

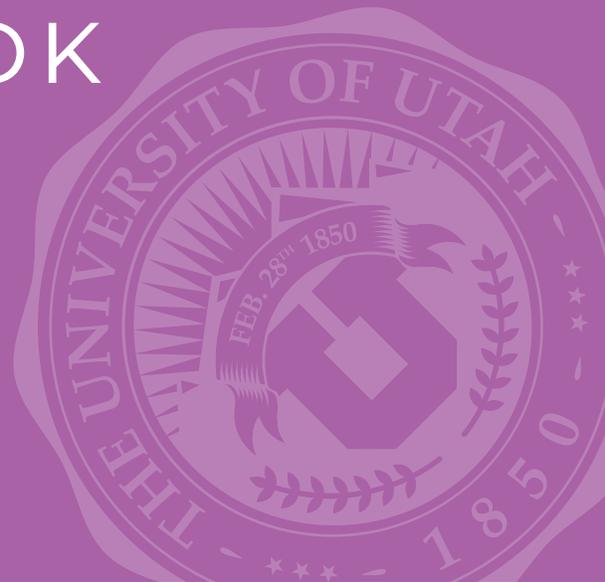
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CLINICAL

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HANDBOOK

v.1  
2018





**CLINICAL AREA HANDBOOK**  
**DEPARTMENT OF PSYCHOLOGY**  
**UNIVERSITY OF UTAH**

*Revision Date: May 9, 2018*

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## II. PREFACE

This Handbook provides basic information about the Clinical Science Training Program at the University of Utah. It contains information pertinent to Clinical Program graduate students at all year levels. Most questions about rules and procedures within the Clinical Program can be answered by careful reading of this Handbook. This Handbook, and its supplements when issued, contain the current rules, regulations, and requirements for graduate study leading to the Ph.D. in Clinical Psychology. There are additional requirements and/or procedures, as well as details of related Codes, in other resources. Examples are the Code of Student Rights and Responsibilities that are found in the Departmental Graduate Student Handbook ([https://psych.utah.edu/documents/graduate/Graduate%20Handbook 2017.pdf](https://psych.utah.edu/documents/graduate/Graduate%20Handbook%202017.pdf)), in the Bulletin of the Graduate School (<http://gradschool.utah.edu/graduate-catalog/>) and in the University of Utah's University Policy and Procedures Manual (<http://www.regulations.utah.edu/info/policyList.html>). Rules, regulations, requirements and policies may change during your enrollment in the graduate program and these changes will apply to you. Obviously, any "Handbook" is dated when even the most minor changes are implemented. Thus, you are expected to check with your advisor and the Director of Clinical Training (DCT) regarding any problems or ambiguities that might not be addressed in the Handbook. This Handbook is meant to guide both students and their advisors. Unanticipated problems or unique situations may occur and are resolved by mutual consultation between the student, their advisor, and the Clinical Faculty, who make decisions guided by their collective best professional judgment.

### III. THE CLINICAL TRAINING PROGRAM

#### Goals of the Program

The major goal of this clinical science program is to train clinical psychologists who are expert at the development and application of knowledge aimed at understanding and improving psychological functioning. As defined by the Academy of Psychological Clinical Science (<http://acadpsychclinicalscience.org/?page=mission>), the term “clinical science” refers to a training model that emphasizes the application of knowledge directed at the promotion of adaptive functioning in ways that are consistent with scientific evidence. In this regard, our program maintains a commitment to empirically-based approaches to investigating the validity of hypotheses regarding human functioning and interventions and to advancing knowledge by the use of the scientific method in whatever endeavors we are engaged, whether research, teaching, or clinical work. As McFall (1991) has written: “Scientists are not necessarily academics, and persons working in applied settings are not necessarily nonscientists. Well-trained clinical scientists might function in any number of contexts—from the laboratory, to the clinic, to the administrator’s office. What is important is not the setting, but how the individual functions within the setting,” and thus the best graduate education in clinical psychology focuses on “training all students to think and function as scientists in every aspect and setting of their professional lives.”

Students receive training in research as well as the direct application of that research through carrying out evidence-based practice with clients. After completing a common core area of study, students enjoy a considerable degree of flexibility in choosing areas of concentration and associated research supervisors, academic courses, clinical practica, field and teaching placements, clerkships, and internships. All students are expected to develop a substantial background in research design, methodology, and research techniques, and to maintain an active involvement in research throughout their time in the program. Although the Master's degree is awarded, students are admitted with the expectation that they will pursue the Ph.D. Students have sufficient flexibility to prepare themselves for careers that focus on research or clinical service, but are nevertheless expected to achieve competence in both domains. It is also expected that students will develop a practical understanding of the reciprocal connections between clinical practice and scientific research.

## **Administrative Structure of the Clinical Program**

The Clinical Training Program is a graduate program leading to the Ph.D. degree and is fully accredited by the American Psychological Association. The Clinical Program is administered by the Director of Clinical Training in conjunction with the Clinical Training Committee (CTC), a committee composed of the Clinical Faculty and four elected student representatives, one from each of the first four years in the program. Student CTC representatives participate and vote on all issues except those concerning staff and personnel reviews and evaluations of and decisions regarding students.

### **Clinical Faculty**

The Core Clinical Faculty consists of 10 full-time faculty members (B. Baucom, Bryan, Crowell, Euler, Himle, Kerig, Smith, Strassberg, Suchy, and Williams), and two clinical assistant professors (K. Baucom and Thorgusen). The number of faculty active on the Clinical Training Committee in any given year varies with leaves and vacancies.

#### **Brian R. Baucom, Ph.D., Assistant Professor (University of California, Los Angeles, 2008).**

Dr. Baucom's substantive research focuses on identifying dysfunctional interaction processes during couple/family conflict and couple-based interventions for reducing risk for engaging in dysfunctional interaction processes. He also has methodological research interests including quantitative methods for multiply nested designs and inter-disciplinary development of ambulatory technologies for measuring behavior and emotion in daily life.

#### **Katherine J. W. Baucom, Ph.D., Clinical Assistant Professor (University of California, Los Angeles, 2012).**

Dr. Baucom's research focuses on the ways in which couples communicate, links between communication and relationship satisfaction/outcomes, and couple-focused interventions for individual and relational distress. She is specifically interested in how couples cope with stressors (e.g., the transition to parenthood), and the utility of couple-focused interventions in promoting adaptation to stressful life events. Dr. Baucom teaches the practicum in Cognitive-Behavioral Therapy.

**Craig J. Bryan, Psy.D., ABPP, Associate Professor (Baylor University, 2006).**

Dr. Bryan's research is primarily focused on the prevention and treatment of suicidal behaviors and posttraumatic stress disorder among military personnel and veterans, as well as understanding the underlying mechanisms that reduce suicide risk and account for change in these treatments. Dr. Bryan is actively involved in efforts to disseminate empirically-supported treatments to mental health professionals, especially those working with military personnel and veterans. Dr. Bryan is also the Associate Director for the National Center for Veterans Studies, which conducts research on, and advocates for, military and veteran health issues.

**Sheila Crowell, Ph.D., Associate Professor (University of Washington, 2009).**

Dr. Crowell's research is focused on the mechanisms underlying risk for suicide and severe psychopathology among self-injuring adolescents and emerging adults. She is particularly interested in researching biological vulnerabilities for emotion dysregulation and impulsivity and understanding how these vulnerabilities interact with environmental experiences across development. The goals of her research are to elucidate developmental precursors to borderline personality disorder and suicide to inform strategies for the prevention of both outcomes.

**Matthew J. Euler, Ph.D., Assistant Professor (University of New Mexico, 2010).**

Dr. Euler's research focuses on temporal mechanisms of neural coordination in relation to cognition. He is particularly interested in the contribution of neural oscillatory phenomena to individual differences in cognitive functioning and specific task performance. He is also interested in developing neuroimaging applications for use in clinical assessment, and especially in validating magnetoencephalography paradigms for language mapping in neurosurgical populations. Dr. Euler is currently head of the Clinical Neuropsychology area of emphasis.

**Michael B. Himle, Ph.D., Associate Professor (University of Wisconsin-Milwaukee, 2007).**

Dr. Himle's research focuses on family-based behavioral and cognitive-behavioral approaches to understanding and treating childhood psychological/behavioral disorders with emphasis on anxiety disorders, obsessive-compulsive disorder and "obsessive-compulsive

spectrum disorders", especially Tourette Syndrome with specific interests in understanding how these disorders develop, understanding treatment mechanisms and enhancing treatments and factors that influence the course of the symptoms/disorder over time. He is also interested in treatment dissemination, empirically supported interventions for autism and pervasive developmental disorders, and behavior analytic theories of normal and abnormal child development. Dr. Himle acts as coordinator of the CCF (clinical child and family) specialization.

**Patricia K. Kerig, Ph.D., Professor (University of California at Berkeley, 1989).**

Dr. Kerig's clinical and research interests are in developmental psychopathology and the inter- and intrapersonal processes that contribute to risk or resilience throughout childhood, adolescence, and emerging adulthood. Her most recent investigations are focused on gender differences in the impact of trauma on physiological, emotional, and relational development, particularly among youth involved in the juvenile justice system. Dr. Kerig currently serves as the Director of Clinical Training.

**Timothy W. Smith, Ph.D., Professor (University of Kansas, 1982).**

Dr. Smith was Director of Clinical Training from 1993 to 1996, and was Chair of the Department from 1996 to 2002. His research and clinical interests are cardiovascular behavioral medicine, psychological adjustment in chronic disease, and integrations of social and clinical psychology. Dr. Smith currently heads the Clinical Health Psychology specialization program.

**Donald S. Strassberg, Ph.D., Professor (George Peabody College, 1975).**

Dr. Strassberg's primary research interests focus on the role of cognitive processes in both functional and dysfunctional sexual behavior. Additionally, he is interested in computerized psychological assessment and clinical applications of the MMPI/MMPI-2. Dr. Strassberg was Director of Clinical Training from 1999 to 2002.

**Yana Suchy, Ph.D., Professor (University of Wisconsin-Milwaukee, 1998).**

Dr. Suchy's research interests are in the area of executive functioning (i.e., a set of abilities that enable a person to plan, organize, and successfully execute mental and behavioral

actions). Her clinical interests are in the area of neuropsychological assessment of adults with brain dysfunction.

**Sommer R. Thorgusen, Ph.D., Clinical Assistant Professor (University of Utah, 2014).**

Dr. Thorgusen's clinical and research interests are in neuropsychological assessment, with particular interest in cognitive aging and neuropsychological indicators of subclinical cognitive difficulties.

**Paula Williams, Ph.D., Associate Professor (University of Utah, 1995).**

Dr. Williams's research focuses on individual differences in risk and resilience for adverse mental and physical health, and the mechanisms underlying those associations. Of particular interest are the inter-relations among personality, cognitive (especially executive) functioning, and psychophysiological factors (e.g., tonic respiratory sinus arrhythmia) in the context of stress regulation (i.e., stress exposure, reactivity, recovery, and restoration).

Students and faculty in the Clinical Program also have developed strong working relationship with many individuals in other departmental areas. Applicants are encouraged to consult the Departmental listing for a full description of all faculty members.

Finally, the Clinical Program also actively involves Adjunct Faculty at other universities and in community agencies (current listing available in the Psychology Main Office) particularly for clerkship experiences and clinical research. These adjunct faculty are doctoral-level professionals in other departments at the University or in community settings who provide additional expertise in both theoretical and applied areas of psychology. Many are involved in community agencies that offer opportunities for students to learn and practice a variety of clinical skills in applied settings.

## **The Psychology Department**

The Clinical Training Program is one of four doctoral training areas within the Psychology Department (Clinical, Cognitive and Neural Science, Developmental, Social). Departmental policy is set and reviewed by various governing committees, elected each year by

the faculty as a whole. For graduate students, the most important of these committees is the Graduate Committee. It meets regularly to approve courses of study, award teaching fellowships, select the winners of various departmental awards/fellowships, etc. Students are represented on this committee, and are elected yearly (as are faculty). For further information about this committee, consult the Graduate Student Handbook of the Department of Psychology.

The psychology faculty conducts a yearly review of student progress, at which time each area reports the results of its student evaluations (the Clinical Program faculty also conduct mid- year evaluations of all students: see Section VII for complete details). The department as a whole also conducts evaluations of graduate courses and performance of faculty.

### **The Clinical Training Committee**

The Clinical Training Committee (CTC), in conjunction with the Director of Clinical Training, governs and supervises the clinical training program. The CTC is composed of the regular Clinical Faculty and four elected student representatives, one from each of the first three years in the program, and one from the fourth year or beyond. The CTC is chaired by the Director of Clinical Training. The student representatives are selected by the clinical student body each Spring. Student representatives have full voting rights in all matters except staff and personnel reviews and evaluation of and decisions regarding students.

The CTC meets regularly (about every other week) during the academic year. Longer meetings are held for student admissions, student reviews, and policy planning. The CTC makes recommendations to the Director of Clinical Training about appointments to teaching fellowships, designs and evaluates the clinical curriculum, approves students' dissertation committees, and conducts other business related to the maintenance of the training program.

Student Input. The CTC strongly encourages students to be involved in program decision- making and policy formulation. Student access to the CTC can occur in any of the following ways: the student can ask that one of the faculty or one of the student representatives bring up a topic for discussion or clarification; the student can submit a petition to the CTC for discussion and voting; the student can ask his or her advisor to raise a particular issue with

the CTC; the student can discuss particular issues with the Director of Clinical Training and ask that these be presented to the CTC as a whole. Students may also attend regular CTC meetings as non-voting members when the meeting is not concerned with confidential personnel or student matters. Finally, students are encouraged to bring up program and policy matters at the regularly scheduled faculty-student meetings that take place under the course title Current Issues in the Practice of Clinical Psychology (course number 7350).

As part of our ongoing efforts to ensure that we are meeting student needs and hearing student voices, at the end of each school year CTC student reps meet together with all other students in the clinical area to gather feedback on relevant training issues, identify problems students are experiencing, and propose constructive solutions where needed. This information is then presented to faculty in summary form to protect student confidentiality. This information is discussed by the CTC, which formally responds to the student feedback through the DCT and/or the student representatives, as well as addressing these issues at a student-faculty Town Hall meeting each fall. The DCT keeps an “open door policy” and is always happy to meet with individuals or groups of students to discuss issues related to the program’s strengths and weaknesses.

### **APA Accreditation**

The program has been continuously accredited by the American Psychological Association since 1954 as a doctoral training program in clinical psychology. Accreditation is essential to students who are applying for internships, licenses to practice, and jobs. APA accreditation implies that the Clinical Program is responsive to national priorities in training, national standards for coursework, and national standards for clinical supervision. The Utah program is also represented on the Council of University Directors of Clinical Psychology Programs.

### **Areas of Concentration**

The selection of an area of concentration typically occurs prior to the students’ admission to the program, based on the students’ preferences. Additional adjustments to the students’ placements within an area of concentration can occur based upon mutual agreement between the students and their advisors, and in consultation with the heads of individual

concentration areas. The program is broadly based with divergent viewpoints represented. Students have considerable flexibility in developing their curriculum and may opt to bridge areas within the department. Students generally pursue a concentration in Adult Psychopathology, Clinical Neuropsychology, Clinical Health Psychology, or Clinical Child and Family (see Appendices I, J, and K respectively for more detailed descriptions of the latter three specialization programs). Although not a formal concentration within the clinical program, an active core of students and faculty across departmental areas also constitute a special interest group devoted to the study of Human

Sexuality. Within these broad concentrations, students historically have taken advantage of the flexibility of the overall Clinical Program to devise somewhat more specific concentrations in areas such as cognitive behavioral therapies, trauma, human sexuality, interpersonal approaches to personality and psychopathology, relationships and health or other special interests represented by the Departmental faculty and adjuncts. Thus, students frequently work with other departmental and adjunct faculty, and with faculty in other University departments, and are free to sample different orientations useful to their professional development.

Occasionally, a student may wish to apply formally to another program, either within the Psychology Department or elsewhere in the University. Such joint programs require the satisfaction of requirements in both administrative areas, and are arranged at the time of acceptance into the Clinical Program.

Although students are not required to concentrate in one of the broad areas described above, they are required to select their electives, clinical settings, and research topics in such a way as to develop a "core professional identity." We maintain a program with great flexibility, and a substantial group of students use that flexibility and the available university and community resources to devise other concentrations.

## IV. PROGRAM REQUIREMENTS

### Timetable

The Clinical Program is designed as a six year curriculum—five years of study and supervised experiences at the University of Utah, and one year of predoctoral internship. A listing of curriculum requirements with recommended timelines may be found in Appendices A and O. Although there is considerable individual variability in students' timetables because of specific needs and interests, the combined Departmental and Graduate School timetables should be consulted. Students who become involved in especially complex research or additional clinical training may take longer to complete the degree. However, it should be noted that the Department has set a seven-year limit on doctoral work, and the Department and the Clinical Program impose expected progress deadlines within this time frame. In addition, the Graduate School provides that tuition remission can be used only for five years or a total of 10 semesters while the student is enrolled at the University of Utah. Three years (6 semesters) of tuition remission are available prior to completion of the Master's degree. Hence, if the Master's degree is not completed within three years, students will have to pay their own tuition until their thesis is completed, at which time the remaining tuition remission semesters can be used (again, up to the total allowable of 10 semesters in total).

As noted above, the Clinical Program requires that students complete all requirements (including the internship) within six years from the date of matriculation into the graduate program. Failure to complete the program within these time limits may be considered as grounds for termination. A student may petition for an additional one year extension, which may be granted if approved by the CTC and the Director of Graduate Studies.

Process for Requesting an Extension. As noted previously, the expected course of study includes five years on campus followed by a year on internship. Exceptions to this timeline are extraordinary and can be made only in specific, well-justified circumstances. Examples of justifiable reasons to remain on campus for a 6th year include students who have succeeded in obtaining fellowship or grant funding (e.g., an NRSA); having access to a new and important research opportunity that has the potential to make a significant impact on the student's career trajectory (e.g., the student's lab receiving a grant that would allow a longitudinal component to be added to the student's line of research); students whose professional goals require

additional advanced training in clinical methods or statistics; and bona fide medical or family issues (e.g., pregnancy, illness, family responsibilities; however, in these circumstances, students might be advised to utilize medical or family leave that “stops the clock” rather than extending their time in the program per se).

Slowness in meeting program milestones is not a valid reason for petitioning to remain on campus a 6th year. The petition for an extension also must come from the student with the active support of his or her advisor; student petitions to prolong time in the program against the advisor’s advice will not be considered.

Requests to extend the program of study must be made proactively. Requests for extensions must be received *by February 15* of the student’s *5<sup>th</sup> year in the program*. The purpose of this early deadline is to ensure that the student has time to prepare a dissertation proposal and internship applications should the petition for an extension not be approved.

Students wishing to request an extension should first meet with their advisor and obtain their advisors’ approval for the proposed plan for the additional year on campus. The request for an extension should come to the CTC in the form of a Training Plan, developed by the student in collaboration with the advisor, which articulates how the additional year on campus will be utilized in ways that will make vital contributions to the students’ professional development. The Training Plan and petition must be based on a rationale that involves achieving significant training professional goals (i.e., not subsequent to nor because of failure to meet normal deadlines or make timely progress through the program).

Should a student be granted permission to remain on campus during a 6th year, departmental support during that year is not guaranteed. Students should consider whether they would be able to manage financially during that year without access to TAships, GIsships, or tuition waivers. No departmental financial support will be provided beyond this 6th year; therefore, students also should think carefully about the ramifications should their internship applications not be successful, which would necessitate their becoming self-supporting following that 6th year on campus.

### *A General Note about Student Petitions to the CTC*

The rules and timelines laid out in this Handbook should be considered as binding. That said, we do recognize that students encounter all kinds of extenuating circumstances during their time in the program, and such circumstances may require a modification to a given rule, or may preclude a student from meeting expected timelines. Thus, In many sections of this Handbook, reference is made to students being entitled, and even encouraged, to submit proposals, petitions, and requests to the CTC for individualization of their program of study. In all cases, petitions and requests should first be discussed with the advisor and come to the CTC with the advisor's approval and crafted with the advisor's collaboration. Students will want to consider carefully the timing of submitting their proposals, petitions, and requests to the CTC, keeping in mind that the CTC normally does not meet in the summer months, during the breaks between semesters, nor indeed every week of the semester; students should refer to the CTC/7350 meeting schedule that is distributed each semester to be informed about which weeks the CTC is meeting and which weeks are eligible for consideration of students' proposals, petitions, and requests. As articulated in the paragraph above, petitions for an extension of time in the program must be submitted **by February 15** of the student's **5<sup>th</sup> year in the program**, and, as articulated in Appendix B, preliminary exam proposals must be submitted a full seven days prior to the CTC meeting in which they are to be discussed. Regarding all other matters, please note that CTC agendas are set by Thursday 2:00 PM the week prior to each CTC meeting and any petitions or requests must be received by the Clinical Area Program Assistant and the DCT by that time.

Upon receipt of a student proposal, petition, or request, the CTC will make efforts to review and respond in as timely a manner as possible; however, students also should be advised that some meeting agendas may already have been filled with time-sensitive issues that do not allow for an additional agenda item at the next available CTC meeting.

Admission with a Master's Degree. Normally, students are accepted into the program with either a Bachelor's or a Master's degree in Psychology. Students entering the program with a Master's degree or graduate work of high quality from an institution of recognized standing may desire to obtain credit for courses taken and/or experience gained while obtaining the Master's degree (or in some cases, the Bachelor's degree). In order for courses or experience to count toward doctoral program requirements, they must first be evaluated for

equivalence to our requirements. This evaluation process is virtually identical to transfer of credit procedures. Since our program requires that students at the Master's level demonstrate competence in doing research, students entering the program with a Master's degree may desire to have their Master's thesis evaluated to demonstrate this competence. If appropriate, the student and advisor identify an appropriate supervisory committee of three faculty to evaluate the student's Master's thesis. The advisor should then prepare a petition of equivalency to be submitted to the CTC for approval and recommendation to be forwarded to the Director of Graduate Studies.

According to the rules of the Graduate School, students coming in to the program with a Master's degree are allowed 8 semesters (4 years) of tuition waivers to complete all the requirements for the Ph.D. This rule holds for all students who enter with a Master's degree, even if that degree is not in psychology. (See also the section on Financial Support, below).

**Credit for Previous Coursework.** Students who believe that their previous coursework either at the undergraduate level or in other graduate programs is equivalent to certain required courses should discuss with their advisor the advisability of petitioning for an exemption or credit. After a mutual decision that such a petition makes sense for the student's professional development, the student should provide documentation of course content (e.g., syllabus, written products, or letters from instructors) to the instructor of the equivalent course here at the University of Utah, with a request for a judgment of equivalency. If the instructor decides that the coursework is equivalent to our requirements, a formal petition with the endorsement of the advisor and the course instructor should be submitted to the CTC. If approved, the petition is then forwarded to the Departmental Graduate Committee for approval.

## **Advisor**

The advisor is one of the most important resources in students' graduate careers. She or he serves as a professional role model, as a guide to graduate study, and a critic/advocate for a student's professional development. The Utah program operates on a mentorship model, which means that each student is admitted to the program under the supervision of a particular clinical (or a team of one clinical and one non-clinical) faculty member. Students

may switch advisors with the approval of the CTC (see “Changing Advisors” under section E on “Special Issues” below).

Students are expected to meet regularly with their advisor(s) to discuss their research, course work, and professional development. The advisor should be the first person contacted to answer program questions, deal with personal or professional problems, and the like. Students also are expected to participate actively in their advisor's research group, and, if appropriate, to sample the research groups of other faculty when they have overlapping interests. These research groups are a vital aspect of the Clinical Program, as they serve as important vehicles for the development of sound research skills and provide an opportunity to interact with students and other faculty engaged in related research.

Advisors also serve as the students' first go-to person if questions about course-work, program requirements, or any other professional issues arise. Students should also consult with their advisor(s) prior to registering for courses, and should approach their advisor if conflicts in offerings occur. However, students need to understand that advisors may not have answers to all questions, and will often need to direct the student to the appropriate resource.

Allied faculty as advisors or committee members. Because of the structured involvement of allied faculty in clinical training (i.e., other Departmental faculty and Psychology Department adjunct faculty), administrative arrangements exist to facilitate the involvement of allied faculty in decision-making, advising, and monitoring of students when appropriate. Allied faculty who otherwise meet Departmental and Clinical Program requirements may be a clinical student's research advisor, when such an arrangement is in the student's best interest (see below for additional information about supervisory committees). If a clinical student's primary research advisor is not a member of the regular clinical faculty, a clinical faculty member must serve as a co-advisor.

Although students who apply to the clinical program are selected for admission by the Clinical Training Committee, allied faculty whose areas of interest are relevant to a student's interest shall be consulted during the admissions process to the mutual benefit of all concerned. When an allied faculty member serves as a student's advisor, he or she shall participate in that student's review, as a voting member of the CTC, during its semi-annual student evaluation meetings. However, as with all other evaluation procedures for clinical

students, the Clinical Training Committee retains final authority in making decisions about a student's standing in the clinical program and in making recommendations to the department concerning a student's departmental standing.

Allied faculty may also participate in the grading of the student's preliminary projects. Finally, allied faculty who have been regularly involved in the teaching of courses that form part of the regularly offered clinical curriculum shall participate in the annual clinical program curriculum review, when course offerings that relate to their involvement are subject to modification.

Changing advisors. The Clinical Program at the University of Utah uses a model for advising that attempts to provide students with guidance and support from the very beginning of their graduate careers, but is also responsive to changing patterns of interest among students and advisors. This means that, when admitted, a student is identified as probably best suited to work with a particular named advisor who has also agreed to work with that student. Matching a student with an advisor is done thoughtfully and with the intention to be in the best interests of both the student and the advisor.

However, sometimes it becomes apparent that a particular advisor is not the best match for the research and training interests of a student. This happens in one of four "modal" ways: (a) Students' interests broaden in such a way that they wish to set up a "co-advisor" arrangement, sometimes within the Clinical Program, and sometimes extending to other areas within the Department; (b) students' or advisors' interests change in such a way that the student will be better served by selecting another advisor; (c) the student and the current advisor, regardless of interest match, do not have the kind of interpersonal relationship that is productive for either the advisor or the student; or (d) the student's primary advisor leaves the program.

Advisor changes that are desired by the student and/or advisor generally present no particular difficulties for the student, the advisor, or the administration of the Clinical Program and the Department. It is assumed that the student will have discussed these issues with her or his current advisor and prospective advisor, and will reach a mutually agreeable resolution. Only once the new advisor has agreed to mentor the student can the relationship with the prior advisor be dissolved. In these cases, it is only necessary that the student inform

the Department Graduate Committee and the Director of Clinical Training of their intentions in written form. If any problems arise because of the intended changes, they can be resolved administratively at this point.

Similarly, changes that result from the primary advisor leaving the program are generally not problematic (as long as the student is in good standing), as the CTC accepts the responsibility in assisting the students to identify a new advisor among the available faculty.

Only scenario (d) poses a problem. If this situation arises, the student and/or the advisor will need to inform the Director of Clinical Training of the issues (in written form) and the matter will be taken up by the Clinical Training Committee.

A student is not allowed to be “at large,” and must have an advisor registered with the Clinical Area and the Department at all times. If a student is at large for a period greater than three months, he/she may be dismissed from the program.

## **Curriculum**

The Clinical Program at the University of Utah strives to integrate science and professional practice in all aspects of curriculum. In addition to the acquisition of broadly based clinical skills, our students are expected to obtain graduate level mastery of the major domains of relevant psychological inquiry including the major research design and statistical technologies.

### *General requirements in core psychological science*

The Clinical Program requires that all students complete at least one course in each of the four core areas described in the Psychology Department Handbook, which include Biological Bases of Behavior, Cognitive-Affective Bases of Behavior; Social Bases of Behavior; and Individual Differences. In addition, students are required to have exposure to theory and research on lifespan human development, either in the context of one of the courses in these core areas or as a separate course. For some of these topics, the Clinical program requires that students take specific courses to meet the core requirements. If clinical students choose alternative courses that are not the specified clinical core courses, the Clinical program regards those alternative courses as electives, even though such courses might satisfy other Departmental core requirements. The course offerings that satisfy the Clinical Area core

requirements may change slightly from year to year. A list of the core courses offered each year is circulated prior to Fall semester and is available in the Psychology Department office. The four core areas and currently approved courses are:

### *Biological Bases of Behavior*

All clinical students are required to take at least one of the following:

- Neuropsychology (6700)
- Brain, Cognition, and Behavior (6750)

### *Cognitive Bases of Behavior*

All clinical students are required to take at least one of the following:

- Advanced Human Cognition (6120)
- Cognitive and Affective Development Across the Lifespan (6220) (required of clinical students concentrating in CCF)

### *Affective Bases of Behavior*

All clinical students are required to take at least one of the following:

- Cognitive and Affective Development Across the Lifespan (6220) (required of clinical students concentrating in CCF)
- (We are currently working with our colleagues in other areas to expand the range of offerings that meet this requirement)

### *Social Bases of Behavior*

All clinical students are required to take the following:

- Advanced Social Psychology (6410)

### *Individual Differences*

All clinical students are required to take the following:

- Individual Psychopathology (6330)

### *Lifespan Development*

In addition, APA requires that all clinical students be exposed to the current body of knowledge regarding development across the entire lifespan. As of the 2014- 2015 matriculation year, this requirement is satisfied through the required first-year course:

- Individual Psychopathology (6330).

### *Culture and Diversity*

The program endorses the perspective that culture and diversity training is critical to the development of competent, responsible social scientists. Appendix N provides an important statement regarding our program's policies related to our commitment to ensuring that students develop competencies for working with diverse populations. All students entering are required to complete at least one course that addresses issues of culture and diversity in psychology, and it is an important academic competence to demonstrate understanding of issues related to diversity in your work as researchers, teachers, and practitioners. Competence in diversity includes understanding of the importance of considering issues such as age, sex, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, military/veteran status, and socioeconomic status in the design of research studies, the development of diagnostic/assessment instruments, in classroom contexts, and in the psychological treatment of clinical conditions. Recognizing that one course cannot address all aspects of diversity training, students are encouraged to supplement coursework with attending colloquia on themes of diversity and to take advantage of opportunities to gain clinical experience with diverse populations. Available offerings may vary from one year to the next, but in general, all students are required to complete the following course:

- Diversity and Mental Health (7968)

### *History and Systems of Psychology*

All students are required to complete the following:

- History and Systems of Psychology(7508)

### *Statistical and Research Design Methods*

In the first year, all clinical students are required to take the following:

- Advanced Research Methods in Clinical Psychology (6535)
- Quantitative Methods I (6500)
- Quantitative Methods II (6510).

In later years, as relevant to their professional goals, students are encouraged to take advanced statistical methods courses, such as the following:

- Structural Modeling (6550)
- Multilevel Modeling (6558)
- Analysis of Temporal Data (6556)

Note well: Students wanting to meet clinical program requirements via courses offered in other departments (e.g., the PhD program in EdPsych) must petition for permission to do so from the CTC, providing a rationale (e.g., the course won't be offered in our department before the student leaves for internship) as well as providing a syllabus of the course to allow CTC to evaluate whether it is the equivalent to the course our department offers.

### *Clinical Core Requirements*

With respect to the clinical core, our educational philosophy is based upon trying to ensure that graduating students possess: (a) knowledge of the theories and scientific bases of clinical interventions and psychological measurement and evaluation; (b) competence in designing research to evaluate, develop, and assess the applicability (including limitations), reliability, and validity of existing interventions and measurements; (c) knowledge of theories and scientific bases of a representative sample of relevant assessment and intervention strategies in general clinical psychology and the student's area of concentration; (d) ability to administer, interpret, and integrate assessment and intervention information from a representative set of methodologies and techniques; and (e) knowledge of the ethical and social

policy bases of assessment and intervention and their limitations. In general, our program seeks to be “broad and professional in its orientation rather than narrow and technical” (APA Guidelines and Principles for Accreditation of Programs in Professional Psychology [1996], p. 3), allowing students opportunities for exposure to a broad range of evidence-based approaches. In keeping with the principles of clinical science, our program also values the importance of teaching students to understand the vital interaction between testable, refutable theory that informs data and data that inform theory. We encourage students to learn to understand the whole individual as a system, rather than to acquire only a collection of specific approaches for targeted symptoms. Although our emphasis tends to be on the scientific side of the science/practice balance, we practice science that has high clinical relevance. In addition, the Clinical Core focuses on issues of professional standards and ethics, the development of appropriate role identity and socialization into the issues of professional psychology and its interface with psychological science and other social science, legal, and mental health disciplines.

Work in the first two years is designed to provide the basics that make one a professional clinical scientist and lay the foundation for specialty training. The required core, which consists of an integrated set of both didactic and experiential courses and requirements, is as follows:

(a) Clinical assessment

- Psychology 6535, Advanced Research Methods in Clinical Psychology
  - This course includes topics relevant to psychometric theory
- A suite of required courses that provide an integrated introduction to assessment across two semesters in the students’ first year
  - Psychology 6961, Practicum in Clinical Psychology: Foundational Clinical Skills
    - Introduces students to foundational clinical skills, including clinical interviewing and general interpersonal skills in clinical settings.
  - Psychology 6611, Principles and Techniques of Assessment I

- Introduces students to assessment theory and evidence-based assessment techniques and to the administration, scoring, and interpretation of tests used for assessing IQ and achievement.
  - Psychology 6612, Principles and Techniques of Assessment II
    - Reviews personality theories and principles for administering and interpreting measures of personality and socioemotional functioning, as well as the development of case formulations, treatment recommendations, and writing reports.
- Psychology 6613/6614: 6613 – Assessment Practicum: Traditional Adult and Child Assessment Skills; 6614 – Assessment Specialties Practicum
  - Assessment: This practicum is required of all students in their second year of the program and provides supervised clinical experiences in the comprehensive process of psychological assessment (i.e., taking a referral question, identifying an assessment plan, conducting the assessment, interpreting the data, writing an integrative report, and providing feedback to the client and referral source). Additional specialty didactics may also be provided as they relate to active cases; possible topics include child assessment skills, health psychology, child psychology, forensic psychology, neuropsychology, interpersonal psychology, and personality theory. A minimum of three comprehensive assessments must be completed in order for students to meet the expectations for the course; these might be completed in Fall but more typically involve some work in the Spring semester as well. Students whose interests and career goals make it desirable to participate in the course both semesters in order to gain additional experience in conducting assessments may do so contingent on permission of the instructor (i.e., space, time, and workload permitting). This course is supervised by Dr. Sommer Thorgusen.

(b) Psychopathology and Intervention

- Psychology 6391, Introduction to Clinical Science

- This course introduces students to the clinical science perspective, critical thinking about psychotherapy research, evidence-based practice principles, and the integration of research and practice
  - Psychology 6330, Individual Psychopathology
    - Covers individual psychopathology across the lifespan, as defined by DSM-IV and alternative perspectives
  - Psychology 6961, Practicum in Cognitive Behavioral Therapy
    - In their second year, students receive didactic training in evidence-based cognitive behavioral therapies and gain supervised experience implementing interventions with clients at the Student Counseling Center
- (c) Supervision and Consultation
  - Psychology 7850, Consultation and Supervision
    - Introduces students to the theoretical models, research, and practice of clinical supervision and consultation, and prepares students for participation in vertical teams in which students will have the opportunity to provide peer supervision to others under the umbrella supervision of licensed faculty.
- (d) Overall Training Hours and Additional Clinical Experiences
  - Students are required to accrue a minimum of 625 hours of supervised clinical experience in the context of practica, clerkships, and supervised community placements, prior to the internship. This should include a minimum of 500 actual client contact hours and a minimum of 125 hours in formal, scheduled supervision. However, it is highly recommended that students strive to acquire a minimum of 600 direct contact hours before internship in order to be more competitive for internship sites. Students also should note that these are minimum requirements. Breadth and depth of clinical experience is likely to help students secure the internship training of their choice. Students should consult with their advisors as to which practica and clerkships are most appropriate to their training goals.

- Students who have not yet acquired the minimum 500 contact hours at the point when they are requesting permission to apply for internship must petition the CTC and show that they and their advisor have devised a training plan that will ensure that a total of 500 contact hours and 125 supervision hours will be accumulated before the student leaves for internship.

(e) Coherency Core

- Students are expected to use their elective options to develop a coherent set of specialization courses. In addition to selecting practica and clerkships that make conceptual sense given the student's self-defined area of specialization, students frequently take advantage of offerings within the Clinical Program, the Department, or in other departments within the University. Appendix I describes the additional requirements and expectations for students in the Clinical Neuropsychology area; Appendix J for Clinical Health Psychology; and Appendix K for Clinical Child and Family.

(f) Professional Issues

- Students are required to take Psychology 6300, Ethics, Legal, and Professional Issues in Clinical Psychology or the equivalent course offered in the Ph.D. program in the department of Educational Psychology, no later than the Fall of their second year.
- Students are expected to enroll in Psychology 7350, Current Issues in the Practice of Clinical Psychology, for one unit every year beginning in their second year in the Clinical Program (a minimum of 4 credit hours). Although first-year students aren't required to formally enroll in 7350, they are expected to attend.

(g) Research Experience

- Students are expected to successfully complete both a Master's thesis and dissertation according to the guidelines established in the departmental and college handbooks.

- Students are expected to be continuously involved in scholarly and scientific inquiry under the direction of their advisor as part of the advisor's research group, even if not formally enrolled for credit.

(h) Internship

- Students are expected to complete a minimum of 2000 hours of supervised clinical experience in a full-time, year-long APA-accredited internship.
- These Clinical Program and Departmental curriculum requirements are detailed in Appendix A and a checklist is provided in Appendix O. These should be carefully studied before making choices, with your advisor's consultation. Because the Clinical Program curriculum involves a careful sequencing of courses, students should consult their advisor(s), the Director of Clinical Training, and the Clinical Training Committee before attempting to significantly alter the modal sequence.

### **Supervisory Committees**

Students choose, in consultation with their advisor, supervisory committees for the Master's thesis and the Doctoral dissertation. Three faculty members are selected for the Master's thesis and, after successfully passing the Masters' requirements and being admitted to the Ph.D. Program, five faculty members are selected for the Ph.D. committee (one of whom must be from outside the Psychology department). Ordinarily, the advisor serves as the chair of each of these committees. The Clinical Training Committee has adopted the following regulations regarding the formation of a supervisory committee:

The supervisory committee must consist of at least two full-time regular Clinical Area faculty. This requirement exists for both Master's and doctoral committees. When a substantial rationale exists for deviating from this norm, the student and his or her advisor should prepare a petition to the Clinical Training Committee outlining this rationale. The Clinical Training Committee will then consider the petition at its next regularly scheduled meeting.

The Chair of the committee must ordinarily be a member of the regular clinical faculty. Allied faculty members may co-chair a supervisory committee so long as a regular

clinical faculty member is identified as a co-chair, and all other regulations are met (see section on advisors for regulations governing the role of allied faculty as co-chairs).

All committee members must be Ph.D.s or Psy.D.s. In special cases, individuals holding other doctoral degrees (e.g., M.D., DSW) may be accepted as committee members. However, in such cases the student must petition the CTC with a written statement explaining the unique contribution expected from the prospective committee member.

All committee members must be regular University of Utah faculty or Psychology Department adjunct faculty, and the size and constituency of the supervisory committee must otherwise satisfy both Departmental and Graduate School guidelines. For the Ph.D., the Graduate School requires that at least one of the five members be from a different department of the University. Exceptions may be made in special cases, but again, the student and his or her advisor must make a specific request to the CTC.

### **First Year Research Prospectus and Master's Thesis**

By the end of the first year of graduate study, the student—in consultation with the advisor—selects a topic for study and prepares a short (i.e., two single-spaced pages) research prospectus (introduction, method, analyses) outlining a potential Master's thesis project. This requirement may be waived if, in the context of the Research Methods course, the student develops a working outline of a thesis proposal idea that is acceptable to his or her advisor. The process leading to this prospectus and the prospectus itself should be similar in scope and format to the colloquium announcement prepared for the Master's thesis and dissertation proposal meetings. The prospectus is not contractual; students are free to change the topic of their Master's thesis research substantially. However, the prospectus should ordinarily reflect the most likely topic for the thesis project. If the prospectus is not completed by the end of the Summer term prior to the student's second year, the student is automatically considered to be making insufficient progress and may be placed on academic probation. The First Year Prospectus requirement is intended to encourage students to become familiar with the literature in a selected area of study and to help students develop a conceptual and methodological perspective that will lead to the formulation of meaningful and testable hypotheses/questions, as well as specific plans for a project that is feasible within the typical scope and timetable for the Master's.

Prior to proposing their Master's thesis, students select their Master's Thesis supervisory committee, consisting of three faculty members (see "Supervisory Committee" above for more details). Once the committee has been selected, the student presents to the supervisory committee a proposal for the Master's thesis. This proposal is announced via a two-page abstract to the entire Psychology Department, which also sets a time for the Master's colloquium. This colloquium should be held by the end of the Spring semester of the second year of graduate training. At the colloquium, the proposal is presented to the committee, the research plan is refined, and the committee votes on the proposal. Once committee approval is given, the research is conducted and when the report of the study is ready, the oral defense ("orals") of the thesis is conducted. Upon approval of the finished written report by the Graduate School, the Master's degree is awarded. A student is expected to complete the Master's thesis (approved by the committee and submitted to the University's thesis editor) within 36 months of the date of matriculation.

Successful defense of the thesis does not automatically result in permission to continue work toward the Ph.D. At the time of the Master's defense, the committee is asked to make a recommendation to the CTC (by way of the Chairperson) regarding the student's continued progress through the program.

### **Preliminary Examination Project**

Following completion of the Master's degree, a student must successfully complete a Preliminary Examination Project. The general format of this project is described below, with a more detailed explanation provided in Appendix B. The current format of the project is intended to reflect the Clinical Program's endorsement of the clinical scientist model of clinical psychology. The purpose of the integrative research review paper is for the student to demonstrate his or her capacity to synthesize, integrate, critique, and evaluate a broad base of research and theory pertaining to a selected area of clinical psychology.

Students will not be admitted to doctoral candidacy until they have passed the preliminary examination project. To ensure that the project is completed in a timely manner, students should propose the projects to the CTC no later than the end of the spring term prior to the year in which the student plans to apply to internship (i.e., by the end of spring semester of the 4th).

The specific procedures, timelines, and grading criteria for completing the prelim project are detailed in Appendix B, which also includes an example of a prelim proposal.

### **Admission to Doctoral Candidacy and Dissertation**

NOTE: Although students are admitted to the Clinical Program with the expectation that the doctorate will be completed, there must be an explicit recommendation that each student, after the Master's degree, be allowed to continue in the program, and, after the passing of the preliminary examination project, be accepted for doctoral candidacy.

Admission to Doctoral Candidacy begins by obtaining the appropriate form from the Department Chair's office after passing the preliminary examination projects. The CTC evaluates the student's preparation, the recommendations from the student's Master's committee, and performance on the preliminary project, and recommends approval or disapproval of the application for doctoral candidacy in the Clinical Program. Once the student has been admitted to doctoral candidacy, the dissertation committee may be formed. As with the Master's and prelim committees, CTC guidelines apply for the structure of the committee.

The dissertation proposal is submitted to the committee, is approved (or modified) at the dissertation colloquium, and the results are presented at the dissertation orals, just as with the Master's thesis. The doctorate in clinical psychology is awarded upon meeting the following: (a) passing the dissertation orals and (b) certification by the Department Chair and Director of Clinical Training that the University, Departmental, and Clinical Program requirements (including an approved internship) have been completed.

The dissertation proposal must be approved in order for doctoral candidates to be permitted to apply for internship. The last possible date by which a student can have a proposal meeting is September 10 of the fifth year in the program (or the year that the student intends to apply for internship). Since it is possible that some revisions will be requested by the committee, the last possible date by which a proposal must receive a final committee approval is October 10 of the fifth year (or the year that the student intends to apply for internship).

## V. SUPERVISED CLINICAL EXPERIENCE

### **Coordination of Professional Training**

The professional training component of the program has three graduated levels: practicum, clerkship, and internship. The CTC is responsible for monitoring, evaluating, and coordinating such clinical experiences in general, but individual advisors must be consulted about clerkship placements, selection of training opportunities, and problems that arise in the course of clinical training. Additionally, neuropsychology placements must be approved by the Neuropsychology faculty. The DCT and heads of specialization areas (Health, Neuropsychology, or CCF) also are good sources of advice regarding clinical training.

Extra-departmental practica and clerkships are supervised by adjunct faculty or field supervisors at the agency, in coordination with a student's advisor or another appropriate member of the CTC. All clinical activities (practica, clerkships, internship) must be approved by, and fall under, the official auspices of the program. This requirement is an essential one to follow, as it is the only way in which these clinical experiences are covered by liability insurance, and it is the only way in which students can receive credit for these hours so as to claim them on their internship applications, as per APPIC's rules. The student's Departmental advisor is to meet regularly with the student to discuss progress at the agency. In the case of internships, when students are often out of state, occasional telephone contacts or emails are enough.

### **Clinical Practica**

Practica are clinical experiences typically developed and supervised by core clinical faculty. They are generally preceded by a more didactic "pre-practicum" aimed at integration of theory, research, and practice. Practica may be offered by different faculty members in different years; an effort is made to schedule at least one child- and one adult-oriented Departmental practicum each academic year. Practica are generally offered for 3 credit hours, but credit and number of semesters for a particular practicum in the Psychology 6960-6961 series is variable. Typically, students in practica engage in 1-3 hours of direct service each week, are involved in 1- 5 hours of collateral tasks such as report-writing, and receive 1-4

hours of group and/or individual supervision. Practicum grades are assigned by the instructor and/or supervisor.

Currently or recently offered practica include the following:

### *Neuropsychological Assessment Practicum:*

This practicum is required of all students in the Clinical Neuropsychology track, and typically takes place in the student's second year in the program. It begins with a semester of didactic instruction on theoretical issues that are central to neuropsychological assessment (history, theory, and methods of neuropsychological assessment, functional neuroanatomy and pathophysiology). Students also begin learning to administer neuropsychological tests, practicing on each other and/or undergraduate volunteers, or through activities in the Neuropsychology Vertical Team (described below). In the second semester, the students receive additional didactic instruction on other general neuropsychological topics, and in areas directly relevant to cases encountered while shadowing more senior students during their clerkship. An additional core component of the second semester involves using fictional, case-study, and de-identified historical cases to practice particular skills such as selecting neuropsychological test batteries, developing clinical hypotheses, giving oral case presentations, and interpreting and integrating assessment results. In addition to this two-semester course sequence, students in the Neuropsychology concentration also participate in Vertical Team meetings. This involves one year of Observation (taken prior to the practicum) and usually three years of Supervision (taken in the years following the assessment practicum). Students in the vertical team participate in group supervision, case presentations, and discussion of a variety of professional topics, as well as occasional (approximately twice a year) case evaluation conducted jointly by the entire team, under supervision from Drs. Yana Suchy or Matt Euler.

### *Cognitive-Behavioral Therapy:*

This practicum is required of all students in their second year of the program and begins with didactic training in cognitive-behavioral models, including their theoretical basis and empirical support. Therapy videos and role-playing are important features of the pre-practicum. This is followed by at least one semester in which students are seeing one or two individual therapy clients for a course of brief CBT. Therapy clients are acquired through the University Student Counseling Center. All therapy sessions are audio- or video-taped for

weekly supervision, which occurs individually or in group consultation meetings held weekly. The course generally is limited to between 4 and 7 students to provide adequate individual attention and supervision. This practicum currently is led by Dr. Katie Baucom and also has been taught by Drs. Donald Strassberg and Michael Himle.

### *Assessment:*

This practicum is required of all students in their second year of the program and provides supervised clinical experiences in the comprehensive process of psychological assessment (i.e., taking a referral question, identifying an assessment plan, conducting the assessment, interpreting the data, writing an integrative report, and providing feedback to the client and referral source). Additional didactics are also provided in child assessment skills and in specialty assessment areas such as health psychology, child psychology, forensic psychology, neuropsychology, interpersonal psychology, and personality. A minimum of 3 comprehensive assessments must be completed in order for students to meet the expectations for the course; these might be completed in Fall but more typically involve some work in the Spring semester as well. Students whose interests and career goals make it desirable to participate in the course both semesters in order to gain additional experience in conducting assessments may do so contingent on permission of the instructor (i.e., space, time, and workload permitting). This course is supervised by Dr. Sommer Thorgusen.

### *Evidence-based therapy practicum:*

This practicum is taught by Dr. Sheila Crowell and offers advanced training in case formulation and evidence-based practice. During the first semester, students complete didactic training in case formulation, diagnostic interviewing, suicide risk assessment, and dialectical behavior therapy (DBT). DBT is selected as the exemplar therapy because it incorporates elements of cognitive-behavioral and acceptance-based therapies. During the second semester, students take on 2-3 clients, conduct diagnostic interviews for other clinicians, and participate in team meetings, individual supervision, and group supervision. Clients seen as part of this practicum range in age from around 8 years to older adulthood and have a variety of presenting problems. Students are expected to work with their client and supervisor to develop an evidence-based approach to treating the client and must also conduct regular assessments to ensure the client is making adequate progress. Each student is expected to present their cases

informally and formally at several points during the semester. Depending upon the client(s), students may receive advanced training in CBT, DBT, or many other evidence-based treatments (e.g., acceptance and commitment therapy, exposure and response prevention, mindfulness-based cognitive behavior therapy, motivational interviewing, or prolonged exposure).

### **Clinical Clerkships (Psychology 6910)**

Community placements, referred to as “clerkships,” appear in many forms. They range from opportunities for the student to have further exposure to basic (or specialized) assessment and intervention approaches to which they have been introduced in their course work and practica, and to professionally acceptable intervention specialties that are not offered by the department. Clerkships are field-based; that is, the student is a trainee (paid or volunteer) in the agency through which the clerkship is offered. Although clerkships are offered continuously, many agencies prefer to begin them in the Fall. Clerkships vary with respect to specialization and almost all of them require completion of relevant practicum requirements.

Clerkships differ from practica in that they: (1) are not supervised by core clinical faculty, they are available on an ongoing basis, but are not individually listed in our formal curriculum, they are not preceded by a didactic pre-practicum course, and (4) they can range from as few as 3 to as many as 20 hours per week. The maximum number of hours students should be spending on all clerkship activities combined in any semester is 20 hours per week. Students who feel they have a compelling reason to spend more than 20 hours per week in clerkship-related activities should consult with their advisors and, if appropriate, submit a petition to the CTC for approval prior to engaging in such activities. The clinical program assumes that a two-credit clerkship translates roughly into 10 hours of direct client contact and supervision time. Supervisory time needs to be provided in a manner professionally appropriate to the nature of the client population and the student's level of ability.

The CTC determines all clerkship placements and there must be signed, valid contracts in place for the a) Agency and b) Individual Supervision before students may engage in any clinical activities at the site(s) to which they are placed. The importance of this cannot be overstated. For a student to engage in any clinical activities that are not officially sanctioned by the graduate program would be a violation of the APA regulations and the Utah statutes

that govern the practice of psychology. Further, to engage in clinical training activities without a contract in place would leave a student not covered by the university's liability insurance. There are two contracts needed for each site. The first is an Agency contract that is secured by the Clerkship Coordinator. The second is an individual Supervisory Contract that is completed by the supervisor who will be providing supervision at the site (in collaboration with the student). Students are responsible for assuring that both contracts for the agency with which they intend to undergo training are on file prior to enrollment in 6910 (an enrollment code will be given to each student once this has been confirmed by the Clinical Area Project Coordinator). It is only through these contracts and proper course registration that students are covered by the university's malpractice insurance—thus, this is vital. For more detailed information, see section on Registering for Clerkships below.

The Clerkship Coordinator maintains a description of active clerkship sites through the departmental website. If students wish to gain clinical training experiences that are not currently available, they are encouraged to discuss this with their advisor and the Clerkship Coordinator, who will seek out additional relevant clerkship opportunities.

Students receive University credit for their clinical field experiences if they (a) register with the University for a clerkship, (b) secure individual Supervisory Contracts, (c) have adequate field supervision, and (d) assure that completed required evaluation forms are filed by both student (i.e., site evaluation), and supervisor (i.e., student competencies evaluation). Credit for clerkships will be granted only when these documents have been received by the Clinical Area Project Coordinator.

If students wish to secure paid or volunteer experience in any clinical setting while in Graduate School, the CTC requires that they seek prior approval and structure such experiences as clerkship. This is done for protection of students from unethical or inadequate training experiences, and to optimize the students' training experiences prior to internship. In particular, the following is accomplished by structuring clinical experiences as clerkships: (a) the student and his or her advisor can consider the adequacy of the placement in the light of the students' total educational program; (b) the University can provide malpractice coverage for the student; (c) the placement can add eligible hours to the internship application; (d) these training experiences will appear on the student's transcript when he/ she presents for licensing

and other forms of professional certification; and (e) it is assured that the student's community work in providing psychological services is consistent with the Psychologist Act of the Utah Code (58-25a-1 et seq., as amended). Students are allowed to include on the internship application only those hours for which they received formal academic training and credit, or that fall under program-sanctioned training experiences (e.g., a VA summer traineeship).

### *Registering for Clerkships.*

There are six steps that should be followed by students intending to register for clerkships:

First, students should consult the descriptions of available clerkships on the departmental website ([www.psych.utah.edu](http://www.psych.utah.edu) – scroll to bottom and “Login” with UNID to select “View Clerkship” for list) and identify those that appear to be a good match to their interests, and for which they have completed prerequisite training. (If students identify a potential site that is not currently listed, they need to first consult with their advisor and then the Clerkship Coordinator. Students cannot start a clerkship at a given agency until an Agency contract has been secured by the Clinical Program and the CTC has decided to place the student at that site.)

Once potential clerkships are identified, students should consult with their advisor and, if desired, with other students who have had an experience with a given clerkship.

Early in the Spring semester, the Clerkship Coordinator will hold a 7350 with students to discuss available sites, training needs, and the application process.

On March 1st all students interested in clerkship experiences must submit a clerkship application form to the Clerkship Coordinator with top 4 choices of clerkship assignments and a description of how these placements would further the student’s career goals. All material on the application must be discussed with, and approved by, advisors prior to the submission of the application.

The CTC makes final decisions on the placements for all clinical students based on the above application. More specifically, the Clerkship Coordinator consults with advisors and specialty track faculty, and ultimately facilitates a CTC discussion of the best placements for

individual students. Prior to this meeting the Clerkship Coordinator may facilitate student interviews at some sites (determined by site supervisor preferences).

Once a student is placed into a Clerkship, he or she must secure an individual Supervisory Contract (Appendix C) to be signed by the student and the clerkship supervisor (a licensed clinical psychologist). All contracts must be filed with the Clinical Program via the Program's Project Coordinator before any activities at the site begin, and must be updated annually.

Students registering for clerkship placements are usually required by the Agency Contracts to complete a series of steps prior to approval of their placement by the site (e.g., background check, immunizations). The Clerkship Coordinator works with students to ensure requirements are met. The Program maintains records of students' completion of any necessary steps in their file.

### *Evaluation forms*

At the end of each semester, the Competency Evaluation Form indicating the student's performance must be completed by the on-site supervisor and reviewed and discussed together by the trainee and supervisor. After the supervisor's electronic submission of the evaluation form to the Program, the Clinical Area Project Coordinator sends the evaluation to the student's Departmental advisor, the DCT, and the Clerkship Coordinator. This evaluation form is then placed on file in the clinical program office. The student also will complete a form documenting the number of clinical hours accrued during the clerkship, will review this with the clerkship supervisor for accuracy, and will submit this form to the Clinical Program's Project Coordinator. These forms are placed in the student's file, and used to verify student's reporting of clinical hours when the student is applying for internship. The student also completes a Student Evaluation of the Clinical experience (Appendix F) which is reviewed and used by the Clerkship Coordinator, DCT, and the CTC to provide anonymous information for future clerkship offerings and address any concerns about clerkship placements. Appendix D includes the student competency evaluation form (for the evaluation of the student). Appendix H includes links to two spreadsheet rubrics for documenting clinical hours and provides the APPIC definitions for what should be counted in each of these categories. All of these forms are also available from the Clinical Program's Project Coordinator.

The student will not receive University credit for the clerkship placement unless all properly completed forms (Agency Contract, Supervisory Contract, supervisor's student evaluation, and student's site evaluation) are on file.

### *Malpractice insurance*

When a student has registered formally with the University for a clinical placement, the student is covered for malpractice by the University of Utah as long as

(a) the Agency Contract is signed and on file, (b) the Supervisory Contract is completed and on file, and (c) the agency is located in the State of Utah. If any of these conditions are not met, the student may not be covered for malpractice. Students are responsible for making sure they have met the conditions for all placements at all times, including the summer semester.

Students should know that the University cannot provide malpractice insurance during the internship. For this reason, students are required to purchase (the moderately priced) APAIT student malpractice insurance to cover their professional activities during internship. Application forms can be obtained from the Clinical Area's Project Coordinator. Students are encouraged to purchase their own APAIT malpractice insurance throughout their years of clinical training. Having APAIT insurance will not, of course, excuse the students from completing the required registration, contracts, supervisions and evaluations.

### **Documentation of Clinical Training Hours**

For all clinical training experiences, students should carefully document every relevant aspect of their training hours in order to facilitate the internship application process, and later licensure applications. Examples of information you will need for your internship application and possible later certifications include type of supervision, number of cases and supervised hours using a particular approach, length of time each case was seen, number of assessments, number of uses of each assessment approach/instrument, and so on. Most APA-approved clinical internships are members of the Association of Psychology Postdoctoral and Internship Centers (APPIC), which has developed a standard application form providing detailed documentation of clinical training experiences. Because these documentation forms may change from year to year, students are encouraged to check the APPIC web site

(<http://www.appic.org>) to ensure that they are maintaining records at the proper level of detail required for internship applications.

In order to provide verifiable documentation for the DCT's authentication of students' hours (which is required as part of the APPIC internship application), students should complete at the end of each training experience (practicum, clerkship, etc.) a list detailing the clinical hours accrued during that experience. These hours should be listed in the categories required by the AAPI (APPIC Application for Psychology Internships) form (a sample form you might utilize for this purpose can be found in Appendix H). This list should be reviewed with the on-site clinical supervisor as part of the final evaluation process that occurs at the end of the training experience and should be signed by the student supervisor.

For tracking hours comprehensively over the course of their training, students have the option of utilizing a free electronic tool designed by APPIC (MyPsychTrack.com), a web-based application that allows practicum, clerkship, internship, and postdoctoral trainees to track their training hours. Hours entered into MyPsychTrack can be directly exported to the AAPI Online and the system allows you to provide access to your supervisors and DCT so they can verify your activities. Using this electronic tool is highly recommended—it allows students to generate a record of their accumulated hours over the course of their entire graduate career and allow them to easily and quickly complete the AAPI. Our institutional coupon code to allow students access to MyPsychTrack is 3e1a5b77-0c05-4cec-aaf0-c01c6735cd46.

## **Internship**

The internship is a major component of the clinical psychology training program. It involves a full-time, year-long commitment, and it is often a major determinant of career paths.

### *Requesting approval to apply for internship*

Before applying for internship, students must obtain the approval of their advisor and the DCT. This is accomplished through submitting a plan that documents what requirements have been completed and how many remaining departmental and clinical program requirements will be met prior to the start of the internship year (the Program

Requirements/Internship Readiness Checklist in Appendix O is highly recommended for that purpose). Students are eligible to apply for internship only after they have 1) completed their Preliminary Examination Project; 2) have successfully proposed the doctoral dissertation; and 3) have a plan that provides for the completion of all remaining departmental and clinical program requirements prior to the start of the internship year; in addition, 4) students must be able to document that they will have acquired a minimum of 500 clinical contact (face-to-face with client) hours and 125 supervision hours before beginning internship; however, a total of 600 contact hours is recommended to increase students' competitiveness for internship sites.

Note well: In order to be eligible to apply for internship, students must have the final version of a successfully defended dissertation proposal in hand by October 10.

Before leaving for internship, students must complete any remaining requirements for coursework, practica, or clerkship hours. Students who are applying for internship typically "project" that certain requirements will be fulfilled by the start of the internship, and they bear the responsibility, along with their advisors, of ensuring that these "projections" are reasonable.

### *Applying for internships*

Each year, a 7350 is held to brief students on the internship application process. Senior students who have already completed their internship are sometimes available and can be an excellent source for advice. Additionally, students are expected to work closely with their primary advisor (or clinical co-advisor if their primary advisor is outside of the clinical area) to develop a list of appropriate internship sites and to write their internship application essays. Lastly, each year a faculty member volunteers to act as the Internship Support Coordinator and assists students further with crafting their essays, strategizing their applications, and preparing for interviews.

The process of determining where and how to apply for internship begins in the summer and fall of the year preceding the internship year. Students should familiarize themselves with the Association of Psychology Internship and Postdoctoral Center (APPIC) website (<http://www.appic.org/>), which provides important information about current APA-approved internship sites, standard application forms, and dates for submitting information for the national Internship Matching Program. The actual application deadlines vary, but generally fall during the October to December period. Typically, applications require

transcripts, recommendation letters, a certification from the DCT (as to a student's status within the Clinical Program and areas of strength/further development), detailed application forms, and interviews. APA-accredited internships subscribe to the APPIC Internship Matching Program; rules for matching may change from year to year but are explained in detail at the APPIC web site. Under the national matching program, internship applicants and agencies submit their rank ordered preferences between late January to early February, and matching results are available in mid to late February.

A complete copy of the current APPIC internship application form (now entirely online) is available from the website. If problems in internship application or acceptance procedures arise, students are urged to contact the DCT or their advisor.

There are several APA-accredited pre-doctoral internship programs available locally. However, students are encouraged to select internships not based on geographical location but on the basis of their match to the student's interests and professional goals. Whereas the competition for nationally prominent internship openings can be fierce, the advantages are worth the struggle. The benefits of high-quality intensive training, possible exposure to nationally prominent clinicians, and interaction with interns from other programs must be weighed against the costs of relocating and the lack of involvement with the home programs. Again, "veteran" interns from our program can be a good source of information on this matter.

### *Requirements for the internship*

Students are required to complete 2,000 hours of approved internship training in a full-time, year-long APA-accredited internship setting.

Internship settings must be accredited by APA, unless special permission is received from the CTC. A list of APA-accredited internships is published each December in the *American Psychologist* and posted online at <http://www.apa.org/ed/accreditation/programs/internships-state.aspx>. In addition, substantial updated information on internship applications is available on the APPIC web site: <http://www.appic.org/>.

During the internship year, students may maintain their status as graduate students by using the "continuing registration" option, which at the time of this writing requires a tuition

payment of only \$50 per semester, rather than the full-time tuition of \$1600 per semester. The rationale is that students are not using University resources while away on internship. However, during the semester in which the student defends the dissertation, and thus is using University resources, the student must be enrolled in one credit hour. Also, it is important to remember that students must have enrolled in 14 credits of dissertation hours in order to defend and graduate; therefore, students should make sure to sign up for those dissertation hours prior to or during the semester in which they intend to defend the dissertation.

Students on internships are normally considered to be "off-campus" for the internship year. As a result, office space occupied by these students may be used by the department for other needs. Students who have need for office space during the internship year can be accommodated, but will need to make a specific request for their needs.

### *Evaluation*

Evaluation forms from APA-accredited internship agencies are accepted by the CTC, and must be on file in the Clinical Area Office before University of Utah credit is given for the internship. In the rare event that the internship does not provide an adequate evaluation report on the student's performance, our program's competencies evaluation form may be used.

## VI. RESEARCH TRAINING

All clinical students are expected to acquire or develop research skills in line with the clinical scientist model of psychology training. The Ph.D. is a research degree that indicates ability to produce and consume high quality psychological research. Students are encouraged to enroll in courses beyond the required research-related coursework that will prepare them to adequately carry out their primary research tasks, the Master's thesis and the doctoral dissertation. Students are also encouraged to pursue additional research projects of their interest.

The philosophy of the Clinical Program is to have a structure of available research training opportunities that will: (a) ensure that all clinical students have an appropriate level of research capability (i.e., ability to produce high quality theses and dissertations); and (b) allow interested students to extensively develop their research skills to a point where these students are able to conduct independent and programmatic research. Students are encouraged to consult and collaborate with each other as well as with faculty, as they develop research skills and interests.

Ordinarily, students are required to attend their advisor's research groups and our area's colloquium series, entitled Current Topics in Clinical Psychology (Psy 7350). Students are encouraged to avail themselves of other clinical area and departmental research training opportunities. These opportunities include: Additional departmental courses in statistics and experimental design; clinical area research consultation and supervision seminars; area and departmental faculty research programs; and departmental colloquia. The CTC encourages students to seek financial support for their research experience through grant support (see below). Students are also encouraged to attend professional meetings, to present their work, and publish their work in professional journals.

## VII. TEACHING TRAINING

Clinical students who are interested in future academic/teaching careers can get extensive training in the teaching of psychology. One major source of funding for students is through teaching assistantships (prior to completing the course work requirements for the Master's degree) and graduate instructorship (after earning a Master's degree). To prepare for these experiences, all first year students are required to take a semester-long teaching practicum. This practicum focuses on practical issues related to teaching (e.g., how to develop a course, how to lead a discussion group, etc.), theory and research on teaching and learning, and provides ongoing supervision for issues that come up during students' first teaching experiences (e.g., What do I do if I think someone is cheating?). Students also engage in a number of extensively supervised activities during this year such as leading discussion groups and giving a lecture in an undergraduate class. During the teaching practicum, students are also encouraged to develop a proposal for a University Teaching Assistantship (UTA), a program sponsored by the Graduate School to enhance graduate training in the service of undergraduate education (see section VI b below for more information). Typically, students propose to assist with an individualized sequence of courses for two semesters, and to use that training to develop a unique course to be taught during the summer term. As one example, one clinical student proposed a "Diversity in Clinical Psychology" sequence, which allowed the student to assist with an ethnic studies course and a psychology diversity course, and then to develop an abnormal psychology course that incorporated issues of culture and ethnicity.

## VIII. FINANCIAL SUPPORT

Our department only admits students for whom funding is available for the first four years. Tuition remission is provided to all students in good standing. Funding mechanisms available to the students in our program are described below:

### Teaching Positions

The most common forms of financial assistance for graduate students currently are teaching assistantships (TAs) and graduate instructorships (GIs). These stipends are awarded in the spring of each year (for the following year), and typically involve 1/4 time (5 hours per week), 1/2 time (10 hours per week), or full-time (20 hours per week) appointments. Duties vary each year, and sometimes each semester during the year. TAs are evaluated every semester by the instructor to whom they are assigned, and are appointed for one or two semesters, depending on the needs of the student and the program. Occasionally, summer TA appointments are also available. Graduate instructorships involve full teaching responsibility for certain undergraduate courses (some of which are taught at night), and are available for more advanced graduate students (i.e., those who completed all course work for Master's degree; typically the first two years in the program). Students on probation are not prioritized to receive TAs or GIs. In addition to summer departmental TAs, other positions occasionally become available both within and outside of the psychology department. Clinical students may apply for these positions and should watch for postings in the departmental office, and in the Clinical Office.

Other support from teaching can come from the teaching of summer courses or "adult education" type courses through the Division of Continuing Education (DCE). Students interested in pursuing this possibility should contact the department chair, graduate director, and/ or the DCE psychology liaison.

The Graduate School often provides stipends through their University Teaching Assistantship (UTA) program, for which clinical psychology graduate students have routinely been highly competitive. The UTA program was developed to provide funding to promote the professional development of graduate students wishing to obtain unique supervised teaching experiences, while simultaneously improving undergraduate education. UTA experiences

generally involve completing an integrated set of highly supervised TA experiences during Fall and Spring semesters, culminating in a GI experience during the Summer semester. When UTA stipends are available, the Graduate Committee announces the program and application procedures, and then forwards the strongest student-generated proposals onto the Graduate School for competitive evaluation.

### **Community Placement/Clerkships**

Another source of financial support (primarily for more advanced, post-master's students) is clerkship pay provided by community sites. A variety of part-time positions typically are available. The availability of such part-time positions is announced by e-mail or memo when they are received. Students accept such paid experiences in the community only with the prior approval of their advisor and the CTC and when all the conditions described in the section on Supervised Clinical Experience have been met. Clinical students are required to arrange any paid experiences as clerkships and must enroll for credit.

### **Intramural Research Support**

The University awards a small number of competitive research fellowships each year. Psychology graduate students are generally quite successful in receiving these awards. The two most common research fellowships are the Eccles Fellowship and the Graduate Research Fellowship. These fellowships are usually announced during the Fall term, and applications are due early in the Spring term. Interested students are encouraged to be aware of the announcements and the deadlines. For students who receive in-house scholarships, if the in-house scholarship is for an amount less than the amount of the psychology department stipend, the department makes up the difference.

Research assistantships (RAs) are also available, typically awarded by faculty members who have obtained grants. Usually, but not always, RA funding is awarded to the research advisees of the faculty who has such funds.

### **Extramural Research Support**

Many sources are available to support student research, although some are specific to students at the doctoral level and all are highly competitive. Students are encouraged to sign

up for SciVal alerts regarding fellowships, grants, and scholarships (<http://osp.utah.edu/grant-life-cycle/find-funding/search-solicitations.php>). Examples of fellowships include:

### *Fellowships*

- AAUW American and International Fellowships:
- American fellowships offer dissertation fellowship funding as well as research grants for female doctoral candidates who are U.S. citizens. International fellowships support full-time study or research in the U.S. for female non-U.S. citizens.
- APA Minority Fellowship Program: Up to three years of support for doctoral students studying ethnic minority mental health.
- Ford Foundation Diversity Fellowships: Offers predoctoral and dissertation support for students at research institutions. Must be a citizen of the US, demonstrate high academic achievement, and be committed to a college or university-level career in teaching and research
- Jacob K. Javits Fellowship Program: Fellowship support for students in the social sciences. Must apply within first year of doctoral program.
- NIH Ruth L. Kirschstein National Research Service Award (F31 Predoctoral): Support for (typically) 2-3 years of doctoral study. Must be a citizen, non-citizen national, or permanent resident of the US at the time of award. Must be enrolled in a PhD or equivalent research program and be at the dissertation stage.
- NSF Graduate Research Fellowship: Support for up to three years of doctoral study. Must be a US citizen in a research-focused graduate program. Cannot have completed more than 12 months of graduate study at time of application.
- Sigma Delta Epsilon-Graduate Women in Science Fellowships: Provides support for female scientists in the natural sciences, including the social sciences. Must be enrolled as a graduate student, or engaged in post-doctoral or early-stage junior faculty academic research; fellowships support research-

related costs only. Membership in SDE/GWIS is not required for application for the Fellowships. There is a \$30 application processing fee.

### *Research*

- SRCD Student and Early Career Dissertation Funding Award: Support for dissertation research costs up to \$2000. Must be an SRCD student member to apply.
- APA Dissertation Research Award: Support for dissertation research costs up to \$5000. Must be a student affiliate or associate member of APA to apply.
- Psi Chi Graduate Research Grants: Up to \$1500 in research support. Must be a member of Psi Chi to apply.
- Sigma Xi Grants-in-Aid of Research: Up to \$1000 in research support. Membership in Society is not a requirement for application, but 75% of funds are allocated to member applicants.
- Social Sciences Research Council Dissertation Proposal Developmental Fellowship: Interdisciplinary training for early-stage graduate students with up to \$5000 in support for research costs.

### **Loans**

Students interested in federal loan programs are urged to contact the university's office of financial assistance. Our program does not rely on such loans as a source of support for students. Thus, student loans would only represent a supplement to the support provided by the department.

### **Tax Liability**

The issue of tax liability for stipends received while a TA, GI, RA, or intern is somewhat complicated, and students concerned about this should check with the IRS.

### **In-State Residency**

Students are strongly encouraged to apply for Utah residency. Residency status reduces tuition costs and saves money for the student and/or department. Students can contact the

Graduate Director or the main Psychology Office for information regarding requirements for establishing residency.

### **Students entering with a Master's degree**

According to the rules of the Graduate School, students coming in to the program with a Master's degree are allowed 8 semesters (4 years) of tuition waivers to complete all the requirements for the Ph.D. This rule holds for all students who enter with any Master's degree, even if that degree is not in psychology. Should a student need funding beyond that period, such funding might come from a faculty member's or the student's research grant, an extramural training grant (e.g., NRSA), or a clerkship site. However, in addition to the stipend from that funding source, additional funds (either from the grant, clerkship site, or the students' own resources) would be required to pay tuition. Students need to be continuously enrolled for at least 3 credit hours. For the current fees for residential tuition, please check the university website.

## IX. EVALUATION OF STUDENT PROGRESS

### General Procedures

A student's progress and development are evaluated through a variety of formal processes, in addition to ongoing informal monitoring by the advisor and supervisory committee. The faculty conducts two reviews annually. The first evaluation, which occurs at the end of Fall Semester, is intended to be formative and to make sure students are continuing “on track” for the year. The second, which occurs at the end of the Spring Semester, is summative and more formal.

At the mid-year review, students meet with their advisors to review their accomplishments (and any problems) in the past review interval—providing an updated cv can be a helpful way to structure this review, but is not required. In addition, specific goals and plans for the coming review interval are discussed (e.g., plans for coursework, research, teaching, and clinical work), including proposals for addressing any competency deficits if necessary. At these semi-annual reviews, advisors present this information and their recommendations to the CTC and any allied faculty who are involved in the student's specialization.

Prior to the formal year-end review, students are required to update their CV using a standard format (see Appendix G), and complete the departmental progress form. Advisors review these documents as well as the students' course grades, teaching evaluations (if relevant), practicum/clerkship evaluations, and overall progress in meeting program milestones. The CTC then meets to discuss each student's progress and to provide input into the student's individual training plan. The Director of Clinical Training presents the progress of clinical students in an annual student review meeting of the entire Psychology Department faculty. Non-clinical Departmental faculty provide additional feedback based on their interactions with the particular student.

After these faculty meetings, summative feedback to the student is provided through the primary advisor, who completes an integrative competency evaluation (see below, and Appendix D) incorporating all sources of data. The advisor then shares the summary with the student during the feedback meeting and provides the student the opportunity to comment

and provide input. Each student also receives a formal letter documenting this year-end assessment which is cosigned by the advisor, DCT, Director of Graduate Studies, and Department Chair.

These procedures have several purposes:

1. They ensure that students have been notified of those aspects of their academic or clinical performance that may place their status in jeopardy;
2. students have the opportunity to present their own views on the issues that may be involved;
3. faculty members have an opportunity to acquire sufficient data upon which to base a careful and deliberate decision about the student status according to their best professional judgment; and
4. the procedures for appeal of the faculty decisions are made clear to the student.

### **Evaluation Criteria**

Competency Benchmarks. The Competency Evaluation form (Appendix D) utilized for our student review, revised most recently in 2012, is designed to map onto the Competency Benchmarks framework recommended by the American Psychological Association (for further information, see the citations listed below).

American Psychological Association (2007, June). *Assessment of Competency Benchmarks Work Group: A developmental model for the defining and measuring of competence in professional psychology*. Washington D.C.: Author.

Fouad, N. A., Hatcher, R. L., Hutchings, P. S., Collins, F. L., Grus, C. L., Kaslow, N. J., . . . Crossman, R. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology, 3*, S5–S26.

Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehmn, L., & Richie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice, 36*, 347–354.

This framework defines specific competencies that are foundational for the profession of clinical psychology (e.g., professionalism, reflective practice, scientific knowledge, relationships, diversity, ethics, and interdisciplinary knowledge) as well as those that are functional for carrying out the roles played by clinical psychologists in the field (e.g., assessment and intervention, consultation, research, supervision, teaching, administration, and advocacy). For each competency, students are evaluated according to the level of mastery they have demonstrated in relation to each sequential level of training in the program, as defined by the behavioral indicators on the evaluation form: whether the student has demonstrated competency indicating that she or he is ready for practicum, for clerkship, for internship, or for the profession. It is expected that students who are progressing successfully through the program will be rated as demonstrating competencies consistent with their level of training (e.g., that a rising 2nd year student would be deemed “ready for practicum” and a rising 3rd year “ready for clerkship”).

The form is completed independently by every practicum and clerkship supervisor, and these ratings are integrated in the advisor’s own summative end of year evaluation to create an overall integrative summary of student competence. It is also expected that more individualized feedback will be provided to students one-on-one with their supervisors. Following this process, advisors write a letter summarizing the student’s progress and training plan in a more personalized format. These letters are co-signed by the DCT, the Department Chair, and the Director of Graduate Training. The end-of-year progress summaries and letters will be placed in the student’s file and become part of the student's official record. Students also are required to sign the letter indicating that they have received their annual evaluation. Letters and summary forms must be completed in the summer by the date set by the Director of Graduate Studies.

### *Academic and Professional Criteria*

Given that ours is a clinical scientist program, a student's progress and professional development are judged against both academic and professional criteria. The academic criteria for student progress evaluations are discussed at length both in this Handbook and in the departmental Graduate Student Handbook and Graduate School Bulletin. The program endorses the guidelines on the comprehensive evaluation of student competence developed by

the Student Competence Task Force of the Council of Chairs of Training Councils, which you will find in Appendix L.

A student's progress towards his/her degree is evaluated according to two sets of overlapping criteria: academic and professional performance. From a legal point of view, both traditional academic performance and professional clinical performance are considered "academic" performance (and subject to academic actions as defined in the University of Utah Policies and Procedures Manual, <http://www.admin.utah.edu/fhb/>). Ethical violations such as cheating on examinations, violations of confidentiality, or other violations of professional or university ethical codes are also considered professional violations, as they speak to a student's fitness for the profession. Failure to conform to professional or university ethical codes is a violation of professional performance standards and will be subject to review by the CTC and academic review and appeal procedures.

A student's progress is thus evaluated according to the following general criteria:

- (a) **Course work.** A graduate student is expected to take required and elective coursework and research projects in a timely fashion and to complete such coursework within the timeframe established by the department and the graduate school (see respective Handbooks and Bulletins). Furthermore, a graduate student is expected to maintain the grade requirements specified by the Department, including a minimum grade of B (not B-) in the core courses.
- (b) **Research skills.** A graduate student is expected to demonstrate knowledge and skill of methodological, statistical, and research design issues and the ability to independently conceptualize, plan, execute, and interpret research projects in their chosen area at a level consistent with an advanced degree.
- (c) **Ethical and professional conduct.** A graduate student is expected to adhere to Ethical Principles of Psychologists and Code of Conduct (American Psychologist, 2002, reproduced in Appendix P) in all domains of their professional career, including the roles of student, researcher, instructor, and provider of psychological services. See also the discussion of these issues in the departmental Graduate School Bulletin.

In addition to being aware of relevant ethical and professional standards, an effectively functioning clinical psychology trainee should demonstrate appropriate professional behavior

in accordance with these standards. This includes, but is not limited to, avoiding the following types of ethical/professional violations: gross negligence, incompetence, exploitation, or ethical impropriety; problems in record-keeping, keeping appointments, or meeting deadlines; failure to show professional demeanor in professional settings; disregard of supervisory directions; inappropriate actions with clients; clear disregard of agency rules; misuse of professional title; violation of client confidentiality; evidence of debilitating personal problems; evidence of drug, alcohol, or other substance misuse; mistreatment of support staff; and sexual harassment of clients, colleagues, or staff.

“Students at the University of Utah are members of an academic community committed to basic and broadly shared ethical principles and concepts of civility. Integrity, autonomy, justice, respect, and responsibility represent the basis for the rights and responsibilities that follow. Participation in the University of Utah community obligates each member to follow a code of civilized behavior.” Excerpt from the Code of Student Rights and Responsibilities, Policy 8-10

### *Professional competencies*

A graduate student in clinical psychology is expected to possess and demonstrate a wide variety of professional and interpersonal competencies related to their ability to deliver mental health services to clients. These professional and interpersonal skills fall into the following general (and overlapping) areas:

### *Content-related skills*

An effectively functioning clinical psychology trainee should possess an appropriate degree of skill in assessment and service delivery, should be aware of the limits of their skills, should be aware of relevant ethical, legal, and professional standards that relate to assessment and service delivery, and should be able to incorporate such standards into practice. In addition, an effectively functioning clinical psychology trainee should be aware of scientific data related to his or her area of practice, should know how to access the scientific literature relevant to his or her practice, and should be current with it. Thus, a trainee should be able to: develop and deliver appropriate assessment and intervention strategies; discuss critical clinical

issues with the client and consumer; articulate a coherent approach to treatment or assessment; and deliver appropriate mental health services according to relevant ethical, legal, and professional standards.

### *Interpersonal skills in professional settings*

This includes, but is not limited to, using supervision effectively; being aware of and open to feedback about his/her potential impact on clients and colleagues; appropriately using consultation from peers, colleagues, and supervisors; seeking feedback on his or her clinical performance; being able to learn from colleagues or supervisors; being aware of his/her impact on others and modifying his/her behavior in response to feedback in order to protect a client's welfare and to deliver the most effective interventions; making clinical decisions in a careful manner according to appropriate professional standards; setting appropriate limits with clients and responding appropriately to a wide range of client characteristics; and being free enough of personal problems, preoccupations, or limitations to focus on the well-being of the client.

## **Process for Addressing Competency Problems**

1

Should problems arise in a student's timely progress through the program (as laid out in the timeline described in Section IIA and summarized in Table A) or demonstration of other competencies (e.g., poor grade in a course, failing a prelim exam; low performance ratings from a clerkship site), the advisor will in consultation with the CTC draft and send to the student a formal letter of concern identifying those problems and the specific performance benchmarks that must be demonstrated in order for those problems to be considered resolved. This letter will detail any plans for remediation and will be co-signed by the advisor and DCT.

Although typically this letter will be written in the context of the semester- or year-end review, it may be sent at any time during the year that the CTC feels it would be beneficial for the student to receive this feedback. Also, at any time during the year, situations that require immediate attention according to the judgment of the CTC and the DCT may be referred to the Graduate Committee, the Department Chair, or the Faculty as appropriate.

Students who choose to do so have the opportunity to respond to this letter and to present their views personally to the CTC regarding their progress and plans for remediation

of any competency deficits. The student also may choose to be accompanied by a CTC Student Representative at this meeting. If a student does not agree with the evaluation letter, or perceives inaccuracies in the data upon which it is based, or does not wish to comply with the training recommendations/requirements of the CTC, the student may append his or her own comments to the letter, thereby initiating an appeal (see section on "Appeals" below).

2

If the issues raised in the letter of concern are not successfully resolved by the timeframe established, the student's status in the program will be considered on probation. In consultation with the CTC, the advisor will provide the student with a plan for remediation describing the remedial work to be performed and the behavioral outcomes to be demonstrated within a specific timeframe in order for the student to continue in the program.

3

Should a student on probation fail to successfully complete the remediation plan within the timeframe established, the student will be terminated from the program.

4

Although this step-wise process will be followed for most areas of concern, there also may be academic competency problems of an extreme nature (e.g., doing harm to clients, academic dishonesty, breaches of the law or code of ethics) that may require immediate termination from the program.

5

In addition to the process described above for addressing competency problems, as described in Section IIG, all students also undergo a formal evaluation by the CTC at the point when the Master's thesis is completed to determine whether the student should be allowed to continue in the program. This decision is based on the quality of the student's Master's product and defense, and the recommendations from the student's Master's committee.

## Appeals

If a student wishes to appeal the recommendations and/or decisions of the CTC, several levels of appeal are possible and should be pursued in order.

1

The first level of appeal is the CTC itself. If the student believes that additional information exists that should have been brought to the attention of the CTC, he or she should immediately bring that information to the attention of the CTC. It is most helpful if the student writes a petition to the CTC, outlining the additional information, or the reasons why he or she believes that the recommendation/decision should be reconsidered.

2

The second level of appeal is to the Chair of the Department. At his/her discretion, the Chair may ask that the appeal be heard by the departmental Graduate Committee. The procedures for this appeal are given in the departmental Graduate Student Handbook.

3

The third level of appeals is to the Dean of the College of Social and Behavioral Sciences and then to the Dean of the Graduate School. These procedures are detailed in the Graduate School Bulletin and the University Policy and Procedure Manual, Section 8 – 10 (rev 3; adopted 7/14/97). In brief, this procedure allows for a review of program and departmental decision making for academic actions by the College Academic Misconduct Review Committee. Academic actions refer to administrative decisions to grade, graduate, suspend, or dismiss students based upon either academic dishonesty or violations of professional and ethical standards. The Committee reviews the decision making with respect to whether or not it was either arbitrary or capricious.

### **Medical Leave/Special Accommodations.**

Students who require a leave of absence due to a medical condition should be aware that there is a petition that must be submitted to the graduate school in order to request official permission for such a leave (<http://gradschool.utah.edu/current-students/forms/>). In cases where students do not require a leave but wish to request special accommodations due to

a medical condition (e.g., extensions on deadlines, permission to miss classes, delayed progress through the program), students should make such requests in writing to the CTC and should provide supporting documentation regarding the medical necessity for the accommodations. Such petitions should be submitted in advance of the accommodations requested.

## **X. PROFESSIONAL ISSUES AND ETHICS (PIE) COMMITTEE**

As explained in the Psychology Department Graduate Student Handbook, the PIE committee serves as an educational and professional resource for graduate students concerning professional issues and ethics, with the aim of preventing serious ethical and professional problems. The committee provides an entry point for questions and consultation concerning professional issues, and will funnel queries to appropriate committees as needed. Professional issues that may be directed to this committee include (but are not limited to) issues concerning boundary issues (between faculty, graduate students, undergraduate students, and staff), authorship issues, concerns regarding exploitation, sexual harassment, career choice, development and management, etc. The committee provides informal feedback to faculty, students, and staff concerning questions that may arise.

## XI. ROLE OF GRADUATE STUDENTS

Graduate students have an important role in the program. The Department in general, and the Clinical Program in particular, values students as informed consumers of training and as future colleagues. Students have a voice in governing the Clinical Program through their elected CTC representatives, and in governing the Department through their representatives on the Graduate Committee. In addition, students serve on the Diversity Committee and on the Professional Issues and Ethics (PIE) Committee. Consistent with the department effort to involve students, there is strong encouragement to participate in the periodic workshops, colloquia, and research meetings sponsored by different areas in the Department.

In addition to roles in the department, it is hoped that students will be able to provide support to each other. Incoming students are provided contact information for a more senior student who becomes available as a student mentor on an as needed basis. Occasional social events are sponsored by students as well as by faculty in the Clinical area. In addition, faculty and students from other areas of the department are important resources in a student's development as a psychologist, and students are encouraged to avail themselves of all collegial resources.

## XII. PSYCHOLOGICAL SERVICES AVAILABLE TO GRADUATE STUDENTS

Many students who are working toward a doctoral degree in clinical psychology seek psychological services at some point during their graduate school career. The clinical program encourages students to pursue this opportunity for self-growth and self-knowledge, as well as maintenance of emotional well-being. The clinical faculty have assembled a list of clinicians who have indicated an interest in working with graduate students and a willingness to work at a reduced fee. The specifics of any given therapist's fee and availability must be established via direct contact. The faculty are not necessarily endorsing any particular therapist, but students should know that everyone on the list is a respected member of the professional community. Students should be aware of the fact that some of the people on the list provide supervision to students through practica and clerkships. Therefore, students may choose to avoid therapists who they would like to have as a supervisor at some point in their training.

Robert Cook, Ph.D. (435) 753-0272 James. D. Gill, Ph.D.584-2126 Valerie Hale,  
Ph.D.485-0400

Nan Klein, Ph.D. 350-0116 Jim Kahn, Ph.D. 587-3227

Mitch Koles, Ph.D. 350-0121 Michael Rigdon, Ph.D. 581-6004 Katy O'Banion,  
Ph.D. 266-0342 Jim Poulton,Ph.D., 350-0117 Steve Ross, Ph.D. 581-7951

Jill Sanders, Ph.D., 263-3335

Alternatively, students can be seen at any of the following resources for psychotherapy on campus. However, because students in the Clinical Program maybe part of the clinical team in these clinics, extra steps may be needed to protect confidentiality. If and when students call any of the following places to make an appointment, they should let the intake person (or the clinical director) know that (a) they are a graduate student in clinical psychology and (b) would like to receive services in a way that protects their confidentiality.

University of Utah Counseling Center

Student Services Building

201 South 1460 East Room 426

Clinical Director (contact person): Dr. Lois Huebner Office: (801) 581-6826

The Women's Resource Center

A. Ray Olpin University Union in Room 293.

Kristy Bartley is the Clinical Director Phone: 581-8030

Family and Preventive Medicine Clinic

Department of Family and Preventive Medicine University of Utah School of  
Medicine

375 Chipeta Way, Suite A

Administrative Assistant: Julia Smith: 581-6004

## XIII. APPENDIX A

## Summary of Timeline and Requirements

Course #	Course Title (credits)	Course #	Course Title (credits)
<b>Year 1: Fall semester</b>		<b>Year 1: Spring semester</b>	
Psy 6330	Individual Psychopathology(4)	Psy 6535	Advanced Research Methods in Clinical Psychology (3)
Psy 6500	Quantitative Methods I(3)	Psy 6510	Quantitative Methods II(3)
Psy 6391	Introduction to Clinical Science(1)	Psy 6970	Thesis Research: Master's(variable)
Psy 6611	Principles and Techniques of AssessmentI(2)	Psy 6612	Principles and Techniques of Assessment II (2)
Psy 6000	First Year Professional Development Practicum (1)	Psy 6100	Practicum in Teaching Psychology(1)
Psy 7350	Current Issues in the Practice of Clinical Psychology (0; <i>1<sup>st</sup> year students attend but do not need to enroll</i> )	Psy 7350	Current Issues in the Practice of Clinical Psychology (0; <i>1<sup>st</sup> year students attend but do not need to enroll</i> )
Psy 6961	Practicum in Clinical Psychology: Foundational Clinical Skills (1)	Psy 6961	Practicum in Clinical Psychology: Foundational Clinical Skills (1)
<b>Year 2: Fall semester</b>		<b>Year 2: Spring semester</b>	
Psy 6613	Assessment Practicum: Traditional Adult and Child Assessment Skills (2;	Psy 6614	Assessment Specialties Practicum (2; Fall or Spring)
Psy 6960	Topics in Clinical Psychology: Didactic(2)	Psy 6961	Practicum in Cognitive Behavioral Therapy (2)
EdPsy 7220	Ethics and Standards(3)	Psy xxxx	**Core/Elective/Advanced quantitative course (3 or 4)
Psy 6970	Thesis Research: Master's(variable)	Psy 6970	Thesis Research: Master's (variable, <b>6total required for Master's Degree</b> )
Psy 7350	Current Issues in the Practice of Clinical Psychology (1)	Psy 7350	Current Issues in the Practice of Clinical Psychology (1)
<b>Year 3: Fall and Spring Semesters</b>			
Psy xxxx	**Core/Elective/Advanced quantitative courses		
Psy 6970	Thesis Research: Master's (Must be completed by end the summer semester of 3rd yr)		
Psy 7350	Current Issues in the Practice of Clinical Psychology		
Psy xxxx	Prepracticum, practicum, clerkship		
<b>Year 4: Fall and Spring semesters</b>			
Psy xxxx	**Core/Elective/Advanced quantitative courses		
Psy 7350	Current Issues in the Practice of Clinical Psychology		
Psy xxxx	Prepracticum, practicum, clerkship		
	Preliminary Examination completed		
<b>Year 5: Fall and Spring semesters</b>			
Psy xxxx	**Core/Elective/Advanced quantitative courses		
Psy 7350	Current Issues in the Practice of Clinical Psychology		
Psy 6910	Clinical Psychology Clerkship		
Psy 7970	Thesis Research: Ph.D.– proposal must be approved by October 10 to be eligible to apply for internship		
<b>**APA Breadth Requirements that must be completed as part of the Core/Elective sequence</b>			
Social	Advanced Social Psychology(6410)		
Biological	Neurobiology (6700) or Brain, Cognition, and Behavior (6750)		
Cognitive	Advanced Human Cognition (6120) or Cognitive/Affective Devel. Across the Lifespan(6220)		
Affective	Cognitive/Affective Development Across the Lifespan(6220)		
History and Systems	History and Systems of Psychology(7508)		
Diversity	Diversity and Mental Health Seminar in Clinical Psychology(7968)		
Supervision and Consultation	Consultation and Supervision(7850)		

## Credit Hours

A total of 30 to 36 credit hours, including a minimum of 24 to 30 hours of course work and 6 hours of Psy 6970 (Thesis Research: MS) are required for the Master's degree. A minimum of 14 hours of Psych. 7970 (Thesis Research: Ph.D) is required for the Ph.D. degree, with at least 54 or more hours total. This total includes the 30 to 36 hours required for the Master's degree.

Students on TAship enroll in 12 credits/semester for full-time status, students on RAship must enroll in 11.

## Timeline

Prior to proposing their Master's thesis, students must establish a Master's Thesis Committee consisting of three faculty members. The colloquium for the thesis should ideally be successfully completed during the second year (preferably during the Fall semester) and the successful oral defense should ideally be held during Spring semester of the second year or at the latest, the Fall semester of the third year. However, if the ideal time-line is not met, students must meet all Master's level requirements (defense of the thesis, completion of two core and two quantitative courses, and any additional Area requirements) by the end of Spring semester of their 3rd year in order to remain in good standing. The preliminary examination projects should ideally be proposed by the end of the 3rd year, and completed by early fall of the 4th year, but must be completed and passed prior to dissertation proposal. The dissertation must be defended successfully by October 10 in the year that internship applications are to be submitted; for example, a student intending to go on internship in the 6th year must have the proposal defended by October 10 of the 5th year.

Students must complete all requirements (including the internship) within 7 years from the date of matriculation into the graduate program (a Graduate School requirement). Failure to complete the program within these time limits may be considered as grounds for termination. A student may petition for an additional one year extension (maximum seven years without internship) upon recommendation of the Supervisory Committee and approval of the Department Chair or Director of Graduate Studies.

Students coming in to the program with a Master's degree are allowed 4 years of tuition remission (8 semesters) to complete all the requirements for the Ph.D., according to rules established by the Graduate School. However, their academic requirement timeline is the same as that of students who entered the program with a Bachelor's degree.

### **Other Requirements**

Students are required to accrue a minimum of 625 clock hours of supervised clinical experience in the context of practica, clerkships, and supervised community placements, prior to the internship. In order to be eligible to apply for internships, students will need a minimum of 500 face to face client contact hours and a minimum of 125 hours in formal, scheduled supervision; however, acquiring 600 direct contact client hours is recommended in order to increase students' competitiveness for internship site.

Students on internship register with the University for the equivalent of two semesters, 2 credit hours each for a total of 4 credit hours of Internship (Psy 7930). Students on internship must also register for 1 credit hour of 7970 (Thesis) per semester to maintain full-time graduate status--see Graduate School Handbook. Overall clock hours for the internship should be at least 2000.

## XIV. APPENDIX B

### **Instructions for Preliminary Examination**

#### *Overall Objective*

The primary purposes of the prelim project are 1) to demonstrate that you have the potential for doctoral-level scholarship in clinical science, and 2) to facilitate your professional development. Frequently a tertiary purpose is to allow students to review and think deeply about the literature that will lead to their dissertation research. To complete this project, you will be expected to: (1) identify an important issue to be examined in a particular area of clinical psychology; (2) identify a broad base of literatures that can inform this issue; (3) integrate and evaluate different perspectives on the issue; and (4) write a cohesive, conceptual synthesis. In addition to the knowledge and skills gained by engaging in this Preliminary Examination Project, we expect you to be able to submit the final product for publication, although the success of such submission does not form the basis of final grade assignment.

#### *Proposing the Prelim Project*

##### **Consulting with advisor**

In developing the proposal, students should talk with their advisor(s) regarding the focus and scope of the project. Students also are free to consult with other faculty with relevant expertise regarding their ideas for their project during the development stage. However, once a project is approved, students must work on the project independently without the help of the advisor, faculty, or other students, friends, or colleagues. In other words, the project must be the student's own, original work: The student is solely responsible for reviewing the literature, generating an organizing structure for their manuscript, writing and editing the paper, etc. If the student has questions at various stages of the project, he/she should contact the DCT who will determine whether it is appropriate to obtain consultation from others regarding those questions.

##### **Proposal**

The student should submit a brief (no more than 2 single-spaced pages) written proposal to be submitted for approval to the CTC faculty. This proposal should describe:

- (a) the general topic or research questions;
- (b) why this is an important topic in clinical science;
- (c) the broad base of literatures that will be drawn on and integrated in the final document.

In addition, the proposal should:

- (d) identify a target journal to which the student plans to submit the finished article;
- (e) provide information about the length requirements the journal lists in the Instructions for Authors; and
- (f) provide information about other previously published reviews on the selected (or related) topic and how the current review will contribute above and beyond the previously published reviews (e.g., the proposed review will focus on an aspect of the general topic that has not been covered in previous reviews, or the proposed review will examine a large literature that has been published since the prior review).

Lastly, the proposal should:

- (g) identify three appropriate faculty proposed to constitute a prelim grading committee; and
- (h) propose the timeline by which the project will be completed.

### **Proposal approval process.**

The evaluation of the proposal will proceed in two steps. First, the proposal will receive an initial “pre-review” by three faculty with relevant content expertise, identified via the students’ proposed grading committee member list. During This initial pre-review, the prelim grading committee will assess the readiness of the proposal for evaluation by the CTC and will be prepared to speak to the appropriateness of the content during the CTC meeting in which the proposal is discussed. If the prelim grading committee believes that the proposal is not ready for “full review” by the CTC, the proposal will be returned to the student with suggestions for revision. Once the prelim grading committee believes the proposal is ready, it is submitted to CTC for full review. the primary purpose of the full review by the CTC is to

ensure that the project is meeting the overall objectives of the preliminary exam (particularly with respect to the breadth and integrative nature of the proposed paper) and to provide the student with assurance that **he** or she is on the right track to proceed. If there are concerns at this stage, the student also will be given specific feedback and will be allowed to revise and resubmit until she or he has an approved proposal.

Students should plan to allow one week for the pre-review process, plus some time (possibly another week or more) for potential revisions. The final proposal must be submitted one full week before the CTC meeting in which the full review of the proposal will take place. Both the initial pre-review document and the final full review document must be submitted to the Clinical Area Project Coordinator, who will distribute it to the relevant faculty. Students should refer to the CTC meeting schedule distributed each semester in order to know which weeks CTC meetings are being held and when the last possible week of the semester is that a full review of proposals can take place (see #4 below). Under most circumstances, students who submit at an appropriate time during the semester and whose proposal does not need to be revised will be provided with feedback on their proposal within three weeks of submission. Students are encouraged to check with their advisor (or the person who will be the chair of their prelim committee) 8 days after the initial submission, to find out whether revisions will be needed or whether their proposal is on track to be submitted to CTC for full review.

### **Prelim grading committee**

In their proposal document, students should propose a minimum of three faculty members knowledgeable on the topic who could comprise an appropriate prelim grading committee. These faculty members will comprise the initial review committee (see #2 above). After CTC discussion, the final prelim grading committee will be composed of three faculty members, the Chair of which must be a CTC member (as many as two other committee members may come from outside the CTC). Students who would like to propose a non-CTC member for their grading committee are responsible for contacting this person about her/his willingness to serve; this needs to be done prior to the submission of the proposal. Taking into account the students' suggestions, as well as faculty availability and workload distribution, the

CTC will identify the final prelim grading committee and the grading committee Chair will convey that information to the student when the proposed project is approved.

### **Timelines.**

Prelim proposals must be submitted to the CTC for review at one of its regularly held meetings of the semester. The proposal should be submitted to the Clinical Area Project Coordinator by 2:00 PM one full week (7 days) in advance of the CTC meeting in which it will be evaluated. To facilitate students' planning, each semester the 7350/CTC schedule will indicate to students which weeks the CTC is meeting and what the last possible date is by which proposals can be received and reviewed by the CTC (typically, this date will be two weeks prior to the end of classes). As part of the proposal, students should provide their timeline for beginning and completing the exam.

In determining the timeline, students should note that typically the written product is due no more than three months after the proposal has been approved. However, students also may request in their proposal document modifications of the timeline in order to accommodate a proposed delay in the start date (e.g., to delay beginning the project until after the demands of the semester are over) or a hiatus in the examination period (e.g., to allow time with family over major holiday breaks, etc.). In order to facilitate students getting their project proposed in a timely manner during the semester, a period of up to 6 weeks delay in the start-date is acceptable as a matter of course; requests for longer periods must be accompanied by a petition and rationale. Students requesting a delay or hiatus will be required to provide the DCT with a written statement promising not to work on the project during the time off allowed and acknowledging their understanding that breaching that promise would be a violation of the university honor's code and the APA code of ethics.

Students also should be aware that the CTC does not normally meet during the summer/winter breaks and therefore proposals cannot be considered during these times; further, a proposal for a project which would be completed during these periods might not be graded until the next Fall or Spring semester. Furthermore, given the heavy workload that builds up at the end of each semester, faculty might not always be available to evaluate prelims at these congested times. For these reasons, students are encouraged to plan to submit all

preliminary examination papers to their committees within 6 weeks of the end of the semester in which they are to be evaluated.

### *The Written Project*

#### **Content and format.**

The paper is expected to be written in a manner that is suitable for submission to a journal of student's choice assuming it is a well-respected peer-reviewed journal. Students should consult with their advisor about appropriate outlets; however, outlets should ideally be selected such that The paper would follow APA style and should be between 20 to 40 pages of narrative (excluding references). If a student has a strong rationale for selecting a journal that does not meet these criteria, the student should submit a petition to CTC prior to submitting the proposal for pre-review. In preparing the paper, we recommend that the student read an editorial in the July 1997 issue of Psychological Bulletin (pp. 3-4) regarding the types of papers that are suitable for publication in that journal, as well as a special section on "Writing articles for Psychological Bulletin" in the September 1995 issue of Psychological Bulletin (pp. 171-198), as these descriptions provide a good model for the type of review the students should aspire to write for their preliminary exam.

#### **Submission of completed project.**

The project should be turned in to the Clinical Area Project Coordinator for distribution to the grading committee upon the date approved for the completion of the project.

#### **Feedback timeline.**

For projects submitted during the regular Fall and Spring semesters (see point 5, "Timeline," above), students will receive timely feedback on their prelim project, according to the following timeline:

No more than four weeks following the completion of the prelim project, the grader committee will provide the student with written feedback and a final grade. To accomplish this, each grader should turn in his or her grading form to the committee Chair, with the Clinical Area Project Coordinator cc-ed, within three weeks after receipt. The committee Chair will complete a cover letter summarizing the results and will submit the final grade to

the student and CAPC within 1 week of the receipt of all grades. However, as noted above, faculty members' willingness to participate in committee work during summer term and winter break cannot be assumed and therefore completed projects submitted during these periods will be graded no more than one month following the commencement of the subsequent semester.

### **Feedback procedures.**

The committee chair will write a cover letter synthesizing the feedback from the committee and will provide the student with the specific written feedback of each committee member. The student and committee chair should meet to discuss any issues that require further clarification; students are responsible for initiating the scheduling of their oral feedback session. The committee chair will give a copy of all feedback to the other committee members, and will submit the feedback and final grade to the Clinical Area Project Coordinator for placement in the student's academic file.

### **Grading procedures.**

Graders will evaluate the project on four dimensions and will then provide an overall score. The project will receive a passing grade when the overall scores of two or more graders are pass/high pass. When the scores of two or more graders are "rewrite," the project will be revised and resubmitted within one month of receiving feedback. When the scores of two or more graders are a fail, the student will have failed the Preliminary Examination Project and should follow instructions for remediation under "Failing grade" below. In the unusual case that the grading committee cannot reach a majority opinion (e.g., pass vs. rewrite vs. fail), the scores will be sent to the CTC Faculty for their professional judgment and the assignment of a grade. Once a final grade has been determined, the grading committee will provide to both the student and the DCT (with the Clinical Area Project Coordinator cc-ed) written documentation of the student's score, along with an explanation of what additional steps, if any, may be needed to pass the Preliminary Examination Project.

### **Grading criteria.**

The paper will be evaluated on the following dimensions, all of which will contribute to the final grade using a four-point scale described under "General Guidelines to Prelim Projects" above:

- Significance – Does the student demonstrate the importance of the issue? Will this advance our understanding of an important area in clinical psychology?
- Breadth, depth, and accuracy of knowledge – Does the student demonstrate that they have a solid grasp of the relevant literatures? Are the major relevant topics covered or are there gaps? Is the information provided accurate? Does the student demonstrate an ability to carefully evaluate the extant literatures?
- Integration/Cohesiveness – Did the student demonstrate an ability to integrate various perspectives into a unified perspective? Is the overall conceptualization cohesive and clear?
- Writing style – Is the organization of the paper reasonable? Is the writing style clear?

Each dimension will be graded by the three faculty comprising the grading committee using a 4 point scale:

0 = Fail (Inarticulate, vague, below that expected of modal students)

1 = Rewrite (Underdeveloped, areas of significant weakness)

2 = Pass (Clear, complex, concise)

3 = High Pass (Exceptional, better than expected of modal students)

**Passing.**

A passing grade involves receiving a final score of pass/high pass from at least two of the graders.

**Rewrites.**

If a student is asked to rewrite the prelim, he or she will have one month to do so following receipt of written feedback. The student should hand in the revised prelim to the Clinical Program's Project Coordinator, who will distribute it to the grading committee. The grading committee will grade the revised project no more than four weeks after it has been turned in and distributed. The chair will then provide the student with written feedback and a

final grade within one week of receipt of all reviews. Only one set of rewrites is allowed. The final grade for rewrites CANNOT be higher than a “Pass.”

### **Failing.**

If the student fails outright (without a rewrite option) or fails after a rewrite has been completed, the student will be allowed a second chance to successfully complete the prelim. In such a case, the student needs to develop a plan to remediate the problems noted (in collaboration with his or her advisor) to avoid producing the same types of problems in the new project. The CTC (faculty only) are required to formally approve the plan (typically this will involve proposing and writing an alternative project on a new topic). Once the remedial plan is approved by the CTC, the student must complete the plan and turn in the written product within three months. If the student fails a second time, he or she will be dismissed from the program.

## **Overview of Steps:**

1. Before the Proposal is Submitted
  - (a) Student consults with advisor, and possibly other relevant faculty, about his or her ideas.
  - (b) Student receives feedback from advisor on drafts of the proposal.
  - (c) Student secures the agreement of any non-CTC members to be named as proposed Grading Committee Members.
  - (d) Students wishing timeline modifications greater than 6 weeks submit a petition with rationale to the CTC.
2. Review of the Proposal
  - (a) Once the proposal is approved to go forward by the advisor, the student submits the proposal to the Clinical Area Project Coordinator (CAPC) by 2:00 PM one week prior to the CTC meeting in which it is to be reviewed.
  - (b) The CAPC distributes the proposal to all CTC members (and any outside committee members proposed by the student) via an email which alerts the proposed committee

members that they are asked to review the proposal closely prior to the meeting and come prepared to discuss it in the light of their specific expertise on the topic.

- (c) CTC discussion of the proposal results in either approval or suggestions for revision. If approved, the CTC also will determine the final Grading Committee and the deadline for submission, after considering any student requests for modifications of the start and end dates. The outcomes of each of these deliberations (approved/revise, constitution of Grading Committee, due date for completion) will be communicated to the student by the Grading Committee Chair after the CTC meeting.
- (d) The CAPC will enter the names of the Grading Committee Members and the due-date for the final project completion on the Master Calendar.

### 3. Project Completion

- (a) When approved to work on the proposal, the student will do so independently.
- (b) On the day the due-date is reached, the student will turn in the completed project electronically to the CAPC. The CAPC will distribute copies of the project and grading form, with the deadline for grades highlighted, to all members of the Grading Committee, with the student cc-ed.

### 4. Evaluation of the Completed Project

- (a) One week before the deadline for grades to be turned in, the CAPC will send Grading Committee members reminder, including another copy of the grading form.
- (b) Within three weeks after receiving the completed project, Grading Committee members will complete the Grading Form, including their assessment of each of the dimensions listed, as well as their overall grade recommendation. These comments about the work will be shared with the student. Grading Committee members also are welcome (but not required) to also make comments directly on the student's manuscript in order to provide more detailed feedback regarding strengths and weaknesses or revisions that would be needed to increase the work's publish-ability. Grading Committee members also may choose to make confidential comments to the Grading Committee Chair, such as about their evaluation of the students' qualifications to be advanced to candidacy for the doctoral degree, in a separate conversation or in the body of the email to which their grading form is attached. Completed grading forms should be sent to the Grading Committee Chair, with the

CAPC cc-ed, by midnight on the due-date.

- (c) If any grades are not received when the deadline for receipt of the grades has elapsed, the CAPC will send a reminder to that Grading Committee member, cc-ing the Grading Committee Chair and the DCT.
- (d) If three days have elapsed past the deadline and any grades still have not been received, the CAPC will notify the DCT.

#### 5. Feedback to the Student

- (e) Within one week of receiving all grades, the Grading Committee Chair writes a cover letter including a brief overall summary (akin to what an Action Editor provides to an author after all reviewer comments are received), and determines the grade as per the policies described above. The Grading Committee Chair provides this information to the student, along with any other non-confidential feedback from graders (i.e., comments written on the prelim document). The CAPC is cc-ed on this message and places a copy of the cover letter including the final grade and feedback summary in the student's file.

## Sample Research Prelim Proposal

Date: April 8, 2016

To: Proposed Preliminary Grading Committee: Dr. Conradt, Dr. Crowell, Dr. Euler

FR:XXXXXXXXXXXX

RE: Proposal for Research Preliminary Exam

Anxiety disorders are the most common, and likely preventable, form of childhood psychopathology (Rapee Schniering, & Hudson, 2009). Antecedents of anxiety can be traced back to the first year of life in the form of propensities for reactivity and regulation. Fearfulness in infancy reflects a temperamental bias towards inhibition, agitation, and negativity in the face of the unfamiliar. Though part of a normative developmental process, elevated levels of this temperamental trait represents the beginning of a vulnerability pathway that, when combined with other risk factors, could lead to childhood anxiety (Buss & McDoniel, 2016; Chronis-Tuscano et al., 2009). The origins of this risk profile, however, remain opaque. The predominant view that temperament is a legacy of genetic endowment has limited research on other pathways that may account for a child's emerging disposition. Insults to the developing brain in utero can lead to adaptations that alter or "program" fetal physiology, thereby laying the foundation for mental health and, potentially, pathology across the lifespan (Sandman, Davis, Buss, & Glynn, 2011). This process of fetal programming would suggest an alternative, malleable path to the development of temperamental risk for anxiety. Guided by the field of developmental psychopathology, I plan to propose a conceptual model of adaptation for my preliminary exam – the Developmental Origins of Risk for Anxiety (DORA) model (Figure 1). The DORA model will assert and defend two positions based on the extant literature.

First, the DORA model will posit both heritable and experience-dependent pathways to the development of infant fearfulness via alterations in the structure and function of early brain architecture (see “Prenatal Vulnerabilities” and “Neonatal” periods in Figure 1). Accumulating evidence supports an amygdala-mediated neural network – commonly referred to as “fear circuitry” – as the neurobiological mechanism underlying trait fearfulness due to its role in preferential processing of potentially threatening stimuli (Schwartz et al., 2003; Leppänen & Nelson, 2009; Leppänen & Nelson, 2012). It is assumed that inherited genetic endowment leads to variations in fear circuitry, which, in turn, results in temperamental fearfulness and risk for anxiety across development (Kagan, 2013). Identification of the gene(s) related to anxiety has been inconclusive, though some research supports genes regulating synthesis and neurotransmission of serotonin (e.g., Fox et al., 2005). Nevertheless, this heritable pathway has been supported by behavioral genetics research (e.g., twin studies; Robinson et al., 1992). Early emotionality may be, in part, “programmed” by intrauterine experiences, suggesting an alternative experience-dependent path to temperamental risk for anxiety. Epigenetic modifications, which reflect environmentally triggered alterations to gene expression (e.g., gene silencing), likely underlie this fetal programming. Intrauterine exposure to maternal mood and/or stress is particularly detrimental to neurobehavioral development (Conradt et al., 2013), with children who are exposed in utero exhibiting increased anxiety in early and middle childhood (Van den Bergh & Marcoen, 2004; Davis & Sandman, 2012). Infants who experienced intrauterine exposure to maternal mood and/or stress exhibit increased fearfulness and exaggerated reactivity across the first year of life (Bergman et al., 2007; Davis et al., 2007; Davis et al., 2011). Programming of the fetal brain – a process that is likely modulated by epigenetic processes – may mediate the association between prenatal maternal mood/ stress and infant fearfulness, which, in turn, is related to the emergence of childhood anxiety. No prior work has delineated this malleable, experience-dependent pathway to risk for anxiety. Infants exposed to maternal mood in utero exhibit stronger amygdala functional connectivity to emotional and perceptual processing regions of the brain (e.g., insula; Qiu et al., 2015); stronger neonatal connectivity of these areas, as well as the ventral striatum, is associated with elevated fearfulness at 6-months of age (Graham et al., 2015). In the latter half of the first year of life, infants display hyper-activation of fear circuitry, with particular sensitivity to affect and novelty (Leppänen et al., 2007; de Haan, 2007; Diaz &

Bell, 2012). These differences in neural processing correspond to the expected development of fear in infancy (e.g., stranger anxiety), with pronounced differences likely underlying the manifestation of exaggerated fearfulness. Importantly, parallel maturation of neural regions associated with cognitive development (e.g., attentional circuitry) may differentiate infants who follow the normative trajectory of fear across early life, and those that develop pathological fear (Graham et al., 2015). Neural development is not isolated to the prenatal period, though individual differences in neurophysiology form the foundation from which transactions with the environment can shape a child's temperament.

Second, the DORA model will outline how sensitive caregiving attenuates the expression of trait fearfulness, and, as a result, decreases risk for the development of childhood anxiety (see "Infancy" period in Figure 1). Approximately 20% of 4-month-old infants identified as fearful will become extremely shy, anxious adolescents (Kagan, 2013), suggesting that the trajectory of trait fearfulness may be susceptible to environmental influences early in life. The parent-child relationship is the primary context for early socioemotional development. A child's temperament likely influences, and is influenced by, the behaviors of his or her caregiver. Fearfulness has been found to increase parental warmth and consistent discipline (Rubin et al., 1997; Lengua & Kovacs, 2005; Lengua, 2006), which may reduce subsequent fearful behaviors. The reciprocal influence of childhood temperament and specific dimensions of parenting (e.g. sensitivity), as well as temperament in the context of the attachment relationship more broadly, may, over time, mitigate the risk for later internalizing psychopathology via alterations to fear circuitry activation.

For my preliminary exam, I plan to (1) review the literature on heritable and epigenetic mechanisms of early emotionality, focusing on trait fearfulness; (2) review research related to the development of the brain's fear circuitry; (3) review research on infant fearfulness in the context of the early parent-child relationship; and (4) propose a new conceptual model of adaptation that (a) integrates prior work and (b) offers an alternative, malleable pathway to fearfulness in infancy. Through integration and extension of the extant literature, the proposed model aims to describe the origins and mechanisms of temperamental risk for anxiety, from which testable hypotheses can be drawn. Understanding the developmental origins of fearfulness may ultimately elucidate the processes through which mood disorders are transmitted from mother to child, as well as inform clinicians about processes that can be

targeted to prevent the onset of childhood anxiety. I propose a deadline of 90 days following the final proposal approval.

## Developmental Origins of Risk for Anxiety (DORA) Model

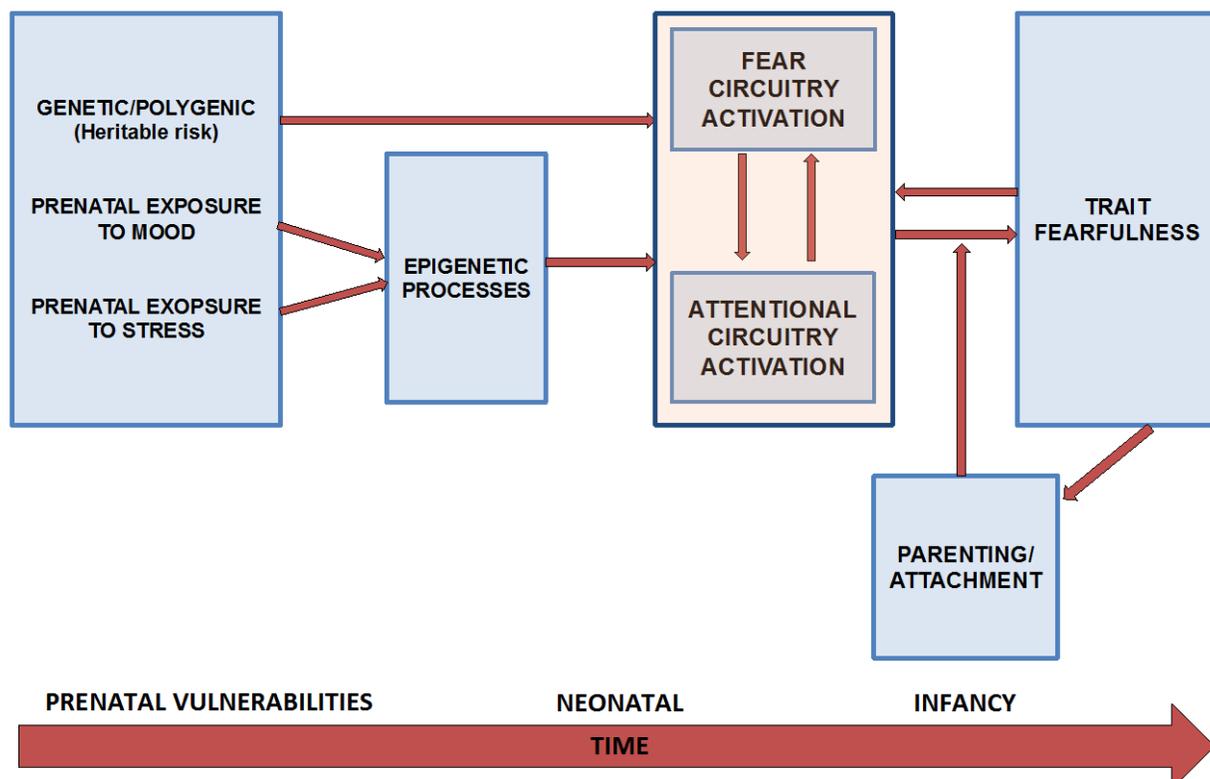


Figure 1. Proposed model of the developmental origins of risk for anxiety(DORA).

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## XV. APPENDIX C

### UNIVERSITY OF UTAH CLINICAL PSYCHOLOGY TRAINING PROGRAM INDIVIDUAL SUPERVISORY CONTRACT for CLERKSHIP / PSYCHOLOGICAL ASSISTANT

Name of Trainee \_\_\_\_\_

Date: \_\_\_\_\_

Name of Facility \_\_\_\_\_

This letter of agreement outlines the duties and privileges of Trainees and Supervisors involved in clinical experiences with the Facility. The specific terms of the Agreement are specified in the CLINICAL TRAINING AGREEMENT appended and incorporated into this letter by reference. This letter of agreement must be renewed annually, or as is required, if there is a change in the nature of the clinical experience or its supervision.

While the Clinical Program requires a certain number of clerkship hours and encourages students to gain additional experience in community placements, it must be recognized that the provision of such psychological services by a non-licensed individual is regulated by Utah law [MENTAL HEALTH PROFESSIONAL PRACTICE ACT, U.C.A. '58-60-101 and PSYCHOLOGY LICENSING ACT, '58-61-101 (1994, and as amended)] and that all such experiences, whether for formal credit or for community employment, must occur under the administrative authority of the Clinical Program. All students, in providing such services, are representatives of the University and the Clinical Training Program.

In accordance with the Mental Health Professional Practice Act and the rules and regulations of the Clinical Training Program: (a) No student may accept either community employment or a clerkship that involves the provision of psychological services without the express permission of his/her Clinical Program supervisor; (b) A student's clerkship or community employment must occur under conditions that are consistent with the provisions of the Act, which provides, in relevant part, that (1) the trainee is a matriculated graduate student in an approved graduate training program, (2) that the provision of psychological services envisioned is part of their course of study in professional preparation for a graduate degree, and (3) that the trainee's provision of psychological services is under the regular supervision of an appropriately qualified professional and is of the type and nature appropriate to the student's level of training and the services provided. A Trainee's Clinical Program Supervisor is not directly responsible for clinical supervision of their advisee's clerkship or community employment, but is responsible for administrative oversight. Clinical Program Supervisors therefore monitor the appropriateness of clerkship/employment settings, the nature of the psychological services trainees are asked to provide, and the adequacy of clinical supervisory arrangements.

**PLEASE FILL OUT COMPLETELY:**

Trainee: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Facility Supervisor: \_\_\_\_\_ Highest degree: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Utah Licensed as: \_\_\_\_\_ License #: \_\_\_\_\_

Clinical Program Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

The letter of agreement pertains to a Clerkship Agreement between the Trainee, the Facility and the Clinical Program for the period \_\_\_\_\_ to \_\_\_\_\_.  
(MM/DD/YY) (MM/DD/YY)

While on a clerkship at the Facility, the Trainee will be expected to be involved in the following clinical services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Facility Supervisor will provide professionally appropriate supervision of the Trainee, and will provide timely written and verbal feedback to trainee. For therapy, such supervision will consist of a minimum of 1 hour of supervision per every 4 hours of direct contact. Supervision for assessments will consist of the minimum necessary time on all aspects of the assessment.

The online University of Utah evaluation form will also be returned to the Clinical Program Supervisor at the end of each semester (including summer term) of the clerkship experience. This form is to be reviewed and discussed with the Trainee so that the evaluation process is part of the Trainee's educational experience. As part of this final evaluation, the on-site supervisor also agrees to review with the Trainee his/her record of clinical hours accumulated at the training site, and to sign the form indicating that the record is accurate to the best of the supervisor's knowledge. The Facility agrees to notify the Clinical Program Supervisor whenever there is a significant change in the Trainee's clinical experiences or the nature of the supervision provided, or whenever the Trainee's professional conduct raises issues of professional competence and/or professional and ethical judgment. The Facility Supervisor will provide such supervision on the following basis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Facility  does  does not (check one) provide professional liability insurance for its Facility Supervisors.

The Facility  does  does not (check one) provide professional liability insurance for the Trainees under this Agreement.

It is agreed, based upon the specifications of the clinical experiences, that the Trainee has satisfied the necessary academic and professional prerequisites for this clerkship.

During the \_\_\_\_\_ Semester, 20\_\_\_\_, it is agreed that the trainee will spend \_\_\_\_\_ hours per \_\_\_\_\_ in training and service duties, as part of fulfillment of \_\_\_\_\_ credits in Psychology Course # 6910. If circumstances justify a waiver of the enrollment requirement, those circumstances, and the approval of the Chair of the Department of Psychology, should be noted here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chair, Psychology Department

\_\_\_\_\_  
Date

It is agreed that the Trainee has the option to be involved in the following additional activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students engaged in the regular performance of training-related duties are protected under the Utah Public Employees Indemnification Act. This agency  does  does not (check one) provide additional coverage for liability potentially incurred in the performance of training duties.

It is agreed that this contract may be revised at any time, if it proves unsatisfactory, with the consent of Trainee, the Facility Supervisor or the Clinical Program Supervisor.

\_\_\_\_\_  
Trainee (date)

\_\_\_\_\_  
Facility Supervisor (date)

\_\_\_\_\_  
Clinical Program Supervisor (date)

## XVI. APPENDIX D

### University of Utah

### Clinical Psychology Trainee Professional Competencies

Trainee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Clerkship Site/Practicum: \_\_\_\_\_

Use the following scale to make ratings in all areas listed below that are applicable to this trainee in your setting.

1. **Performance at the Pre-Practicum Level:** Student requires additional teaching, guidance, and observation across most aspects of service delivery before being ready to begin practicum experiences.
2. **Ready for Practicum:** Student exhibits fundamental knowledge, skills, and abilities needed to begin engaging in clinical work under close supervision and structure.
3. **Ready for Clerkship:** Student exhibits basic knowledge, skills, and abilities, and demonstrates growth in initiative, personal responsibility, and judgment in carrying out these competencies, but requires structure and direction in specific areas of weakness and/or lack of prior experience.
4. **Ready for Internship:** Student is ready to start internship and exhibits basic knowledge, skills, and abilities, but requires close supervision for unfamiliar clinical activities and/or novel circumstances.
5. **Ready for Professional Practice:** Student consistently integrates knowledge, skills, and abilities into all aspects of professional service- delivery. Able to engage in less familiar clinical activities, and function proactively and independently in most contexts. Prepared for entry level practice and professional licensure.

**\*\*Please note: Be sure to complete the “comments” section if you rate a student’s competencies below or above his/her present level of training\*\***

#### FOUNDATIONAL COMPETENCIES

1. **Professionalism:** Professional values and ethics as evidenced in behavior and comportsment that reflects the values and ethics of psychology, integrity and responsibility

	1: Prepracticum Level	2: Ready for Practicum	3: Ready for Clerkship	4: Ready for Internship	5: Ready for Profession	NA
<b>Integrity:</b> Honesty, personal responsibility, and adherence to professional values		Demonstrates honesty, even in difficult situations Takes responsibility for own actions Displays basic understanding of core professional values Demonstrates ethical behavior and basic knowledge of APA Ethics code	In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies ↓	Demonstrates knowledge of professional values. Demonstrates adherence to professional values. Identifies situations that challenge professional values and seeks faculty/supervisor guidance as needed. Demonstrates ability to share, discuss and address failures and lapses in adherence to professional values.	Articulates professional values. Takes independent action to correct situations that are in conflict with professional values.	
<b>Department:</b> Professionally appropriate communication and professional conduct		Demonstrates appropriate personal hygiene and attire Distinguishes between appropriate and inappropriate language and demeanor in professional contexts		Demonstrates awareness of the impact behavior has on client, public, and profession. Utilizes appropriate language and demeanor in professional communications. Demonstrates appropriate physical conduct, including attire, consistent with context.	Verbal and nonverbal communications are appropriate to the professional context including in challenging interactions	

<b>Accountability:</b> Accepts personal responsibility across settings and contexts		Turns in assignments in accordance with established deadlines. Demonstrates personal organization skills. Plans and organizes own workload.		Completes required case documentation promptly and accurately. Accepts responsibility for meeting deadlines. Available when "oncall"	Works to fulfill client-provider contract Enhances productivity Holds self-accountable for and submits to external review of	
		Aware of and follows policies and procedures of institution.		Acknowledges errors Utilizes supervision to strengthen effectiveness of practice.	quality service provision	
<b>Concern for the welfare of others:</b> Consistently acts to safeguard the welfare of others		Displays initiative to help others. Articulates importance of concepts of confidentiality, privacy, informed consent. Demonstrates compassion.		Regularly demonstrates compassion. Displays respect in interpersonal interactions with others, including those from divergent perspectives of backgrounds. Determines when response to client needs takes precedence over personal needs.	Communications and actions convey sensitivity to individual experience and needs while retaining professional demeanor and deportment. Respectful of the beliefs and values of colleagues even when inconsistent with personal beliefs and values. Acts to benefit the welfare of others, especially those in need.	
<b>Professional identity:</b> Professional identity as a psychologist, knowledgeable about issues relevant to the field, evidence of integration of science and practice		Has membership in professional organizations. Demonstrates knowledge of the program and profession (training model, core competencies). Demonstrates knowledge about practicing within one's competence. Understands that knowledge goes beyond formal training.		Attends colloquia, workshops, conferences. Consults literature relevant to client care.	Keeps up with advances in the profession. Contributes to the development & advances of the profession and colleagues. Demonstrates integration of science in professional practice.	
<b>Methods used for assessing competencies (choose all that apply)</b>	Discussion in supervision	Live observation	Video/audioreview	Review of record/ written work	Feedback from others	Other

**Comments:**

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

	<b>1: Prepracticum Level</b>	<b>2: Ready for Practicum</b>	<b>3: Ready for Clerkship</b>	<b>4: Ready for Internship</b>	<b>5: Ready for Profession</b>	<b>NA</b>
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<b>Reflective practice:</b>		Displays: Problem solving skills, critical thinking, organized reasoning, intellectual curiosity, and flexibility	In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies  ↓	Articulates attitudes, values, and beliefs toward diverse others.  Recognizes impact of self on others.  Self-identifies multiple individual and cultural identities.  Describes how others experience him/her and identifies roles one might play within a group.  Responsively utilizes supervision to enhance reflectivity.  Systematically and effectively reviews own professional performance via videotape or other technology with supervisors.  Initial indicators of monitoring and adjusting professional performance in action as situation requires.	Demonstrates frequent congruence between own and others' assessment and seeks to resolve incongruities.  Models self-care.  Monitors and evaluates attitudes, values and beliefs towards diverse others.  Systematically and effectively monitors and adjusts professional performance in action as situation requires.  Consistently recognizes and addresses own problems, minimizing interference with competent professional functioning.	
<b>Self-assessment:</b>		Demonstrates awareness of clinical competencies for professional training.  Develops initial competency goals for early training (with input from faculty).		Self-assessment comes close to congruence with assessment by peers and supervisors.  Identifies areas requiring further professional growth.	Accurately identifies level of competence across all competency domains.  Accurately assesses own strengths and weaknesses and seeks to prevent or	
				Writes a personal statement of professional goals.  Identifies learning objectives for overall training plan.  Systematically and effectively reviews own professional performance via videotape or other technology.	Ameliorate impact on professional functioning.  Recognizes when new/improved competencies are required for effective practice.	
<b>Self-care:</b> Attention to personal health and well-being to assure effective professional functioning		Demonstrates basic awareness and attention to self-care		Works with supervisor to monitor issues related to self-care.  Takes action recommended by supervisor for self-care to ensure effective training.	Anticipates and self-identifies disruption of functioning and intervenes at an early stage/with minimal support from supervisors.  Models self-care	
<b>Methods used for assessing competencies (choose all that apply)</b>	Discussion in supervision	Live observation	Video/audio review	Review of record/ written work	Feedback from others	Other

**Comments:**

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

	<b>1: Prepracticum Level</b>	<b>2: Ready for Practicum</b>	<b>3: Ready for Clerkship</b>	<b>4: Ready for Internship</b>	<b>5: Ready for Profession</b>	<b>NA</b>
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<b>Scientific mindedness:</b>		Aware of need for evidence to support assertions. Questions assumptions of knowledge. Evaluates study methodology and scientific basis of findings. Presents own work for the scrutiny of others.	In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies  ↓	Articulates, in supervision and case conferences, support for issues derived from the literature. Formulates appropriate questions regarding case conceptualization. Generates hypotheses regarding own contribution to therapeutic process and outcome. Performs scientific critique of literature.	Independently accesses and applies scientific knowledge & skills appropriately and habitually to the solution of problems.  Readily presents own work for the scrutiny of others.	
<b>Scientific foundation of psychology:</b>		Demonstrates understanding of core scientific conceptualization of human behavior.  Demonstrates understanding of psychology as a science, including basic knowledge of the breadth of scientific psychology. For example, able to cite scientific literature to support an argument.  Evaluates scholarly literature on a topic		Displays intermediate level of knowledge of and respect for scientific bases of behavior	Demonstrates advanced level of knowledge of and respect for scientific knowledge of the bases for behaviors	
<b>Scientific foundation of professional practice:</b>		Understands the development of evidence based practice in psychology (EBP) as defined by APA.  Displays understanding of the scientific foundations of the functional competencies.  Cites scientific literature to support an argument.  Evaluates scholarly literature on a practice-related topic.		Applies EBP concepts in case conceptualizations, treatment planning, and interventions.  Compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning.	Reviews scholarly literature related to clinical work and applies knowledge to case conceptualizations.  Applies EBP concepts in practice.  Compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning.	
<b>Methods used for assessing competencies (choose all that apply)</b>	<b>Discussion in supervision</b>	<b>Live observation</b>	<b>Video/audio review</b>	<b>Review of record/ written work</b>	<b>Feedback from others</b>	<b>Other</b>

**Comments:**

**4. Relationships:** The capacity to relate meaningfully and work effectively with individuals, groups, and/or communities

	<b>1: Prepracticum Level</b>	<b>2: Ready for Practicum</b>	<b>3: Ready for Clerkship</b>	<b>4: Ready for Internship</b>	<b>5: Ready for Profession</b>	<b>NA</b>
<b>Interpersonal Relationships:</b> Ability to develop and maintain effective relationships with a wide range of clients, supervisors, colleagues, and organizations		Listens and is empathic with others. Respects others' cultures, values, and points of view. Receives feedback.	In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies  ↓	Forms effective working alliance with clients. Engages effectively with supervisors. Involved in departmental, institutional, professional activities. Demonstrates respectful and collegial interactions with those who have different perspectives.	Effectively negotiates conflictual, difficult, and complex relationships including those with individuals and groups that differ significantly from self.  Maintains satisfactory interpersonal relationships with clients, peers, faculty, allied professionals, and the public.	

<b>Affective Skills:</b> Ability to manage difficult communications with others at an appropriate developmental level		Demonstrates affect tolerance. Tolerates and understands interpersonal conflict. Tolerates ambiguity and uncertainty. Demonstrates awareness of inner emotional experience. Demonstrates emotional maturity. Listens to and acknowledges feedback from others.		Works collaboratively. Demonstrates active problem-solving. Makes appropriate disclosures regarding problematic interpersonal situations. Acknowledges own role in difficult interactions. Provides feedback to supervisor regarding supervisory process. Provides feedback to peers regarding peers' clinical work in context of group supervision or case conference. Accepts and implements supervisory feedback	Seeks clarification in interpersonal communications. Demonstrates understanding of diverse viewpoints. Accepts and implements feedback from others.	
<b>Expressive Skills:</b> Ability to adapt language to articulate ideas in ways that are accessible and appropriate to the specified audience		Communicates ideas, feelings and information verbally and non-verbally		Communicates clearly using verbal, nonverbal, and written skills. Demonstrates understanding of professional language.	Demonstrates command of language, both written and verbal. Communicates clearly and effectively with clients.	
<b>Methods used for assessing competencies</b> (choose all that apply)	Discussion in supervision	Live observation	Video/audio review	Review of record/written work	Feedback from others	Other

**Comments:**

**5. Individual and Cultural Diversity:** Awareness and sensitivity in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds.

	1: Prepracticum Level	2: Ready for Practicum	3: Ready for Clerkship	4: Ready for Internship	5: Ready for Profession	NA
<b>Self as shaped by diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture,</b>		Demonstrates this self-knowledge, awareness, and understanding. For example, articulates how ethnic group values influence who one is and how one relates to other people	In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and	Understands and monitors own cultural identities in relation to work with others Uses knowledge of self to monitor effectiveness as a professional Critically evaluates feedback and initiates	Independently articulates, understands, and monitors own cultural identity in relation to work with others Regularly uses knowledge of self to monitor and improve	
<b>national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context.</b>			clinical judgment in the context of carrying out these competencies ↓	supervision regularly about diversity issues	effectiveness as a professional Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues	

<p><b>Others as shaped by diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context.</b></p>		<p>Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals</p>		<p>Understands multiple cultural identities in work with others                  Uses knowledge of others' cultural identity in work as a professional                  Critically evaluates feedback and initiates supervision regularly about diversity issues with others</p>	<p>Independently articulates, understands, and monitors cultural identity in work with others                  Regularly uses knowledge of others to monitor and improve effectiveness as a professional                  Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues with other</p>	
<p><b>Interactions of self and other as shaped by diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context.</b></p>		<p>Demonstrates knowledge, awareness and understanding of the way culture and context shape interactions between and among individuals</p>		<p>Understands the role of multiple cultural identities in interactions among individuals                  Uses knowledge of the role of culture in interactions in work as a professional                  Critically evaluates feedback and initiates supervision regularly about diversity issues with others</p>	<p>Independently articulates, understands, and monitors multiple cultural identities in interactions with others                  Regularly uses knowledge the role of culture in interactions to monitor and improve effectiveness as a professional                  Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues with others</p>	
<p><b>Applications based on individual and cultural context:</b></p>		<p>Demonstrates basic knowledge of literatures on individual and cultural differences and engages in respectful interactions that reflects this knowledge                  Demonstrates understanding of the need to consider ICD issues in all aspects of professional psychology work through respectful interactions</p>		<p>Demonstrates knowledge of ICD literature and APA policies including guidelines for practice with diverse individuals, groups and communities                  Demonstrates ability to address ICD issues across professional settings and activities                  Works effectively with diverse others in professional activities                  Demonstrates awareness of effects of oppression and privilege on self and others</p>	<p>Articulates an integrative conceptualization of diversity as it impacts clients, self and others (e.g. organizations, colleagues, systems of care)                  Habitually adapts one's professional behavior in a culturally sensitive manner, as appropriate to the needs of the client, that improves client outcomes and avoids harm                  Articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors                  Seeks consultation regarding addressing individual and cultural diversity as needed                  Uses culturally relevant best practices</p>	
<p><b>Methods used for assessing competencies (choose all that apply)</b></p>	<p>Discussion in supervision</p>	<p>Live observation</p>	<p>Video/audio review</p>	<p>Review of record/ written work</p>	<p>Feedback from others</p>	<p>Other</p>

**Comments:**

**6. Ethical and Legal Standards:** Able to integrate ethical and legal standards into competent and professional interactions

	1: Prepracticum Level	2: Ready for Practicum	3: Ready for Clerkship	4: Ready for Internship	5: Ready for Profession	NA
<b>Knowledge of ethical, legal, and professional standards and guidelines</b>		<p>Displays a basic understanding of this knowledge (e.g., APA Ethics Code and principles, Ethical Decision Making Models)</p> <p>Demonstrates knowledge of typical legal issues (e.g., child and elder abuse reporting, HIPAA Confidentiality, Informed Consent)</p>	<p>In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies</p> <p style="text-align: center;">↓</p>	<p>Identifies ethical dilemmas effectively</p> <p>Actively consults with supervisor to act upon ethical and legal aspects of practice</p> <p>Address ethical and legal aspects within the case conceptualization</p> <p>Discusses ethical implications of professional work</p> <p>Recognizes and discusses limits of own ethical and legal knowledge</p>	<p>Spontaneously and reliably identifies complex ethical &amp; legal issues, analyzes them accurately and proactively addresses them</p> <p>Aware of potential conflicts in complex ethical and legal issues and seeks to prevent problems and unprofessional conduct</p> <p>Aware of the obligation to confront peers and or organizations regarding ethical problems or issues and to deal proactively with conflict when addressing professional behavior with others</p>	
<b>Awareness and application of ethical decision making</b>		<p>Recognizes the importance of basic ethical concepts applicable in initial practice (e.g. child abuse reporting, Informed consent, confidentiality, multiple relationships and competence)</p> <p>Identifies potential conflicts between personal belief systems, APA ethics code and legal issues in practice</p>		<p>Uses an ethical decision-making model when discussing cases in supervision</p> <p>Readily identifies ethical implications in cases and to understand the ethical elements in any present ethical dilemma or question</p> <p>Discusses ethical dilemmas and decision making in supervision, staffing, presentation, practicum settings</p>	<p>Applies applicable ethical principles and standards in professional writings and presentations</p> <p>Applies applicable ethics concepts in research design and subject treatment</p> <p>Applied ethics and professional concepts in teaching and training activities</p> <p>Develops strategies to seek consultation regarding complex ethical and legal dilemmas</p>	
<b>Ethical conduct</b>		<p>Evidences desire to help others</p> <p>Demonstrates openness to new ideas</p> <p>Shows honesty/integrity/values ethical behavior</p> <p>Demonstrates personal courage consistent with ethical values of psychologists</p> <p>Displays a capacity for appropriate boundary management</p> <p>Implements ethical concepts into professional behavior</p>		<p>Articulates knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues</p> <p>Spontaneously discusses intersection of personal and professional ethical and moral issues</p>	<p>Integrates an understanding of ethical-legal-standards policy when performing all functional competencies</p> <p>Demonstrates awareness that ethical-legal-standards policy competence informs and is informed by all foundational competencies</p> <p>Takes responsibility for continuing professional development</p>	
<b>Methods used for assessing competencies (choose all that apply)</b>	Discussion in supervision	Live observation	Video/audio review	Review of record/ written work	Feedback from others	Other

**Comments:**

**7. Interdisciplinary Systems:** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines

	1: Prepracticum Level	2: Ready for Practicum	3: Ready for Clerkship	4: Ready for Internship	5: Ready for Profession	NA

<b>Knowledge of shared and distinction contributions of other professions</b>		Demonstrates knowledge, respects, and valuing of rules, functions and service delivery systems of other professions	In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies	Reports observations of commonality and differences among professional roles, values, and standards	Demonstrates ability to articulate the role that others provide in service to clients  Displays ability to work successfully on interdisciplinary team	
			↓			
<b>Functioning in multidisciplinary and interdisciplinary contexts</b>		Demonstrates ability to cooperate with others in task completion		Demonstrates knowledge of the nature of interdisciplinary vs. multidisciplinary function and the skills that support interdisciplinary process	Demonstrates skill in interdisciplinary clinical settings in working with other professionals to incorporate psychological information into overall team planning and implementation	
<b>Understanding of how interdisciplinary collaboration enhances outcomes</b>		Demonstrates understanding of concept		Consults with and cooperates with other disciplines in service of clients	Systematically collaborates successfully with other relevant partners	
<b>Respectful and productive relationships with individuals from other professions</b>		Expresses interest in developing collaborative relationships and respect for other professionals		Communicates effectively with individuals from other professions	Communicates effectively with individuals from other professions  Appreciates and integrates perspectives from multiple professions	
<b>Methods used for assessing competencies (choose all that apply)</b>	Discussion in supervision	Live observation	Video/audio review	Review of record/ written work	Feedback from others	Other

**Comments:**

## **FUNCTIONAL COMPETENCIES**

- 1. Assessment:** Assessment, diagnosis, and conceptualization of problems and issues associated with individuals, groups, and/or organizations

	<b>1: Prepracticum Level</b>	<b>2: Ready for Practicum</b>	<b>3: Ready for Clerkship</b>	<b>4: Ready for Internship</b>	<b>5: Ready for Profession</b>	<b>NA</b>
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<p><b>Measurement and psychometrics</b></p>		<p>Demonstrates knowledge of the construct(s) being assessed</p> <p>Evidences understanding of basic psychometric constructs such as validity, reliability, and test construction</p>	<p>In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies</p> <p style="text-align: center;">↓</p>	<p>Identifies appropriate assessment measures for cases seen at practice site</p> <p>Routinely consults with supervisor regarding selection of assessment measures</p>	<p>Demonstrates awareness and competent use of culturally sensitive instruments, norms</p> <p>Seeks consultation as needed to guide assessment</p> <p>Demonstrates limitations of assessment data clearly reflected in assessment reports</p>	
<p><b>Evaluation methods</b></p>		<p>Accurately and consistently administers and scores various assessment tools in non-clinical (e.g. course) contexts</p> <p>Demonstrates knowledge of initial interviewing (both structured and semi-structured interviews, mini-mental status exam)</p>		<p>Demonstrates intermediate level ability to accurately and consistently select, administer, score and interpret assessment tools with client populations</p> <p>Collects accurate and relevant data from structured and semi-structured interviews and mini-mental status exams</p>	<p>Accurately and consistently selects, administers, and scores and interprets assessment tools with clinical populations</p> <p>Selection of assessment tools reflects a flexible approach to answering the diagnostic questions</p> <p>Comprehensive reports include discussion of strengths and limitations of assessment measures as appropriate</p> <p>Interview and report leads to formulation of a diagnosis and the development of appropriate treatment plan</p>	
<p><b>Application of methods</b></p>		<p>Demonstrates awareness of need to base diagnosis and assessment on multiple sources of information</p> <p>Demonstrates awareness of need for selection of assessment measures appropriate to population/problem</p>		<p>Selects assessment tools that reflect awareness of patient population served at a given practice site</p> <p>Regularly selects and uses appropriate methods of evaluation</p>	<p>Independently selects assessment tools that reflect awareness of client population served at practice site</p> <p>Interprets assessment results accurately taking into account limitations of the evaluation method</p> <p>Provides meaningful, understandable and useful feedback that is responsive to the client need</p>	
<p><b>Diagnosis</b></p>		<p>Identifies DSM criteria</p> <p>Describes normal development consistent with broad area of training</p>		<p>Articulates relevant developmental features and clinical symptoms as applied to presenting question</p> <p>Demonstrates ability to identify problem areas and to use concepts of differential diagnosis</p>	<p>Treatment plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem</p> <p>Demonstrates awareness DSM and relation to ICD codes</p> <p>Regularly and independently identifies problem areas and makes a diagnosis</p>	
<p><b>Conceptualization and recommendations</b></p>		<p>Demonstrates the ability to discuss diagnostic formulation and case conceptualization</p> <p>Prepares basic reports which articulate theoretical material</p>		<p>Presents cases and reports demonstrating how diagnosis is based on case material</p>	<p>Independently prepares reports based on</p> <p>Administers, scores, and interprets results</p> <p>Formulates case conceptualizations incorporating theory and case material</p>	
<p><b>Communication of findings</b></p>		<p>Demonstrates this knowledge including content and organization of test reports, mental status examinations, interviews</p>		<p>Writes a basic psychological report</p> <p>Demonstrates ability to communicate basic findings verbally</p> <p>Reports reflect data that has been collected via interview</p>	<p>Writes an effective comprehensive report</p> <p>Effectively communicates results verbally</p> <p>Reports reflect data that has been collected via interview and its limitations</p>	
<p><b>Methods used for assessing competencies (choose all that apply)</b></p>	<p>Discussion in supervision</p>	<p>Live observation</p>	<p>Video/audio review</p>	<p>Review of record/ written work</p>	<p>Feedback from others</p>	<p>Other</p>

## Comments

### 2. **Intervention:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

	1: Prepracticum Level	2: Ready for Practicum	3: Ready for Clerkship	4: Ready for Internship	5: Ready for Profession	NA
<b>Knowledge of interventions</b>		Articulates the relationship of EBP to the science of psychology  Identifies basic strengths and weaknesses of intervention approaches for different problems and populations	In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies  ↓	Demonstrates knowledge of interventions and explanations for their use based on EBP  Demonstrates the ability to select interventions for different problems and populations related to the practice setting  Investigates existing literature related to problems and client issues  Writes a statement of one's own theoretical perspective regarding intervention strategies	Writes a case summary incorporating elements of evidence-based practice  Presents rationale for intervention strategy that includes empirical support	
<b>Intervention planning</b>		Articulates a basic understanding of how intervention choices are informed by assessment		Articulates a theory of change and identifies interventions to implement change; as consistent with the AAPI  Writes understandable case conceptualization reports and	Accurately assesses presenting issues taking in to account the larger life context, including diversity issues  Conceptualizes case independently and accurately	
				collaborative treatment plans incorporating evidence-based practices	Independently selects an intervention or range of interventions appropriate for the presenting issue(s)	
<b>Skills</b>		Demonstrates helping skills, such as empathic listening, framing problems		Develops support with most clients  Develops therapeutic relationships  Demonstrates appropriate judgment about when to consult supervisor	Develops rapport and relationships with wide variety of clients  Uses good judgment about unexpected issues, such as crises, use of supervision, confrontation  Effectively delivers intervention	
<b>Intervention implementation</b>		Articulates awareness of theoretical basis of intervention and some general strategies		Applies specific evidence-based interventions  Presents case that documents application of evidence-based practice	Independently and effectively implements a typical range of intervention strategies appropriate to practice setting  Independently recognizes and manages special circumstances  Terminate treatment successfully  Collaborates effectively with other providers or systems of care	
<b>Progress evaluation</b>		Demonstrates basic knowledge of methods to examine intervention outcomes		Assesses and documents treatment progress and outcomes  Alters treatment plan accordingly  Describes instances of lack of progress and actions taken in response	Independently assesses treatment effectiveness & efficiency  Critically evaluates own performance in the treatment role  Seeks consultation when necessary	

<b>Methods used for assessing competencies (choose all that apply)</b>	Discussion in supervision	Live observation	Video/audio review	Review of record/ written work	Feedback from others	Other
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Comments:

**3. Consultation:** The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

	1: Prepracticum Level	2: Ready for Practicum	3: Ready for Clerkship	4: Ready for Internship	5: Ready for Profession	NA
<b>Role of consultant</b>			In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies ↓	Articulates common and distinctive roles of consultant  Compares and contrast consultation, clinical and supervision roles	Recognizes situations in which consultation is appropriate  Demonstrates capability to shift functions and behavior to meet referral needs	
<b>Addressing referral question</b>				Implements systematic approach to data collection in a consultative role  Identifies sources and types of assessment tools	Demonstrates ability to gather information necessary to answer referral questions  Clarifies and refines referral question based on analysis/assessment of question	
<b>Communication of findings</b>				Identifies appropriate approaches and processes for providing written and verbal feedback and recommendation to consultee	Prepares clear, useful consultation reports and recommendations to all appropriate parties  Provides verbal feedback to consultee of results	
					and offers appropriate recommendations	
<b>Application of methods</b>				Identifies appropriate interventions based on consultation assessment findings	Identifies and implements consultation interventions based on assessment findings  Identifies and implements consultation interventions that meet consultee goals	
<b>Methods used for assessing competencies (choose all that apply)</b>	Discussion in supervision	Live observation	Video/audio review	Review of record/ written work	Feedback from others	Other

Comments:

**4. Research/evaluation:** Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities

	<b>1: Prepracticum Level</b>	<b>2: Ready for Practicum</b>	<b>3: Ready for Clerkship</b>	<b>4: Ready for Internship</b>	<b>5: Ready for Profession</b>	<b>NA</b>
<b>Scientific approach to knowledge generation</b>		Demonstrates understanding that psychologists evaluate the effectiveness of their professional activities  Open to scrutiny of one's work by peers and faculty	In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies  ↓	Demonstrates understanding of research methods and techniques of data analysis  Demonstrates research and scholarly activity, which may include presentations at conferences; participation in research teams; submission of manuscripts for publication  Demonstrates being a critical consumer of research	Engages in systematic efforts to increase the knowledge base of psychology through implementing and reviewing  Uses methods appropriate to the research questions, setting and/or community  Consults and partners with community stakeholders when conducting research in diverse communities	
<b>Application of scientific method to practice</b>				Discusses evidence based practices  Compiles and analyzes data on own clients (outcome measurement)  Participates in programevaluation	Evaluates the progress of own activities and uses this information to improve own effectiveness  Describes how outcomes are measured in each practice activity	
<b>Methods used for assessing competencies (choose all that apply)</b>	Discussion in supervision	Live observation	Video/audio review	Review of record/written work	Feedback from others	Other

**Comments:**

**5. Supervision:** Supervision and training in the professional knowledge base and of evaluation of the effectiveness of various professional activities

	<b>1: Prepracticum Level</b>	<b>2: Ready for Practicum</b>	<b>3: Ready for Clerkship</b>	<b>4: Ready for Internship</b>	<b>5: Ready for Profession</b>	<b>NA</b>
<b>Expectations and roles</b>		Demonstrates knowledge of the process of supervision	In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies  ↓	Identifies roles and responsibilities of the supervisor and supervisee in the supervision process	Articulates a philosophy or model of supervision and reflects on how this model is applied in practice, including integrated contextual, legal, and ethical perspectives	
<b>Process and procedures</b>		Demonstrates basic knowledge of supervision models and practice		Identifies goals and tasks of supervision related to developmental progression  Tracks progress achieving goals and setting new goals	Prepares supervision contract  Demonstrates knowledge of limits of competency to supervise (assesses met competency)	
<b>Skills development</b>		Completes self-assessment (e.g., Hatcher & Lassiter, 2006.)  Integrates faculty/supervisor feedback into self-assessment		Successfully completes coursework on supervision  Demonstrates formation of supervisory relationship integrating theory and skills including knowledge of development, education's praxis	Clearly articulates how to use supervisory relationships to leverage development of supervisees and their clients	

<b>Awareness of factors affecting quality</b>		Demonstrates basic knowledge of literature on individual and cultural differences and engages in respectful interactions that reflect that knowledge		Demonstrates knowledge of ICD literature and APA guidelines in supervision practice  Demonstrates awareness of role of oppression and privilege on supervision process	Demonstrates integration of diversity and multiple identity aspects in conceptualization of supervision process with all participants (client(s), supervisee, supervisor)  Demonstrates adaptation of own profession behavior in a culturally sensitive manner as appropriate to the needs of the supervision context and all parties to it.  Articulates and uses diversity appropriate repertoire of skills and techniques in supervisory process  Identifies impact of aspects of all therapy and supervision	
<b>Participation in supervision process</b>		Demonstrates willingness to admit errors, accept feedback		Reflects on supervision process, areas of strength and those needing improvement  Seeks supervision to improve performance, presenting work for feedback, and integrating feedback into performance	Provides supervision to less advanced trainees, peers or other service providers in typical cases appropriate to the service setting	
<b>Ethical and legal issues</b>		Demonstrates understanding of this knowledge (e.g., APA 2002 ethical principles)		Behaves ethically  Recognizes ethical and legal issues in clinical practice and supervision	Spontaneously and reliably identifies complex ethical and legal issues in supervision, and analyzes and proactively addresses them  Demonstrates awareness of potential conflicts in complex ethical and legal issues in supervision	
<b>Methods used for assessing competencies (choose all that apply)</b>	Discussion in supervision	Live observation	Video/audio review	Review of record/written work	Feedback from others	Other

**Comments:**

**6. Teaching:** Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology

	<b>1: Prepracticum Level</b>	<b>2: Ready for Practicum</b>	<b>3: Ready for Clerkship</b>	<b>4: Ready for Internship</b>	<b>5: Ready for Profession</b>	<b>NA</b>
<b>Knowledge</b>		Observes differences in teaching styles and need for response to different learning skills	In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in	Demonstrates knowledge of one learning strategy  Demonstrates clear communication skills	Demonstrates knowledge of one technique of outcome assessment  Demonstrates knowledge of methodological considerations in assessment of teaching effectiveness	
			the context of carrying out these competencies  ↓			

<b>Skills</b>		Demonstrates example of application of teaching method Demonstrates ability to organize and present information related to a topic		Identifies and differentiates factors for implementing particular teaching methods Demonstrates accommodation to diverse others (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context Introduces innovations/creativity into application of teaching method	Demonstrates strategy to evaluate teaching effectiveness of targeted skill sets Articulates concepts to be taught and research/empirical support Utilizes evaluation strategy to assess learning objectives met Integrates feedback to modify future teaching strategies	
<b>Methods used for assessing competencies (choose all that apply)</b>	Discussion in supervision	Live observation	Video/audio review	Review of record/ written work	Feedback from others	Other

**Comments:**

**7. Management-administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA)**

	<b>1: Prepracticum Level</b>	<b>2: Ready for Practicum</b>	<b>3: Ready for Clerkship</b>	<b>4: Ready for Internship</b>	<b>5: Ready for Profession</b>	<b>NA</b>
<b>Management</b>		Articulates understanding of management role in own organizations(s)	In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies ↓	Responds appropriately to managers and subordinates Manages DDS under supervision, e.g., scheduling, billing maintenance of records Identifies responsibilities, challenges, and processes of management	Independently and regularly manages and evaluates own DDS, identifying opportunities for improvement Recognizes role of and need for clerical and other staff, role of human resources	
<b>Administration</b>		Completes assignments by due dates Complies with relevant regulations Responds appropriately to direction provided by managers		Articulates approved organizational policies and procedures Completes reports and other assignments promptly Complies with record-keeping guidelines Demonstrates understanding of quality improvement (QI) procedures in direct delivery of services basic management of direct services, QI procedures	Responds promptly to organization demands Participates in the development of policies Functions within budget Negotiates and collects fees, pays bills Uses technological resources for information management Identifies resources needed to develop a basic business plan	
<b>Leadership</b>				Articulates agency mission and purpose and its connection to goals and objectives Implements processes to accomplish goals and objectives	Develops mission or purpose of DDS and/or OPA Provides others with face to face and written direction Demonstrates capacity to develop system for evaluating supervisees /staff/employees Communicates appropriately to	
					parties at all levels in the system	

<b>Evaluation of management and leadership</b>		Applies theories of effective management and leadership to form an evaluation of organization		Identifies strengths and weaknesses of management and leadership of organization Provides input appropriately, participates in organization assessment	Articulates steps and actions to be effective manager or leader appropriate to the specifics of the organization	
<b>Methods used for assessing competencies (choose all that apply)</b>	Discussion in supervision	Live observation	Video/audio review	Review of record/ written work	Feedback from others	Other

**Comments:**

**8. Advocacy:** Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level

	1: Prepracticum Level	2: Ready for Practicum	3: Ready for Clerkship	4: Ready for Internship	5: Ready for Profession	NA
<b>Empowerment</b>		Articulates social, political, economic or cultural factors that may impact on human development and functioning	In addition to successfully demonstrating competencies in column 2 in at least one practicum, demonstrates growth in the demonstration of appropriate initiative, personal responsibility, and clinical judgment in the context of carrying out these competencies ↓	Identifies specific barriers to client improvement, e.g., lack of access to resources Assists client in development of self-advocacy plans	Promotes client self-advocacy Assesses implementation and outcome of client's self-advocacy plans	
<b>Systems change</b>		Articulates role of therapist as change agent outside of direct patient contact		Identifies target issues/agencies most relevant to specific issue Formulates and engages in plan for action Demonstrates understanding of appropriate boundaries and times to advocate on behalf of client	Develops alliances with relevant individuals and groups Engages with groups with differing viewpoints around issue to promote change	
<b>Methods used for assessing competencies (choose all that apply)</b>	Discussion in supervision	Live observation	Video/audio review	Review of record/ written work	Feedback from others	Other

**Comments:**

**To Be Completed by the Supervisor:**

Please comment on student's PROGRESS addressing these competency domains over the course of his/her training thus far, highlighting changes/improvements in professional identity and behavior (i.e., confidence, independence, efficiency, personal insight, flexibility, synthesis).

Please comment on AREAS FOR GROWTH with regard to professional functioning, focusing on

goals for further development during subsequent rotations.

**Rate the student's overall performance across the preceding domains, using the criteria listed on front page:**

1. **Performance at the *Pre-Practicum Level*:** Student requires additional teaching, guidance, and observation across most aspects of service delivery before being ready to begin practicum experiences.
2. **Ready for *Practicum*:** Student exhibits fundamental knowledge, skills, and abilities needed to begin engaging in clinical work under close supervision and structure.
3. **Ready for *Clerkship*:** Student exhibits basic knowledge, skills, and abilities, but requires structure and direction in specific areas of weakness and/or lack of prior experience.
4. **Ready for *Internship*:** Student is ready to start internship and exhibits basic knowledge, skills, and abilities, but requires close supervision for unfamiliar clinical activities and/or novel circumstances.
5. **Ready for *Professional Practice*:** Student consistently integrates knowledge, skills, and abilities into all aspects of professional service- delivery. Able to engage in less familiar clinical activities, and function proactively and independently in most contexts. Prepared for entry level practice and professional licensure.

**I have received a copy of this evaluation and have had the opportunity to discuss it with my Supervisor.**

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**Trainee Signature**

ate

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**D**

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**Supervisor Signature**

ate

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**D**

## XVII. APPENDIX E

**Semester Documentation of Clinical Hours**

Trainee's Name: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

Site: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Supervisor: \_\_\_\_\_

1. Please indicate the clinical experiences you have engaged in this semester and fill in the number of hours accrued and the population(s) served (e.g., older adults, adults, adolescents, children)

Face-to-Face Clinical Hrs	Hrs Accrued This Semester
Individual Therapy	
Group Therapy	
Family Therapy	
Couples Therapy	
Assessment	
Consultation	
Program Evaluation	
Other:	
<b>TOTAL HRS</b>	

Support Activities	Hrs Accrued This Semester
<b>TOTAL HRS</b>	

Supervision Received	Hrs Accrued This Semester

\_\_\_\_\_  
Trainee Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Supervisor Signature\_\_\_\_\_  
Date

## XVIII. APPENDIX F

### Student Evaluation Of Clerkship/Internship Site

\* To be filled out by student anonymously. Data will be on file for future students to review

Date \_\_\_\_\_

Agency \_\_\_\_\_ Supervisor \_\_\_\_\_

1. How much discrepancy was there between what you were told initially you would be doing and what you actually did?

No discrepancy at all      1      2      3      4      5      tremendous discrepancy

Please comment on the nature of the discrepancy if any:

2. Were your duties too simple, too advanced, or just about right (circle one) for someone with your experience?

3. What duties and responsibilities would you have wished added to or deleted from your position?

4. Was your supervisor available when you needed

help?

Never      1      2      3      4      5      Always

5. How adequate was the supervision you

received?

Awful      1      2      3      4      5      Superb

Please comment on the reasons for your rating:

6. Did you get appropriate feedback on your

performance?

Always                    1        2        3        4        5        Never

Please comment on the reasons for your rating:

7. Were resources such as office space, clerical support, recording equipment, and library facilities adequate?

Not at all                    1        2        3        4        5        Completely

Please comment on the reasons for your

rating:

8. Did you experience any problems as a direct result of a lack of communication between the agency and the Clinical Program?

None                    1        2        3        4        5        Many

Please comment on the reasons for your rating:

9. How relevant was this placement to your career goals?

Extremely relevant                    1        2        3        4        5        Completely irrelevant

Please comment on the reasons for your rating:

10. If you had it to do over again, would you still choose this agency for a clerkship or internship?

Absolutely                    1        2        3        4        5        Never

Please comment on the reasons for your rating:

11. Additional comments:

## XIX. APPENDIX G

## Sample CV with Updates for Yearly Evaluation

**Note: Please highlight additions that are new this year.**

**Kelly M. Glazer****Education**

1997–2000 Ohio State University, BS Psychology  
 2000-present University of Utah, Department of Psychology

**Honors and Awards**

1998 Billingslea Scholarship in Clinical Psychology, Ohio State University  
 1999 Arts and Sciences Honors Scholarship, Ohio State University

**Presentations**

Glazer, K. M., Emery, C. F., & Frid, D. (2001, March). *Psychological predictors of outcomes in cardiac rehabilitation*. Paper presented at American Psychosomatic Society, Monterey, CA

**Publications**

Glazer, K. M., & Smith, T. W. (2005). Some random paper on hostility. *Journal of Something*, *1*(2), 111-112.

**Grants Submitted/Received****Membership in Professional**

**Organizations** American Psychological Association APA  
 Division 48, Health Psychology  
 American Psychosomatic Society

**Clinical Experience**

Fall 2001-Spring 2002 Assessment Practicum  
 Supervisor, Deborah Wiebe, Ph.D.  
 Description: Personality and cognitive assessments on adults at Student Counseling Center. Hours: Client contact- 60 Prep/Formulation- 200 Supervision-40 Total- 300

Summer 2003-present University of Utah Sleep/Wake Center Clerkship  
 Supervisor, Laura Czajkowski Ph.D.  
 Description: Assessment and treatment of sleep disorders in adults.  
 Hours: Client contact- 60 Prep/Formulation- 200 Supervision-40 Total- 300

**Summary of Clinical Hours****May 2004 through April 2005**

Client Contact: Support activities: Supervision:  
 Total hours:

**Total Hours through April 2005**

Client Contact: 891  
 Support Activities: 700  
 Supervision: 302  
 Total hours: 1893

**Teaching Experience**

Spring 2001, Teaching Assistant, Intro to something  
 Fall 2004, Graduate Instructor, Intro to something else

### **Clinical supervision of other students**

None

### **Completed Coursework 2004-2005**

<b>Course No.</b>	<b>Semester, Year</b>	<b>Title</b>	<b>Grade</b>
5955	Fall 2004	Practicum in something	A
6001	Spring 2004	Practicum in something	in progress

### **Program Requirements**

<b>Requirement</b>	<b>Date</b>	<b>Title</b>
First year paper	July, 2001	“Representations of Close Relationships” Masters Proposal
Masters Defense	Dec. 2003	“Activation of Mental Support and Blood Pressure Reactivity”
Propose Clinical Prelim	Spring 2004	
Defend Clinical Prelim	Fall 2004	“Depression, Cognition and Type 2 Diabetes”
Propose Research Prelim	Fall 2003	
Defend Research Prelim	Spring 2004	“Marriage and Heart Disease”
Propose Dissertation		Predicted May 2005
Defend Dissertation	Predicted Spring	
2005 Apply for Clinical Internship	Predicted	
Fall 2005		

### **Research Activities 2004-2005**

Prepared 2 manuscripts with advisor, one first author paper, one multi-study paper  
 Currently working on another first author paper from Health and Aging study

### **Conferences Attended 2004-2005**

American Psychosomatic Society

### **Service Activities 2004-2005**

Student representative to Clinical Training Committee.

### **Goals 2005-2006**

Teaching: continue TA assignment in Department of Family and Preventive Medicine  
 Clinical: Continue with clinical experiences at family practice and sleep/wakecenter.  
 Research: Participate in 2-3 papers from health and aging study, run dissertation project

Service: Departmental PIE Committee

## XX. APPENDIX H

### Documenting Clinical Hours

In order to track their clinical hours in ways that are consistent with the requirements of the APPI internship application, students may utilize a free electronic tool designed by APPIC (MyPsychTrack.com) a web-based application that allows practicum, clerkship, internship and postdoctoral trainees to track their training hours. Hours entered into MyPsychTrack can be directly exported to the AAPI Online and the system allows you to provide access to your supervisors and DCT so they can verify your activities. . Using this electronic tool is highly recommended—it allows students to generate a record of their accumulated hours over the course of their entire graduate career and allow them to easily and quickly complete the AAPI.

Our institutional coupon code to allow students access to MyPsychTrack is:

**3e1a5b77-0c05- 4cec-aaf0-c01c6735cd46.**

Alternative, students may opt to use a spreadsheet which is available free of charge at <http://uky.edu/Education/EDP/edpforms.html>. Another alternative is a commercially-available program called Time2Track, which some students prefer. Advantages to using these forms is that they map onto the internship application categories, that they allow students to keep a running cumulative total of their hours accrued to date at any point throughout their graduate training, and that they also allow students to select out and report their hours accrued for a specific training experience.

When completing these forms in ways that comply with the APPI, students should pay close attention to the following definitions and instructions:

#### **AAPI 2011 Instructions: Intervention Experience**

In this section, you will be asked to report your practicum hours separately for (a) hours accrued in your doctoral program, and (b) 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 and *not* terminal master's hours.

When counting practicum hours, you should consider the following important information and definitions:

1. You should **only** record hours for which you received formal academic training and credit or which were program-sanctioned training or program-sanctioned work 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. Other sections of this application will allow you an opportunity to summarize your supervision experiences, anticipated practicum experiences and support activities. Other relevant experience that does not fit into the above definition can be described on your Curriculum Vitae.
2. The experiences that you are summarizing in this section are professional activities that you have provided in the *presence* of a client. Experiences involving gathering information about the client

/ patient, but not in the actual presence of the client / patient, should be recorded in the section, "Support Activities." Although the field of Psychology is currently discussing distance interventions (telephone, webcam) as viable forms of intervention, for the purposes of this application, such interventions should be noted in the Support Activities section.

3. A practicum hour is defined as a clock hour, not a semester / quarter hour. A 45-50 minute client / patient hour may be counted as one practicum hour.
4. 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.) The categories are meant to be mutually exclusive; thus, any practicum hour should be counted **only once**.
5. **Only include practicum experience accrued up to November 1 of the year in which you are applying for internship.** You may describe the practicum experience that you anticipate accruing after November 1 in the section, "Summary of Doctoral Training."
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.
7. Please report actual clock hours in direct service to clients / patients. Hours should not be counted in more than one category.
8. 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.
9. 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 for two hours per week counts as 20 hours and one (1) group. Groups may be closed or open membership; but, in either case, count the group as one group.

**Note regarding the recording of "consultation" activities:** Consultation activities may count as practicum hours only to the extent that this activity involves actual direct consultation with the client (e.g., individual, family, organization) or an agent of the client (e.g., parent, teacher). This would be activity you would include in this "Intervention Experience" section. Consultation activities with other professionals regarding coordination of care (e.g., psychiatrist), without the client / patient present, should be counted in the "Support Activities" section.

### **AAPI 2011 Instructions: Psychological Assessment Experience**

In this section, you will summarize your **practicum** assessment experience in providing psychodiagnostic and neuropsychological assessments. You should provide the estimated total number of face-to-face client contact hours administering instruments and providing feedback to clients/patients. You should not include the activities of scoring and report writing, which should instead be included in the "Support Activities" section.

Do not include any practice administrations. Testing experience accrued while employed should not be included in this section and may instead be listed on a curriculum vita. You should only include instruments for which you administered the *full* test. Partial tests or administering only selected subtests are NOT to be included in this accounting. You should only count each administration once.

### **Adult Assessment Instruments / Child and Adolescent Assessment Instruments:**

In this section, you should indicate all psychological assessment instruments that you used as part of your practica experiences with actual patients/clients (columns one and two) or research participants in a clinical study (column three) through November 1. If the person you assessed was not a client, patient, or clinical research participant, then you should not include this experience in this summary. Do not include any practice administrations.

You may include additional instruments (under "Other Measures") for any tests not listed. You can include as many instruments as you would like.

For each instrument that you used, specify the following information:

1. *Number Clinically Administered/Scored:* The number of times that you both administered and scored the instrument in a clinical situation (i.e., with an actual client/patient).
2. *Number of Clinical Reports Written with this Measure:* The number of these instruments for which you also wrote a clinically interpretive report.
3. *Number Administered as Part of a Research Project:* The number of instruments that you administered as part of a research project

**Integrated Reports:**

In this section, provide the number of integrated assessment reports you have written for adults and the number written for children and adolescents. The definition of an integrated report is a report that includes a history, an interview and at least two tests from one or more of the following categories: personality assessment (objective, self-report, and/or projective), intellectual assessment, cognitive assessment, and neuropsychological assessment. Please carefully review this definition as it answers the question of what should be included in a report to have it satisfy the requirement of an integrated report.

## XXI. APPENDIX I

### University of Utah, Department of Psychology Clinical Neuropsychology Specialization Requirements

#### *COURSEWORK*

The students in the clinical neuropsychology program are expected to complete the following formal courses:

1. Cognitive neuropsychology (ideally in the first year)
2. Neuropsychology vertical team suite of courses
3. At least two other neuropsychology seminars in the area of interest to the student
4. Functional neuroanatomy (taken with Dr. Erin Bigler at BYU, any time during the course of training)

#### *VERTICAL TEAM*

Vertical Team (VT) is a unique feature of our program. It consists of a suite of courses designed to provide sequential and cumulative training. These are:

1. Neuropsychological assessment observation (usually in the first year)
2. Neuropsychological assessment pre-practicum (usually in the fall of the second year)
3. Neuropsychological assessment practicum (usually in the spring of the second year)
4. Neuropsychological assessment supervision (usually in the third year through graduation)

All students in the Clinical Neuropsychology Program are expected to register for these courses and to participate in the weekly VT meetings throughout their time in the program.

The VT meetings serve several general purposes:

1. Develop and maintain a sense of community and belonging.

2. Develop and maintain professional identify as clinical neuropsychologists, by participating in discussions with neuropsychology faculty and more senior students.
3. Keep students and faculty “current” by discussing a variety of new professional and scientific issues as they emerge on the national/international neuropsychological scene.
4. Afford in-depth analysis of clinical cases that goes beyond what is typically affordable in the real-world clinical settings.

Specific activities during VT meetings include:

1. Discussion of interesting neuropsychological cases seen by trainees in the community.
2. In-depth analysis of neuropsychological assessments conducted by the VT, including literature review, discussion of interpretation, and detailed analysis of the reports generated by trainees.
3. Review of didactics covered in the Neuropsychological Assessment Pre-practicum, to facilitate preparation for the students currently enrolled in that course for their final exam of, and to help maintain the knowledge gained by more senior trainees in that same course during previous years.
4. Focused in-depth discussion of various topics of interest, such as psychometric and normative issues, test selection, in-depth analysis of specific disorders, or in-depth analysis of specific neurocognitive domains, to name a few.
5. Review of presentations VT members saw at national/international neuropsychological conferences.
6. Review of activities and opportunities at various clerkship sites
7. Review of internship application process, experiences from internship interviews, etc. (discussion is led by senior students who are in the process of internship application).

In addition to the weekly meetings, all members of the VT are required to attend a monthly case conference.

*Training sequence while in the program:*

	1st year	2nd year	3rd year	4th year	5th year
Neuropsychological Assessment Observation	Fall and spring: Meet weekly				
Neuropsychological Assessment Prepracticum		Fall: Meet weekly with VT, and 1x week with instructor			
Neuropsychological Assessment Practicum		Spring: Meet 1x week with VT, and 1x week with instructor			
Neuropsychological Assessment Supervision			Fall and spring: Meet weekly	Fall and spring: Meet weekly	Fall and spring: Meet weekly
Case conferences	Once a month	Once a month	Once a month	Once a month	Once a month
Assessment cases	1x semester	1x semester	1x semester	1x semester	1x semester

This table provides an overview of training expectation throughout the students' time in the program.

### *CLERKSHIPS*

All students in the program are expected to gain additional experience with neuropsychological assessment by becoming trainees at approved clerkship sites. Students begin to register for clerkships in their third year in the program. It is expected that students will complete a series of several clerkships, so as to gain experience with different clinical settings, clinical populations, and assessment styles.

### *CAPSTONE PROJECT*

Students in the program are expected to complete a capstone project prior to their application for internship. The project consists of a formal, high-quality case presentation, that includes an in-depth literature review of a topic that is relevant for the conceptualization of the selected case.

### *RESEARCH*

Students in the program are strongly encouraged to conduct their primary research in the area of clinical neuropsychology, or to conduct research projects that bridge clinical neuropsychology with another area. Because the Psychology Program at the University of Utah is committed to promoting

research and training in biological bases of behavior, faculty linkages to neuroscience are available in all four areas represented in the department.

## XXII. APPENDIX J

### University of Utah, Department of Psychology Additional Program Requirements for Clinical Health Specialization

In addition to the general University, Department, and Clinical Program requirements, students pursuing the specialization in Clinical Health Psychology must meet the following requirements:

1. Regular attendance at Behavioral Medicine Research Group
2. Foundations of Clinical Health Psychology I and II.
3. Minimum of one year clerkship in behavioral medicine setting
4. Minimum two additional graduate seminars in health psychology
5. Master's thesis and dissertation on health-related topic, broadly defined
6. Research prelim exam on health-related topics, broadly defined
7. Completion of APA approved internship with a minimum of 50% time in behavioral medicine rotations and related experiences.

Strongly encouraged – but not required – experiences include: coursework and practicum experience in neuropsychology; regular attendance at related professional meetings (e.g., American Psychosomatic Society, Society for Behavioral Medicine); additional graduate seminars in health psychology; graduate seminars in allied health sciences outside of health psychology (e.g., epidemiology and public health); advanced quantitative training.

Clinical Health students with an interest in pediatrics/child health psychology are strongly encouraged to meet all requirements in the child clinical specialization, and additional graduate course work in developmental psychology.

#### *Timeline*

The program is designed to be completed in five years on campus, plus an additional one-year APA approved clinical internship. The Foundations of Clinical Health Psychology course is typically taught every two years. Hence, students would ordinarily take this experience in their second or third year, with a health psychology/behavioral medicine clerkship concurrently (for those in the third

year) or in the following year. Additional coursework in health/behavioral medicine can be taken throughout the five-years on campus.

## XXIII. APPENDIX K

### **University of Utah, Department of Psychology Clinical Child and Family Specialization Requirements**

1. Regular attendance at Developmental/CCF brownbag
2. Cognitive breadth course must be Cognitive Development
3. 6320: Development, Psychopathology & Intervention (1-3): Core class designed to provide CCF students with a theoretical base for working with child and adolescent psychopathology. Content rotates among the core CCF faculty. Students enroll continuously in this course each Spring for their first three years in the program.
4. Minimum of one child/family pre-practicum/practicum sequence
5. Minimum of one year of child/family clerkship
6. At least two advanced seminars in developmental or clinical child/family
7. Clinical child/family-focused prelim and dissertation topics

## XXIV. APPENDIX L

### **The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs**

#### *Overview and Rationale*

Professional psychologists are expected to demonstrate competence within and across a number of different but interrelated dimensions. Programs that educate and train professional psychologists also strive to protect the public and profession. Therefore, faculty, training staff, supervisors, and administrators in such programs have a duty and responsibility to evaluate the competence of students and trainees across multiple aspects of performance, development, and functioning.

It is important for students and trainees to understand and appreciate that academic competence in professional psychology programs (e.g., doctoral, internship, postdoctoral) is defined and evaluated comprehensively. Specifically, in addition to performance in coursework, seminars, scholarship, comprehensive examinations, and related program requirements, other aspects of professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) will also be evaluated. Such comprehensive evaluation is necessary in order for faculty, training staff, and supervisors to appraise the entire range of academic performance, development, and functioning of their student-trainees. This model policy attempts to disclose and make these expectations explicit for student-trainees prior to program entry and at the outset of education and training.

In response to these issues, the Council of Chairs of Training Councils (CCTC) has developed the following model policy that doctoral, internship, and postdoctoral training programs in psychology may use in their respective program handbooks and other written materials (see <http://www.apa.org/ed/graduate/cctc.html>). This policy was developed in consultation with CCTC member organizations, and is consistent with a range of oversight, professional, ethical, and licensure guidelines and procedures that are relevant to processes of training, practice, and the assessment of competence within professional psychology (e.g., the Association of State and Provincial Psychology Boards, 2004; Competencies 2002: Future Directions in Education and Credentialing in Professional Psychology; Ethical Principles of Psychologists and Code of Conduct, 2003; Guidelines and Principles for Accreditation of Programs in Professional Psychology, 2003; Guidelines on

Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists, 2002).

### *Model Policy*

Students and trainees in professional psychology programs (at the doctoral, internship, or postdoctoral level) should know—prior to program entry, and at the outset of training—that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainee's knowledge or skills may be assessed (including, but not limited to, emotional stability and well-being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure—insofar as possible—that the student-trainees who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner.

Because of this commitment, and within the parameters of their administrative authority, professional psychology education and training programs, faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and faculty, students and trainees should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements.

These evaluative areas include, but are not limited to, demonstration of sufficient:

- (a) interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);
- (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);

- (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and
- (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

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

Although the purpose of this policy is to inform students and trainees that evaluation will occur in these areas, it should also be emphasized that a program's evaluation processes and content should typically include: (a) information regarding evaluation processes and standards (e.g. Procedures should be consistent and content verifiable); (b) information regarding the primary purpose of evaluation (e.g., to facilitate student or trainee development; to enhance self-awareness, self-reflection, and self-assessment; to emphasize strengths as well as areas for improvement; to assist in the development of remediation plans when necessary); (c) more than one source of information regarding the evaluative area(s) in question (e.g., across supervisors and settings); and (d) opportunities for remediation, provided that faculty, training staff, or supervisors conclude that satisfactory remediation is possible for a given student-trainee. Finally, the criteria, methods, and processes through which student-trainees will be evaluated should be clearly specified in a program's handbook, which should also include information regarding due process policies and procedures (e.g., including, but not limited to, review of a program's evaluation processes and decisions).

This document was developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC) (<http://www.apa.org/ed/graduate/cctc.html>) and approved by the CCTC on March 25, 2004. Impetus for this document arose from the need, identified by a number of CCTC members that programs in professional psychology needed to clarify for themselves and their student-trainees that the comprehensive academic evaluation of student-trainee competence includes the evaluation of intrapersonal, interpersonal, and professional development and functioning. Because this crucial aspect of academic competency had not heretofore been well addressed by the profession of psychology, CCTC approved the establishment of a "Student Competence Task Force" to examine these issues and develop proposed language. This document was developed during 2003 and 2004 by a 17-member task force comprised of representatives from the various CCTC training councils. Individuals with particular knowledge of scholarship related to the evaluation of competency as well as relevant ethical and legal expertise were represented on this task force. The initial draft of this document was developed by the task force and distributed to all of the training councils represented on CCTC. Feedback was subsequently received from multiple perspectives and constituencies (e.g., student, doctoral, internship), and incorporated into this document, which was edited a final time by the task force and distributed to the CCTC for discussion. This document was approved by consensus at the 3/25/04 meeting of the CCTC with the following clarifications: (a) training councils or programs that adopt this "model policy" do so on a voluntary basis (i.e., it is not a "mandated" policy from CCTC); (b) should a training council or program choose to adopt this "model policy" in whole or in part, an opportunity should be provided to student-trainees to consent to this policy prior to entering a training program; (c) student-trainees should know that information relevant to the evaluation of competence as specified in this document may not be privileged information between the student-trainee and the program and/or appropriate representatives of the program.

## XXV. APPENDIX M

### University of Utah Guidelines for Use of Social Media

#### *General Statement Regarding Social Media*

Many students use various forms of social media, including but not limited to wikis, blogs, list serves, fora, websites, and social networking sites. Facebook, MySpace, and Twitter are specific and frequently-used examples of these media. When using social media, students are expected to act with courtesy and respect toward others.

Regardless of where or when they make use of these media, students are responsible for the content they post or promote. Students may be subject to action by the University for posting or promoting content that substantially disrupts or materially interferes with University activities or that might lead University authorities to reasonably foresee substantial disruption or material interference with University activities. This action may be taken based on behavioral misconduct, academic performance, academic misconduct, or professional misconduct, and may range from a reprimand or failing grade to dismissal from a program or the University.

Students should be aware that unwise or inappropriate use of social media can negatively impact educational and career opportunities. To avoid these negative impacts, students should consider the following:

- Post content that reflects positively on you and the University. Be aware not only of the content that you post, but of any content that you host (e.g., comments posted by others on your site). Content you host can have the same effect as content you post.
- Though you may only intend a small group to see what you post, a much larger group may actually see your post. Be aware that your statements may be offensive to others, including classmates or faculty members who may read what you post.
- Employers and others may use social media to evaluate applicants. Choosing to post distasteful, immature, or offensive content may eliminate job or other opportunities.
- Once you have posted something via social media, it is out of your control. Others may see it, repost it, save it, forward it to others, etc. Retracting content after you have posted it is practically impossible.

- If you post content concerning the University, make it clear that you do not represent the University and that the content you are posting does not represent the views of the University.
- Make sure the content you post is in harmony with the ethical or other codes of your program and field. In certain circumstances, your program may have made these codes binding on you, and violations may result in action against you.
- If you are in a program that involves confidential information, do not disclose this information. The University may take action against you for disclosures of confidential information.
- Realize that you may be subject to action by the University for posting or promoting content that substantially disrupts or materially interferes with University activities or that might lead University authorities to reasonably foresee substantial disruption or material interference with University activities. This action may be taken based on behavioral misconduct, academic performance, academic misconduct, or professional misconduct, and may range from a reprimand or failing grade to dismissal from a program or the University.

## XXVI. APPENDIX N

### **University of Utah Clinical Psychology Program Policies Related to Working with Diverse Populations**

In our APA-accredited program we are committed to a training process that ensures that graduate students develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. In keeping with the APA Ethics Code (APA, 2010) and the Guidelines and Principles for the Accreditation of Professional Psychology Programs of the APA's Commission on Accreditation (APA, 2012), we are dedicated to providing an inclusive and welcoming environment for all members of our community. Consistent with this principle, our program requires that trainers and trainees do not discriminate on the basis of age, sex, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, military/veteran status, or socioeconomic status in our teaching, research, or the services provided in our practica and clerkship sites.

Because students will have to navigate issues due to differences in beliefs or values in many situations in their future careers, the program has a responsibility to prepare students to do so in a safe and ethical manner. The program will respectfully work with students as they learn how to effectively practice with a broad range of clients, students, research participants, and colleagues. Thus, students should expect to be given assignments that may present challenges for them at some point in training.

For some trainees, integrating personal beliefs or values with professional competence in working with others may require additional time and faculty support. However, ultimately, to complete our program successfully, all graduate students must be able to work with any client, student, research participant, or colleague in a beneficial and non-injurious manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, students do not have the option to avoid working with particular populations or to refuse to develop certain professional competencies because of conflicts with their attitudes, beliefs, or values.

Should graduate students' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmental training approach that is designed to support the

acquisition of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all persons.

## XXVII. APPENDIX O

**Clinical Program Requirement/Internship Readiness Checklist**

Student Name: \_\_\_\_\_ Advisor Name: \_\_\_\_\_

<b>Requirement</b>	<b>Course or activity meeting requirement</b>	<b>Semester completed or anticipated (Grade of B or higher)</b>
Biological Bases of Behavior	<input type="checkbox"/> Cognitive Neuropsychology(6700) <input type="checkbox"/> Neurobiology(6750)	
Cognitive Bases of Behavior	<input type="checkbox"/> Advanced Human Cognition(6120) <input type="checkbox"/> Cognitive and Affective Development (6220)	
Affective Bases of Behavior	Cognitive and Affective Development (6220)	
Social Bases of Behavior	Advanced Social Psychology(6410)	
Individual Differences	Psychopathology over the Lifespan (6330)	
Culture and Diversity	Diversity and Mental Health(7968)	
History and Systems	History and Systems of Psychology (7508)	
Lifespan Development	<input type="checkbox"/> Psychopathology over the Lifespan (6330)	
Supervision and Consultation	Supervision and Consultation(7850)	
Ethics	Ethical and Legal Issues in Professional Psychology(6300)	
Research Methods	Advanced Research Methods in Clinical Psychology(6535)	
Statistical Methods	Quantitative Methods I(6500)	
Statistical Methods	Quantitative Methods II(6510)	
Clinical Assessment	Assessment Techniques I(6611)	
Clinical Assessment	Assessment Techniques II(6612)	
Clinical Assessment	Assessment Practicum(6613/6614)	
Intervention	Intro to Clinical Science(6391)	
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XXVIII. APPENDIX P

**APA Ethical Principles Of Psychologists And Code Of Conduct**

**American Psychological Association**

**ETHICAL PRINCIPLES OF  
PSYCHOLOGISTS AND CODE OF  
CONDUCT**

Adopted August 21, 2002

Effective June 1, 2003

(With the 2010 Amendments to Introduction and Applicability and Standards 1.02 and 1.03, Effective June 1, 2010)

With the 2016 Amendment to Standard 3.04

Adopted August 3, 2016

Effective January 1, 2017

# ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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Adopted August 3, 2016

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# ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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"ETHICAL PRINCIPLES OF  
PSYCHOLOGISTS AND CODE OF  
CONDUCT" IN 2010 AND 2016**

## INTRODUCTION AND APPLICABILITY

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

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

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

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services.

In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

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

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The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (see p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereto, as follows:

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
  - American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.
  - American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.
  - American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.
  - American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.
  - American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.
  - American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.
  - American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.
  - American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
  - American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
  - American Psychological Association. (2010). 2010 amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct." *American Psychologist*, 65, 493.
  - American Psychological Association. (2016). Revision of ethical standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as amended 2010). *American Psychologist*, 71, 900.
- Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

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

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

## **PREAMBLE**

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

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

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a

personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

## **GENERAL PRINCIPLES**

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

### **Principle A: Beneficence and Nonmaleficence**

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

### **Principle B: Fidelity and Responsibility**

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

### **Principle C: Integrity**

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of

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

### **Principle D: Justice**

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

### **Principle E: Respect for People's Rights and Dignity**

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

## **ETHICAL STANDARDS**

### **1. Resolving Ethical Issues**

#### **1.01 Misuse of Psychologists' Work**

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

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

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable

steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

#### **1.03 Conflicts Between Ethics and Organizational Demands**

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

#### **1.04 Informal Resolution of Ethical Violations**

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

#### **1.05 Reporting Ethical Violations**

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

#### **1.06 Cooperating with Ethics Committees**

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

## **1.07 Improper Complaints**

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

## **1.08 Unfair Discrimination Against Complainants and Respondents**

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

## **2. Competence**

### **2.01 Boundaries of Competence**

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

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

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

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

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

(f) When assuming forensic roles, psychologists are

or become reasonably familiar with the judicial or administrative rules governing their roles.

### **2.02 Providing Services in Emergencies**

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

### **2.03 Maintaining Competence**

Psychologists undertake ongoing efforts to develop and maintain their competence.

### **2.04 Bases for Scientific and Professional Judgments**

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

### **2.05 Delegation of Work to Others**

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

### **2.06 Personal Problems and Conflicts**

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

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

### **3. Human Relations**

#### **3.01 Unfair Discrimination**

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

#### **3.02 Sexual Harassment**

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

#### **3.03 Other Harassment**

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

#### **3.04 Avoiding Harm**

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

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

#### **3.05 Multiple Relationships**

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

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

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

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

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

#### **3.06 Conflict of Interest**

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

#### **3.07 Third-Party Requests for Services**

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

#### **3.08 Exploitative Relationships**

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

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

### **3.09 Cooperation with Other Professionals**

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

### **3.10 Informed Consent**

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

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

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

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

### **3.11 Psychological Services Delivered to or Through Organizations**

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services

provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

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

### **3.12 Interruption of Psychological Services**

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

## **4. Privacy and Confidentiality**

### **4.01 Maintaining Confidentiality**

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

### **4.02 Discussing the Limits of Confidentiality**

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

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

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

### **4.03 Recording**

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

#### **4.04 Minimizing Intrusions on Privacy**

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

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

#### **4.05 Disclosures**

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

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

#### **4.06 Consultations**

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

#### **4.07 Use of Confidential Information for Didactic or Other Purposes**

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

### **5. Advertising and Other Public Statements**

#### **5.01 Avoidance of False or Deceptive Statements**

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

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

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

#### **5.02 Statements by Others**

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

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

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

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

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

#### **5.04 Media Presentations**

When psychologists provide public advice or comment via print, Internet, or other electronic transmission,

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

### **5.05 Testimonials**

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

### **5.06 In-Person Solicitation**

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

## **6. Record Keeping and Fees**

### **6.01 Documentation of Professional and Scientific Work and Maintenance of Records**

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

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

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

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

### **6.03 Withholding Records for Nonpayment**

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

### **6.04 Fees and Financial Arrangements**

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

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

(c) Psychologists do not misrepresent their fees.

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

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

### **6.05 Barter with Clients/Patients**

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

### **6.06 Accuracy in Reports to Payors and Funding Sources**

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

## **6.07 Referrals and Fees**

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

## **7. Education and Training**

### **7.01 Design of Education and Training Programs**

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

### **7.02 Descriptions of Education and Training Programs**

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

### **7.03 Accuracy in Teaching**

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

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

### **7.04 Student Disclosure of Personal Information**

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding

sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

### **7.05 Mandatory Individual or Group Therapy**

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

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

### **7.06 Assessing Student and Supervisee Performance**

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

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

### **7.07 Sexual Relationships with Students and Supervisees**

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

## **8. Research and Publication**

### **8.01 Institutional Approval**

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

### **8.02 Informed Consent to Research**

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expect-

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

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

### **8.03 Informed Consent for Recording Voices and Images in Research**

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

### **8.04 Client/Patient, Student, and Subordinate Research Participants**

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

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

### **8.05 Dispensing with Informed Consent for Research**

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

### **8.06 Offering Inducements for Research Participation**

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

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

### **8.07 Deception in Research**

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

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

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

### **8.08 Debriefing**

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

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

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

### **8.09 Humane Care and Use of Animals in Research**

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

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

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

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

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

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

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

### **8.10 Reporting Research Results**

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

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

### **8.11 Plagiarism**

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

### **8.12 Publication Credit**

(a) Psychologists take responsibility and credit, in-

cluding authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

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

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

### **8.13 Duplicate Publication of Data**

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

### **8.14 Sharing Research Data for Verification**

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

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

### **8.15 Reviewers**

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

## **9. Assessment**

### **9.01 Bases for Assessments**

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on informa-

tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

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

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

## 9.02 Use of Assessments

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

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

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

## 9.03 Informed Consent in Assessments

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

(b) Psychologists inform persons with questionable

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

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

## 9.04 Release of Test Data

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

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

## 9.05 Test Construction

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

## 9.06 Interpreting Assessment Results

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

### **9.07 Assessment by Unqualified Persons**

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

### **9.08 Obsolete Tests and Outdated Test Results**

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

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

### **9.09 Test Scoring and Interpretation Services**

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

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

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

### **9.10 Explaining Assessment Results**

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

### **9.11 Maintaining Test Security**

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

## **10. Therapy**

### **10.01 Informed Consent to Therapy**

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

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

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

### **10.02 Therapy Involving Couples or Families**

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

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

### **10.03 Group Therapy**

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

#### **10.04 Providing Therapy to Those Served by Others**

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

#### **10.05 Sexual Intimacies with Current Therapy Clients/Patients**

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

#### **10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients**

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

#### **10.07 Therapy with Former Sexual Partners**

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

#### **10.08 Sexual Intimacies with Former Therapy Clients/Patients**

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

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

#### **10.09 Interruption of Therapy**

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

#### **10.10 Terminating Therapy**

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

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

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

# AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

## 2010 Amendments

### Introduction and Applicability

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.~~

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

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

### 1.03 Conflicts Between Ethics and Organizational Demands

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

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## 2016 Amendment

### 3.04 Avoiding Harm

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

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.



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Printed in the United States of America

XXIX. STATEMENT OF UNDERSTANDING

UNIVERSITY OF UTAH  
CLINICAL PSYCHOLOGY PROGRAM

*Statement of Understanding*

I \_\_\_\_\_ have read the University of Utah Clinical Student Handbook,  
*Print Name*

including the *APA Ethical Principles of Psychologists and Code of Conduct*, the *University of Utah Guidelines for the Use of Social Media*, and the *University of Utah Clinical Psychology Program Policies Related to Working with Diverse Populations*.

I understand these policies and procedures and will abide by them throughout my graduate studies at the University of Utah.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date