activities.

Information about the cultural and support services provided by UM Multicultural Student can be found at:

- <http://www.sarc.miami.edu/msa/mainsite/STUDENTORGANIZATIONS.aspx>
- and
- <http://www.sarc.miami.edu/msa/mainsite/Home.aspx>).

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 Division Director has approved the thesis 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 another university
- _____ Documentation of approved M.S. degree from other institution or successful M.S. defense at UM.
- _____ Student in good standing within Department.

Date of Master's defense: _____

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
Occurrence				\$1 million each incident / \$3 million annual aggregate
Memorandum Holder				
		Authorized Representative: <i>Steven C. Liston</i>		

APPENDIX Q

COMMITTEE ON ACCREDITATION
Office of Program Consultation and
Accreditation American Psychological
Doctoral Student Preparatory Fact Sheet

ALL CLINICAL STUDENTS MUST COMPLETE THIS FORM

RETURN IT TO Liz Reyes at ereyes@miami.edu BY **May 22, 2013**.

STUDENT INFORMATION:

- 1) Your Name: _____ 2) Your E-mail: _____
- 3) Track (circle one): **Child / Adult / Health** 4) Year Entered Program: _____

OTHER RELEVANT INFORMATION:

- 5) Are you subject to the **Americans with Disabilities Act:** ☐ Yes ☐ No
(that is, do you have a documented disability?)
- 6) Are you a **Foreign National:** (that is, are you a citizen of a country other than US?) ☐ Yes ☐ No

For the academic school year (i.e., **August 20, 2012 to August 19, 2013**), please check the appropriate boxes below:

- 7) **ARE YOU/HAVE YOU BEEN...**
- a) A member of a professional or research society? (e.g., APA, SBM, APS, ABCT) ☐ Yes ☐ No
- b) An author or co-author of a paper, poster, or workshop at a professional meeting?
(i.e., have you or will you have any presentations?) ☐ Yes ☐ No

If yes, please enter the total number: _____

- c) An author or co-author of an article published in a professional or scientific journal or in an edited book? ☐ Yes ☐ No

If yes, please enter the total number: _____

- d) Involved in grant-supported research: ☐ Yes ☐ No
- e) Involved in teaching (taught a course, a class, or TAed)? ☐ Yes ☐ No
- f) Involved part-time or more in the delivery of professional services
(e.g., internship or clinical research that provides a clinical service): ☐ Yes ☐ No

If you are completing your first year of the program, please continue.
If you are not a first year student, you are finished with this tracking form.

FIRST YEAR STUDENT INFORMATION:

8) **Ethnic Origin:**

- | | |
|---|---|
| <input type="checkbox"/> African American – Black | <input type="checkbox"/> Asian – Pacific Islander |
| <input type="checkbox"/> Caucasian – White | <input type="checkbox"/> Latino – Hispanic |
| <input type="checkbox"/> Native American – Alaskan Native | <input type="checkbox"/> Multicultural |
| <input type="checkbox"/> I attend a Canadian Institution | <input type="checkbox"/> Other |

9) Undergraduate Institution: _____

10) Year of Degree: _____

11) UG GPA: _____

12) (Verbal) GRE: _____ (Quantitative) GRE: _____
800-point scale (Analytic) GRE: _____ or 6-point scale (Analytic) GRE: _____

12a) (Analytic-Writing) GRE: _____

13) Advanced Psych Test GRE Score: _____

14) Graduate semester-hour equivalent credits transferred: _____

15) Did you enter with a MS degree? _____

16) If yes, what was your area of study and date of degree?

17) Grad. GPA: _____

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.

I. **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>	
a. Individual Therapy	Total hours face-to-face	# of different individuals	Total hours face-to-face	# of different individuals
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				
c. Group Therapy	Total hours face-to-face	# of different groups	Total hours face-to-face	# of different groups
1) Adults				
2) Adolescents (13-17)				
3) Children (12 and under)				
d. Family Therapy	Total hours face-to-face	# of different families	Total hours face-to-face	# of different families
e. Couples Therapy	Total hours face-to-face	# of different couples	Total hours face-to-face	# of different couples
f. School Counseling Interventions	Total hours face-to-face	# of different individuals	Total hours face-to-face	# of different individuals
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*

Total hours
face-to-face

**TERMINAL
MASTERS***

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*

Total hours
face-to-face

**TERMINAL
MASTERS***

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*

Total hours
face-to-face

**TERMINAL
MASTERS***

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

- 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.

I. 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 **PAT PERREIRA** in Flipse 516.

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 2. Needs Improvement	3. Satisfactory 4. Good	5. Very Good 6. Exceptional	N/A Not Applicable				
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, Quittner, or Schneiderman)

SUPERVISIONTM
FEEDBACK
FORM

Site: []

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Continue

SUPERVISION PRACTICUM FORM FEEDBACK

respondent ID: []

supervisor: []

site: []

DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF ALABAMA

mode of supervision

☐ individual ☐ group ☐ both

enter the
PERCENTAGE of time
for each type of
supervision

individual

group

type of supervision (check all that apply)

☐ video tape ☐ audio tape ☐ direct observation ☐ post-hoc discussion

enter the
PERCENTAGE of time
for each type of
supervision

video

audio

direct
observation

post-hoc
discussion

enter the NUMBER* of
cases for each type of
client-interaction

assessment

individual
therapy

couples
therapy

family
therapy

*hint: entries are REQUIRED here, so enter a zero (0) if none.

[Back](#)

[Continue](#)

SUPERVISION PRACTICUM FORM FEEDBACK

DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF ALABAMA

respondent ID: []
supervisor: []
site: []

Supervisor Evaluation

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

Adding comments when your rating is 2
or below is especially helpful

Please rate and comment on the following characteristics for your supervisor.

Is Prompt for Appointments

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

comment:

Follows through with time commitments or "makes up time"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

comment:

Clearly spells out expectations of you

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

comment:

Communicates professional values to you

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

comment:

Collaborates with you in setting professional goals

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

comment:

Is available and accessible when you need help

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

comment:

Offers direct supervision (review of tapes or observations on site)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

comment:

Gives direct instructions/ suggestions when appropriate

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

comment:

Helps you conceptualize cases

comment:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> NA
----------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	--------------------------

Helps you develop self-confidence as a professional

comment:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> NA
----------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	--------------------------

Challenges/confronts you when appropriate

comment:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> NA
----------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	--------------------------

Is able to discuss disagreements with you in a constructive manner

comment:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> NA
----------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	--------------------------

Helps you deal with personal issues which may impact your effectiveness as a therapist/examiner

comment:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> NA
----------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	--------------------------

Respects your "boundaries" in terms of privacy

comment:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> NA
----------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	--------------------------

Shows enthusiasm about supervising you

comment:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> NA
----------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	--------------------------

Offers useful advice regarding therapy techniques

	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> NA
--	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	--------------------------

Is open to discussion of different theoretical viewpoints

comment:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> NA
----------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	--------------------------

Encourages you to develop your own style in the context of the treatment plan

comment:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> NA
----------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	--------------------------

My overall evaluation of the supervisor is positive

comment:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> NA
----------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	--------------------------

The supervisor presents material effectively

comment:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> NA
----------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	--------------------------

The supervisor is available and willing to meet with students

O1 O2 O3 O4 O5 O6 O7

comment:

Please comment on the
Supervisor's strengths
and suggestions for
improvements:

[Back](#)

[Continue](#)

SUPERVISION[®] PRACTICUM

FEEDBACK

FORM

selected site []

select site

[illegible]

you selected

if other, please specify

Continue

SUPERVISION PRACTICUM FORM FEEDBACK

DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF ALABAMA

respondent ID: []
site: []

Site Evaluation

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

Adding comments when your rating is 2
or below is especially helpful

Please rate and comment on the following characteristics in terms of your practicum site.

Ease of adjustment into the work place

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

Comments

Clarity in communication of professional responsibilities and procedures

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

Comments

Availability and amount of client contact

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

Comments

Relations with site staff

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

Comments

In-service training opportunities (e.g., case conferences, seminars)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

Comments

Number of required hours and/or days on site

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ NA

[illegible]

O1 O2 O3 O4 O5 O6 O7 O8 O9 O10 O11 O12 O13 O14 O15 O16 O17 O18 O19 O20 O21 O22 O23 O24 O25 O26 O27 O28 O29 O30 O31 O32 O33 O34 O35 O36 O37 O38 O39 O40 O41 O42 O43 O44 O45 O46 O47 O48 O49 O50 O51 O52 O53 O54 O55 O56 O57 O58 O59 O60 O61 O62 O63 O64 O65 O66 O67 O68 O69 O70 O71 O72 O73 O74 O75 O76 O77 O78 O79 O80 O81 O82 O83 O84 O85 O86 O87 O88 O89 O90 O91 O92 O93 O94 O95 O96 O97 O98 O99 O100

[illegible][illegible]

Continue

Students: Please keep a copy for your records.
Check your file on a regular basis to make sure the forms are included.

Clinical Practicum Training Evaluation

PLEASE RETURN FORM TO CLINICAL COORDINATOR OF STUDENT'S ACADEMIC TRACK

(Adult- Dr. Weisman de Mamani aweisman@miami.edu /

Child-Dr. Lindahl klindahl@miami.edu /Health-Dr. Saab psaab@miami.edu)

UNIVERSITY OF MIAMI - DEPARTMENT OF PSYCHOLOGY

Due Dates: Fall, December 10th Spring, May 7th Summer, August 31st

Period: Fall (Aug 20 – Dec 9), Spring (December 10 – May 9), Summer (May 10 – August 19)

TOTAL PRACTICUM HOURS FOR THIS SEMESTER: (circle one) Fall Spring Summer

1. Intervention _____

2. Assessment _____

3. Support Hours _____

4. Supervision Hours _____

TOTAL HOURS (1+2+3+4) _____

Signature of Supervisor(s) Verifying the Above Hours: _____

(See www.appic.org for a detailed explanation of how to count hours. It is strongly recommended that you use Time2Track to keep track of your clinical hours each semester).

Practicum Student: _____

Level: ☐ Beginning 2nd yr. student at PSC ☐ Advanced 3rd, 4th, or 5th yr. student (circle year)

Practicum Site: _____

Practicum Supervisor(s): _____

Date of Evaluation: _____

Evaluation Period: From: _____ To: _____

Student's Academic Track: Adult Child Health

Nature of the Practicum: _____ All Assessment (supervisor completes sections I, II, III) _____ All Therapy (supervisor completes sections I, II, IV) _____ Combination (supervisor completes all sections)

Nature of the student's assignments during practicum period (# of clients, age, race/ethnicity, other diversity issues, and diagnostic categories)

I. Professional conduct and ethics

NOTE TO SUPERVISORS:

Ratings should be made in comparison to the level of competence expected for students' level of training (i.e., beginning practicum students compared with other beginning students and advanced students compared with other advanced students).

Please provide honest and accurate ratings. When you have concerns about a student's progress in some areas, please ensure that ratings and comments reflect your concerns so that the program can provide effective help in those areas. Please contact the clinical track coordinator to address these concerns.

Professional conduct and ethics	Exceeds Expectations	Meets Expectations	Needs Some Improvement	Unsatisfactory	N/A
1. Prompt for meetings and client appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dresses appropriately and professionally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Polite and respectful with office staff, peers and supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Schedules initial appointments promptly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Writes assessment report or therapy intake promptly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Notes are legible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Notes and reports reflect an awareness of legal/ethical needs for documentation balanced by need for client privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Notes are in order, signed and cosigned, and affixed in chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Notes are made for all sessions and telephone contacts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Demonstrates an awareness of ethical guidelines and concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Raises ethical questions in supervision or case conferences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is aware of cultural/diversity issues in relating to clients (i.e., impact of client and therapist's race, ethnicity, gender, age, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Respects client confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Obtains necessary informed consent forms and explains them to client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Notes are completed within: ____ One day ____ One week ____ More than one week.

Notable strengths in this domain:

Areas to work on in this domain:

If an advanced student: Is this student ready in this domain for internship? ____ Yes ____ No

If no, explain:

II. Supervision

Supervision	Exceeds Expecta- tions	Meets Expecta- tions	Needs Some Improve- ment	Unsatis- factory	N/A
1. Prompt for supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Comes to supervision prepared with testing material or tapes/notes of client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Asks questions and raises concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is aware of limits of competence and seeks information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates ability to reflect on own behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is open to feedback from supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Disagreements with supervisor are discussed in a professional and reasonable manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Can summarize case history or test results and treatment plan or recommendations in 10-15 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Seeks appropriate consultation/supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For students involved in group supervision:					
1. Makes appropriate recommendations to other students about cases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shares experiences with effective techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is receptive to feedback from other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notable strengths in this domain:

Areas to work on in this domain:

If an advanced student: Is this student ready in this domain for internship? ____ Yes ____ No

If no, explain:

III. ASSESSMENT

Please list the types of assessments or names of tests student administered this semester:

Assessment	Exceeds Expecta- tions	Meets Expecta- tions	Needs Some Improve- ment	Unsatis- factory	N/A
1. Administers assessments competently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to interpret IQ and achievement tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to interpret objective personality tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to integrate information from multiple tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Scores test protocols accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Displays clarity of report writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Exhibits good grammar, spelling and punctuation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Applies corrections to future reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does not make careless errors in reporting test scores or in interpreting assessment data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Delivers client feedback accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Awareness of client's emotional reaction to test feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Responds empathically and accurately to client questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Proactive in seeking information related to assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Maintains good relations with clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Assessment reports are completed within _____ week(s) of completing testing.

Notable strengths in assessment:

Areas to work on:

If an advanced student: Is this student ready in this domain for internship? ____ Yes ____ No

If no, explain:

IV. Therapy

Facilitative Skills	Exceeds Expectations	Meets Expectations	Needs Some Improvement	Unsatisfactory	N/A
1. Ability to establish rapport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates empathy, genuineness, and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates reflection of content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates reflection of emotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Makes interpretive comments effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recognizes and responds to positive affect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Recognizes and responds to negative affect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is aware of client/therapist interaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Addresses problems of continuity and attendance with clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Begins and ends sessions smoothly and on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skills					
1. Conducts effective and efficient intakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Writes well-organized and comprehensive intake reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Selects and uses assessment and outcome measures effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is able to provide a correct diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is able to formulate a clinical hypothesis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Incorporates theoretical knowledge in case conceptualization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to test and revise a clinical hypothesis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a therapeutic orientation or theory of change and is able to articulate it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Applies didactic therapy techniques (CBT, behavioral, interpersonal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Uses evidenced based treatments in a competent manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Provides consultation/liaison services effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Understands how participation in interdisciplinary consultation/liaison enhances outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has respectful and productive relationship with individuals in other professions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Intake reports are completed within _____ week(s) of completing intake.					
For students involved in child, family or couples work:					
1. Works well with caregivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Balances privacy needs of child with parent involvement in therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Incorporates caregivers into child's therapy if appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Incorporates other systems (i.e. school) into child's therapy if appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is able to establish rapport with multiple members of a family simultaneously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notable strengths in therapy domain:

Areas to work on:

If an advanced student: Is this student ready in this domain for internship? _____ Yes _____ No
If no, explain:

General Summary Comments

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

I. Resolving Ethical Issues

I.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.

I.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.

I.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.

I.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 I.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and I.03, Conflicts Between Ethics and Organizational Demands.)

I.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 I.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 I.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

I.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.

I.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.

I.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.

Ethics Code 2002.doc 10/8/02

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APPENDIX W

Graduate Faculty – Department of Psychology 2013-2014

Last Name	First Name	Home Department
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Tenured/Tenure Track Faculty

Antoni	Michael	Psychology
Britton	Jennifer	Psychology
Carver	Charles	Psychology
Doss	Brian	Psychology
Greenfield	Daryl	Psychology
Henderson	Heather	Psychology
Hurwitz	Barry	Psychology
Ironson	Gail	Psychology
Jensen-Doss	Amanda	Psychology
Jha	Amishi	Psychology
Kim	Youngmee	Psychology
La Greca	Annette	Psychology
Lieberman	Debra	Psychology
Lindahl	Kristin	Psychology
Llabre	Maria	Psychology
May	Jill Ehrenreich	Psychology
McCabe	Philip	Psychology
McCullough	Michael	Psychology
Messinger	Daniel	Psychology
Quittner	Alexandra	Psychology
Saab	Patrice	Psychology
Schneiderman	Neil	Psychology
Shearer	Rebecca	Psychology
Siemer	Matthias	Psychology
Timpano	Kiara	Psychology
Uddin	Lucina	Psychology
Webb Hooper	Monica	Psychology
Weisman de Mamani	Amy	Psychology
Wellens	A. Rodney	Psychology
Winters	Ray	Psychology

Research Faculty

Delgado	Christine	Psychology
Gellman	Marc	Psychology

Clinical/Educator Faculty

Alessandri	Michael	Psychology
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Secondary Faculty

Armstrong	F. Daniel	Pediatrics
Delamater	Alan	Pediatrics
Levin	Bonnie	Neurology
Malik	Neena	Pediatrics
Skyler	Jay	Medicine
Szapocznik	Jose	Medicine

APPENDIX X

POLICY ON OUTSIDE EMPLOYMENT FOR RA/TA/GAS

A graduate student must have prior approval from the chair or advisor to work outside the department, since such activities might impede progress toward his/her degree. Any question or concern should be discussed with the Dean of the Graduate School.

1. A graduate student is allowed to supplement his/her stipend by tutoring undergraduate students in courses in which he/she has no direct responsibility at the time.
2. A graduate student who is teaching a class or lab of a multi-section course using a common syllabus and common exams may not tutor any student in any section of that course.
3. A graduate student, like any other member of the teaching faculty, may offer review sessions for his or her students to which he or she may invite students from other sections of the same course. The graduate student arranging such sessions may not under any circumstances take money from the students in attendance.
4. A graduate student may use his or her office for tutoring or may ask departmental permission to use a classroom or other appropriate university facility.
5. The graduate advisor or department chair may require a graduate student to limit his or her outside employment or tutoring activity if, in the view of the department, such activity is impeding the graduate student's academic progress or keeping him or her from fulfilling responsibilities within the department.
6. International students should clear their work instructions with International Student and Scholar Services.

APPENDIX Y

PSYCHOLOGY DEPARTMENT OFFICE REQUIREMENTS FOR GRADUATING STUDENTS LEAVING THE DEPARTMENT

Pack your belongings with plenty of time for the move – you are responsible for your own research materials.

Make sure you meet all IRB requirements regarding storage of research data/materials.

Return keys to Maria Almeida on the 5th floor and collect your key deposit.

Clear out your desk completely – discard anything you do not want/need.

Contact Computer Support to advise them you're leaving (Andre Perwin, 8-1939) so they can make the necessary changes to the network and clear the computer for use by another student.

Make sure office space is ready and available for incoming students by the deadline.

Contact Staff to advise once you have met all of the above requirements (Adult Program – Nancy Quartin, 8-3788; Child Program – Vivian Perez, 8-7739; Health Program – Rosanne Kolaczynski, 8-5467).

Requirements	Date	Contact Person/Mentor	Yes/No-Initials
Pack belongings			
Research data/materials secured and cleared with mentor			
Return keys			
Clear out desk and notify staff			
Contact Computer Support			
Space ready for new occupant			
Acknowledgement that all steps have been taken		Student Signature	

Students must comply with the above-mentioned guidelines in order to graduate. Please turn in completed checklist to the staff person in your program as listed above.

Thank you for your cooperation.

APPENDIX Z

Program:		Date:	
Student Name:		Student's UM ID:	
Rating of (circle one):		Master's Thesis Doctoral Dissertation	

	Rating Scale and Explanations				Rating (1-5, from scale to left)
	1 = Unacceptable	2 = Poor	3 = Average/ Acceptable	4 = Very Good	
Knowledge of the discipline	Error(s) in exposition of the field and/or omission of key source(s)	Minor errors, omissions, and/or lack of synthesis	Adequate and accurate exposition of key sources	Good coverage and synthesis of key sources plus additional relevant material	Thorough review and excellent synthesis of sources, including some obscure but relevant ones
Appropriate methodology	Errors in methodology selection and/or use	Minor methodological errors and/or omissions	Methodology applied correctly and adequately; appropriate documentation	Methodology applied correctly, explained clearly, and documented well	Mastery of finer points of methodology plus elegant application and/or supplementary approaches
Application of knowledge and methodology to original research topic	Discipline and methodology not referenced/applied well	Some links to discipline knowledge and methodology but not clearly integrated with research	Adequate connection between knowledge of discipline and use of methodology and research	Clear exposition of relationship of disciplinary knowledge and methodology to original research	Insightful references to sources and application of methodology to excellent research topic
Critical thinking	Muddled presentation with errors in reasoning and/or without much analysis and synthesis	Reasoning sometimes confused, simplistic, and/or not clearly explained	Adequate reasoning, explanation of assumptions, and supporting evidence	Clear reasoning with organized presentation of evidence, assumptions, and conclusions	Clear and organized argument that represents sound, original, and complex thought
Effective written communication	Writing generally unclear, with consistent errors and/or poor organization	Writing sometimes unclear with weak organization and/or grammatical errors	Writing clear, concise, and organized, with minor or no grammatical errors	Writing generally error-free with clear organization and depth	Elegant writing with fully developed arguments, clear organization, and correct grammar
Effective oral communication	Presentation generally unclear, with poor organization and/or marred by distracting mannerisms or language	Presentation sometimes unclear, with weak organization, and/or some distracting mannerisms or language	Presentation organized to convey main points of thesis/dissertation clearly and without distractions	Articulate presentation with clear organization and professional language	Elegant, confident, and engaging presentation with clear organization and flow
Overall quality (not necessarily average of earlier ratings)	Unacceptable	Poor	Average/acceptable	Very Good	Exceptional

Comments:
