

UNIVERSITY  
OF MIAMI  
DEPARTMENT of PSYCHOLOGY

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# Graduate Student Handbook

2017-2018

Revisions Approved August 2017

## Table of Contents

PREFACE	5
GRADUATE PROGRAM OVERVIEW	6
The Path to Your Ph.D. in Psychology	7
Description of Graduate Student Responsibilities	7
Coursework	7
Research/funding Guidelines	7
Research	8
Qualifying Procedures or Papers	8
Additional Research Requirements for Students in the Clinical Program	8
Teaching	9
Clinical Practice Training (for Clinical Graduate Students Only)	9
Internship (for Clinical Graduate Students Only)	9
Important Contact Information	11
I. Important Faculty and Personnel	11
II. Student Contact Information	12
III. Additional Resources of Interest to Psychology Graduate Students	13
Departmental Supports for Graduate Students	14
I. Psychology Graduate Student Organization (PGSO)	14
II. Graduate Student Mentoring	14
III. Academic Advising	14
IV. Research Supervision	15
Comentoring	16
V. Scientific Communication and Grants	16
VI. Intellectual Development	16
VII. Employment/Internship Opportunities	17
VIII. Student Performance and Feedback	17
IX. Grievance procedures	17
X. Procedures for Documenting Complaints	18
Master's Thesis Requirements	20
I. Steps for the thesis and dissertation	20
Qualifying Requirements	24
I. Clinical Program	24
II. Non-Clinical Tracks	25

Dissertation Requirements	27
Quantitative Concentration	28
Clinical Program-Specific Requirements/Information	29
I.    Curriculum for the Clinical Program	29
II.   Practicum Placement	33
III.  Clinical Forms	34
IV.  Clinical Research Opportunities	34
V.   Helpful Advice to Clinical Students	34
VI.  Practicum-Related Policies and Procedures	35
Professional Liability Insurance	35
VII. Internship Application	36
VIII. Internship and Beyond	36
Graduation	36
Licensure	37
IX.  Policy on “Outside” Clinical Activities	37
Procedures for Applying for Outside Clinical Activities	37
X.   How the Program Addresses APA Requirements	38
XI.  Training Philosophy and Objectives of the Clinical Psychology Program	39
Program Philosophy and Model of Training	39
Integration of Science and Practice	39
XII. Clinical Work Minimum Standards	40
XIII. Professional Conduct	40
XIV. Policy on Ethics and Confidentiality	40
General Requirements/Information	41
I.    Course Pre-Registration	41
II.   Requests for Waiver of Core Courses	41
III.  Master’s Theses from Other Universities	42
IV.  Transfer Credits	42
V.   Part-time Status	43
VI.  Student Financial Obligations	45
Departmental Policies	46
I.    Mission Statement	46
II.   Student Rights and Responsibilities	47
III.  Graduate Student Honor Code	47
IV.  Disability/Impairment Issues	47
V.   Personal Problems	48

VI. Non-Discrimination Policy	48
VII Sexual Harassment Policy	48
VIII. Social Media: Recommended Guidelines	49
IX. Guidelines for Publication Practices	50
X. Diversity	50
XI. Ethics	52
I. Plagiarism	52
II. APA Ethical Principles	53
Commission on Accreditation Information	54
Typical Schedule of Graduate Course Offerings in Psychology	55
APPENDIX A	56
Proposed Illustrative Course Schedule for: ADULT CLINICAL Track	57
APPENDIX B	59
Proposed Illustrative Course Schedule for: CHILD CLINICAL Track	60
APPENDIX C	62
Proposed Illustrative Course Schedule for: PEDIATRIC HEALTH Track	63
APPENDIX D	65
Illustrative Course Schedule for DEVELOPMENTAL Track	66
APPENDIX E	67
Proposed Illustrative Course Schedule for: HEALTH CLINICAL Track	68
APPENDIX F	70
Illustrative Course Schedule for: COGNITIVE NEUROSCIENCE Track	71
APPENDIX G	75
Illustrative Course Schedule for: EVOLUTION AND BEHAVIOR Track	76
APPENDIX H	78
Illustrative Course Schedule for: BEHAVIORAL MEDICINE Track	79
APPENDIX I: Minimum Levels of Acceptable Achievement in the Graduate Program	80
APPENDIX J: Retention, Remediation, and Termination	82
APPENDIX K: Ethical Principles of Psychologists and Code of Conduct 2002	85
APPENDIX L: Internship Expectations	102

## PREFACE

The information provided in this handbook applies specifically to the **2017-2018** entering class. Requirements for previous classes are outlined in the handbook in force at the time of their first registration. **All students should retain a copy of the handbook that applies to their entering class.**

The material covered in this handbook describes the requirements and regulations of the program. Thus, **YOU ARE RESPONSIBLE FOR THE MATERIAL IN THIS HANDBOOK**. You will be asked to sign a form indicating that you have read all the materials and understand that you are responsible for knowing and complying with program requirements.

# UNIVERSITY OF MIAMI DEPARTMENT OF PSYCHOLOGY GRADUATE PROGRAM OVERVIEW

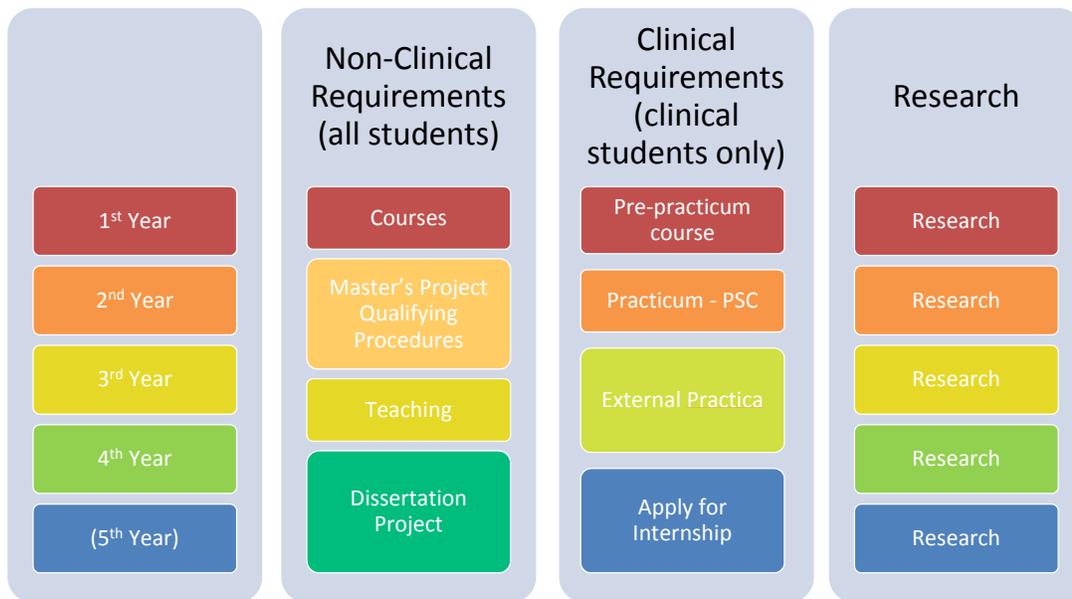
Welcome to the University of Miami! This handbook is designed to provide an overview of the program requirements for the degree of Doctor of Philosophy (Ph.D.) in the Department of Psychology. It describes departmental regulations and program area requirements governing progress toward the Master of Science (M.S.) and Ph.D. degrees.

Our department is organized into three divisions: Child, Adult, and Health Psychology. Within the divisions, there are options for Clinical and Non-Clinical programs. Students are accepted into a program within one of the divisions. Students in the Cognitive and Behavioral Neuroscience program may elect either a Health or Developmental focus. Below is a visual overview of the different programs of study. Requirements for each area of study are described by specialization.

Divisions	Child	Adult	Health
Clinical Program	Clinical Child/Family Pediatric Health Clinical	Adult Clinical	Health Clinical
Non-Clinical Program	Developmental Cognitive and Behavioral Neuroscience	Evolution & Behavior Cognitive and Behavioral Neuroscience	Behavioral Medicine Cognitive and Behavioral Neuroscience

## The Path to Your Ph.D. in Psychology

There are many steps on the path to your Ph.D. These include (1) successfully completing the Department's core statistics and foundation courses, (2) demonstrating continued research activity, (3) completing a Master's thesis, (4) completing advanced coursework required within the student's program area, (5) successfully completing qualifying procedures, including satisfactorily completing a qualifying paper, (6) completing and defending a Ph.D. dissertation, and (7) meeting all program area Competency requirements. The minimum number of credits required for the Ph.D. in Psychology varies according to the student's program area but in no case falls below 72 for Clinical and 60 for non-Clinical, which include 6 thesis credits and 12 dissertation credits. Clinical tracks require additional practicum credits and a yearlong internship. The specific course requirements for each program may be found in [APPENDICES A](#) through [H](#). See overview of the requirements, and description of requirements below.



### Description of Graduate Student Responsibilities

#### Coursework

- Students must receive a grade of B- or higher in all required courses to remain in good standing in the program. If a student receives a grade of "C+" or lower in any core course, that course must be repeated. Students who fail to repeat the course with a grade of B- or higher may be dismissed from the program.
- Students must also maintain an overall GPA of 3.0 or higher across all courses.
- The specific course requirements for each program may be found in [APPENDICES A - H](#).

#### Research/funding Guidelines

All graduate students are expected to be actively involved in research under the supervision of a mentor. The Department requires a minimum of 15 hours per week dedicated to supervised research activities. However, for students funded as RAs or on training grants, 20 hours for research activity are linked to their stipend, so their minimum is dictated by their funding. Students

funded as TAs perform additional duties as part of their stipends. For students on fellowships, their stipend is not linked to any specific activity. Research activities include but are not limited to design of studies, participant recruitment, data collection, data entry, data cleaning, statistical analysis, manuscript writing, poster preparation, and lab meetings. Required research activity on grants not related to the student's own research should not take up more than 15 hours per week, regardless of the source of the student's funding. This does not mean the student should not dedicate more time than that to the project, but rather that the student cannot be required to do so.

## Research

- Students must engage in 15 - 20 or more hours of research per week, each semester, to remain in good standing, and receive overall "satisfactory" rating from their research mentor. (see Research Guidelines below)
- Each semester, students must update the Departmental Student Progress Database. If this is not completed, students will receive a grade of incomplete until such time as they fill in their progress in research for the semester.
- Students must satisfactorily complete and defend a master's thesis by the end of their 3<sup>rd</sup> year of the program.  
A full description of thesis requirements can be found on page 20.
- Students must satisfactorily complete and defend a dissertation project, typically before or during the clinical internship year, and prior to the end of the 7<sup>th</sup> year of program enrollment.
  - A full description of dissertation requirements can be found on page 20.
- In the rare instance that students fail to make satisfactory progress towards the goals proposed in their research outline, they may receive an unsatisfactory evaluation and in extreme cases may be terminated from the program.
- The 5<sup>th</sup> year of graduate training at UM is designed for students to devote their full time to research. This is intended for students who are planning on a research career and wish to focus on research and publications to build their research portfolio. The 5<sup>th</sup> year is not intended for students who are falling behind in other requirements (e.g., dissertation proposal, achieving required clinical hours, etc.), and funding for the 5<sup>th</sup> year of training is not automatically guaranteed. By the end of the 3<sup>rd</sup> year of training (or even earlier), students who wish to stay for a 5<sup>th</sup> year should work out a research plan with their research advisor.

## Qualifying Procedures or Papers

- Clinical students must receive a grade of P- or higher in all components of the Clinical Qualifying Procedures.
  - A full description of clinical qualifying procedures and requirements can be found on page 24.
- Non-clinical students must successfully complete and defend a Qualifying Paper or an examination.
  - A full description of non-clinical qualifying procedures and requirements can be found on page 25.

## Additional Research Requirements for Students in the Clinical Program:

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

- Presented 3 papers/posters at a scientific meeting (e.g., APA, SBM, SRCD, ABCT) as a first author during their graduate training. **OR**
- Published a peer-reviewed journal article or book chapter as author or co-author during their graduate training.

## Teaching

- Students are expected to teach an undergraduate class and receive satisfactory evaluations from students and the faculty supervisor.
- Typically, students teach one entire undergraduate course during their third year in residence, however, some students elect to teach in their fourth year.
- Students are allowed to indicate their teaching preferences (i.e., course, semester), however assignments are made based upon need and availability of courses.
- Several months before they will teach, a faculty-teaching mentor is assigned to each student. Students should meet with the mentor several times before the semester to go over the course syllabus, required textbooks, audiovisual aids, and helpful tips for teaching.
- Student teachers are also required to attend a Psychology Department Teaching Workshops (taught by Dr. Rod Gillis).
- Students are also evaluated by the faculty-teaching supervisor and given constructive feedback (once in the first 7 weeks, and again at the end of the semester), and are evaluated by their undergraduate students (computerized form and open-ended comments).

## Clinical Practice Training (for Clinical Graduate Students Only)

- Each semester, clinical supervisors rate students' clinical skills and competencies in important areas such as assessment, intervention, ethics, and professional behaviors. These skills and competencies reflect the training goals of the clinical program.
- Students must receive a satisfactory grade (S) in all required clinical practica.
- Practicum grades are based on students' evaluations from their clinical supervisors, with input from the clinical faculty.
- Clinical Practica descriptions are updated annually on the program website.
- A description of clinical research opportunities can be found on page 34.
- Students must complete a minimum of 450-500 face-to-face clinical hours (assessment plus therapy) and have 150 hours of clinical supervision before they can apply to a clinical internship.

## Internship (for Clinical Graduate Students Only)

- Students must satisfactorily complete a year long, full-time clinical internship.
- Because the Department requires students to have successfully defended a dissertation proposal prior to applying for internship, students need to successfully defend their proposal no later than **OCTOBER 1** of the year they apply for internship.
- It is expected that all students will complete their clinical internship at a site that is accredited by the American Psychological Association or the Canadian Psychological Association. In unusual circumstances, students may complete their internship at a non-accredited site (preferably one that is an APPIC member site), with the permission of the Director of Clinical Training and the student's Clinical Track Advisor, and after the program has been vetted to ensure a quality training experience.
- A full description of Internship application procedures can be found on page 35.

Clinical Students should also check [Appendix I](#) for a summary of the Minimal Acceptable Levels of Achievement.

# Important Contact Information

## I. Important Faculty and Personnel

Many individuals contribute to the department and program running smoothly. Below is a list of important individuals within the department and their responsibilities. If you have a question or an issue, please consult this list, or ask your advisor. E-mails, office phone numbers, and office locations are provided at the following web site: <http://www.psy.miami.edu/people/directory/> .

- Phil McCabe – Department Chair
  - Contact with questions regarding funding, course requirements, etc. that are not able to be resolved by your Division chair.
  - Approves travel funds
- Maria M. Llabre – Associate Department Chair, Director of Graduate Studies,
  - Oversees all program decisions
  - Assigns TA responsibilities and teaching supervisors
  - Updates Graduate Handbook
  - Works with PGSO
  - Resolves issues related to the graduate program
- Kiara Timpano – Assistant Chair for Academic Studies & Research
  - Involved (along with Dr. Llabre) in making teaching schedule and assignments
  - Provides departmental sign-off for IRB applications
- Brian Doss – Ombudsperson
  - Can assist with the process of hearing complaints and concerns, and deciding on the most appropriate course of action.
- Annette La Greca – Director of Clinical Training
  - Manages all clinical activities, resolves issues related to clinical training (e.g., conflict with a supervisor, dissatisfaction with a clinical evaluation)
  - Oversees the Clinical Qualifying Procedures
  - Advises and mentors students on the internship application process and general clinical preparation for internship
  - Oversees the process of maintaining APA Accreditation and works with other faculty and students to ensure that the Clinical Program is up to date.
  - If the matter cannot be resolved at this level, the next step would be to involve the Graduate Director or Department Chair.
- Division Chairs
  - Contact these professors with questions pertaining to funding, TA responsibilities, or course issues
  - Mandy Jensen-Doss – Child Division
  - Charles Carver – Adult Division
  - Neil Schneiderman - Health Division
- Clinical Track Advisors and Other Program Advisors
  - Child Clinical and Pediatric Health Tracks – Kristin Lindahl
  - Child Developmental – Daniel Messinger
  - Adult Clinical Track – Amy Weisman de Mamani
  - Health Clinical Track – Patrice Saab
  - Behavioral Medicine – Neil Schneiderman
  - Behavioral Neuroscience – Lucina Uddin
  - Evolution and Behavior – Mike McCullough

- Clinical track advisors resolve issues related to clinical training (e.g., conflict with a supervisor, dissatisfaction with a clinical evaluation)
- You must meet with your department advisor each semester to review course selections and monitor progress in the department
- Clinical Research Coordinator
  - Jill Ehrenreich-May – helps to coordinate clinical research opportunities for students in the Clinical Program
- Staff and Support
  - IT/Computer Support
    - Andre Perwin
    - Jason Garstka
    - Derek Harmison
    - Thomas Dekle
    - Contact them with concerns with equipment.
    - Most classrooms have a phone that connects directly with IT. If you are having difficulties with technology, use this phone to get directly connected
  - Pat Perreira
    - Approves course schedules
    - Maintains graduate students' folders
  - Josie Dauval
    - In charge of HR for the department
  - Maria Almeida
    - Contact regarding funding reimbursement from the department
  - Jeannette P. Suarez - Clinical Program Assistant
    - Manages all clinical-related activities
    - Serves as support staff for the Clinical Program and Child Division
  - Funding
    - Melyza Cassanova
      - Contact for reimbursement for funding on grants
  - Vivian Perez
    - Administrative assistant for 3<sup>rd</sup> floor
    - Contact for poster printing.
  - Kent Schomber
    - Senior mail clerk

## **// Student Contact Information**

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

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

Computer Support (c/o Andre Perwin at 284-1939)

Clinical Program Office (c/o Jeanette Suarez at 284-5720)

Main Department Office (c/o Pat Perreira at 284-2814)

Please make sure that your email account and other contact information is correctly listed (and updated) in the UM directory by checking your information on the CaneLink system on the UM website: [canelink.miami.edu](http://canelink.miami.edu).

### III. Additional Resources of Interest to Psychology Graduate Students

University of Miami Department of Psychology website: [www.psy.miami.edu](http://www.psy.miami.edu)

- Login website, used to access resources for those in the department: <https://www.psy.miami.edu/login/>
- Information specifically for graduate students: [https://www.psy.miami.edu/login/graduate\\_students.phtml](https://www.psy.miami.edu/login/graduate_students.phtml)
- Department room reservation calendar: <http://dandelion.psy.miami.edu/Web/>

University of Miami website: <http://welcome.miami.edu/>

- University of Miami Toppel Career Center: <http://www.sa.miami.edu/toppel/mainSite/>
- University of Miami Student Health Center: [http://www.miami.edu/sa/index.php/student\\_health\\_center/](http://www.miami.edu/sa/index.php/student_health_center/)
- University of Miami Office of Disability Services: <http://www.umarc.miami.edu/arc/ODS.html>
- Graduate Student Honor Code and other student responsibilities: see *Student Rights and Responsibilities*:
- [https://umshare.miami.edu/web/wda/grad/pdf/gst\\_honor\\_code\\_2015\\_2016.pdf](https://umshare.miami.edu/web/wda/grad/pdf/gst_honor_code_2015_2016.pdf)
- University of Miami Academic Resource Center: <http://umarc.miami.edu/arc/Index.html>
- University of Miami Counseling Center: [http://www.miami.edu/sa/index.php/counseling\\_center](http://www.miami.edu/sa/index.php/counseling_center)

University of Miami Graduate School website: [http://www.miami.edu/gs/index.php/graduate\\_school](http://www.miami.edu/gs/index.php/graduate_school)

- Graduate School helpful links and resources: [http://www.miami.edu/gs/index.php/graduate\\_school/helpful\\_links\\_resources/](http://www.miami.edu/gs/index.php/graduate_school/helpful_links_resources/)

American Psychological Association website: <http://www.apa.org/>

The university provides several services that are available to graduate students; they are listed on the university website: <http://bulletin.miami.edu/general-university-information/student-services/>

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

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

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

## Departmental Supports for Graduate Students

### **I. Psychology Graduate Student Organization (PGSO)**

- The PGSO is a student organization devoted to serving the needs of students in the Psychology Department, organizing specific departmental and student events, and acting as the voice of students to the faculty.
  - The PGSO is comprised of a board elected by psychology graduate students.
  - The PGSO board is composed of two co-chairpersons who attend faculty meetings and preside over PGSO meetings, a student ombudsperson, representatives from each track (child/pediatric, developmental, adult, cognitive neuroscience, health) who organize interview weekend, social chairs, a treasurer and a Graduate Student Association (GSA) representative.
- Student concerns regarding academic policies and procedures of the Psychology Department and its graduate programs may be brought to the attention of the faculty by way of the PGSO. Matters of general concern also should be brought to the attention of the faculty via the PGSO presidents who regularly attend faculty meetings.

### **II. Graduate Student Mentoring**

Upon entry to the program, students will be assigned a student mentor. This person is available to answer any questions, and can be an important resource.

### **III. Academic Advising**

The student's initial academic advisor is the Director of the division to which he or she has been admitted. The Director, or his/her designee, outlines the overall requirements of the degree track and together with the student draws up a tentative course schedule. From this point on, the student and their faculty mentor (research mentor) should monitor the student's progress toward completion of degree requirements. In the rare even that the student has not decided upon a regular faculty mentor by the time of registration for the first semester, the Director or his/her designee takes responsibility for approving a schedule of courses for the student and signing all the necessary forms needed for registration.

Most students enter the program with an assigned faculty mentor. The faculty mentor supervises the student's research activities. The student should consult regularly with the faculty mentor in order that he or she may remain cognizant of the student's progress in the degree program. The student should make certain that his/her permanent departmental file contains adequate up-to-date records of his/her status. During the registration period for each semester, students meet with their faculty mentors to decide on course selection for the following semester. The track advisor meets with each student to ensure sufficient progress in the program, and track completion of program requirements.

Although students are advised by the Division Director each semester regarding curriculum and clinical training, mentors should be aware of all aspects of the students' training. Mentors should meet with students regularly to see that research efforts are coordinated with divisional and departmental deadlines and requirements, and if appropriate, clinical training. Students have responsibilities in addition to their research, and mentors should work with their students to make the process smooth.

The "[Graduate Student Research Evaluation Form](#)" provides important feedback to the student and is to be filled out by the student and mentor each semester. Also each year, the PGSO ombudsperson administers the "[Research Supervisor Feedback Form](#)" to provide mentor with constructive feedback.

Should the student's faculty mentor change from one semester to next, this change should be recorded in the student's department file. When the student is admitted to Master's or Ph.D. degree candidacy, the chairperson of the master's or Ph.D. research committee automatically becomes the student's faculty mentor. In the case of co-chairpersons the student must designate in his or her file, which co-chair will assume primary responsibility for academic advising.

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

#### **IV. Research Supervision**

To ensure success in the research domain, students receive direct one-on-one supervision from their faculty research mentor. Although students may work closely with, and gain valuable training from post-docs, research associates, or other faculty, this training cannot substitute for direct supervision from the faculty mentor. It is required that students meet with their faculty mentor weekly to discuss their research projects. In addition, students and mentors should work together to make sure that the student is involved in all aspects of the research, and not just fulfilling a narrow role in the project. Students are often involved in research with their faculty mentor that does not directly relate to their M.S. or Ph.D. project, particularly if they are funded from their mentor's grant (i.e., research assistantship). Students and faculty should discuss the student's research responsibilities, time management and involvement in publications, before the student begins, and at the start of each academic year. If students have concerns with amount of time spent on projects not directly related to their M.S. or Ph.D. projects, they should attempt to resolve their issues with their faculty research mentor. If it cannot be resolved at this level, students can speak with their Division Chair, or the Department Ombudsperson.

To help facilitate a strong working relationship between students and mentors, each student meets with his/her mentor to complete a [Mentor-Mentee Agreement](#) at the outset of each academic year. The Mentor-Mentee Agreement is used to specify the parameters of the student-mentor relationship (e.g., responsibilities for both parties, preferred methods and timeliness of communication, co-mentoring opportunities). The process of creating this agreement is a bi-directional one in which both individuals outline their needs and expectations for the other. After both parties reach an agreement, the document is signed and turned into the Department's administrative assistant. Should there be any grievances in the agreement-making process or in upholding the agreements made, the student can refer to the Grievances Procedures outlined in this handbook.

\*It is important to note that the Mentor-Mentee Agreement is different from the Pink Sheet in that the Pink Sheet outlines the student's specific research goals for each semester. The Mentor-Mentee Agreement sets out expectations for the dynamics of the working relationship between them.

At the end of each academic year, students are asked to evaluate their research mentor (as well as any other faculty whom the student would like to evaluate). The PGSO Student ombudsperson will send out a survey to be filled out anonymously, and each student is expected to rate faculty members' performances on a range of outcomes (including interpersonal and professional expectations). This is an opportunity for students to provide information about areas of strength for faculty members and also areas that may be in need of improvement. All information in this evaluation is provided in confidence to the Student Ombudsperson, who then aggregates the information and provides summaries of the findings to the Department Chair and Associate Chair. The Department Chair and Associate Chair will then provide feedback directly to the faculty members as deemed necessary.

If unforeseen situations arise such as a mentor leaving the University, the Department will facilitate the identification of an appropriate replacement mentor for the student.

### **Co-mentoring**

Graduate students are able to engage in additional research activities with a secondary mentor. Working with a secondary mentor can provide students with opportunities to expand their research interests, learn specific techniques, and increase their productivity. It is the responsibility of the students to identify the specific research project or technique that draws them to seek a secondary research mentor. When this happens, the student is expected to meet with both mentors and discuss his/her plan and time commitments. All parties have to agree to time allocation parameters. A student funded as an RA under their mentor's grant will have to increase their research time in order to participate in activities in a second lab. A student funded as a TA or through a fellowship may be able to divide their time equally between both labs for a given period of time. Students are always free to devote additional time to research in their primary or secondary lab and are encouraged to do so. Students who are interested in research careers are well advised to exceed the minimum and devote as much time to research as their schedules allow.

The co-mentor relationships may vary along a continuum of degree of collaboration between mentors. At one end of this continuum, both mentors may be collaborators on a project and the student flows naturally between labs. At the other end, the mentors may be engaged in different areas of research and there is no expectation of a collaboration between them. In this situation, it is particularly important to clarify the amount of time expected of the student by each mentor.

## **V. Scientific Communication and Grants**

An important part of scientific training is proficiency in writing, public speaking, and grants. Students are expected to be involved in the planning and writing of manuscripts and research grants with support from their faculty research mentor. Frequent writing assignments, with feedback from the mentor, enhance the student's ability to communicate scientifically. In addition, students typically gain public speaking skills and confidence through oral presentations in lab meetings, classes, and scientific conferences.

## **VI. Intellectual Development**

The Psychology Department attempts to foster an environment for intellectual growth of the graduate student. Students frequently gain this experience through regular one-on-one meetings, group lab meetings, journal clubs, 'brown bag' seminars, colloquia, and scientific conferences. It is expected that students attend all departmental colloquia unless a scheduling conflict prevents attendance.

Additionally, students typically attend scientific conferences yearly, aided by funds from the university. By the end of their training, students should be able to conceptualize and develop their own research studies.

## **VII. Employment/Internship Opportunities**

Toward the end of the students' training, mentors take an active role in helping their students to find post-docs, internships, faculty positions, or other jobs.

## **VIII. Student Performance and Feedback**

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

For students enrolled in one of the tracks of the Clinical Program, evaluations of their clinical and professional skills also occur at the end of the Fall and Spring semesters, before the Division evaluation meetings (described above). The Clinical Committee (consisting of all the primary Clinical Faculty) meets at these times to discuss students' progress in their clinical courses and practica placements, to jointly assign grades for practica, and to determine when students are ready for internship. Feedback from the Clinical Committee is brought to the Division Meetings by the appropriate Clinical Track Advisor and is integrated into the "end of the semester" written evaluations that students receive. A brief review of students' clinical progress over the summer is also conducted, typically at the beginning of the fall semester; no written feedback is provided at this time unless there is an issue of concern.

Mentors and the Department take factors other than satisfactory grades into consideration in determining qualifications for advanced degrees. An adequate GPA does not in itself ensure continuance in an advanced degree program. The Department keeps records of deferred and plus and minus grades, complete and incomplete course and clinical requirements, as well as written evaluations by instructors and mentors. These factors, along with other skills, aptitude and record of professional behavior, are considered by the Department in determining satisfactory progress and in decisions to permit students to continue in master's and doctoral degree programs.

## **IX. Grievance Procedures**

Graduate students have multiple avenues available for handling complaints or concerns that may arise. In general, we expect students to try to resolve an issue within the department before seeking outside assistance. Students have the option of consulting with any faculty member of their

choosing, their faculty research mentor, Clinical Track Advisor, Director of Clinical Training (DCT), Division Director, Graduate Director, and/or the Department Chair. The department also has a faculty Ombudsperson who can hear complaints and concerns and help to resolve differences. See [faculty section above](#) for a list of faculty in these positions.

Additionally, the department has a student ombudsperson. The student ombudsperson is elected by the graduate students to serve in this position, and is a peer who can guarantee that information provided to him/her is kept confidential (in so far as is allowed by the state of Florida). The role of the student ombudsperson is to be a sounding board for any concerns that arise, provide guidance to students and, if desired, be a liaison between students and faculty. The student ombudsperson also serves to manage the mentor evaluation process (see Mentor and Faculty Evaluation section), which is another method of sharing any grievances.

Students are encouraged to discuss concerns using any of the above options. Any faculty member of the student's choosing, the student ombudsperson, and faculty ombudsperson can all serve as a sounding board and can provide advice or guidance. If a student wishes to pursue a change based on the presenting concern, the following steps should be used:

Step 1: The student should first attempt to resolve the concern with the faculty member, mentor, or supervisor, if possible. The student is encouraged to discuss the concern and attempt to find a resolution.

Step 2: If step 1 is not successful, the student should then present the concern to a member of the faculty. Students have the option of consulting with any faculty member of their choosing, their faculty research mentor, Clinical Track Advisor, Director of Clinical Training (DCT), Division Director, Graduate Director, and/or the Department Chair. (Note: the faculty ombudsperson can serve in this role, but the student must specifically inform the ombudsperson that they wish to pursue action.) If a student presents a concern to a faculty member prior to Step 1, they will be encouraged to discuss the concern with the faculty member in question.

Step 3: Mediation between the student and faculty member, mentor, or supervisor may be necessary. At this stage, the Department Chair and/or Track Director or DCT is involved in the mediation. This results in a mediation agreement, which the student and faculty member, mentor, or supervisor both formally endorse willingness to follow.

Step 4: If the mediation agreement is not followed, the student must inform the Department Chair or Track Director or DCT. If mediation is not successful, the student will be aided in making the appropriate changes.

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

## **X. Procedures for Documenting Complaints**

After appropriate discussions with the above faculty and/or advisors have occurred, but have not resolved the issue, it may be the case that a student wishes to file a formal complaint (e.g., to

request reinstatement in the clinical program after a dismissal). In such cases, the procedures for due process are as follows.

1. The student should write a letter to their Division Director and Department Chair making the formal request, and explaining the case. For clinical complaints (e.g., why an individual should be reinstated into the clinical program) the student should write submit this letter to the DCT and the Department Chair.
2. The request will then be reviewed by the Department's Advisory Group (i.e., the Department Chair, Associate Chair, Division Directors, and the DCT).
3. The Advisory Committee will present the formal complaint and make a recommendation to be made by the entire department faculty.
4. The recommendations of the Advisory Group (and Clinical Faculty, if a clinically-related problem) will then be discussed and voted on by the full Department Faculty.
5. If the complaint is dismissed by the Department or the decision is not to the satisfaction of the student, the student can file a formal complaint with the Graduate School. (See the UM Graduate School Handbook: [http://www.miami.edu/gs/index.php/graduate\\_school](http://www.miami.edu/gs/index.php/graduate_school))

**STUDENTS SHOULD ALSO CHECK [APPENDIX J](#) FOR A SUMMARY OF RETENTION AND TERMINATION ISSUES**

## Master's Thesis Requirements

If the student receives a positive evaluation from the Department (satisfactory progress in all respects) at the end of his/her first year in residence, the student should immediately proceed to form a thesis committee and make formal application to the Graduate School for degree candidacy.

In order to receive the Master's degree, a student must complete 6 credits of thesis research (PSY 810). Students are expected to successfully defend and complete a master's thesis by the middle of their third year in residence; students who have not completed a master's thesis by that time will receive an unsatisfactory evaluation, will not be allowed to register for more than two courses (in addition to research credits), and may be placed on probationary status. Students who fail to successfully complete a master's thesis by the fall of the fourth year will be placed on probationary status and may not take any courses (except research credits) until they complete the master's thesis. Failure to complete the thesis by the end of the fourth year may result in termination from the graduate program.

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

In order to receive the Master's degree, a student must earn a minimum of 24 credits in course work, plus six credits of thesis research (PSY 810) and pass a thesis oral defense. No student may receive the M.S. degree in the same semester in which admission to candidacy is granted. Of the 24 credits of course work required, the Department core courses account for at least 12 credits (the first two statistics courses (i.e., PSY 631 and 632), PSY 601 and at least three of the six remaining foundation courses). Most students should have completed the necessary coursework for the master's degree by the end of their second year in residence. If the thesis has not been completed by the end of the first semester of the third year (December 15) the student will be permitted to register only for six credits of coursework plus 3 research credits during the following semester. It is required that all students complete this requirement by May 15 of the year in which they intend to participate in the qualifying procedures.

In some cases, the Department will accept a Master's Thesis completed at another university as satisfying our Master's Thesis requirement. Only empirical studies will be considered, and they should be submitted to the Area Director for evaluation (see "[Acceptance of Master's Thesis from Another University](#)" form online).

### **I. Steps for the thesis and dissertation**

1. At the time of application for admission to candidacy for the M.S. degree or at the time of successful completion of the Ph.D. Qualifying requirements, a student decides on an area for investigation. The student writes a proposal in the area delineating a particular problem to be researched. During this time, students should be enrolled in Master's or Dissertation credits (See appendices A-H for a description of required Master's/Dissertation credits [PSY 810 or PSY 830] by track). The proposal is then submitted to a faculty member from the Department of Psychology whom the student

wishes to serve as chair of the thesis or dissertation committee. In most cases, a faculty member holding a primary appointment in the Department of Psychology serves as chair. However, a faculty member holding a secondary appointment in the Department of Psychology may serve as a co-chairperson of a thesis or dissertation committee provided that a faculty member holding a primary appointment in the Department serves as the other co-chair. In the case of dissertations, the chairperson (or co-chairperson with a primary appointment in the Department) must also be a member of the graduate faculty. (A list of graduate faculty members may be found [online](#)).

2. After a faculty member has agreed to chair a research committee on the chosen problem, the student submits a brief overview of the project and specific aims to the other committee members, when inviting them to serve on their committee. Once the committee is formed, the student submits a proposal to the committee. The committee must receive the proposal at least two weeks before the meeting is scheduled. The minimum number of members for a thesis committee is three; one member must be from the regular (not adjunct or secondary) faculty of the Department of Psychology and (for the thesis only) one must be a University faculty member from outside the Department. At least one member of the thesis committee must be a member of the graduate faculty.

***STUDENTS WILL NOT BE ALLOWED TO FORM A DISSERTATION COMMITTEE UNTIL THEY HAVE RECEIVED APPROVAL OF THEIR FINAL MASTER'S THESIS FROM THE GRADUATE SCHOOL.*** The minimum number of members for a dissertation committee is five. All Committee members must hold a primary appointment in some Department of the University of Miami or hold an adjunct appointment in the Department of Psychology. Three members, including the chair or co-chair of the committee, must be members of the graduate faculty of the University of Miami. At least two members of the committee, including the chair or co-chair, must be from the primary Psychology faculty, and a majority of the committee must hold appointments in the Department of Psychology (primary, secondary, or adjunct). One member must be from outside the primary faculty of the department. In some instances a faculty member at another university or appropriate professional has special expertise in a dissertation topic. Such a person may serve as the outside committee member provided this member is nominated by the candidate, submits a CV and is approved by the chairperson of the dissertation committee and by either the department's Chairperson or the Associate Chair.

3. When a committee chair and a sufficient number of qualified faculty members have reviewed the student's preliminary proposal and agreed to serve, they inform the Chairman of the Department in writing of this and he or she will file their statements with a copy of the proposal in the student's permanent Department file. (The form used for notifying the Department Chairman of Faculty members' willingness to serve on thesis and dissertation committees ("[Agreement to Serve on Master's or Dissertation Committee](#)") appears online.
4. At this point, the Department Chairman will recommend to the Dean of the Graduate School that a thesis or dissertation committee be appointed and the student be admitted to M.S. or Ph.D. candidacy. Students may not be admitted to candidacy in the same semester they intend to graduate.
5. The student, after due consultation with his or her committee, will then prepare a final written proposal to include a definitive statement of the problem and its significance along with the detailed design for conducting the research.

6. Two weeks after the final proposal has been circulated to the committee the committee will meet with the student to consider any objections or suggestions for revision and will either order such revisions as it considers necessary or approve the design. (The form used for obtaining committee members' approval may be found online – [“Approval of Thesis or Dissertation Plan”](#)) Clinical students must propose their Ph.D. dissertation proposal **by October 1** of the year they apply for internship programs.
7. Following the final approval by the thesis or dissertation committee, and approval by the appropriate ethics committee(s) when human subjects are to be used, the student will begin to conduct the research. The student carries out the actual execution of the research independently, in consultation with his or her committee. Procedural modifications within the general framework of the proposal may occur with committee approval, although the student is expected not to depart drastically from the original proposal. During this time, students should be enrolled in Master's or Dissertation credits (See appendices A-H for a description of required Master's/Dissertation credits [PSY 810 or PSY 830] by track).
8. Following the execution of the research, the student will prepare the thesis, or dissertation manuscript. The Graduate School has granted permission to the Department of Psychology to have theses and dissertations written in a form consistent with the Publication Manual of the American Psychological Association. Students should follow the Manual in preparation of all research reports. Additional preparation guidelines may be obtained from the [Graduate School Thesis and Dissertation Guide](#). Thesis and dissertations can be written in a publication style to facilitate publication. At the advisor's discretion, students can be asked to complete more lengthy literature reviews and discussions.

The Department of Psychology will assess all theses, dissertations and qualifying papers for potential plagiarism (see Plagiarism Definitions, p. 36) using commercially available software, such as the “Safe Assignment” program provided by the Office of Instructional Advancement. All students are required to submit an electronic version of their thesis, dissertation, and/or qualifying paper to Pat Perreira at least two weeks prior to submission of the document to the Graduate School for this purpose. Students are encouraged to run their documents through the “Safe Assignment” program before they submit the document to scan for potential problems. As noted in the Graduate Student Handbook section on “Retention and Termination”, evidence of plagiarism is grounds for dismissal from the program.

9. Upon completion of the master's thesis or doctoral dissertation, a Final Oral Examination will be scheduled, held, and evaluated by the thesis or dissertation committee. **At least two weeks prior, all committee members should be provided with a clean copy of the thesis or dissertation.** The date chosen should allow sufficient time for the student's committee members to read and judge the manuscript and allow the student sufficient time to make any necessary corrections prior to the Graduate School deadline associated with the anticipated commencement. The oral examination is open to all members of the University community, although responsibility for the examination itself is vested in the committee, which has supervised the research. The examination is intended to center upon the context of the thesis, or dissertation itself, although it may extend into areas within the general scope of Psychology.
10. The chair and members of the thesis or dissertation committee must sign the appropriate

forms ([“Certificate of Defense Approval - Master's”](#); [“Certificate of Defense Approval – Dissertation”](#)) obtained from the Graduate School to certify successful completion of the Final Oral Examination. The student is responsible for obtaining these forms and filling out the necessary background information prior to the final oral examination.

11. Following the Final Oral Examination any further corrections or revisions to the thesis or dissertation are executed. Theses/dissertations should be submitted and approved by the Graduate School no later than the end of the semester following the defense. See the [Graduate School Thesis and Dissertation Guide](#) for submitting your thesis.
12. Any thesis or dissertation is considered an "Educational Record" to the public, or may be subject to publication prior to these documents being made available by consent from the student.
13. Expectations will be set that students will review their completed thesis and dissertation for potential publication possibilities, and they will submit relevant papers ideally within 6 months after a defense. This expectation will be monitored on the pink sheet research evaluation forms.
14. Instead of the traditional single study dissertation format, students can do an alternative form which includes three publication-ready manuscripts with a general introduction and summary/synthesis at the end.

## Qualifying Requirements

After successfully completing the defense of the master's thesis, students wishing to pursue the Ph.D. degree must first satisfactorily complete clinical qualifying procedures. The method of assessing the candidate's performance within his or her chosen area may vary depending upon the particular program area. Options available to Clinical and Non-clinical students are outlined below.

### I. Clinical Program

By May 15<sup>th</sup> of the second or third year of residence (specific dates announced in advance) students in any track of the Clinical Psychology program who have defended their master's thesis and completed 3 core courses (excluding PSY601) are eligible to participate in the qualifying procedures, which are necessary in order to be admitted to candidacy for the Ph.D. The purpose of these procedures is to allow the student to demonstrate competency in the conduct of empirical research and in clinical assessment and identification of appropriate evidence-based interventions. The Director of Clinical Training coordinates these procedures.

The qualifying procedures occur only once a year, following the end of the Spring Semester, with clinical materials generally due by June 1st. In order to participate in the procedures, the student must have **successfully defended a master's thesis and submitted documentation no later than May 15**. The usual sequence of the procedures is that all clinical materials are due two weeks after they become available to students, with the exception of the research component (proof of submission of a first-authored manuscript), which is due September 15<sup>th</sup>.

The qualifying procedures are designed to assess competence in clinical and research skills. There are several documents that the student must prepare, including a CV (a required standard format), research essay (500 words), theoretical orientation essay (500 words), and a clinical case analysis. See [Qualifying Procedures Packet](#) for full description of qualifying procedures.

Two faculty members grade each element of the clinical qualifying procedures, including the de-identified clinical case analysis, using the following marking system: 3 for outstanding, 2 for pass, 1 for borderline, and 0 for failure. Intermediate decimal numbers may be used. In order to pass on a given component, (CV, research essay, theoretical orientation essay, clinical case analysis), the student must achieve an average mark of at least 1.5. An average mark of 2.5 or above on any of the components will earn a commendation. Although the qualifying procedures occur in early summer for the convenience of students, it must be recognized that many faculty are not on the academic payroll during the summer and cannot be expected to grade components of the qualifying procedures during that time. Thus, the results are generally not available until about September 1.

In the Department's recent experience, almost all students are able to pass their qualifying procedures. Occasionally a student falls short of an average mark of 1.5 in one area. In such a case, the student must arrange to remediate whatever portion of the qualifying procedures he or she was unable to pass before the end of the fall semester. The same grading system is used. In this case, however, the student must pass the remediating procedure in order to remain in good standing in the Clinical Program. Failure to pass the remediating procedure

would be considered sufficient grounds for termination.

## //. Non-Clinical Tracks

Students enrolled in one of the non-clinical programs (Developmental, Cognitive and Behavioral Neuroscience, Evolution and Behavior or Behavioral Medicine) may elect either to take a comprehensive written qualifying examination, to write a qualifying research paper, or submit a grant application in order to gain admission to Ph.D. candidacy. This decision is made by the student in consultation with their faculty mentor. Students must have completed the oral defense of their master's thesis and have had the thesis accepted by the Graduate School before beginning the qualifying requirement. The qualifying requirement must be completed (i.e., have approval form signed by the Qualifying Committee) by **August 10<sup>th</sup> of the third year of residence**. If a student opts to write a paper and does not complete the paper within that time, potential consequences include: a) loss of funding, and/or b) loss of good standing in the program. A student who fails the qualifying examination or paper may be allowed to retake the task a second time no later than six months after the first attempt. Failure to pass the qualifying requirement a second time would be considered sufficient grounds for termination.

### Options

1. First-authored paper. Students can fulfill their qualification requirements by submitting a manuscript on which the student is first author for publication to a peer-reviewed journal. The paper will be evaluated by the Qualifying committee prior to submission. The content of the paper will be determined by the student in consultation with their faculty mentor and approved by the Qualifying Committee within two months after defense of the master's thesis. Students will have a choice of content categories: (A) Theoretical literature review similar to that which would appear in *Psychological Bulletin* or a similar journal (e.g., *Developmental Review*) or (B) an empirical paper, addressing an important research question.
2. Grant application. Students can fulfill their qualification requirements by preparing and submitting a grant application (e.g., an NSF pre-doctoral fellowship application or NRSA). If a small grant is chosen to fulfill the qualifying requirement, the final version must be a complete grant proposal including all required documents for the proposed funding agency. This will typically include a face page, abstract/statement of purpose, budget, staffing plan, statement of resources, and personnel. In some cases it might also include a training plan. Additionally, the project narrative should comply with the page limits set by the proposed funding agency. However, for the purposes of the qualifying examination, the length of the narrative should be at least 10 single-spaced pages. The NIH NRSA format can always be used by default.
3. Written examination. Students can elect to take a written exam to fulfill their qualification requirements. In consultation with his or her mentor, a student should develop a reading list that covers four core areas and two elective areas. Faculty will develop a closed-book exam. Students will arrange with their mentor the date of the exam. The exam will last for 3 hours. Questions will be graded by the student's mentor and 1 other faculty member. Questions will be graded on a 1-5 scale. Students must achieve an average of a 3 on each question to pass the exam. An average of 4.5 or greater on the exam constitutes passing with distinction.

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

within the Department of Psychology.

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

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

Students in the Developmental Program are required to submit a first authored empirical article to a peer-reviewed journal by the time of the dissertation defense. This is a requirement for graduation. This may be the same or different from the paper submitted for the Qualifying procedures.

## Dissertation Requirements

The Ph.D. degree is a research degree. The Department requires each degree applicant to design and execute a study that makes a unique contribution to knowledge in the field of Psychology. The procedures for completing the dissertation are similar to those [described above for the Master's thesis](#).

After successfully passing the qualifying requirements and completing the majority of advanced program coursework, students seeking the terminal degree must select a dissertation research topic and form a dissertation committee as soon as possible. This step is necessary in order to register for dissertation research (PSY 830). **STUDENTS WILL NOT BE ALLOWED TO FORM A DISSERTATION COMMITTEE UNTIL THEY HAVE RECEIVED APPROVAL OF THEIR FINAL MASTER'S THESIS FROM THE GRADUATE SCHOOL.**

In order to receive the Ph.D. degree, a student must complete at least 12 credits of dissertation research (PSY 830) as well as have completed all the advanced program area coursework specified within his or her area of specialization. No student may receive the Ph.D. in the semester in which they are admitted to candidacy. Clinical students must defend their dissertation proposal **before** they can apply for internship programs (typically in the Fall of the fourth year). In addition, before applying for internship students must present a letter from The Graduate School acknowledging final acceptance of the Master's Thesis.

All students, regardless of their advanced or regular standing at the time of admission, **should complete and defend their dissertation research within six years after first entering the graduate program.** Students who have not completed their dissertation by the end of the 7<sup>th</sup> year will be required to re-certify credits, at the discretion of the Department. Re-certification may require retaking the courses and/or re-satisfying the qualifying procedures requirement. Otherwise, credits that are older than 7 years will be decertified.

At the end of each semester the faculty will review the candidate's progress toward the degree and will send notification of required action by the student. If no action is taken by the specified time the student will be dropped from the Ph.D. Program. **It is the responsibility of the student to apply for graduation before the date indicated on the graduate school calendar.**

## Quantitative Concentration

Students in good standing in one of the Department's clinical or non-clinical programs have the option to work towards a Concentration in Quantitative Psychology. There is no formal application for the concentration; however, students who wish to pursue the concentration must notify Dr. Maria Llabre via email.

### Requirements

In addition to the 3 required statistics courses, the student will take the second advanced course.

PSY 631: Psychological Statistics, Research Methods and Design

PSY 632: Multiple Regression and Multivariate Statistics

PSY 633: Structural Equation Modeling

PSY 634: Multilevel Modeling

Two additional elective courses, in or outside of the Department, from the following:

PSY 698 - Advanced Seminar

EPS 650 - Meta-analysis Methods

EPS 661 - Measurement

EPS 662 - Item Response Theory

EPS 706 - Categorical Data Analysis

BST 630 - Longitudinal Data

EPH 651 - Survival Analysis in Clinical Trials

All courses must be completed with a grade of B or better. Certain additional electives may be applied toward the concentration, however any potential substitution must be pre-approved by Dr. Llabre. If pre-approval is not obtained, there is no guarantee that a substitute will be applied toward meeting the concentration requirements.

Upon completion of the concentration requirements, send an unofficial transcript highlighting the courses taken and grades received to Pat Perreira. The student will receive a letter indicating that they have met the requirements for the Concentration in Quantitative Psychology. This concentration is not a formal designation defined by the Graduate School, however the Concentration in Quantitative Psychology has the formal endorsement of the faculty of the Department of Psychology and can be reported on a CV.

## Clinical Program-Specific Requirements/Information

### I. Curriculum for the Clinical Program

Please see the description of course requirements for your specific track to see a comprehensive list of required courses. ([Child](#), [Adult](#), [Health](#)). In general, clinical students are required to take a minimum of 16 3-credit courses, unless their Track has a higher requirement. The curriculum plan described below outlines the requirements governing progress toward the M.S. and Ph.D. degrees.

**Discipline-Specific Knowledge.** Students' training in discipline-specific knowledge is achieved through a mix of coursework, Qualifying Procedures, and a teaching requirement. These experiences contribute to the training of the program's goals and competencies.

In the first semester students begin a 3-semester design and statistic course sequence; the first two courses are completed during the 1st year; the third is taken in the 2nd or 3rd year. The first two courses cover fundamental statistical concepts, research methods and designs, analysis of variance, and multiple regression. Students also begin the 7 required discipline-specific knowledge courses in their first year (beginning with PSY 601), with additional discipline-specific knowledge courses completed during second year and beyond. Prior to the award of a master's degree, students must complete at least 3 (in addition to PSY 601) of the 7 discipline-specific knowledge courses and 2 of the 3 methodology/statistics courses. Required courses cover the *biological, cognitive, affective, and social aspects of behavior*, as well as *advanced integrative knowledge*. Courses also cover research methods and data analysis.

#### **Research Methodology, Statistics, and Data Analyses (3 required of all students)**

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

PSY 632 - *Multiple Regression & Multivariate Statistics*

PSY 633 - *Structural Equation Modeling*

#### **Discipline-Specific Knowledge Courses (7 required of all students)**

Professional Issues

PSY 601: *Issues in Professional Development and Research*

Cognitive and Affective Aspects of Behavior\*

PSY 604: *Cognition and Emotion\**

Biological Aspects of Behavior\*

PSY 605: *Cognitive Neuroscience \**

Cultural Diversity/Individual Differences

PSY 614: *Diversity Issues in Psychology*

Developmental Aspects of Behavior

PSY 620: *Developmental Psychology*

Social Aspects of Behavior

PSY 625: *Social Psychology*

Dysfunctional Behavior

PSY 640: *Adult Psychopathology or*

PSY 641: *Child and Adolescent Psychopathology*

\* These courses also cover material that integrates two or more areas of discipline-specific knowledge.

The clinical program uses an infusion model to address the topics of history and systems of psychology and psychological measurement. *History and Systems of Psychology* and *Psychometrics* are integrated into several required courses; content for *Research and Quantitative Methods* is covered in introductory and track-specific required courses in assessment, and in statistics courses.

The *Scientific, Methodological, and Theoretical Foundations* of practice are initially

acquired through a systematic series of courses and are concurrently reinforced in practica and research settings. Specifically, all students are **required to take courses** in human development (PSY 620), and psychopathology (PSY 640 or 641, plus a second pathology course). Individual and cultural diversity is covered throughout multiple required and elective courses, including but not limited to: PSY 614 (Diversity Issues In Psychology), PSY 640 and 641 (Psychopathology), and PSY 646, 647, and 648 (assessment courses). Students gain advanced integrative knowledge of basic discipline-specific content through PSY 604 (cognition and affect) and PSY 605 (cognition and neuroscience). All students take two courses pertinent to professional values and attitudes as well as ethical and legal standards (PSY 601 and PSY 657); PSY 657 covers the APA Ethical Principles and other professional and legal issues, including confidentiality and conflict of interest. At entry into the program, all students participate in an orientation that includes an ethics seminar, completion of a CITI certification course required by the IRB, a statistics boot camp, and discussion with the DCT of ethical issues and professional standards. Prior to starting clinical work, all students complete a seminar covering the APA Ethical Principles.

In addition to the above experiences, all students are required to complete **Clinical Qualifying Procedures** (to qualify for Ph.D. candidacy). The qualifying procedures provides an additional opportunity to evaluate clinical students' understanding and competence in the areas of psychopathology, assessment, intervention, ethics, diversity, and professional standards. This evaluation occurs in the summer following the defense of the master's thesis, and students are required to submit the following components which are graded by clinical faculty: Track-specific Clinical Case Analysis; proof of submission of a first-authored manuscript to a peer-reviewed journal; updated Curriculum Vitae utilizing an approved template; and Research and Theoretical Orientation essays in the style of APPIC internship essays.

In addition to the discipline-specific knowledge courses, all clinical students are required to complete general clinical profession-wide competency and track-specific coursework in assessment and intervention, as listed below. Material covered in coursework is reinforced in required practica and in the Clinical Qualifying Procedures. With respect to **coursework**, theories and methods of assessment and diagnosis are covered in the two-course assessment sequence. All entering students complete PSY 645 during their first semester. This course is comprised of didactic and laboratory components and covers measurement theory, the administration and interpretation of evidence-based measures such as intelligence and personality tests, diagnosis of psychological problems, history and systems, and ethical/legal/cultural considerations. Depending upon students' area of focus, the second required assessment course is either PSY 646 (adults), 647 (child and pediatric), or 648 (health). Many students also take elective coursework in assessment.

Similarly, students have a 2-course intervention requirement (although students typically take additional electives, and pediatric track students are required to take a third intervention course) that covers profession-wide competencies pertaining to effective intervention, consultation and supervision, and evaluating the efficacy of interventions.

***Profession-Wide Competencies Courses (3 – required of all clinical students)***

PSY 645 – *Introduction to Psychological Evaluation (with PSY 671 as an associated assessment lab)*

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

PSY 657 – *Introduction to Psychotherapy, Ethics, & Professional Issues*

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

**Adult Clinical (3 required)**

PSY 642 – *Advanced Psychopathology*

PSY 646 – *Psychological Evaluation of Adults*

Intervention course: PSY 685, 687, or other approved course.

**Clinical Child (3 required)**

PSY 647 – *Psychological Evaluation of Children & Families*

PSY 660 – *Evidence-Based Psychological Intervention with Children & Families*

PSY 636 – *Developmental Methodology* (or other Research Methods course)

**Pediatric Health (4 required – 3 as for Clinical Child plus the additional course, below)**

PSY 661 – *Intervention in Pediatric Psychology*

**Health Clinical (5 required)**

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

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

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

PSY 648 – *Psychological Evaluation in Physical Disorders*

PSY 662 – *Health Psychology Interventions*

Current knowledge in assessment and intervention is further reinforced through students' **practica**. Students spend at least one year of training at the PSC. There, 2nd year students attend weekly case- conferences focusing on: integrating the current knowledge base in clinical psychology with assessment and treatment of clinical cases, evaluating ethical and cultural issues pertinent to assessment and treatment and developing an understanding of issues of supervision, consultation, and interprofessional/ interdisciplinary skills. At the PSC, students use EB assessments and interventions to integrate knowledge from courses with clinical practice. Various specialty clinics also operate through the PSC (e.g., Schizophrenia Family Project, Child and Adolescent Mood and Anxiety Treatment) that use EB or manualized treatments with quality assurance procedures, or with assessment components involving structured clinical interviews. Advanced practicum settings (e.g., Mailman Center, Miami VA, UM Counseling Center) also incorporate didactic components that address issues of assessment, intervention, consultation/supervision, ethics, and diversity, and so on.

Finally, an important feature of our clinical program is the interface of assessment and intervention training with active clinical research projects. For example, in the Health Division, students have been involved in the Health Promotion and Care Project, which provides cognitive-behavioral oriented interventions related to HIV prevention and HIV care. In the Child Division, clinical research projects with assessment and/or intervention components include UTalk (a preventive treatment for peer-victimized adolescents) and the Child and Adolescent Mood and Anxiety Treatment Program (a treatment study for children with anxiety and mood disorders). In the Adult Division, students have been involved in clinical research on schizophrenia (A Culturally Based Family Therapy for Schizophrenia) and anxiety disorders (Program for Anxiety, Stress, and OCD). With the exception of a very rare student who has interests in animal models, most graduate students are engaged in clinically relevant research activities (for master's thesis, dissertation, and grant-funded research activities) that involve clinical populations, investigate clinical treatments, or have direct implications for clinical practice. The dissertation topics of our graduates over the past 10 years have primarily focused

on applied clinical issues, such as: interventions for health populations; the psychological impact of peer victimization and immigration-related stressors; risk factors for affective dysregulation; and conceptualizations of PTSD in children, to name a few. All students discuss the clinical implications of their research findings in their theses and dissertations.

**Issues of Cultural and Individual Diversity.** The UM student body is one of the most diverse among private universities in the US, and the greater Miami area is one of the most ethnically- and culturally- diverse areas in the country. The ethnic composition of Miami-Dade County (2010 census) is 65% Hispanic or Latino, 19% Black or African American, and 15% Non-Hispanic White. Our Latino population is extremely diverse, and includes Cubans, Nicaraguans, Columbians, Hondurans, Puerto Ricans, Venezuelans, Mexicans, and others from Central and South American and Europe. The Black population includes Haitians, Jamaicans, Bahamians, other Caribbean Blacks, and African Americans. The Miami area also has tremendous diversity with respect to religion, sexual orientation, and SES. Thus, issues of cultural and individual diversity are pervasive in the lives of UM students and faculty.

Within the UM program, issues of diversity permeate research, coursework, and practica experiences. Our program has been highly responsive to the need to adapt research and clinical service delivery to the diverse Miami community by developing culturally sensitive procedures. A sizable proportion of the Department of Psychology's **research and training grants** capitalize on the special opportunities that exist here to study diverse populations, with respect to age, color, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The Department has two federally-funded research training grants, supporting many clinical students that primarily focus on ethnic minority populations. Funded research also focuses on topics related to ethnic/cultural diversity, such as the Hispanic Community Health Study (chronic disease factors; health protective behaviors); HIV prevention and trauma treatment; interventions for peer victimized youth; and health disparities affecting youth.

Diversity issues are integrated into **required coursework**, including discipline-specific knowledge courses, statistics courses, and profession-wide clinical courses (general and track-specific). For example, instructors for the first two required statistics/methodology courses (PSY 631, 632) use examples of analyzing research questions where issues of age, gender, and ethnicity are important variables. Instruction in required clinical courses (PSY 645, 656, 657), and in the track-specific courses in assessment (PSY 646, 647, 648) and intervention (e.g., PSY 660, 661, 662), also incorporate issues of individual and cultural diversity in the material that prepares students for assessment and intervention experiences, either by readings and/or discussions and examples.

Further, all students take a course on Diversity Issues In Psychology (PSY 614), which familiarizes students with some of the major, overarching conceptual issues in the phenomenon of difference, stimulates a dialogue on these issues, and explores how diversity fits into research and/or intervention.

Finally, in **practicum**, students gain direct clinical experiences with ethnically-, economically-, and culturally-diverse populations at the Department's PSC and in all external practicum sites. Because of the Miami area's diversity, all clinical training sites service diverse clinical populations. Practicum sites, including the PSC, integrate discussions of individual and cultural diversity as they apply to diagnosis, assessment, and intervention, into required, case conference presentations.

**Professional Values and Attitudes.** The faculty model for students attitudes essential for life-long learning that extend beyond the period of formal training. Nearly all students and faculty are **members of professional organizations**. Moreover, all faculty mentors **attend and present their work at scientific conferences** and include students as co-authors on presentations and publications. Under the supervision of faculty mentors, students are expected to submit their research projects for presentation at scientific meetings and prepare papers for publication. Faculty and students frequently **publish** together. For faculty, regular publication in peer-reviewed journals is required for Graduate Faculty membership and eligibility to mentor students. All students take PSY 601, which addresses issues pertinent to professional development.

Moreover, the Department hosts a regular schedule of **colloquia** throughout the year, and all students must attend at least three annually. In addition, faculty mentor students in teaching endeavors. All students **teach one undergraduate course**, which is viewed as essential to training. Students are assigned faculty advisors during the semester they teach; advisors consult with students about their courses and visit the classroom to evaluate quality and performance. Course evaluations demonstrate that the student instructors are positively viewed.

## **//. Practicum Placement**

In terms of **practicum** training, all students spend at least one year at the Department's Psychological Services Center (PSC), where they are required to use evidence-based assessment measures in evaluating clinical cases, and to incorporate evidence-based treatment strategies. In addition, students can participate in one of several specialty clinics at the PSC that are based on clinical research projects and which are supervised by clinical faculty. These specialty clinics provide manualized treatments and gather systematic data for research purposes. Several other key track- specific practicum sites that are primary external practicum placements, such as the Mailman Center for Child Development, the University of Miami Counseling Center, and the Miami VA, are also APA-Accredited clinical internships that provide high quality training, emphasizing the scientific basis of practice.

If students are seeing *any* clients through any type of placement, they **must** be enrolled in practicum credits or other program-sanctioned credits (even over the summer, or just seeing one client). This is required in order to be covered by the University's liability insurance, as well as your individual liability insurance.

### Psychological Services Center Guidelines

Please see the PSC Policy and Procedure Manual for a full description of guidelines and procedures in the PSC. During all clinical students' second year in the program, they are required to participate in therapy and assessment practicum in the PSC. Child and pediatric students are expected to accumulate at least 80 face-to-face therapy hours (starting in the fall) and adult and health students are expected to accumulate at least 100 hours of therapy (starting in the summer). Adult and health students will conduct 4 comprehensive assessment cases (typically starting in the fall) while child and pediatric students will complete 7 comprehensive assessment cases (starting in the summer). With the exception of involvement with the CAMAT program, no group participation is permitted during the first full practicum year at PSC.

Students continuing beyond their first full year of training at the PSC may see one client at the PSC, depending on PSC resources, but must obtain permission from their Clinical Track

advisor to see additional clients.

### Additional Guidelines for Practica

The Clinical Track Advisors for each Division (Adult, Child, Health) will oversee the practicum placements of its students each semester, and make appropriate assignments of students to placements. Placements must be arranged with and approved by each Clinical Track Advisor. **Students are not permitted to negotiate their own practicum placements.**

Clinical program requirements indicate that students are required to complete 6 semesters of practicum training; however, in most cases, students will engage in practicum training throughout the 2nd–4th years of graduate training. Practicum activities should not exceed 10-12 hours per week of clinical activities (including supervision). The 5th year of graduate training is intended for students to focus primarily on research activities; students should not be engaged in full-time practicum during the 5th year, and such activities may only be available on a limited basis.

### **III. Clinical Forms**

The department must track many aspects of a student's clinical progress. To do so, students are expected to complete several forms which track their clinical progress each semester. The forms are e-mailed out by the Clinical Program Administrative Assistant. Failure to complete forms in a timely manner may result in the student receiving an incomplete on their transcript.

### **IV. Clinical Research Opportunities**

In terms of **research**, the emphasis of the department is on applied research that focuses on important clinical issues in psychopathology, assessment, and/or intervention with clinical or clinical health populations. For example, in the Health Division, students have been involved in the *Coping and Recovery Project* and the *VideoHealth Study*, which are funded clinical trials with health populations (i.e., breast cancer, chronic fatigue patients) that contain evidence-based assessment and intervention components. In the Child Division, clinical research projects with assessment and/or intervention components include *UTalk* (an indicated preventive treatment for peer-victimized adolescents) and *Kid Detectives* (a group treatment study for children with anxiety and depression). In the Adult Division, students have been involved in clinical research on schizophrenia (*A Culturally Based Family Therapy for Schizophrenia*) and anxiety disorders (*Program for Anxiety, Stress, and OCD*). Most graduate students are engaged in clinically relevant research activities (for master's thesis, dissertation, and grant-funded research activities) that involve clinical populations, investigate clinical treatments, and/or have direct implications for clinical practice. The dissertation topics of our graduates have primarily focused on applied clinical issues, such as: interventions for health populations; the psychological impact of peer victimization; risk factors for affective dysregulation, to name a few. All students discuss the clinical implications of their research findings in their theses and dissertations.

### **V. Helpful Advice to Clinical Students**

Keep All Your Course Syllabi from Graduate Courses

Our clinical program uses an “infusion” model to cover certain content areas that are required for program accreditation (e.g., History and Systems, etc.). If you have not taken a course on a specific topic that is required by certain state licensing laws, you will need to use your syllabi as evidence that you covered that topic as part of one or more courses. Thus, it is essential to keep a copy of your course syllabi for ALL graduate level classes. You can also download copies of brief course descriptions from the psychology website ([www.psy.miami.edu](http://www.psy.miami.edu)), but these may not be as useful as a detailed syllabus.

### Keep Track of Your Practicum Hours “As You Go.”

When you apply for a clinical internship during your 4<sup>th</sup> or 5<sup>th</sup> year, you will need to provide a very detailed accounting of all your assessment and treatment experiences. In order to do this, we strongly advise you to keep track of your practicum and related training activities at least once each semester. It is best to do this in the format that is consistent with internship applications. We strongly recommend that you use the Time2Track tool to keep track of your hours. This program is free to UM psychology graduate students with the use of a program code and can be accessed at [www.time2track.com](http://www.time2track.com)).

## **VI. Practicum-Related Policies and Procedures**

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

### Professional Liability Insurance

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

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

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

## VII. Internship Application

Students typically apply for internship in their 4<sup>th</sup> or 5<sup>th</sup> year of graduate studies. The Director of Clinical Training will hold a meeting for all students wishing to apply to internship for the next year, where all necessary information is distributed. The DCT also holds several meetings throughout the year to prepare students for the internship application process.

The website for the Association of Psychology Postdoctoral and Internship Centers (APPIC) ([www.appic.org](http://www.appic.org)) contains the most current information on internships and psychology postdoctoral positions. Further, it is important to talk to your faculty mentor, psychology alumni, and other clinical faculty about the internship sites they recommend. The general application for internship is posted online every July at [www.appic.org](http://www.appic.org).

Because many internship sites request applications by the end of October, students are required to defend their dissertation proposal no later than **October 1** of the year they apply for internship.

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

## VIII. Internship and Beyond

### Graduation

In order to graduate in May, you must have completed all course requirements, dissertation, and internship by the date of “application for graduation.” This is usually in April (or earlier) for a May graduation. Because clinical internships typically begin in the summer, very few, if any, students graduate in May. Most students graduate in the summer or December. Students on internship, who have defended their dissertation and completed their coursework, can “walk” in the May commencement ceremony, and will officially receive their degree in August, if all degree requirements are met by the end of July. Please check the UM website for information on graduation registration dates and deadlines ([www.miami.edu/commencement](http://www.miami.edu/commencement)).

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

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

## Licensure

The department encourages all clinical graduates to become licensed as it is a required “program outcome.” Also, the clinical program is required to annually track the activities of its graduates until they become licensed. Licensing requirements are available online through the Association of State and Provincial Psychology Boards ([www.asppb.org](http://www.asppb.org)). You can check each state individually.

Some states require coursework in specific areas such as domestic violence. Most of the requirements should be met through your regular coursework. However, if you have not taken a course on a specific topic, **you may be able to use your syllabi as evidence that you covered that topic as part of one or more courses.** You may need to take an extra course or locally sponsored workshop to meet requirements in some states (e.g., California).

## **IX. Policy on “Outside” Clinical Activities**

Any clinical student who anticipates engaging in clinically-related activities that are not part of the approved clinical program activities must secure permission for such activities from the Clinical Committee. This is the case regardless of whether the activities are volunteer or paid. The following procedures apply to all clinical students who wish to do paid or non-paid clinical activities, outside of a program approved practicum or research setting.

The Director of Clinical Training will review students’ requests with input from the Clinical Committee. Please allow at least 2 weeks for the approval process, and possibly longer during the summer or during semester breaks (e.g., intersession; spring break).

### Procedures for Applying for Outside Clinical Activities

- I. Prepare a letter for the Director of Clinical Training (Dr. La Greca) describing:
  - the job (i.e., type of activity)
  - the # hours per week
  - the name, phone number, and professional background of the supervisor (should be a licensed professional)
  - the amount and type of supervision provided
  - whether or not the supervisor or “site” has professional liability insurance to cover your activities, and the amount of the insurance
  - whether or not it is a “paid” or “volunteer” position
- II. The letter should acknowledge that you understand that:
  - under APA ethical guidelines and the FL state licensing guidelines, you may not represent yourself as a psychologist or as a graduate student in our program/department
  - the hours accumulated in an outside clinical setting cannot be counted toward your clinical hours for internship
  - neither the UM liability insurance policy, nor your individual liability insurance policy, covers your activities in case of malpractice, as the activities are not a part of your training program
- III. Have the letter co-signed by:
  - your major research advisor
  - one of the Directors of your program track (e.g., Drs. Carver or Weisman de Mamani for

Adult; Drs. Jensen-Doss or Lindahl for Child; Drs. Schneiderman or Saab for Health

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

## X. How the Program Addresses APA Requirements

The clinical program uses an infusion model to address the topics of history and systems of psychology and psychological measurement. History and systems is integrated into several required courses; content for psychological measurement is covered in introductory and track-specific required courses in assessment, and in statistics courses. Coverage of research methods is provided across several courses.

The *Scientific, Methodological, and Theoretical Foundations* of practice are initially acquired through a systematic series of courses and are concurrently reinforced in practica and research settings. Specifically, all students are **required to take courses** in *human development* (PSY 620), and *psychopathology* (PSY 640 or 641, plus a second pathology course). *Individual differences in behavior* is covered throughout multiple required and elective courses, including but not limited to: PSY 614 (*Diversity Issues In Psychology*), PSY 640 and 641 (Psychopathology), and PSY 646, 647, and 648 (assessment courses). All students take two courses pertinent to *professional standards and ethics* (PSY 601 and PSY 657); PSY 657 covers the APA Ethical Principles and other professional and legal issues, including confidentiality and conflict of interest. At entry into the program, all students participate in an orientation that includes an ethics seminar, completion of a CITI certification course required by the IRB, a statistics boot camp, and discussion with the DCT of ethical issues and professional standards.

In addition to the above experiences, all students are required to complete **Clinical Qualifying Procedures** (to qualify for Ph.D. candidacy). Preparation for and completion of the qualifying procedures provides an additional opportunity to evaluate clinical students' understanding and competence in the areas of pathology, intervention, assessment, ethics, diversity, and professional standards, among others. This evaluation occurs in the summer following the defense of the master's thesis, and students are required to submit the following components: updated Curriculum Vitae utilizing an approved template; Research and Theoretical Orientation essays in the style of APPIC internship essays; Track-specific Clinical Case Analysis; Proof of submission of a first-authored manuscript to a peer-reviewed journal.

In addition to the foundation courses, all clinical students are required to complete general clinical and track-specific coursework in *assessment and intervention*, as listed below. Material covered in coursework is reinforced in required practica and in the Clinical Qualifying Procedures. With respect to **coursework**, *theories and methods of assessment and diagnosis* are covered in the two- course assessment sequence. All entering students complete PSY 645 during their first semester. This course is comprised of didactic and laboratory components and covers measurement theory, the administration and interpretation of evidence-based measures such as intelligence and personality tests, diagnosis of psychological problems, history and systems, and ethical/legal/cultural considerations. Depending upon students' area of focus, the second required assessment course is either PSY 646 (adults), 647 (child and pediatric), or 648 (health). Many students also take elective coursework in assessment.

Similarly, students have a 2-course intervention requirement (although students typically

take additional electives, and pediatric track students are required to take a third intervention course) that covers *effective intervention, consultation and supervision, and evaluating the efficacy of interventions*.

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

## **XI. Training Philosophy and Objectives of the Clinical Psychology Program**

### Program Philosophy and Model of Training.

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

### Integration of Science and Practice.

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

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

Pertinent to the second goal (clinical practice), the program’s objectives for students are to develop knowledge and skills related to evidence-based psychological assessment,

diagnosis, and psychosocial intervention, as well as issues related to individual differences and diversity in these areas, and to develop competence in the ethical conduct of psychotherapy and assessment

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

## **XII. Clinical Work Minimum Standards**

For clinical graduate students, failure to demonstrate satisfactory performance (e.g., grade of B- or higher) in any clinical course – even after retaking the course, receiving an unsatisfactory practicum evaluation, or failure to abide by APA ethical standards (e.g., confidentiality, record keeping), may result in dismissal from the program. Ethical guidelines and standards are discussed in the [Ethics section](#) and in the [APA ethics code](#).

## **XIII. Professional Conduct**

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

## **XIV. Policy on Ethics and Confidentiality**

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

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

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

Professional and research training at UM includes becoming socialized to the role of a psychologist, and conducting research, clinical, and personal activities in a manner that is

consistent with the APA ethics guidelines and standards. Graduate students are required to know and abide by the APA ethics guidelines and standards. The guidelines are included in [Appendix K](#) and may be downloaded at any time from the APA website: [www.apa.org/ethics](http://www.apa.org/ethics)

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

# General Requirements/Information

## I. Course Pre-Registration

- Prior to pre-registration each semester (dates announced in advance) the student should develop a proposed course schedule for the coming semester with his or her Faculty Supervisor.
- During pre-registration the student submits his or her approved course schedule and all accompanying forms to the Division Director or his/her designee for final written authorization. The Director checks the student's records to ensure that a given course is not taken out of sequence, that the minimum number of credits required for full-time status has been achieved, and that appropriate faculty approval has been secured for special faculty supervised courses. No student will be allowed to register for courses without obtaining this final written authorization. During registration the student submits his/her approved Departmental course schedule to Pat Perreira, who sends them to student Enrollment Services or the office of the Associate Dean of Arts and Sciences.

## II. Requests for Waiver of Core Courses

- If a newly admitted student has taken one or more graduate courses at another institution whose content appears to be equivalent to one or more of the Department's core courses, he or she may request a waiver for the course(s) in question. In most cases, students may not obtain more than 3 core course waivers (i.e., a minimum of 4 core courses must be taken within the department). The procedure to be followed when seeking a waiver for any core course is as follows:
  1. Discuss the possibility of obtaining a course waiver with your Faculty Supervisor or Program Director, and determine the advantages and disadvantages of excluding a core course from your course schedule.
  2. If it is determined that a waiver is desirable, obtain a "[Request for Waiver of Core Course](#)" form (found online) and list the course(s) in question and state the reasons for the requested waiver.
  3. Initiate contact with the faculty member who is scheduled to teach the course. This faculty member has the primary authority to waive the course requirement and to recommend a substitute where appropriate.
  4. The instructor determines the appropriateness of a waiver by employing one of 3 options:
    - a. Assessing the student's knowledge by interviewing the student and examining the course syllabus, text, written reports and other materials associated with the previously taken course.
    - b. Constructing, administering and scoring a specially designed examination to assess the student's knowledge of the course's content area.
    - c. Allowing the student to take the regularly scheduled exam(s) for the course without registering for it and grading the exam(s) using the same criteria as employed with other class members. The particular option chosen for any student is at the full discretion of the instructor making the decision.)

5. The instructor informs the student of his or her decision and forwards the completed waiver form (indicating approval or denial) to the student's Program Director.
6. The Program Director forwards the waiver form together with any comments to the Department Chairman.
7. The Chairman approves or denies the waiver, informs the student, and records the final decision in the student's Department file.

### **III. Master's Theses from Other Universities**

- In some cases the Department will accept Master's Theses from other universities as having satisfied our Master's Thesis requirement. Only empirical studies will be considered, and should be submitted to the Area Director for evaluation. The ["Acceptance of Master's Thesis from Another University"](#) (found online) form must be completed to have the Master's Thesis accepted.

### **IV. Transfer Credits**

- There are some instances when a student may transfer credits from another graduate institution.
  - The student must have received a grade of B or above.
  - If the student wishes to have course credits applied to his/her degree requirements within the Department of Psychology, he or she must first seek Department approval and then petition the Graduate School.
  - Waiver of any given core course does not ensure transfer of course credit; nor does the approval of transfer credits mean automatic approval of a course waiver.
  - Graduate school rules provide that no more than six transfer credits may be applied against requirements for the Master's degree.
- Transfer of credit from another institution will generally not be made until the student has completed a like amount of credit at the University of Miami. Work taken more than six years prior to the transfer request will not be accepted.
- The Graduate school does not allow a student to use the same course credits for two different degrees.
  - Therefore, course credit obtained at another university that was used to fulfill the requirements of a master's degree cannot be used toward an M.S. or Ph.D. within the Department of Psychology.
  - In these cases the student's total Ph.D. course credit requirement may be reduced by the Chairman following the recommendation of the Division Director.
  - To illustrate this point, if a student takes 6 credits of statistics at another university in the process of obtaining an M.S., that student may ask the Division Director (i.e., Adult, Child, Health) to reduce the Ph.D. requirement from 72 credits to 66 credits. In such cases, a waiver must be obtained for the credits to be reduced (see ["Request for Waiver of Core Course"](#) form online).
- Procedure for applying for course credit transfer is as follows:
  1. Discuss the possibility of obtaining transfer credits with your Faculty Supervisor or Program Director.

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

## V. Part-time Status

- Graduate study within the Department of Psychology has been designed for full-time students.
  - Only under unusual circumstances are students allowed to proceed on a part-time basis, and these instances are generally limited to students who have already completed the Department's core statistics and foundation courses.
  - On occasion students have been allowed to take a one-semester leave of absence so that upon their return they may complete their course of study on a full time basis.
- The procedure followed for requesting part-time status or a leave of absence is as follows:
  1. The student should discuss the need for a change from full-time status with his or her Faculty Supervisor or Program Director.
  2. If it is determined that a reduction in course load or a leave of absence would be beneficial, the student should write a letter stating his or her request, including the reasons for making the request, to the appropriate Program Director. The Program Director should receive the request no later than two weeks prior to the desired change in status between semesters. This means at least two weeks prior to registration for the next semester.
  3. The program Director will solicit recommendations from the Faculty most familiar with the student's program of study. The Director will then forward the student's request, together with his or her own recommendation, to the

Department Chairman.

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

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

## VI. Student Financial Obligations

- The department provides funding, either in the form of a Teaching Assistantship (TA), a Research Assistantship (RA), a fellowship, or training grant position, for MOST students.
  - Any additional employment outside of the University is discouraged, and must be reviewed and approved by the Department Chair and by the Graduate School.
  - Clinical graduate students interested in additional external sources of employment must **first** obtain special permission from their research supervisor, the Director of their Division, the Director of Clinical Training, and from the Clinical Committee.
- Students are responsible for paying university fees (approximately \$300/semester), and purchasing required textbooks.
- Clinical graduate students are required to purchase their own liability insurance (See <https://www.trustinsurance.com/products-services/student-liability>).
- The University and Department provide funding up to \$975 to attend professional meetings, and conferences where students are the presenting author. More information can be found [online](#).

# Departmental Policies, Practices, and Guidelines

## I. Mission Statement

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

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

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

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

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

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

1. Conduct rigorous scientific research, which will elucidate both basic and applied principles of human behavior and psychological processes.
2. Foster communication of scientific information and values.
3. Acquire extramural resources necessary to conduct internationally respected psychological research.

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

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

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

## **II. Student Rights and Responsibilities**

- All University of Miami students are subject to the policies and procedures defined in the “Student Rights and Responsibilities” document available at the [Dean of Students’ webpage](#).

## **III. Graduate Student Honor Code**

- For issues pertaining to academic misconduct or dishonesty, students should refer to the Graduate Student [Honor Code at the Dean of Students’ webpage](#).

## **IV. Disability/Impairment Issues**

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

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

The Office of Disabilities Services is a subdivision of the University of Miami Academic Resources Center.

The contact information is as follows:

Whitten University Center, Suite N-201 Telephone: 305-284-2374

<http://umarc.miami.edu/arc/Index.html>

Hours: 8:30 a.m. and 5:00 p.m., Monday to Friday.

## V. Personal Problems

As stated in APA's "Ethical Principles of Psychologists and Code of Conduct":

"Psychologists refrain from initiating an activity when they know, or should know, that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner. When Psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties."

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

## VI. Non-Discrimination Policy

The Department of Psychology endorses the University of Miami's policy on non-discrimination, described on the [website](#):

The core of the policy statement reads as follows:

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

## VII. Sexual Harassment Policy

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

The core of the policy is provided here:

*"The University of Miami is committed to providing an environment free from all forms of discrimination including sexual harassment. Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964 and the University's Sexual Harassment Policy. Sexual harassment includes, but is not limited to, physical or verbal abuse of a sexual nature including graphic commentaries about an individual's body, sexually degrading remarks used to describe an individual, or unwelcome propositions and physical advances of a sexual nature. Sexual harassment also includes the threat of insinuation that sexual submission or the lack thereof will be used as a basis for employment or educational decisions affecting or interfering with an individual's salary, academic standing, or other conditions of employment, educational, or career development. It is the policy of the University to*

*promote a cooperative work and learning environment in which mutual respect exists for all University students, faculty members, and employees. Sexual harassment is inconsistent with this objective and contrary to the University's policy.*

All graduate students, faculty, and staff in the Department of Psychology are required to attend a Sexual Harassment Workshop during their first few weeks at the University.

### **VIII. Social Media: Recommended Guidelines**

As communication channels proliferate, the lines between public and private information can blur. Personal websites, blogs, email signature lines, voicemail messages, Twitter, Facebook, and media interviews, afford numerous avenues for personal expression and increasingly call for discretion and good judgment in how they are used. The following are guidelines (not requirements) intended to provide helpful suggestions for best practices as students navigate the usage of various forms of electronic communication and social media.

When using social media, we expected that students will act with courtesy and respect toward others. Students should keep in mind that, as representatives of the University of Miami Psychology Department and the psychological profession, what is communicated on social media reflects on the university and can have an impact on the public's perception of mental health services. For this and other reasons, we recommend that you consider the following:

- Internship and post-doctoral training programs conduct web searches on applicants' names.
- Employers conduct on-line searches prior to interviews or job offers.
- Prospective clients conduct web-based searches on potential therapist names.
- Clients often approach therapists via networking sites and email.
- Legal authorities review personal websites for evidence of illegal activities.

In particular, be aware that:

- 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.
- Any content that you host (e.g., comments posted by others on your site) can have the same (negative) effect as content you post.
- Email signature lines and voicemail greetings that might express your individuality or reflect your sense of humor also may not portray you in a professional manner. Consider that quotations on personal philosophy, religious beliefs, and political attitudes might cause unanticipated reactions from people with differing backgrounds and viewpoints.

Guidelines for responsible social media practices include the following:

- Keep an eye on your social media "presence." Conduct periodic Google searches on yourself to find out what information can be accessed about you on the Internet. For more information see: <http://www.apa.org/gradpsych/2015/11/corner.aspx>

- Consider using the highest privacy settings available (i.e., “Friends only”) on Facebook, Twitter, and other social networking websites. Monitor these settings periodically to ensure that privacy settings previously selected remain intact.
- Never become a “friend” of a therapy or testing client online, thereby enabling them to access personal information about you.
- Be respectful and thoughtful about what you post on public psychology forums, including those sponsored by professional organizations such as the American Psychological Association (APA).
  - Check APA’s social media policy at <http://www.apa.org/about/social-media-policy.aspx>
- Make sure the content you post is in harmony with APA and state ethical and professional guidelines. For more information about “best practices” check this link: <http://www.apa.org/monitor/2014/02/ce-corner.aspx>

## **IX. Guidelines for Publication Practices**

The Department of Psychology follows the APA's Guidelines of Publication Practices & Responsible Authorship.

Specifically, it is emphasized that when publishing researchers should aim for:

- Accurate and honest reporting of research methodologies and results
- Avoiding dividing a project into "least publishable units,
- Avoiding publishing duplicate studies

Authorship credit should reflect the individual's contribution to the study. An author is considered anyone involved with initial research design, data collection and analysis, manuscript drafting, and final approval. However, the following do not necessarily qualify for authorship: providing funding or resources, mentorship, or contributing research but not helping with the publication itself. The primary author assumes responsibility for the publication, making sure that the data are accurate, that all deserving authors have been credited, that all authors have given their approval to the final draft; and handles responses to inquiries after the manuscript is published.

More information can be found here: <http://www.apa.org/research/responsible/publication/>

## **X. Diversity**

The Psychology Department is strongly committed to promote diversity. We recognize there are many aspects of diversity, including differences among dimensions of race, ethnicity, gender, sexual orientation, religion, culture, language, socioeconomic status, age, geography, national origin, and physical ability. We also recognize that any given individual may identify along more than one of these dimensions. The Diversity Committee was established as a joint faculty-staff-student effort to facilitate training in diversity issues and to evaluate our diversity training with representation from each.

The goals and specific objectives of the Diversity Committee include:

- Draw attention to the ways in which we, as researchers, clinicians, and professionals can incorporate a greater understanding of diversity into our multiple professional roles.
- Include a focus on diversity in professional development seminars.

- Organize discussions and activities to increase awareness of issues associated with dimensions of our own multicultural identities in relation to our work.
- Encourage integration of diversity training throughout our curriculum.
- Periodically assess the extent to which students and faculty feel that we are meeting our diversity training goals.
- Promote awareness of university and community events related to diversity
- Organize events and discussions on diversity topics
- Inform students and faculty of special events and diversity training opportunities

The Diversity Committee is open to feedback about ways we can best serve the Department in accordance with our goals. Ideas for training, speakers, events, and other opportunities may be sent to any member of the committee.

## Ethics

### I. Plagiarism

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

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

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

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

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

The Department of Psychology will assess all theses, dissertations and qualifying papers for potential plagiarism (see Plagiarism Definitions, p. 36) using commercially available software, such as the "Safe Assignment" program provided by the Office of Instructional Advancement. All students are required to submit an electronic version of their thesis, dissertation, and/or qualifying paper to Pat Perreira at least two weeks prior to submission of the document to the Graduate School for this purpose. Students are encouraged to run their documents through the "Safe Assignment" program before they submit the document to scan for potential problems.

**As noted in the section on "[Retention, Remediation, and Termination](#)" evidence of plagiarism is grounds for dismissal from the program.**

Resources related to plagiarism and scientific misconduct: University of Miami Resources [University of Miami Honor Code](#)

([http://www.miami.edu/sa/index.php/policies\\_and\\_procedures/honor\\_code/](http://www.miami.edu/sa/index.php/policies_and_procedures/honor_code/)).

"What Constitutes Plagiarism" by Christopher F. Colby, President, University of Miami, Undergraduate Honor Council

Composition Symposium 2002 "Punishing Forgery, Preventing Plagiarism, and Teaching to Motivate" with Rebecca Moore Howard

[Web Based Resources available](#)

United States DHHS, Office of Research Integrity (ORI) (<http://ori.dhhs.gov/>) 1993 Conference on Plagiarism and Theft of Ideas

ORI Provides Working Definition of Plagiarism

### Other Resources on the Web

Comprehensive Plagiarism site at the University of Illinois

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

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

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

“What is Plagiarism?” The History News Network staff has posted three different definitions of plagiarism provided by the American Historical Association, Modern Language Association and the American Psychological Association (<http://hnn.us/articles/514.html>)

“On Being a Scientist: Responsible Conduct in Research” from the National Academy of Science “Keeping Kids Honest in the Information Age: Dealing with Cyber-Plagiarism” by Lorraine Sherry, a

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

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

## **II. APA Ethical Principles**

All students are expected to adhere to APA Ethical principles..

## Commission on Accreditation Information

Our program is committed to the accreditation process and we fulfill our responsibilities to the APA Commission on Accreditation. For further information, students may contact:

Office of Program Consultation and  
Accreditation American Psychological  
Association  
750 First Street NE  
Washington, DC  
20002-4242.

They also can be reached by phone (202-336-5979) and information can be obtained from [their website](#).

## Typical Schedule of Graduate Course Offerings in Psychology

### Fall

- \*PSY 601: Issues in Professional Development & Research
- \*PSY 603: Neuroanatomy
- \*PSY 605: Cognitive Neuroscience
- \*PSY 610: Behavioral Medicine: Overview of Basic Science, Public Health & Clinical Trials
- PSY 615: Foundations of Neuropsychology
- \*PSY 616: Behavioral Processes & Clinical Research Applications in Health Psychology
- PSY 621: Theories of Development
- \*PSY 625: Social Psychology
- PSY 638: Psychology of Infant Development
- \*PSY 631: Psychological Statistics, Research Methods & Design
- \*PSY 633: Structural Equation Modeling
- \*PSY 640: Adult Psychopathology
- \*PSY 641: Child & Adolescent Psychopathology
- PSY 642: Advanced Adult Psychopathology
- \*PSY 645: Introduction to Psychological Evaluation
- \*PSY 650: Laboratory in Clinical Psychology (taken w/PSY 650)
- PSY 660: Evidence-Based Psychological Intervention with Child & Families
- PSY 661: Interventions in Pediatric Psychology
- \*PSY 662: Health Psychology Interventions
- PSY 665: Family Therapy
- PSY 666: Research & Theory of Early Intervention
- \*PSY 670: Practicum in Clinical Psychology
- PSY 671: Assessment Lab (taken w/PSY 645)

\* indicates course is typically offered yearly

Note: course list is not exhaustive as some courses are offered as special electives

Course offerings can be found on [canelink.miami.edu](http://canelink.miami.edu), in student center.

### Spring

- \*PSY 602: Scientific Writing & Grantsmanship
- \*PSY 604: Cognition & Emotion
- \*PSY 606: Biobehavioral Processes & Disease in Health Psychology
- PSY 609: Psychopharmacology
- \*PSY 614: Diversity Issues in Psychology
- \*PSY 620: Developmental Psychology
- PSY 624: Atypical Social & Emotional Development
- \*PSY 632: Multiple Regression & Multivariate Statistics
- \*PSY 646: Psychological Evaluation of Adults
- \*PSY 647: Psychological Evaluation of Children & Families
- \*PSY 648: Psychological Evaluation in Physical Disorders
- \*PSY 656: Introduction to Evidence-Based Psychological Treatment
- \*PSY 657: Introduction Psychotherapy, Ethics, & Professional Issues
- \*PSY 670: Practicum Clinical Psychology
- PSY 692: Seminar in Personality

# APPENDIX A

## Requirements for ADULT CLINICAL Track [REVISED 5/26/17]

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

**Summary of Requirements Completed: Adult Clinical**

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

**Discipline-Specific Knowledge Courses** (all required; 3 courses, excluding PSY 601, must be taken prior to Quals/M.S. Thesis)

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

**Research Methodology, Statistics, and Data** (all 3 required)

PSY 631: Psychological Statistics, Research Methods and Design \_\_\_\_\_  
 PSY 632: Multiple Regression & Multivariate \_\_\_\_\_  
 PSY 633: Structural Equation Modeling \_\_\_\_\_

**Profession-Wide Competencies** (all 3 required)

PSY 645: Introduction to Psychological Evaluation \_\_\_\_\_  
 PSY 656: Introduction to Evidence-Based Psychological Treatments \_\_\_\_\_  
 PSY 657: Introduction to Psychotherapy, Ethics, and Professional Issues \_\_\_\_\_

**Track Specific Requirements** (\* indicates required)

PSY 642: Advanced Psychopathology\* \_\_\_\_\_  
 PSY 646: Psychological Evaluation of Adults\* \_\_\_\_\_  
 Intervention course: PSY 685, 687 or other approved course. (\*1 required) \_\_\_\_\_

**Elective:** (1 elective required to meet requirement of 16 3-credit courses)

PSY 602, 610, 616, 641, 648, 660, 662 or other approved course: \_\_\_\_\_

**Practicum in Clinical Psychology** (PSY 670 or 671; indicate setting and semester completed; 6 semesters required)

	Practicum Site(s)	Face-to-Face Hours	Supervision Hours
First Year			
Second Year			
Third Year			
Fourth Year			
		Total:	Total:

Face-to-Face (450 – 500 hours required prior to internship); Supervision (minimum of 150 hours required prior to internship)

**Advanced Practicum** (Indicate semester(s) and assessment or therapy) \_\_\_\_\_

**Online Course for Supervision and Consultation** (indicate date of completion): \_\_\_\_\_

**Qualifying Procedures** (indicate when passed) \_\_\_\_\_

**Teaching Requirement** (Indicate course and semester taught): \_\_\_\_\_

**Primary Research Mentor:** \_\_\_\_\_

Other/Additional Mentors: \_\_\_\_\_

**Research Productivity** (3 presentations or 1 publication required to graduate)

	Publication(s)	Presentation(s)		Publication(s)	Presentation(s)
First Year			Second Year		
Third Year			Fourth Year		
Fifth Year			<b>Overall Totals:</b>		

**Masters thesis** (indicate topic, committee members and date completed; six credits of PSY 810 required)

\_\_\_\_\_

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

\_\_\_\_\_

(12 credits of PSY 830 are required, from 1 to 6 per semester, no more than 3 of which may be prior to proposal acceptance.)

**APA Accredited Clinical Internship** (PSY 804; indicate setting and year) \_\_\_\_\_

(Enrollment in PSY 804 (Clinical Internship) is required and continuous enrollment at UM is required until dissertation defense; students may enroll for 1 dissertation credit per semester following internship to maintain continuous registration.)

# Proposed Illustrative Course Schedule: ADULT CLINICAL Track

## FIRST YEAR

### Fall Semester

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

### Spring Semester

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

## SUMMER

PSY 706: Summer Practicum	1 cr.
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## SECOND YEAR

### Fall Semester

PSY 605: Cognitive Neuroscience OR 633: Structural Equation Modeling <b>OR</b> EPS 674: An Introduction to Multilevel Modeling	3 cr.
PSY 656: Introduction to Evidence-Based Psychological Treatments	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 810: Master's Research	3 cr.
	10 cr.

### Spring Semester

PSY 646: Psychological Evaluation Adults OR 614: Diversity Issues in Psychology	3 cr.
PSY 604: Cognition and Emotion <b>OR</b> 642: Advanced Psychopathology <b>OR</b> 6xx: Specialty Intervention Course	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 810: Master's Thesis	3 cr.
	10 cr.

## SUMMER

PSY 706: Summer Practicum	1 cr.
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### THIRD YEAR

#### Fall Semester

If Not Teaching:		<u>IF Teaching:</u>	
PSY 605: Cognitive Neuroscience <b>OR</b> 633 Structural Equation Modeling	3 cr	PSY 605 OR 633	3 cr
PSY 6xx: Specialty Intervention Course <b>OR</b> Elective	3 cr	PSY 670	1 cr
PSY 6xx: Elective	3 cr	PSY 680	3 cr
PSY 670: Practicum in Clinical Psychology	1 cr	PSY 681	3 cr
	10 cr		10 cr

#### Spring Semester

If Not Teaching:		<u>IF Teaching:</u>	
PSY 620: Developmental Psychology	3 cr	PSY 620	3 cr
PSY 604: Cognition and Emotion	3 cr	PSY 680	3 cr
<b>OR</b> 642: Advanced Psychopathology			
PSY 6xx: Specialty Intervention Course	3 cr	PSY 681	3 cr
<b>OR</b> PSY 6xx: Elective			
PSY 670: Practicum in Clinical Psychology	1 cr	PSY 670	1 cr
	10 cr		10 cr

### SUMMER

PSY 706 – Summer Practicum 1 cr.

### FOURTH YEAR

#### Fall Semester

PSY 6xx: Specialty Intervention (if not already taken)	3 cr.
PSY 6xx: Elective OR 730	3 cr
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 830: Doctoral Dissertation	3 cr.
	10 cr.

#### Spring Semester

PSY 640/642 if not taken 3rd year (due to teaching)	3 cr.
PSY 6xx: Elective OR 730	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 830: Doctoral Dissertation	3 cr.
	10 cr.

Need: Total of 16 courses of which 7 are Foundation (601, 604, 605, 614, 620, 625, 640), 3 are statistics (631, 632, 633) and 3 are clinical requirements (656, 657, 645) and 3 are track-specific (642, 646, specialty intervention). Note: 3 Foundation courses (excluding PSY 601) must be taken prior to MS/Quals.

# APPENDIX B

## Requirements of CLINICAL CHILD/FAMILY TRACK [REVISED 5/26/17]

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

**Summary of Requirements Completed: Child/Family Clinical**

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

**Discipline-Specific Knowledge Courses** (all required; 3 courses, excluding PSY 601, must be taken prior to Quals/M.S. Thesis)

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

**Research Methodology, Statistics, and Data** (all 3 required)

PSY 631: Psychological Statistics, Research Methods and Design \_\_\_\_\_  
 PSY 632: Multiple Regression and Multivariate Statistics \_\_\_\_\_  
 PSY 633: Structural Equation Modeling \_\_\_\_\_

**Profession-Wide Competencies** (all 3 required)

PSY 645: Introduction to Psychological Evaluation \_\_\_\_\_  
 PSY 656: Introduction to Evidence-Based Psychological Treatments \_\_\_\_\_  
 PSY 657: Introduction to Psychotherapy, Ethics, and Professional Issues \_\_\_\_\_

**Track Specific Requirements** (\* indicates required)

PSY 647: Psychological Evaluation of Children and Families\* \_\_\_\_\_  
 PSY 660: Evidence-Based Psychological Intervention with Child and Families\* \_\_\_\_\_  
 PSY 636: Developmental Methodology\* (or other Research Methods course) \_\_\_\_\_

**Electives:** (1 elective required to graduate to meet requirement of 16 3-credit courses)

PSY 602, 610, 616, 641, 648, 660, 662 or other approved course: \_\_\_\_\_

**Practicum in Clinical Psychology** (PSY 670 or 671; indicate setting and semester completed; 6 semesters required)

	Practicum Site(s)	Face-to-Face Hours	Supervision Hours
First Year			
Second Year			
Third Year			
Fourth Year			
		Total:	Total:

*Face-to-Face (450 – 500 hours required prior to internship); Supervision (minimum of 150 hours required prior to internship)*

Advanced Practicum (Indicate semester(s) and assessment or therapy) \_\_\_\_\_

**Online Course for Supervision and Consultation** (indicate date of completion): \_\_\_\_\_

**Qualifying Procedures** (indicate when passed) \_\_\_\_\_

**Teaching Requirement** (Indicate course and semester taught): \_\_\_\_\_

**Primary Research Mentor:** \_\_\_\_\_

Other/Additional Mentors: \_\_\_\_\_

**Research Productivity** (3 presentations or 1 publication required to graduate)

	Publication(s)	Presentation(s)		Publication(s)	Presentation(s)
First Year			Second Year		
Third Year			Fourth Year		
Fifth Year			<b>Overall Totals:</b>		

**Masters thesis** (indicate topic, committee members and date completed; six credits of PSY 810 required)

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

(12 credits of PSY 830 are required, from 1 to 6 per semester, no more than 3 of which may be prior to proposal acceptance.)

**APA Accredited Clinical Internship** (PSY 804; indicate setting and year) \_\_\_\_\_

(Enrollment in PSY 804 (Clinical Internship) is required and continuous enrollment at UM is required until dissertation defense; students may enroll for 1 dissertation credit per semester following internship to maintain continuous registration.)

# Proposed Illustrative Course Schedule for: CHILD CLINICAL Track FIRST YEAR

## Fall Semester

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

## Spring Semester

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

## SUMMER

PSY 706 – Summer Practicum 1 cr.

## SECOND YEAR

### Fall Semester

<b>IF OFFERED:</b> PSY 660: Evidence-Based Psychological Interventions with Child and Families	
<b>IF NOT:</b> PSY 605: Cognitive Neuroscience <b>OR</b> 625: Social Psychology	3 cr.
PSY 633: Structural Equation Modeling	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 810: Master's Thesis	<u>3 cr.</u>
	10 cr.

### Spring Semester

PSY 620: Developmental Psychology	3 cr.
PSY 604: Cognition and Emotion <b>OR</b> 614: Diversity Issues in Psychology	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 810: Master's Thesis	<u>3 cr.</u>
	10 cr.

## SUMMER

PSY 706 – Summer Practicum 1 cr.

## THIRD YEAR

### Fall Semester

<b>IF OFFERED:</b> PSY 660: Evidence-Based Psychological Interventions with Child and Families	
<b>IF NOT:</b> PSY 605: Cognitive Neuroscience <b>OR</b> 625: Social Psychology	3 cr.
PSY 605: Cognitive Neuroscience <b>OR</b> 625: Social Psychology	3 cr.
PSY 680/830: Research Credit/Doctoral Dissertation	3 cr.
PSY 670: Practicum in Clinical Psychology	<u>1 cr.</u>
	10 cr.

### Spring Semester

PSY 604: Cognition and Emotion <b>OR</b> 614: Diversity Issues in Psychology	3 cr.
PSY 6xx: Elective <b>OR</b> Research Credit	3 cr.
PSY 680/830: Research Credit/Doctoral Dissertation	3 cr.
PSY 670: Practicum in Clinical Psychology	<u>1 cr.</u>
	10 cr.

## SUMMER

PSY 706 – Summer Practicum 1 cr.

## **FOURTH YEAR**

### **Fall Semester**

PSY 640: Adult Psychopathology	3 cr.
PSY 6xx: Elective or 730	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 830: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

### **Spring Semester**

PSY 6xx: Elective	3 cr.
PSY 6xx: Elective or 730	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 830: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

Need: Total of 16 courses of which 7 are Foundation (601, 604, 605, 614, 620, 625, 641), 3 are statistics (631, 632, 633) and 3 are clinical requirements (656, 657, 645) and 3 are track-specific (647, 660, one additional psychopathology or developmental course). Note: 3 Foundation courses (excluding PSY 601) must be taken prior to MS/Quals.

# APPENDIX C

## Requirements for PEDIATRIC HEALTH Clinical Track [REVISED 5/26/17]

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

**Summary of Requirements Completed: Pediatric Health**

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

**Discipline-Specific Knowledge Courses** (all required; 3 courses, excluding PSY 601, must be taken prior to Quals/M.S. Thesis)

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

**Research Methodology, Statistics, and Data** (all 3 required)

PSY 631: Psychological Statistics, Research Methods and Design \_\_\_\_\_  
 PSY 632: Multiple Regression and Multivariate Statistics \_\_\_\_\_  
 PSY 633: Structural Equation Modeling \_\_\_\_\_

**Profession-Wide Competencies** (all 3 required)

PSY 645: Introduction to Psychological Evaluation \_\_\_\_\_  
 PSY 656: Introduction to Evidence-Based Psychological Treatments \_\_\_\_\_  
 PSY 657: Introduction to Psychotherapy, Ethics, and Professional Issues \_\_\_\_\_

**Track Specific Requirements** (\* indicates required)

PSY 636: Developmental Methodology or other research methods course\* \_\_\_\_\_  
 PSY 647: Psychological Evaluation of Children and Families\* \_\_\_\_\_  
 PSY 660: Evidence-Based Psychological Intervention with Child and Families\* \_\_\_\_\_  
 PSY 661: Interventions in Pediatric Psychology\* \_\_\_\_\_  
 Electives (if taken): PSY 602, 610, 616, 640, 648, 685, 687 or other approved course: \_\_\_\_\_

**Practicum in Clinical Psychology** (PSY 670 or 671; indicate setting and semester completed; 6 semesters required)

	Practicum Site(s)	Face-to-Face Hours	Supervision Hours
First Year			
Second Year			
Third Year			
Fourth Year			
		Total:	Total:

Face-to-Face (450 – 500 hours required prior to internship); Supervision (minimum of 150 hours required prior to internship)

Advanced Practicum (Indicate semester(s) and assessment or therapy) \_\_\_\_\_

**Online Course for Supervision and Consultation** (indicate date of completion): \_\_\_\_\_

**Qualifying Procedures** (indicate when passed) \_\_\_\_\_

**Teaching Requirement** (Indicate course and semester taught): \_\_\_\_\_

**Primary Research Mentor:** \_\_\_\_\_

Other/Additional Mentors: \_\_\_\_\_

**Research Productivity** (3 presentations or 1 publication required to graduate)

	Publication(s)	Presentation(s)		Publication(s)	Presentation(s)
First Year			Second Year		
Third Year			Fourth Year		
Fifth Year			<b>Overall Totals:</b>		

**Masters thesis** (indicate topic, committee members and date completed; six credits of PSY 810 required)

\_\_\_\_\_

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

\_\_\_\_\_

(12 credits of PSY 830 are required, from 1 to 6 per semester, no more than 3 of which may be prior to proposal acceptance.)

**APA Accredited Clinical Internship** (PSY 804; indicate setting and year) \_\_\_\_\_

(Enrollment in PSY 804 (Clinical Internship) is required and continuous enrollment at UM is required until dissertation defense; students may enroll for 1 dissertation credit per semester following internship to maintain continuous registration.)

# Proposed Illustrative Course Schedule for: PEDIATRIC HEALTH Track

## FIRST YEAR

### Fall Semester

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

### Spring Semester

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

## SUMMER

PSY 706 – Summer Practicum 1 cr.

## SECOND YEAR

### Fall Semester

PSY 660: Evidence-Based Psychological Interventions with Child and Families <b>OR</b>	
PSY 661: Interventions in Pediatric Psychology PSY 633:	3 cr.
Structural Equation Modeling	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 810: Master's Thesis	<u>3 cr.</u>
	10 cr.

### Spring Semester

PSY 620: Developmental Psychology	3 cr.
PSY 604: Cognition and Emotion <b>OR</b> 614: Diversity Issues in	3 cr.
Psychology	1 cr.
PSY 670: Practicum in Clinical Psychology	<u>3 cr.</u>
PSY 810: Master's Thesis	10 cr.

## SUMMER

PSY 706 – Summer Practicum 1 cr.

## THIRD YEAR

### Fall Semester

PSY 660: Evidence-Based Psychological Interventions with Child and Families <b>OR</b>	
PSY 661: Interventions in Pediatric Psychology	3 cr.
PSY 605: Cognitive Neuroscience <b>OR</b> 625: Social Psychology	3 cr.
PSY 680/830: Research Credit/Doctoral Dissertation	3 cr.
PSY 670: Practicum in Clinical Psychology	<u>1 cr.</u>
	10 cr.

### Spring Semester

PSY 604: Cognition and Emotion <b>OR</b> 614: Diversity Issues in Psychology	3 cr.
PSY 6xx: Elective	3 cr.
PSY 680/830: Research Credit/Doctoral Dissertation	3 cr.
PSY 670: Practicum in Clinical Psychology	<u>1 cr.</u>
	10 cr.

SUMMER

PSY 706 – Summer Practicum 1 cr.

**FOURTH YEAR**

Fall Semester

PSY 605: Cognitive Neuroscience <b>OR</b> 625: Social Psychology	3 cr.
PSY 640: Adult Psychopathology	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 830: Doctoral Dissertation	<u>3 cr.</u>
	10cr.

Spring Semester

PSY 6xx: Elective	3 cr.
PSY 6xx: Elective or 830	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 830: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

Need: Total of 16 courses of which 7 are Foundation (601, 604, 605, 614, 620, 625, 641), 3 are statistics (631, 632, 633) and 3 are clinical requirements (656, 657, 645) and 4 are track-specific (647, 660, 661, and one additional psychopathology or developmental course).

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

# APPENDIX D

## Requirements for DEVELOPMENTAL Track

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

### Summary of Requirements Completed: Developmental

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

#### Developmental Foundation Courses (6 courses required):

- PSY 620 - Developmental Psychology (developmental core)
- PSY 621 - Theories of Development (developmental core)
- PSY 636 - Research Methods with Children and Adolescents (developmental core)
- PSY 622 - Cognitive Development (developmental core)
- PSY 623 - Language Development (developmental core)
- PSY 624 - Social Development (developmental core)

#### One Additional Departmental Core Course (1 course required):

- PSY 604 - Cog Affective Basis of Behavior
- PSY 605 - Cognitive Neuroscience
- PSY 625 - Social Psychology
- PSY 641 - Child & Adolescent Psychopathology
- PSY 640 - Psychopathology
- PSY 683 - Diversity

#### Methodology Courses (3 courses required):

- PSY 631 - Advanced Psychological Statistics
- PSY 632 - Multiple Regression & Statistics
- PSY633|PSY634 – Structural Equation Modeling or Multilevel Modeling)

#### Research Practicum

PSY 677: Developmental Research Practicum (BrownBag; 1 credit) \_\_\_\_\_

#### Electives (\*required)

Three courses. Any non-required Psychology course may be taken as an elective (e.g. PSY 604, 605, 625, 641, 640, 683, 638, 639, 647, 651, 666]

First Course: \_\_\_\_\_

Second Course: \_\_\_\_\_

Third Course \_\_\_\_\_

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

#### Research

Masters thesis (indicate topic, committee members and date completed; six credits PSY 810 required)

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

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#### Teaching Requirement

Indicate course, supervisor and semester taught: \_\_\_\_\_

# Illustrative Course Schedule for DEVELOPMENTAL Track

## FIRST YEAR

### Fall Semester

PSY 601: Issues in Professional Development and Research	1 cr.
PSY 631: Psychological Statistics, Research Methods, and Design	3 cr.
PSY 605: Cognitive Neuroscience	3 cr.
PSY 621: Theories of Development	<u>3 cr.</u>
	10 cr.

### Spring Semester

PSY 632: Multiple Regression and Multivariate Statistics	3 cr.
PSY 620: Developmental Psychology	3 cr.
PSY 636: Developmental Methodology	3 cr.
PSY 677: Developmental Brownbag	<u>1 cr.</u>
	10cr.

## SECOND YEAR

### Fall Semester

PSY 634: Multilevel Modeling	3 cr.
PSY 622: Cognitive Development	3 cr.
PSY 810: Masters Thesis	<u>3 cr.</u>
	9 cr.

### Spring Semester

PSY 604 Cog Affective Basis of Behavior (elective)	3 cr.
PSY 623 - Language Development	3 cr.
PSY 810: Master's Thesis	3 cr.
PSY 677: Developmental Brownbag	<u>1 cr.</u>
	10 cr.

## THIRD YEAR

### Fall Semester

PSY 624 - Social Development	3 cr.
PSY 633: Structural Equation Modeling (elective)	3 cr.
PSY 647 - Psychological Eval of Children & Families (elective)	3 cr.
	9 cr.

### Spring Semester

Teaching Requirement (required finished Thesis)	
PSY 830: Dissertation	5 cr.
PSY 625 - Social Psychology	3 cr.
PSY 677: Developmental Brownbag	<u>1 cr.</u>
	9 cr.

## FOURTH YEAR

### Fall Semester

PSY 830: Dissertation	<u>9 cr.</u>
	9 cr.

### Spring Semester

PSY 830: Dissertation	8 cr.
PSY 677: Developmental Brownbag	<u>1 cr.</u>
	9 cr.
PSY 638: Elective	<u>3 cr.</u>

# APPENDIX E

## Requirements for HEALTH CLINICAL Track [REVISED 5/26/17]

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

**Summary of Requirements Completed: Health Clinical**

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

**Discipline-Specific Knowledge Courses** (all required; 3 courses, excluding PSY 601, must be taken prior to Quads/M.S. Thesis)

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

**Research Methodology, Statistics, and Data** (all 3 required)

PSY 631: Psychological Statistics, Research Methods and Design \_\_\_\_\_  
 PSY 632: Multiple Regression and Multivariate Statistics \_\_\_\_\_  
 PSY 633: Structural Equation Modeling \_\_\_\_\_

**Profession-Wide Competencies** (all 3 required)

PSY 645: Introduction to Psychological Evaluation \_\_\_\_\_  
 PSY 656: Introduction to Evidence-Based Psychological Treatments \_\_\_\_\_  
 PSY 657: Introduction to Psychotherapy, Ethics, and Professional Issues \_\_\_\_\_

**Track Specific Requirements** (\* indicates required)

PSY 606: Biobehavioral Processes and Disease in Health Psychology\* \_\_\_\_\_  
 PSY 610: Behavioral Medicine: Overview of Basic Science, Public Health and Clinical Trials\* \_\_\_\_\_  
 PSY 616: Biobehavioral Processes and Clinical Research Applications in Health Psychology\* \_\_\_\_\_  
 PSY 648: Psychological Evaluation in Physical Disorders\* \_\_\_\_\_  
 PSY 662: Health Psychology Interventions\* \_\_\_\_\_  
 Electives (if taken): PSY 602, 603, 615, 641, 660, 661, 685, 687 or other approved course: \_\_\_\_\_

**Practicum in Clinical Psychology** (PSY 670 or 671; indicate setting and semester completed; 6 semesters required)

	Practicum Site(s)	Face-to-Face Hours	Supervision Hours
First Year			
Second Year			
Third Year			
Fourth Year			
		Total:	Total:

Face-to-Face (450 – 500 hours required prior to internship); Supervision (minimum of 150 hours required prior to internship)

Advanced Practicum (Indicate semester(s) and assessment or therapy) \_\_\_\_\_

**Online Course for Supervision and Consultation** (indicate date of completion): \_\_\_\_\_

**Qualifying Procedures** (indicate when passed) \_\_\_\_\_

**Teaching Requirement** (Indicate course and semester taught): \_\_\_\_\_

**Primary Research Mentor:** \_\_\_\_\_

Other/Additional Mentors: \_\_\_\_\_

**Research Productivity** (3 presentations or 1 publication required to graduate)

	Publication(s)	Presentation(s)		Publication(s)	Presentation(s)
First Year			Second Year		
Third Year			Fourth Year		
Fifth Year			<b>Overall Totals:</b>		

**Masters thesis** (indicate topic, committee members and date completed; six credits of PSY 810 required)

\_\_\_\_\_

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

\_\_\_\_\_

(12 credits of PSY 830 are required, from 1 to 6 per semester, no more than 3 of which may be prior to proposal acceptance.)

**APA Accredited Clinical Internship** (PSY 804; indicate setting and year) \_\_\_\_\_

(Enrollment in PSY 804 (Clinical Internship) is required and continuous enrollment at UM is required until dissertation defense; students may enroll for 1 dissertation credit per semester following internship to maintain continuous registration.)

# Proposed Illustrative Course Schedule for: HEALTH CLINICAL Track

## FIRST YEAR

### Fall Semester

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

### Spring Semester

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

### SUMMER

PSY 706 – Summer Practicum	1 cr.
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## SECOND YEAR

### Fall Semester

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

### Spring Semester

PSY 648: Psychological Evaluation in Physical Disorders	3 cr.
PSY 614: Diversity Issues in Psychology	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 810: Master's Thesis	<u>3 cr.</u>
	10 cr.

### SUMMER

PSY 706 – Summer Practicum	1 cr.
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## THIRD YEAR

### Fall Semester

PSY 662: Health Psychology Interventions	3 cr.
PSY 625: Social Psychology	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 810: Master's Thesis	<u>3 cr.</u>
	10cr.

### Spring Semester

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

SUMMER  
PSY 706 – Summer Practicum 1 cr.

**FOURTH YEAR**

Fall Semester

PSY 6xx: Elective	3 cr.
PSY 6xx: Elective	3 cr.
PSY 670: Practicum in Clinical Psychology	1 cr.
PSY 830: Doctoral Dissertation	<u>3 cr.</u>
	10 cr.

Spring Semester

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

Need: Total of 16 courses of which 7 are Foundation (601, 604, 605, 620, 625, 640, 614), 3 are statistics (631, 632, 633) and 3 are clinical requirements (656, 657, 645) and 3 are track-specific (642, 646, specialty intervention).

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

# APPENDIX F

## Requirements for COGNITIVE and BEHAVIORAL NEUROSCIENCE Track \*[Revised 8/01/17]

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

### Summary of Requirements Completed: Cognitive Neuroscience

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

#### **Discipline-Specific Knowledge Courses** (all required; 3 courses, excluding PSY 601, must be taken prior to Quals/M.S. Thesis)

PSY 601: Issues in Professional Development and Research \_\_\_\_\_

PSY 603: Neuroanatomy \_\_\_\_\_

PSY 604: Cognition and Emotion \_\_\_\_\_

PSY 605: Cognitive Neuroscience \_\_\_\_\_

PSY 690: Neuroimaging in the Psychological Sciences 1: Methods \_\_\_\_\_

PSY 691: Neuroimaging in the Psychological Sciences 2: Applications and Cultural Context \_\_\_\_\_

#### **Research Methodology, Statistics, and Data** (all 3 required)

PSY 631: Psychological Statistics, Research Methods and Design \_\_\_\_\_

PSY 632: Multiple Regression and Multivariate Statistics \_\_\_\_\_

PSY 633: Structural Equation Modeling or PSY 634: Multilevel Modeling \_\_\_\_\_

#### **Requirements for Health-focused Students**

PSY 606: Biobehavioral Processes and Disease in Health Psychology \_\_\_\_\_

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

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

#### **Requirements for Developmental-focused Students**

PSY 622: Cognitive Development

##### **Two of the following:**

PSY 620: Developmental Psychology

PSY 623: Language Development

PSY 624: Social Development

PSY 636: Research Methods with Children and Adolescents

#### **Electives (Two required of all students)**

PSY 614: Diversity issues in Psychology \_\_\_\_\_

PSY 620: Developmental Psychology \_\_\_\_\_

PSY 625: Social Psychology \_\_\_\_\_

PSY 640: Adult Psychopathology \_\_\_\_\_

PSY 641: Child and Adolescent Psychopathology \_\_\_\_\_

PSY 602: Scientific Writing and Grantsmanship \_\_\_\_\_

PSY 609: Psychopharmacology \_\_\_\_\_

PSY 612: Stress, Motivation and Emotion \_\_\_\_\_

PSY 615: Foundations of Neuropsychology \_\_\_\_\_

PSY 741: Membrane Physiology and Biophysics \_\_\_\_\_

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

#### **Research Mentor(s)**

Primary Mentor: \_\_\_\_\_

Other/Additional Mentors: \_\_\_\_\_

**Masters thesis** (indicate topic, committee members and date completed; six credits PSY 810 required)

\_\_\_\_\_

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

\_\_\_\_\_

#### **Teaching Requirement**

Indicate course, supervisor and semester taught: \_\_\_\_\_

# Illustrative Course Schedule for COGNITIVE AND BEHAVIORAL NEUROSCIENCE Track (Health focus)

## First Year

### Fall Semester

- PSY 601: Issues in Professional Development and Research (1 credit)  
PSY 631: Psychological Statistics, Research Methods and Design (3 credits)  
PSY 605: Cognitive Neuroscience (3 credits)  
PSY 610: Behavioral Medicine: Overview of Basic Science, Population Health, and Clinical Trials (3 credits)

Total: 10 credits

### Spring Semester

- PSY 606: Biobehavioral Processes and Disease (3 credits)  
PSY 632: Multiple Regression and Multivariate Statistics (3 credits)  
PSY 690: Neuroimaging in the Psychological Sciences 1 - Methods (3 credits)

Total: 9 credits

## Second Year

### Fall Semester

- PSY 603: Neuroanatomy (3 credits)  
PSY 633: Structural Equation Modeling (3 credits) or Psych 634: An introduction to Multilevel Modeling (3 credits)  
PSY 616: Biobehavioral Processes and Clinical Research Applications (3 credits)

Total: 9 credits

### Spring Semester

- PSY 691: Neuroimaging in the Psychological Sciences 2 - Applications and Cultural Context (3 credits)  
PSY 604: Cognition and Emotion (3 credits)  
PSY 810: Master's Research (3 credits)

Total: 9 credits

## Third Year

### Fall Semester

- PSY 609: Psychopharmacology - Elective (3 credits)  
PSY 810: Master's Research (3 credits)

Total: 6 credits

### Spring Semester

- PSY 602: Scientific Writing and Grantsmanship - Elective (3 credits)  
PSY 830: Doctoral Dissertation (3 credits)

Total: 6 credits

## Fourth Year

### Fall Semester

- PSY 830: Doctoral Dissertation (3 credits)  
PSY 830: Doctoral Dissertation (3 credits)

Total: 6 credits

Spring Semester

PSY 830: Doctoral Dissertation (3 credits)

PSY 830: Doctoral Dissertation (3 credits)

Total: 6 credits

## Illustrative Course Schedule for COGNITIVE AND BEHAVIORAL NEUROSCIENCE Track (Developmental focus)

### First Year

#### Fall Semester

- PSY 601: Issues in Professional Development and Research (1 credit)  
PSY 631: Psychological Statistics, Research Methods and Design (3 credits)  
PSY 605: Cognitive Neuroscience (3 credits)  
PSY 641: Child and Adolescent Psychopathology - Elective (3 credits)

Total: 10 credits

#### Spring Semester

- PSY 632: Multiple Regression and Multivariate Statistics (3 credits)  
PSY 636: Research Methods with Children and Adolescents (3 credits)  
PSY 690: Neuroimaging in the Psychological Sciences 1 - Methods (3 credits)

Total: 9 credits

### Second Year

#### Fall Semester

- PSY 603: Neuroanatomy (3 credits)  
PSY 633: Structural Equation Modeling (3 credits) or Psych 634: An introduction to Multilevel Modeling (3 credits)  
PSY 604: Cognition and Emotion (3 credits)

Total: 9 credits

#### Spring Semester

- PSY 691: Neuroimaging in the Psychological Sciences 2 - Applications and Cultural Context (3 credits)  
PSY 623: Language Development (3 credits)  
PSY 810: Master's Research (3 credits)

Total: 9 credits

### Third Year

#### Fall Semester

- PSY 602: Scientific Writing and Grantsmanship - Elective (3 credits)  
PSY 810: Master's Research (3 credits)

Total: 6 credits

#### Spring Semester

- PSY 622: Cognitive Development (3 credits)  
PSY 830: Doctoral Dissertation (3 credits)

Total: 6 credits

### Fourth Year

#### Fall Semester

- PSY 830: Doctoral Dissertation (3 credits)  
PSY 830: Doctoral Dissertation (3 credits)

Total: 6 credits

Spring Semester

PSY 830: Doctoral Dissertation (3 credits)

PSY 830: Doctoral Dissertation (3 credits)

Total: 6 credits

\* The Cognitive and Behavioral Neuroscience curriculum is designed for non-clinical students. Clinical students interested in neuroscience will be admitted through the division where their mentor holds an affiliation (Health/Child/Adult), for administrative and clinical training purposes. With input from their research mentor, clinical students will choose elective coursework to enhance their training in Cognitive and Behavioral Neuroscience, as permitted by requirements of the clinical curriculum.

# Appendix G

## Requirements for EVOLUTION and BEHAVIOR Track

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

The Evolution and Behavior Track is interdisciplinary within the Psychology Department's Adult Division. This emphasis is aimed at producing the next generation of evolution-minded researchers in the field of psychology. Faculty and graduate students working in this area are focused on discovering the evolved structure of the human mind.

### Summary of Requirements Completed: Evolution and Behavior Track

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

#### **Discipline-Specific Knowledge Courses** (all required; 3 courses, excluding PSY 601, must be taken prior to Quals/M.S. Thesis)

PSY 601: Issues in Professional Development and Research \_\_\_\_\_

PSY 604: Cognition and Emotion **OR** PSY 605: Cognitive Neuroscience \_\_\_\_\_

PSY 620: Developmental Psychology \_\_\_\_\_

PSY 625: Social Psychology \_\_\_\_\_

#### **Research Methodology, Statistics, and Data** (all 3 required)

PSY 631: Psychological Statistics, Research Methods and Design \_\_\_\_\_

PSY 632: Multiple Regression and Multivariate Statistics \_\_\_\_\_

PSY 633: Structural Equation Modeling or PSY 634: Multilevel Modeling \_\_\_\_\_

#### **Electives (9 courses required)**

PSY 633/634 (course not taken as part of Core)

PSY 698: Seminar in Quantitative Psychology

EPS 706: Categorical Data Analysis

EPS 661: Measurement

EPS 662: Item Response Theory

EPS 650: Meta-analytic methods

BST 630: Longitudinal Data

EPH 651: Survival Analysis in Clinical Trials

PSY XXX: Seminar in Evolution and Cognition

PSY 655: Evolution & Sex (new course; concurrent w/ PSY455)

BIL 656: Ecological and Evolution Genomics

BIL 665: Evolution and Development

BIL 612/613: Graduate Core

BIL 649: Seminar in Behavior

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

#### **Research Mentor(s)**

Primary Mentor: \_\_\_\_\_

Other/Additional Mentors: \_\_\_\_\_

**Masters thesis** (indicate topic, committee members and date completed; six credits PSY 810 required)

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

#### **Teaching Requirement**

Indicate course, supervisor and semester taught: \_\_\_\_\_

# Illustrative Course Schedule for EVOLUTION AND BEHAVIOR Track

See your advisor for this information beyond the second year

## FIRST YEAR

### Fall Semester

PSY 601: Issues in Professional Development and Research	1 cr.
PSY 605: Cognitive Neuroscience	3 cr.
PSY 631: Psychological Statistics, Research Methods and Design	3 cr.
Elective	<u>3 cr.</u>
	10 cr.

### Spring Semester

PSY 625: Social Psychology	3 cr.
PSY 620: Developmental Psychology	3 cr.
PSY 632: Multiple Regression and Multivariate Statistics	3 cr.
PSY 693: Seminar in Evolution and Behavior	<u>1 cr.</u>
	10 cr.

## SECOND YEAR

### Fall Semester

PSY 633: Structural equation modeling	3 cr.
Electives	<u>6 cr.</u>
	9 cr.

### Spring Semester

PSY 634: Multilevel modeling	3 cr.
PSY 810: Master's thesis	<u>6 cr.</u>
	9 cr.

## THIRD YEAR

### Fall Semester

Electives	9 cr.
-----------	-------

### Spring Semester

Electives	3 cr.
PSY 830: Doctoral Dissertation	3 cr.

## FOURTH YEAR

### Fall Semester

PSY 830: Doctoral Dissertation	6 cr.
--------------------------------	-------

### Spring Semester

PSY 830: Doctoral Dissertation	3 cr.
--------------------------------	-------

# APPENDIX H

## Requirements for BEHAVIORAL MEDICINE Track

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

### Summary of Requirements Completed: Behavioral Medicine

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

#### **Discipline-Specific Knowledge Courses** (all required; 3 courses, excluding PSY 601, must be taken prior to Quads/M.S. Thesis)

PSY 601: Issues in Professional Development and Research \_\_\_\_\_

PSY 604: Cognition and Emotion \_\_\_\_\_

PSY 605: Cognitive Neuroscience \_\_\_\_\_

PSY 614: Diversity Issues in Psychology \_\_\_\_\_

PSY 620: Developmental Psychology \_\_\_\_\_

PSY 625: Social Psychology \_\_\_\_\_

PSY 640: Adult Psychopathology \_\_\_\_\_

#### **Research Methodology, Statistics, and Data** (all 3 required)

PSY 631: Psychological Statistics, Research Methods and Design \_\_\_\_\_

PSY 632: Multiple Regression and Multivariate Statistics \_\_\_\_\_

PSY 633: Structural Equation Modeling \_\_\_\_\_

#### **Behavioral Medicine** (required)

PSY 606: Biobehavioral Processes and Disease in Health Psychology \_\_\_\_\_

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

#### **Electives**

PSY 603: Neuroanatomy \_\_\_\_\_

PSY 615: Foundations in Neuropsychology \_\_\_\_\_

PSY 609: Psychopharmacology \_\_\_\_\_

PSY 616: Biobehavioral Processes and Clinical Research

PSY 612: Stress, Emotion and Motivation \_\_\_\_\_

Applications in Health Psychology \_\_\_\_\_

#### **Remaining Electives from Psychology and/or Other Departments**

PSY 645: Introduction to Psychological Evaluation \_\_\_\_\_

PSY 648: Psychological Evaluation in Physical Disorders \_\_\_\_\_

Other Psychology courses: \_\_\_\_\_

Courses in other departments: \_\_\_\_\_

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

#### **Research Mentor(s)**

Primary Mentor: \_\_\_\_\_

Other/Additional Mentors: \_\_\_\_\_

**Masters thesis** (indicate topic, committee members and date completed; six credits PSY 810 required)

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

#### **Teaching Requirement**

Indicate course, supervisor and semester taught: \_\_\_\_\_

# Illustrative Course Schedule: BEHAVIORAL MEDICINE Track

## FIRST YEAR

### Fall Semester

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

### Spring Semester

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

## SECOND YEAR

### Fall Semester

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

### Spring Semester

PSY 604: Cognition and Emotion	3 cr.
PSY 614: Diversity Issues in Psychology	3 cr.
PSY 810: Master's Thesis	<u>3 cr.</u>
	9 cr.

## SUMMER

PSY 810 - Master's Research - 3 cr.

## THIRD YEAR

### Fall Semester

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

### Spring Semester

PSY 609: Psychopharmacology	3 cr.
PSY 620: Developmental Psychology	<u>3 cr.</u>
6 cr.	

## FOURTH YEAR

PSY 830: Doctoral Dissertation	3 cr.
PSY 830: Doctoral Dissertation	3 cr.
Behavior Medicine or Spec. Elective	<u>3 cr.</u>
	9 cr.

### Spring Semester

PSY 830: Doctoral Dissertation	3 cr.
PSY 830: Doctoral Dissertation	3 cr.
Behavior Med or Spec. Elective	<u>3 cr.</u>
	9 cr.

## Appendix I: Minimum Levels of Acceptable Achievement in the Graduate Program

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

### **I. Coursework:**

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

### **II. Research:**

- a. Students must engage in 15 or more hours of research per week, each semester, to remain in good standing.
- b. Students must also receive an overall rating of “satisfactory” from their research mentor each semester, which is based on students’ progress toward their stated research goals.
- c. Students must satisfactorily complete and defend a master’s thesis (typically by the 2<sup>nd</sup> or third year of the program).
- d. Students must satisfactorily complete and defend a dissertation project, typically before or during the clinical internship year, and prior to the end of the 7<sup>th</sup> year of program enrollment)

### **Additional Research Requirements for Students in the Clinical Program:**

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

- a) Presented 3 papers/posters at a scientific meeting (e.g., APA, SBM, SRCD, ABCT) as a first author during their graduate training.
- OR**
- b) Published a peer-reviewed journal article or book chapter as author or co-author during their graduate training.

### **III. Qualifying Procedures or Papers:**

Clinical students must receive a grade of P- or higher in all components of the Clinical Qualifying Procedures.

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

### **IV. Teaching**

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

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

Students must receive a satisfactory grade (S) in all required clinical practica. Practicum

grades are based on students' evaluations from their clinical supervisors, with input from the clinical faculty. Each semester, clinical supervisors rate students' clinical skills and competencies in important areas such as assessment, intervention, ethics, and professional behaviors.

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

## Appendix J: Retention, Remediation, and Termination

### **Required courses.**

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

### **Research.**

Students must engage in 15 or more hours of research per week, each semester, to remain in good standing. At the beginning of each semester students must submit an outline of their planned research activities and this must be reviewed with and signed by their faculty research mentor. At the end of every semester, all students' research progress is evaluated by their faculty mentor, by the division faculty, and by the psychology department faculty as a whole. Students who fail to make satisfactory progress towards the goals proposed in their research outline may receive an unsatisfactory evaluation and in extreme cases may be terminated from the program.

### **Master's Thesis.**

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

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

### **Qualifying Procedure/QUALIFYING PAPER and Admission to Doctoral Candidacy.**

Advancing to doctoral candidacy after completion of the master's degree is not automatic; for advancement to the Ph.D. the faculty may not approve students whose performance has been marginal. One criterion for advancing to Ph.D. candidacy is the successful completion of the Clinical Qualifying Procedures (or Qualifying Paper, for non-clinical Ph.D. programs). Clinical students are required to participate in the Clinical Qualifying Procedures during the summer after the defense of their master's thesis (typically the summer after their third year in the program) and must defend the thesis project no later than May 15<sup>th</sup> of the year they expect to take qualifying exams. The Clinical Qualifying Procedures occur in early summer. Students who fail any of the components of the procedures will be required to retake and them during the subsequent fall semester; failure to do so will result in termination from the clinical program.

### **Dissertation.**

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

### **Internship.**

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

### **Clinical work.**

For clinical graduate students, failure to demonstrate satisfactory performance (e.g., grade of B- or higher) in any clinical course – even after retaking the course, receiving an unsatisfactory practicum evaluation, or failure to abide by APA ethical standards (e.g., confidentiality, record keeping), may result in dismissal from the program. Ethical guidelines and standards are discussed on pages 32 (clinical ethics) and 41-42 (general ethics) and the APA ethics code can be found [online here](#).

### **Professional conduct.**

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

### **Personal Problems.**

As stated in APA's *"Ethical Principles of Psychologists and Code of Conduct"*:

*"Psychologists refrain from initiating an activity when they know, or should know, that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner. When Psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties."*

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

### **Overall Assessment.**

The decision to recommend a student for admission to candidacy for the Ph.D. degree

ultimately resides with the departmental faculty. Faculty advisors and the department as a whole take factors other than satisfactory grades into consideration in determining qualifications for advanced degrees. As mentioned in the “Academic Advising” section of this manual, departments keep records of deferred and plus and minus grades, as well as written evaluations by instructors and supervisors. These factors, along with other skills, aptitude, and record of professional behavior, are considered by the Department in determining satisfactory progress and in decisions to permit students to continue in master’s and doctoral degree programs.

### **Remediation**

a. **Written notification of problems.** Students are provided with detailed, specific feedback in their written evaluation letters when their progress is unsatisfactory or requires placing them on probation; they are also given the names of one or more faculty (e.g., DCT, Division Director, research mentor) who is available to discuss the feedback with them. Every effort is made to speak with the student in a timely manner (within a week or less). In most cases, students will have already received feedback from a clinical supervisor, research mentor, or course instructor that his/her performance has been unsatisfactory. Students are also able to discuss their concerns with the research advisor, DCT, Division Director, academic advisor, practicum supervisor, or other suitable faculty member.

b. **Guidance regarding steps to remediation.** Via meetings with the designated faculty (as indicated above) and/or with the student’s research mentor, DCT, or Division Director, a remediation plan is developed if the problem is considered to be remediable. For example, in the clinical realm, a student may have difficulty acquiring certain skills, progress more slowly than expected, and/or acquire skills and then deteriorate in performance. When a concern is raised about a student by a supervisor or in the course of the semester evaluations, our practice is to clearly describe the concern, linking it to measurable or observable behaviors (e.g., behaviors indicated on the practicum evaluation form). For example, concerns have been raised about students’ professional skills, such as the timely preparation of assessment reports or case notes. Given the nature of our program and the evaluation process, it is likely that independent evaluators (clinical supervisors, DCT, clinical faculty) would be available to document any problems.

# Appendix K Ethical Principles of Psychologists and Code of Conduct 2002

## History and Effective Date Footnote

### INTRODUCTION AND APPLICABILITY

#### PREAMBLE

#### GENERAL PRINCIPLES

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

Principle B: Fidelity and Responsibility

Principle C: Integrity

Principle D: Justice

Principle E: Respect for People's Rights and Dignity

#### ETHICAL STANDARDS

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

1.1 Misuse of Psychologists' Work

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

1.3 Conflicts Between Ethics and Organizational Demands

1.4 Informal Resolution of Ethical Violations

1.5 Reporting Ethical Violations

1.6 Cooperating With Ethics Committees

1.7 Improper Complaints

1.8 Unfair Discrimination Against Complainants and Respondents

##### **2. Competence**

2.1 Boundaries of Competence

2.2 Providing Services in Emergencies

2.3 Maintaining Competence

2.4 Bases for Scientific and Professional Judgments

2.5 Delegation of Work to Others

2.6 Personal Problems and Conflicts

##### **3. Human Relations**

3.1 Unfair Discrimination

3.2 Sexual Harassment

3.3 Other Harassment

3.4 Avoiding Harm

3.5 Multiple Relationships

3.6 Conflict of Interest

#### CONTENTS

3.7 Third-Party Requests for Services

3.8 Exploitative Relationships

3.9 Cooperation With Other Professionals

3.10 Informed Consent

3.11 Psychological Services Delivered To or Through Organizations

3.12 Interruption of Psychological Services

##### **4. Privacy And Confidentiality**

4.1 Maintaining Confidentiality

4.2 Discussing the Limits of Confidentiality

4.3 Recording

4.4 Minimizing Intrusions on Privacy

4.5 Disclosures

4.6 Consultations

4.7 Use of Confidential Information for Didactic or Other Purposes

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

5.1 Avoidance of False or Deceptive Statements

5.2 Statements by Others

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

5.4 Media Presentations

5.5 Testimonials

5.6 In-Person Solicitation

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

6.1 Documentation of Professional and Scientific Work and Maintenance of Records

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

6.3 Withholding Records for Nonpayment

6.4 Fees and Financial Arrangements

6.5 Barter With Clients/Patients

6.6 Accuracy in Reports to Payors and Funding Sources

6.7 Referrals and Fees

##### **7. Education and Training**

7.1 Design of Education and Training Programs

7.2 Descriptions of Education and Training Programs

7.3 Accuracy in Teaching

7.4 Student Disclosure of Personal Information

7.5 Mandatory Individual or Group Therapy

7.6 Assessing Student and Supervisee Performance

7.7 Sexual Relationships with Students and Supervisees

##### **8. Research and Publication**

8.1 Institutional Approval

8.2 Informed Consent to Research

8.3 Informed Consent for Recording Voices and Images in Research

8.4 Client/Patient, Student, and Subordinate Research Participants

8.5 Dispensing With Informed Consent for Research

8.6 Offering Inducements for Research Participation

8.7 Deception in Research

8.8 Debriefing

8.9 Humane Care and Use of Animals in Research

8.10 Reporting Research Results

8.11 Plagiarism

8.12 Publication Credit

8.13 Duplicate Publication of Data

8.14 Sharing Research Data for Verification

8.15 Reviewers

##### **9. Assessment**

9.1 Bases for Assessments

9.2 Use of Assessments

9.3 Informed Consent in Assessments

9.4 Release of Test Data

9.5 Test Construction

9.6 Interpreting Assessment Results

9.7 Assessment by Unqualified Persons

9.8 Obsolete Tests and Outdated Test Results

9.9 Test Scoring and Interpretation Services

9.10 Explaining Assessment Results

9.11 Maintaining Test Security

**10. Therapy**

10.1 Informed Consent to Therapy  
10.2 Therapy Involving Couples or Families

10.3 Group Therapy  
10.4 Providing Therapy to Those Served by Others  
10.5 Sexual Intimacies With Current Therapy Clients/Patients  
10.6 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

10.7 Therapy with Former Sexual Partners  
10.8 Sexual Intimacies with Former Therapy Clients/Patients  
10.9 Interruption of Therapy  
10.10 Terminating Therapy

## **INTRODUCTION AND APPLICABILITY**

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

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

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

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

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

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

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

## **PREAMBLE**

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

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

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

## **GENERAL PRINCIPLES**

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

### **Principle A: Beneficence and Non-maleficance**

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

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

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

### **Principle C: Integrity**

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

### **Principle D: Justice**

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

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

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect

cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

## **ETHICAL STANDARDS**

### **I. Resolving Ethical Issues**

#### **I.1 Misuse of Psychologists' Work**

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

#### **I.2 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority**

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

#### **I.3 Conflicts Between Ethics and Organizational Demands**

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

#### **I.4 Informal Resolution of Ethical Violations**

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards I.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and I.03, Conflicts Between Ethics and Organizational Demands.)

#### **I.5 Reporting Ethical Violations**

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard I.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard I.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

#### **I.6 Cooperating With Ethics Committees**

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

#### **I.7 Improper Complaints**

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

#### **I.8 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**

(a) **Boundaries of Competence** 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.

### **2.1 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.

### **2.2 Maintaining Competence**

Psychologists undertake ongoing efforts to develop and maintain their competence.

### **2.3 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.)

### **2.4 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.)

### **2.5 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**

**3.1 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.

### **3.2 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.)

### 3.3 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.

### 3.4 Avoiding Harm

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

### 3.5 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.)

### 3.6 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.

### 3.7 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.)

### 3.8 Exploitative Relationships

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

### 3.9 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**

### **4.1 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.)

### **4.2 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.

### **4.3 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.)

### **4.4 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.

#### **4.5 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.)

#### **4.6 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.)

#### **4.7 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**

#### **5.1 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.

#### **5.2 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.

#### **5.3 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.

#### **5.4 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.)

### **5.5 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.

### **5.6 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**

### **6.1 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.)

### **6.2 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.)

### **6.3 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.

### **6.4 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.)

### **6.5 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.)

## **6.6 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.)

## **6.7 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**

### **7.1 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.)

### **7.2 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.

### **7.3 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.)

### **7.4 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.

### **7.5 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.)

### **7.6 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.

### **7.7 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**

### **8.1 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.

### **8.2 Informed Consent to Research**

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

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

### **8.3 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.)

### **8.4 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.

### **8.5 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.

### **8.6 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.)

### **8.7 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.)

#### **8.8 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.

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

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

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

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

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

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

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

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

#### **8.10 Reporting Research Results**

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

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

#### **8.11 Plagiarism**

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

#### **8.12 Publication Credit**

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

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

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

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

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

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

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

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

#### **8.15 Reviewers**

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

### **9. Assessment**

#### **9.1 Bases for Assessments**

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

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

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

#### **9.2 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. 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.

#### **9.3 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.)

#### **9.4 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.

#### **9.5 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.

#### **9.6 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.)

#### **9.7 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.)

#### **9.8 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.

#### **9.9 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**

### **10.1 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.

### **10.2 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.)

### **10.3 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.

### **10.4 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.

### **10.5 Sexual Intimacies With Current Therapy Clients/Patients**

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

### **10.6 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.

### **10.7 Therapy With Former Sexual Partners**

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

### **10.8 Sexual Intimacies With Former Therapy Clients/Patients**

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

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

#### **10.9 Interruption of Therapy**

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

#### **10.10 Terminating Therapy**

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

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

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

#### **History and Effective Date Footnote**

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

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author. American

Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282. American

Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60. American

Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361. American

Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23. American

Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists.

*American Psychologist*, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.

Ethics Code 2002.doc 10/8/02

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## Appendix L

### **COUNCIL OF UNIVERSITY DIRECTORS OF CLINICAL PSYCHOLOGY EXPECTATIONS FOR INTERNSHIP ELIGIBILITY**

1. Trainee meets or exceeds foundational and functional competencies as outlined by the Assessment of Competency Benchmarks Work Group.
2. Trainee successfully completed a master's thesis (or equivalent).
3. Trainee passed program's comprehensive or qualifying exams (or equivalent).
4. Trainee's dissertation proposal has been accepted at the time of application to the internship.
5. Trainee successfully completed all required course work for the doctoral degree prior to starting the internship (except hours for dissertation and internship).
6. Trainee completed an organized, sequential series of practicum experiences supervised by at least two different clinical psychologists that involve formalized practicum experience in evidence-based assessment and therapy. The Trainee completed at least 450 face-to-face hours of assessment/intervention and at least 150 hours of supervision by a clinical psychologist who routinely employed individual and/or group supervision models and at least one or more of the following intensive supervision methods (e.g., direct observation, co-therapy, audio/videotape review). During early formative years, the ratio of face-to-face hours to supervision hours approximated 1:1 and increased to around 4:1 as the Trainee developed intermediate to advanced clinical skills.
7. Trainee has contributed to the scientific knowledge within psychology, as evidenced by:
  - a. Publishing an article in a refereed journal or a book chapter as an author or co-author, or
  - b. Presenting at least three papers/posters/workshops at regional, national, or international professional conferences or meetings.
8. Trainee was enrolled in a program that conducts formal annual evaluations of each student for purposes of monitoring trainees' developing competencies and assuring that only students making satisfactory progress are retained and recommended for doctoral candidacy and entry into the profession. This annual program review of each student utilizes evaluations obtained from different faculty and supervisors and covers the full range of competencies including academic, research, clinical skills, and ethical professional behavior. Trainee has been rated as meeting expectations and possessing the required competencies at the time of applying for internship.

Adopted January 22, 2011

**CUDCP suggested language for CUDCP DCTs to provide to applicant Internship programs as part of their APPI statement:**

I am pleased to report that in addition to her/his accomplishments and talents enumerated above, (Name of Student) also has met all of the requirements inherent within our program's commitment to the CUDCP Expectations for Internship Readiness. As a proud member of CUDCP, our program maintains an extremely strong commitment to excellence in doctoral training. Many internship sites have reported to CUDCP that students from member programs are more consistently well prepared, particularly in understanding the role of science in clinical practice. Specifically, we have ensured that our students uniformly meet the following criteria before applying to internship: (a) successful completion of a thesis project, doctoral qualifying examination, required course work, and dissertation proposal; (b) successful completion of a set of organized, sequential practicum experiences spanning across several different training facilities and resulting in the acquisition of a wide range of assessment and intervention skills as well as an introduction to skills in supervising others; (c) contributing to the science of clinical psychology through publication and/or presentation of empirical work in professional outlets; and (d) demonstration of consistent professional and ethical behavior with a diverse group of people across a range of professional settings. Our faculty has unanimously endorsed his/her application for internship.