

Doctoral Program in Clinical Psychology Program Handbook

DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF ARIZONA
TUCSON AZ 85721-0068
(520) 621-1867

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PROGRAM DIRECTOR: DAVID SBARRA

Core faculty:

Gene Alexander

John J.B. Allen

Harold S. Arkowitz

Judith V. Becker

Richard R. Bootzin

Alfred W. Kaszniak

Michael J. Rohrbaugh

Lee Ryan

David A. Sbarra

Lee Sechrest (Emeritus)

Varda Shoham

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1. Clinical Program Faculty

<i>Name</i>	<i>Phone</i>	<i>e-mail address</i>	<i>Main affiliation</i>
CORE FACULTY			
Alexander, Gene	626-1704	gene.alexander@arizona.edu	Psychology
Allen, John	621-4992	jallen@email.arizona.edu	Psychology
Arkowitz, Harold	621-3382	arkowitz@email.arizona.edu	Psychology
Becker, Judith	621-1112	jvbecker@email.arizona.edu	Psychology
Bootzin, Richard	621-5705	bootzin@email.arizona.edu	Psychology
Kaszniak, Alfred	621-5149	kaszniak@email.arizona.edu	Psychology (Dept. Head)
Rohrbaugh, Michael	621-7458	michaelr@email.arizona.edu	Psychology
Ryan, Lee	621-7443	ryant@email.arizona.edu	Psychology
Sbarra, David	626-6426	sbarra@email.arizona.edu	Psychology
Sechrest, Lee (Emeritus)	621-9182	sechrest@email.arizona.edu	Psychology
Shoham, Varda	621-1867	varda@email.arizona.edu	Psychology (Director)
Affiliated Faculty			
Beck, Connie	621-7136	beck@email.arizona.edu	Psychology
Figueredo, Aurelio	621-7444	ajf@email.arizona.edu	Psychology
Glisky, Elizabeth	621-9289	glisky@email.arizona.edu	Psychology (Interim Department Head, 2008-2009 Academic Year)
Jacobs, Jake	626-4825	wjj@email.arizona.edu	Psychology
Sales, Bruce	621-7431	bsales@email.arizona.edu	Psychology
Affiliated Faculty at Other Departments			
Ahern, Geoffrey	626-6524	gahern@email.arizona.edu	Neurology

Herring, Ann	626-2357	aherring@email.arizona.edu	Psychiatry
Kaemingk, Kris	626-6615	kaemingk@peds.arizona.edu	Pediatrics
Katsanis, Joanna	626-2004	katsanis@email.arizona.edu	Psychiatry
Lane, Richard	626-6254	lane@email.arizona.edu	Psychiatry
Moreno, Francisco	626-6509	fmoreno@email.arizona.edu	Psychiatry
Rapcsak, Steven	792-1450	szr@email.arizona.edu	Neurology
Romero, Andrea	626-8137	romeroa@email.arizona.edu	Mexican American Studies
Segrin, Chris	621-7079	segrin@email.arizona.edu	Communications
Catherine Shisslak	626-9876	cms@email.arizona.edu	Community & Family Medicine

Adjunct Faculty

Feldman, Julie	626-3523	julief@email.arizona.edu	Psychology
Garland, Randall		Randall.J.Garland@ssa.gov	Arizona Department of Benefits
Glauber, Peg		pglauber@azcorrections.gov	Arizona State Prison
Miretsky, Donald	318-4882	d.miretsky@worldnet.att.net	Arizona Children's Association
Prouty, Kathleen	325-5196 x 2		Private practice

The clinical psychology graduate program at the University of Arizona has a long and distinguished history, and it has been accredited by the American Psychological Association (APA) since 1962. Information regarding the program's accreditation status is available from The Committee on Accreditation, American Psychological Association, 750 First Street, N.E., Washington, DC 20002-4242. Phone: 202-336-5979.

2. Training philosophy and objectives

The University of Arizona Clinical Psychology Graduate Program prepares students not only to practice clinical psychology but to contribute to the advancement of knowledge in the field. Our program follows a clinical scientist training model.

We believe that clinical practice and research are reciprocally related: Research should inform practice and experience with clinical issues should inform research -- and both should be guided by principles of scientific inquiry. Accordingly, our practicum courses are coordinated with didactic sequences in a way that aims to accentuate the interdependence of theory, practice, and research. These sequences are directed by core clinical faculty who themselves model the scientist-practitioner role.

The program offers a considerable range of clinical training and research opportunities. There are optional -- although not mutually exclusive -- areas of concentration in Clinical Neuropsychology, Health Psychology, Family Psychology, Psychotherapy Research, and Mental Health Evaluation and Policy. In all of these areas we encourage students to think critically about current research and practice and to contribute to scientific dialogue through publications, conference presentations, and other formats of professional exchange.

Our general training goal is for students to become competent scientist-practitioners. They should have the wherewithal to identify, promote, and provide scientifically-sound psychological services. Furthermore, we expect a substantial proportion of our graduates to (a) contribute to clinical science by carrying out basic research on processes of psychopathology and change; (b) develop and evaluate new, science-based assessment and intervention procedures in programmatic applied research; (c) disseminate their work through professional publications and presentations; (d) participate in the psychological community through memberships and leadership roles in professional organizations and contributions to mental health policy decisions; and (e) keep abreast of the current scientific literature in a way that informs their practice.

3. Organizational structure and governance

The clinical psychology program is one of the two largest programs in the University of Arizona's psychology department. The program is subject to departmental governance, yet has a good degree of autonomy in terms of curriculum and policies regarding clinical training.

Although substantial authority and responsibility reside with the program director, most decisions are made by consensus within the clinical faculty. The core clinical faculty meets regularly, and those meetings are attended by an elected graduate-student representative. When issues arise that require longer, in-depth discussion, the faculty meeting is held as a half- or full-day retreat. In addition, we have one program-wide meeting each semester, to which all students and faculty are invited.

A Clinical Training Committee, appointed by the program director, serves as an advisory board to the director and the core faculty. The committee is chaired by Allen and consists of four core clinical faculty (Allen, Arkowitz, Becker, and Rohrbaugh, respectively), and Sbarra as an ex-officio member. The committee reviews students' clinical and academic progress, considers individual petitions from students, discusses further training opportunities, and serves as a forum to develop policy proposals. The program director brings these proposals to the core clinical faculty for a vote. In

In addition to decisions regarding internal policy issues, the program faculty exercises authority over the program curriculum and admissions and makes recommendations to the head regarding financial aid and faculty hiring.

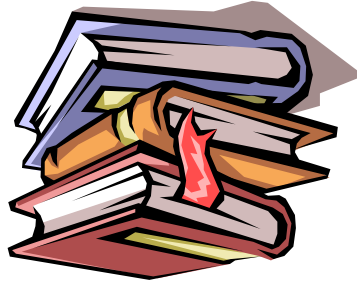
Student input occurs in a variety of ways. Student input is solicited at program-wide meetings, as part of the clinical psychology weekly seminar for first year students, through individual advisors, and through informal contact. All clinical faculty and students are connected to the Clinical Psychology e-mail network (CPnet). CPnet serves for informal communication about a variety of issues (e.g., announcements and memos, discussions of program governance, and thoughts regarding current issues in the field of clinical psychology). Students are represented by elected representatives at department and clinical psychology faculty meeting, as well as by appointment to faculty search committees, and the departmental colloquium committee.

4. Curriculum and benchmarks for progression through the program

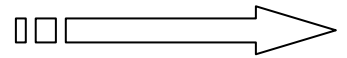
The program offers opportunities for professional development and the integration of science with practice through course work, practica, community externships, and the predoctoral internship. Throughout the curriculum we emphasize the empirical basis of intervention and assessment methods and encourage students to practice critical thinking in processing all materials. In addition to formal courses in research methodology, we see training in research as an ongoing activity at the core of the graduate student's life and try to make sure that the students have time to engage in hands-on research. Two mechanisms help us to achieve this goal. First, we have designed a flexible curriculum that trains students in the basics, yet does not structure all their time. Second, we encourage students to get involved in individual faculty research laboratories as early as possible.

Structure of curriculum (requirements, timing, units).

The curriculum of the Clinical Psychology Program encompasses (a) university and departmental requirements; (b) requirements specific to the clinical program, including core courses, practica, and breadth requirements; (c) elective clinical and general courses; and (d) the predoctoral internship. All required courses are part of the major in clinical psychology; the electives can satisfy either major or minor requirements, depending on the individual student's track. Minor (concentration) areas that have been frequently chosen include clinical neuropsychology, family psychology, health psychology, and college teaching. According to the UA Graduate College, a minor consists of a minimum of nine credit units; when a minor is chosen outside of psychology (e.g., in Family Studies and Human Development), the outside department may specify the number of credits required to fulfill their minor requirements, and this number sometimes exceeds nine units. Credits that are counted toward departmental requirements cannot be counted toward a minor subject (e.g., statistics courses); any minor in these topics would require nine additional credits on top of the departmental requirement. However, clinical program requirements (e.g., social psychology) can count toward the minor. For example, if someone were to minor in social, biological, cognitive, or developmental psychology, they would need only to accrue six additional units in the area of study. The following outline includes indicators of progression through the program – for example, certain courses should be taken in specified years, and the comprehensive exam (often called, prelims) has to be completed and the dissertation proposal approved before a student is eligible for internship application.



Curriculum outline...



Departmental Requirement

1. Courses

500a History (3 units, fall of first year)

586 Ethics (3 units, spring of first year)

Statistics and Methods (9 credits, as follows: (1) Introductory Statistics, PSYC 510 with an associated lab in SPSS; (2) One of the following advanced courses in Research Design and Statistical Analysis: a. PSYC 507a -with an associated lab in SAS (PSYC 597a), b. PSYC 507c - Analysis of Variance, or c. evidence of having taken an equivalent graduate course (to be approved by the Director of Graduate Studies in combination with AJ Figueredo); and (3) One other course that is: a. Any graduate course in research methods or statistics offered in the Department, b. A course offered in another department if approved by the student's graduate committee, or c. An independent study supervised by an instructor with statistical expertise, with a course outline approved by the student's graduate committee).
 Statistics Minor: A minor in statistics will require 3 courses beyond the basic requirement.

NOTE: Students sometimes enter the program with a fair amount of statistics training. PSYC 510 is an introduction to graduate statistics; accordingly, it may be too basic for some people. If you have a moderately strong background in undergraduate statistics, or math, or have taken any graduate statistics, you're welcome to take a placement test to determine if you're eligible to "place out" of the 510 course. Contact Dave to learn more about taking this placement test with AJ Figueredo. If you place out of 510, you are still required to take nine units of statistics courses, unless you formally demonstrate that you have taken equivalent classes elsewhere. Formal transfer credit can be arranged in this situation (see below).

2. Masters project. **A proposal should be approved by the beginning of the second year**, thesis completed by end of second year or the beginning of the third year. The Masters proposal should be written in either an empirical paper format or in an R03 grant proposal format (see Appendix B), and approved by the student's committee as a result of a committee meeting. The committee is composed of three faculty members, at least two of which are Core Clinical faculty.
3. Comprehensive Examination (written and oral). The written component comes before the oral exam; the written component has to be approved by the student's committee prior to scheduling the oral exam, and both written and oral components of the comprehensive exam must be completed before approval of dissertation proposal. Students have two options for the written component: (1) An examination, the format of which (open or closed book) is determined by the student, his/her advisor, and the committee. The exam usually takes place over the course of a few days after a period of preparation. Students taking the examination option consult with their committee members to determine the exact scope of the areas they should study for each member. Test questions are derived from these agreed-up areas of study. The examination is scheduled for a specific time; or, (2) A comprehensive review paper, typically to those published in the journal *Clinical Psychology Review*, *Perspectives in Psychological Science*, or other discipline-specific journals. The parameters of the review paper are discussed with the committee members prior to the commencement of writing. Faculty members may provide feedback, and students are encouraged to get their committee to agree on the general scope of the review paper.

The comps committee is composed of four faculty members, at least three of which are core clinical faculty. Students may petition the CTC directly (email John Allen) to request a change in the core faculty requirement for the comps committee.

4. Dissertation. The dissertation is an empirical study. The study can be based on original data collection, secondary data analyses of an existing dataset from which the student carves new questions, or a meta-analytic study. A qualitative literature review or theoretical paper does not qualify for a dissertation. Before students are eligible to apply for internship, and no later than two weeks before the first deadline for submission of application materials, the student must: (a) submit a dissertation proposal written as an R03 NIH grant proposal, (b) assemble the committee for a proposal meeting, and (c) obtain the committee's approval for the proposed plan. For guidelines on format and content of the proposal, see Appendix B. The dissertation committee is composed of four faculty members, at least three of which are core clinical faculty.

Clinical Program Requirements

1. Courses and practica

Assessment Sequence (Year 1)

621	Clinical Assessment Methods:	3 units, Fall [Allen]
694a	Clinical Assessment Practicum:	2 units, Fall [Allen] 3 units, Spring [Prouty]

Intervention Sequence (Year 2)

625a,b	Psychosocial Interventions:	4 units, Fall & Spring [Arkowitz, Bootzin, Shoham]
694b	Intervention Practicum:	3 units, Fall [Sbarra] 3 units Spring [Rohrbaugh]

Externship (Years 3 and 4)

Clinical work outside the department in university and community agencies, usually about 20 hr/wk in the third and/or fourth years. **All students on externship are required to register for 694c.**

694c	Consultation & Supervision:	1 unit, Fall & Spring [Shoham, Rohrbaugh]
694e	Motivational Interviewing	3 units [Arkowitz]

(Although this in-house advanced practicum is not required, most students opt to take it)

Psychopathology course (any year)

582	Advanced Psychopathology:	3 units, one semester [Arkowitz]
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2. Breadth of scientific psychology (see details in narrative, above):

Biological bases of behavior [area instructor: Allen]

One of the following courses:

- 504 Brain and Behavior
- 501a Psychophysiology
- 580 Human Neuroscience

Or:

696b Biological Bases of Behavior [Allen].

Additional courses that serve as partial fulfillment of 696s include:

- Sleep and Sleep Disorders (Psyc 578)
- Clinical Pharmacotherapy of Mental Disorders (PhSc 589)

Cognitive/Affective bases of behavior

One of the following courses:

- 526 Advanced Human Memory
- 528 Cognitive Neuroscience
- 532 Psychology of Language
- 536 Visual Cognition

Or:

696c Cognitive/Affective Bases of Behavior [Bootzin]

Social Bases of Behavior

560 Advanced Social Psychology [Greenberg]

Or:

696s Social Psychological Bases of Behavior [Shoham]

Additional courses that serve as partial fulfillment of 696s include:

- Inter-Group Conflict: Stereotypes and Prejudice (596 series)
- Social Psychology: The Social Self (596 series)
- Social Psychology: Attitudes and Persuasion (596 series)

Human development

583A Lifespan Developmental Psychopathology [Feldman]

Or:

696d Human Development Across Life-Span [Rohrbaugh]

Additional courses that serve as partial fulfillment of 696s include:

- Youth and Violence (PSYCH 579)
- Adult Development and Aging (PSYCH 559)
- Gerontology: A Multidisciplinary Perspective (PSYCH 524)
- Advanced Human Development (FSHD-547)

- Advanced Adolescent Development (FSHD-503)
- Topics in Human Development (FSHD-607 series)

3. Predoctoral internship

The predoctoral internship is a full-time, twelve-month training experience in either a CoA-accredited setting or in a setting approved by the Clinical Training Committee (CTC).

Elective courses, areas of emphasis, and additional clinical practica

Elective Courses listed in the Graduate Catalogue can be part of major or minor requirements.

Graduate students who decide to take the clinical neuropsychology area of emphasis are required to take the complete Clinical neuropsychology sequence, including a basic course on Brain and Behavior (504) followed by Clinical Neuropsychology (580). Both courses are prerequisite for the Clinical Neuropsychology Practicum (694d). Although not required for the clinical neuropsychology sequence, students in this area of emphasis are also encouraged to take the Neuroanatomy (PSYC 502) and Human Neuroscience (NEUR 625) courses. Sequence Director: Kaszniak.

Graduate students who are jointly enrolled in the Clinical Psychology Program and the Psychology, Policy and Law Program (PPL) must fulfill core requirements in both programs. Jointly enrolled students should contact the faculty head of the PPL area to learn more about the current PPL requirements.

The breadth of scientific psychology

Among the core values of our program is that psychology is one discipline, not separate, Balkanized programs. Some of the most exciting advances occur through interactions at the interface of separate areas. Research and practice in clinical psychology are enriched through collaboration with investigators in basic psychological processes and basic psychological science is enriched through attempts to understand clinical processes. Our faculty are models for collaboration in the breadth of scientific psychology through collaborative research and participation as faculty in other programs including Cognitive Science, Cognition and Neural Systems, Neuroscience, Family Studies, Social Psychology, Psychology, Policy, and Law, to name a few. This value of breadth and integration of science and application is seen in how we meet the requirements for breadth requirements as well. Students select from broad, general courses in biological bases of behavior, cognitive and affective bases of behavior, social bases of behavior, and human development across the life span. These courses are taught by faculty experts and clinical graduate students are enrolled with students from other program areas. In other words, these courses are not tailored to clinical psychology interests, but are broad graduate level courses in basic processes (see the list of courses in the previous section).

In recent years, we, as a program, have struggled with the problem of how to provide time for research and clinical training at the same time that we were requiring an ever-increasing number of courses. Many times, students have acquired substantial expertise in a particular breadth area so that taking a general course in that area was repetitive and hindered the student from advancing their expertise in new technologies or more specialized knowledge. To further tailor our program to the needs of the students, but to insure that all students acquire the needed breadth in the areas listed above, we have created a competency-based training and a parallel structure in each of four breadth areas: Biological, cognitive and affective, and social bases of behavior, as well as human development across the life span. Each area has an instructor who is a core clinical faculty with expertise in the specific breadth area (Allen: Biological; Bootzin: Cognitive/Affective; Rohrbaugh: Human Development; and Shoham: Social). Each of these instructors conduct a core course of the PSYCH 696 series (696b,c,d, and s for biological,

cognitive, developmental, and social, respectively; see listing above and syllabi in Appendix B) that is composed of the area's cutting-edge topics and literature. Students who have acquired considerable expertise in an area, but may still need to cover some specific topics that would have been covered in a general course, can enroll in a 696 course to acquire the appropriate knowledge.

The faculty member in charge of each 696 course makes admission decisions and monitors student progress. As a rule of thumb, admission is granted if a student already has adequate knowledge of at least a third of the material covered by the course syllabus, as evaluated by the area instructor. Students who want to be admitted to a 696 course should review the syllabus and meet with the instructor to evaluate existing competencies.

Students can meet the breadth requirements in no more than two of the breadth areas by taking competency-based PSYCH 696 courses. The other two breadth areas are to be covered by one of the approved area courses via the following process: Area-instructors review syllabi of other courses in the area and approve of courses whose coverage of the area is broad. If a student is interested in taking a course that is judged by the instructor as too narrow, the instructor guides the student to take specific topics or components of the area's core (696) course so that the student can gain competency in the rest of the breadth area.

The materials for the 696 courses can be covered in one semester or can be accumulated throughout several semesters, the final of which is the semester for which the student registers. Students' portfolios is periodically reviewed by the core clinical faculty responsible for the specific breadth area and when the student is ready, an evaluation of competency is administered by Allen (biological), Bootzin (cognitive/ affective), Rohrbaugh (human development), and Shoham (social).

An Additional Note about Graduate Coursework: Obtaining Full Exemptions from Courses

On occasion, students enter the program having taken graduate courses that fulfill the requirements of the core statistics sequence course and/or one or more other required courses. If a student and their Advisor of Record believe the student has previously covered most or all of the topics covered in the departmental statistics sequence or one of the other program and departmental requirements (e.g., Psychopathology, History of Psychology), the student may petition the Director of Clinical (DCT, Shoham) for full exemption from a given class. To petition the DCT, students should identify relevant University of Arizona instructors for the courses in question, review these choices with the DCT, and then ask relevant Departmental instructors to review prior coursework. Typically, students will email the instructor indicating that they have previously taken course X (e.g., "two introductory graduate statistics courses") and are seeking an exemption from the department's or clinical area's requirements for this course. They should provide all relevant supporting information and ask the instructor to review the material to decide if this meets the requirements of their course. The student should CC the DCT on this email and ask the instructor to make an email recommendation about exemption directly to the DCT. The student may, at the discretion of instructor, need to meet with the instructor to clarify the material covered in the course, as syllabi and course descriptions sometimes prove insufficient. If the instructor feels the course requirements have been met, the student will be exempt from this departmental or clinical requirement. Students who have taken graduate courses in one of the four breadth areas should consult with the instructor of the respective 696 course (see p. 11 of the Handbook). If the DCT has concerns regarding a student's exemption, the matter will be considered further by the Clinical Training Committee (CTC), who will make a final decision about the course requirement in question.

There is a difference between having a course requirement waived (for example, if a student wants to "place out" of statistics) and receiving formal transfer credit for graduate-level classes taken at other institutions. According to UA Grad College policy, students can formally transfer up to 12 credits from another institution. These courses need formal recognition on the student's Plan of Study and need approval by the Program Director (Sbarra), as well as the

Director of Graduate Studies (Glisky). Consult the Program Director to begin the process of formally transferring graduate credits. Students who wish to receive formal transfer credit for courses from a prior university/graduate program should consult with the Director of Graduate Studies (Glisky); all other inquires should be directed to the DCT (Sbarra).

Receiving “Credit” for a Master’s Degree Received Elsewhere

Some students who enter the graduate program have master’s degrees from other institutions. You can receive “credit” toward the master’s thesis requirement in the UA Psychology Department by demonstrating that you have completed an equivalent thesis elsewhere. To demonstrate this, consult with your advisor and convene a committee that includes your core clinical advisor, another core faculty member, and a third faculty member (who does not need to be a core clinical member). You provide each of these readers with a copy of your thesis and ask that they inform your advisor whether or not the thesis meets the Psychology Department requirements. If all readers agree that the thesis passes our requirements, your advisor will contact the Program Director to indicate that you have fulfilled the Departmental requirement. Formal recognition of this program requirement will be placed in your file. You will not need to complete another master’s thesis.

Components and sequences of the curriculum: A summary

- The first-semester history of psychology (500a), the second semester of ethics (586), and the two semesters of statistics and methods (beginning with 510) establish the general foundation of knowledge, understanding, and professionalism; and socialize students to careers in clinical science.
- An assessment sequence, including a basic theoretical-methodological course (621) followed by a basic didactic Assessment Practicum (694a). Sequence director: Allen.
- An intervention sequence, including a year-long seminar on Psychosocial Interventions (625a,b) that runs parallel to the Intervention Practicum (694b) and is followed by the Consultation and Supervision seminar (694c), which runs parallel to the clinical Externship in community agencies. Sequence directors: Sbarra and Rohrbaugh.
- Clinical neuropsychology sequence, including a basic course on Brain and Behavior (504) followed by Clinical Neuropsychology (580). Both courses are pre-requisite for the Clinical Neuropsychology Practicum (694d). Sequence director: Kaszniak.
- A course in psychopathology
- Breadth requirements in the areas of biological, cognitive/affective, social psychology, and life-span development.
- Courses that expand the scope of research methods from basic to field research and evaluation of mental health programs and policies, and a module on psychotherapy research within the required intervention seminar.
- Courses that cover forensic aspects of clinical psychology, and professional standards and ethics.

- Most courses include coverage of cultural diversity and other dimensions of individual differences.

In addition to courses the program includes (a) continuous research development throughout the student's residence in the program including the completion of a Master's thesis and a doctoral dissertation, and (b) continuous supervised clinical experience that enables students to accumulate about a 1000 clinical hours before they qualify for the required predoctoral internship.

5. Practicum its integration with didactic and research training

In this section we describe our three clinical training sequences -- basic assessment, psychosocial intervention, and neuropsychology. The basic assessment and intervention sequences are required; the neuropsychology sequence is optional, but about half of our students typically take it. Each of these sequences illustrates the integration of clinical practica with didactic and research training. In fact, the site visit team that reviewed this sequence in 1996 called it "as good as we've ever seen...". Thus, while adding and updating specific elements of these sequences (e.g., an in-house practicum in motivational interviewing), we were careful to maintain the essential curricular integrity established back in the mid '90s. In addition to the motivational interviewing (and the exemplification of evidence-based practice it provides), students who see clients in the Psychology Department Clinic now routinely employ the Treatment Outcome Package (TOP; Access Systems, Inc.), which is also used in a number of other empirically-oriented training clinics and practice networks. When administered before during and after treatment, the TOP system provides a basis for assessing clinically significant change on 10 standardized symptom scales. Students in the intervention practicum (694b) are encouraged to conduct quantitative single-case studies on their own cases in order to evaluate change over time, or to identify day to day co-variation between problem expression and other (e.g., cognitive or interpersonal) variables relevant to designing interventions. Like students in the externship (694C) seminar, 694B students present their work in at least one structured case conference each semester. Similarly, within the Clinical Neuropsychology (694d) practicum, case presentations provide opportunities for didactic mini-lectures and discussions concerning basic neuroanatomy, pathophysiology, and research on psychometric characteristics of assessment approaches employed in the evaluation of patients seen within the practicum.]

Students usually complete most of the required portions of the assessment and intervention sequences within the first three years. Most students, however, use externship opportunities available beyond the third and fourth years to obtain additional supervised assessment and/or intervention experience prior to applying for internship.

A. Assessment sequence

The basic assessment sequence begins with a 3-unit didactic seminar (621) that students take in the Fall semester of their first year, along with a companion 2-unit assessment practicum (694a). This is then followed by a more intensive 3-unit assessment practicum (also 694a), involving cases from community agencies, that students take in the second (Spring) semester of their first year. The assessment sequence is directed by John Allen, who teaches the first semester seminar and supervises the associated in-house practicum. The second-semester practicum has been taught by adjunct faculty member Kathy Prouty for the last several years. Dr. Prouty is a licensed psychologist with extensive formal psychological assessment experience.

The main goal of this sequence is to prepare students to function in clinical assessment settings, and to develop and utilize assessment tools in research. The Fall didactic seminar (621) and practicum aim to give students sufficient background, knowledge, and skills to function as an apprentice in an applied setting, and to use assessment instruments and interviews in research settings. In addition to covering specific well-validated assessment instruments, students learn

basics in measurement theory to allow them to evaluate whether assessment instruments they subsequently encounter are appropriate to use in particular settings. Topics include (a) DSM-IV diagnosis and controversies surrounding this descriptive system of diagnosis; (b) structured diagnostic interviewing, unstructured interviewing, suicide assessment, and assessment of mental status; (c) psychometric principles in assessment, and the theory of test construction, and item and test analysis; (d) ethical issues in the use of tests and assessments; (e) gender and cultural factor that impact assessment validity; and, (f) the measurement of intelligence. In the associated practicum, students are supervised in the administration of SCIDs, MMPI-2s, WAIS-IIIs, and WMS-IIIs to university students in the Psychology Clinic, and learn to write reports conveying their findings and interpretations.

The second-semester practicum provides more intensive opportunities for students to develop their clinical-assessment skills by conducting a series of psychological evaluations under supervision. This includes developing interview, diagnostic, test-interpretation, and report-writing skills, while taking into consideration developmental aspects, cultural/ethnic issues, and special client needs. A related goal is for students to appreciate ethical issues that may arise in assessment situations.

B. Intervention sequence

The intervention sequence, which students begin in their second year, consists of two coordinated, year-long, courses – a didactic seminar and an in-house practicum – followed by at least one additional year of practicum (externship) work in an external, program-approved community setting. The two-semester didactic seminar (625a,b) is team-taught by Bootzin, Shoham, and Arkowitz. The parallel two-semester practicum (694b) is led by Sbarra in the fall and Rohrbaugh in the spring with help from three adjunct-faculty clinical supervisors (currently Garland, Glauber in the fall, and Miretsky in the spring). Externship placements in subsequent years are coordinated by community-liaison Feldman, with support from Shoham, Sbarra, Rohrbaugh, and the Clinical Training Committee. In their first year of externship (usually program year 3), students participate in a bi-weekly supervision/consultation seminar (694C), led by Shoham and Rohrbaugh, which aims to reconcile experiences in community agencies with the scientist-practitioner model. A recently added elective component of the intervention sequence is Arkowitz's practicum seminar on motivational interviewing (694E), which students may take in their third year or later.

The Psychosocial Intervention course (8 credits, 625A,B) includes a 5-week introduction to systems of psychotherapy and psychotherapy research (Shoham or Arkowitz); an 10-week fall-semester module on principles of behavior therapy (Bootzin); an 10-week spring-semester module on couple and family therapy (Shoham); and a concluding 5-week review of issues in psychotherapy research and integration (Shoham or Arkowitz). The structure of the intervention course allows for continuity between the various components and integration with students' parallel practicum work, which emphasizes cognitive-behavioral therapies (CBT) in the first (fall) semester and family-systems therapies (FST) in the second. While the seminar examines the theoretical and empirical bases of cognitive-behavioral and family-systems models, the practicum provides opportunities for students to develop case formulations and plan relevant interventions using these same approaches. In this way we encourage students to relate their course learning to their practicum experiences and vice versa – and consistent with the scientist-practitioner model, we encourage them to evaluate their clinical work using scientifically-sound criteria.

The first semester of the introductory therapy practicum (694b) emphasizes basic psychosocial intervention skills (e.g., interviewing, goal setting, case planning, building a therapeutic alliance, managing crises) and the many ethical and professional issues encountered in clinical practice. Students then go on to apply the more specialized frameworks of CBT (fall) and FST (spring). The main setting for practicum clinical work is the Psychology Department Clinic, where both core faculty (Sbarra, Rohrbaugh, Arkowitz) and adjunct faculty (Garland,

Glauber, Miretsky) provide individual and group supervision. During the year each student assumes primary responsibility for a series of clinic cases (a normal load is two at any given time). A goal is for all students to either conduct or observe a manualized, empirically-validated treatment for a problem such as anxiety, depression, or family conflict. Before seeing clients, students receive a thorough orientation to clinic procedures and conduct simulated therapy interviews with "client instructors." Videotapes of therapy sessions are used routinely in supervision (with the clients' informed consent), and in the spring-semester FST training, students experience live supervision in a consultation-team (one-way mirror) format. Students' clinical competencies are evaluated at the end of each semester via supervisor and instructor ratings of specific clinical and professional competencies

The main venue for the program's in-house intervention training is the Psychology Department Clinic, described in Domain C3. Other in-house training activities that use the Clinic's administrative structure include Arkowitz's motivational interviewing practicum and several ad hoc clinical/research projects that have been based there. A good example of the latter was a year-long "Neuropsychology Consultation Clinic," where neuropsychologists Kaszniak and Ryan collaborated with family psychologists Shoham and Rohrbaugh in supervising brief, problem-focused interventions for families coping with behavioral problems related to neurological conditions such as Parkinson's disease and brain injury. This project was very well-received by the graduate students who participated, but unfortunately had to be discontinued in 2001 due to competing demands on the faculty supervisors (e.g., new grants).

Concurrent with their clinical work, practicum students in 694B participate in a weekly seminar throughout the year. In addition to discussions and demonstrations, the practicum seminar includes a number of required exercises – a client-instructor exercise, a diversity exercise (described in section B3d above), a structured case presentation, and an exercise in applying single-case methodology. These meetings provide a useful vehicle for juxtaposing therapy theories to highlight their different implications for intervention, considering focal issues at the intersection of clinical science and practice, and promoting critical examination of "therapy" generally. Other core faculty participate from time to time in these seminars as well. Consideration is also given here to ethical and professional issues such as maintaining confidentiality, avoiding dual relationships, keeping responsible records, and reporting potentially dangerous situations. Of particular interest are ethical principles and guidelines articulated in the APA code, and the statutes that govern the practice of psychology in Arizona. Seminar sessions dealing with this topic have been enriched by the participation of Prof. Connie Beck, who teaches the required ethics course students will now take in their first year, and by Rohrbaugh's experiences as a former member of the Arizona State Board of Psychologist Examiners. Finally, several clinical workshops, open to the entire clinical program, are scheduled during the year at times convenient for second-year practicum students to attend.

After completing the intervention seminar and practicum (625a,b and 694b), students participate in one or more externships, most in "external" community agencies, and accrue at least 1,000 clinical hours before their internship year. Students typically take a half-time (16-20 hour per week) externship in their third year, and most spread the externship experience over 2-3 years and several settings. The program currently has 16 active externship sites – more than our students can fill in a given year – and 11 of these are paid positions. As part of the intervention sequence, we require that at least one externship placement involve primarily intervention activities. The program also sponsors externships that predominantly involve assessment activities (most in neuropsychology), and students typically take these after they have done an intervention externship. Externship resources are described more fully in Domain C3a, as are procedures and issues related to assigning placements and maintaining quality control. Table 2 lists all externship (practicum) settings used in the years covered by this self-study.

Also in connection with the intervention sequence, students on externships participate concurrently in a one-credit evening seminar (Consultation and Supervision; 694c), which meets

bi-weekly during the academic year. Led by Shoham and Rohrbaugh, this seminar focuses on practical, professional, and theoretical issues related to the externs' own clinical experience and case material, and provides a forum for integrating theory and research with clinical practice. Students receive feedback on their own work in a structured case-consultation format, wherein participants take turns in the role of a supervisor, whose task is to help the presenter sharpen the case formulation and his or her consultation question(s). The group then reviews intervention options in light of current theoretical and empirical literature. Suggestions for actual intervention that result from this process are considered tentative in order to underscore the primary (legal) oversight role of the extern's site supervisor in approving any intervention the student extern undertakes there.

Although most placements are external to the program, externship opportunities have also been offered in specialty clinics and treatment research projects supervised by core clinical faculty members. Thus, student externs have worked with Bootzin in assessing and treating sleep disorders, with Allen in assessing depression, and with Shoham and Rohrbaugh on a project involving couple treatment of addictions. Finally, students on externship are encouraged to take the in-house training in Motivational Interviewing (MI) offered by Arkowitz (694e). This advanced practicum focuses on an approach to treatment developed by Miller and Rollnick (1991) for which efficacy data are available from a substantial number of well-controlled studies, especially with problems of addiction. Arkowitz encourages students to explore the applicability of MI to a broad range of clinical problems including, but not restricted to, drug and alcohol problems. In addition to readings, demonstrations, and role-play exercises, the practicum requires students to use MI in work with one or two clients in the Psychology Clinic and to write a full case report.

C. Clinical neuropsychology sequence

The formal course requirements for the clinical neuropsychology sequence include 504 (Human Brain-Behavior Relationships), 580 (Clinical Neuropsychology), and 694d (Clinical Neuropsychology Practicum). Students are also encouraged to consider other courses in cognitive psychology, biopsychology, and neuroscience (e.g., Neuroanatomy [PSYC 502], Human Neuroscience [NEUR 625]). Core faculty member Kaszniak teaches the two didactic courses (alternating years with Ryan in teaching 504) and co-teaches and supervises in the practicum.

Human Brain-Behavior Relationships (504) covers human brain functions in relation to intelligence, language, memory, judgment, reasoning, visual-spatial abilities, and emotion; it also covers methods of examining human brain function in relation to individual differences in both normal and brain-damaged persons. The interaction of individual differences in education, age, culture, and ethnicity with brain damage and disease is examined throughout the course. A companion course (504b), which examines clinical applications of this knowledge base and is typically taken during the same semester as 504, addresses cognitive and affective sequelae of human central nervous system disease/damage, with emphases on clinical evaluation, management, and rehabilitation. Because human neuropsychology relies upon "experiments of nature," (in addition to neuroimaging studies of healthy individuals) a major emphasis is on disorders of the central nervous system that affect cognitive and emotional processes. Within the 504 and 504b courses, critical evaluation of the empirical foundation of assessment and intervention methods is emphasized, and issues concerning cultural diversity, the impact of educational and primary language differences, and development across the life span are integrated throughout the course.

After completing these didactic courses, students take the Clinical Neuropsychology Practicum (694d) that provides advanced instruction and experience in clinical neuropsychological assessment and consultation. Here they receive exposure to a range of neuropsychological assessment problems and instruments, through both case presentations and direct clinical assessment experience. Patients representing a wide age range, from childhood to older adulthood, and the spectrum of educational, occupational, language of origin, ethnic and cultural

diversity that characterizes the Southern Arizona region, are seen in this practicum. Students also gain exposure to the interpretation of neurological examination results (under the instruction of G. Ahern, M.D., Ph.D., a behavioral neurologist); to neuroradiologic (particularly CT, MRI, and SPECT) imaging (with Ahern and Kaszniak); to EEG (also with Ahern and Kaszniak); and to psychopharmacologic considerations in managing patients with neurobehavioral syndromes (with Ahern). Ethical issues are examined in the presentation of every assessment discussed in the practicum. The practicum utilizes the clinical facilities of the Memory Disorders Clinic, the Behavioral Neurology Clinic, The Pediatric Neuropsychology Clinic, and the Comprehensive Epilepsy Evaluation and Treatment Clinic of the University Medical Center.

Clinical neuropsychology has moved away from an emphasis on diagnosis toward understanding basic mechanisms in neuropsychological disorder and toward developing and evaluating new approaches to treatment and management. Our clinical neuropsychology track has responded to these trends by emphasizing (1) basic research skills, particularly those drawing upon current developments in neuroscience and cognitive science; and (2) broad-based skills in general clinical psychology, particularly those related to intervention practice and evaluation. We encourage students to develop additional specialized research and clinical expertise (e.g., gerontology, psychophysiology, empirically-validated interventions, brain-imaging, etc.) that will make them more broadly competent and more competitive in the job market.

6. Externship policy

Julie Feldman, Ph.D., is our Externship Coordinator and Community Liaison.

The Clinical Psychology Program considers all pre-internship clinical work (i.e., clinical experience documented for internship application) as program externship, subject to program approval and requiring a written agreement between the program and the training site. In addition, students participating in such an externship should register for 694c (1 unit), which establishes University sponsorship of this as a clinical training experience.

An externship is, of course, a serious clinical responsibility. Once a student has committed to an externship, they cannot change their mind. The training site (and our Program) rightfully assume it is a professional commitment for the semester or the year.

The externship policy serves two main purposes: First, it allows the program to stand behind and endorse your training experiences as relevant and of high quality. Second, it protects us from potential law suits.

Our goal is not to restrict or limit our students. Students are perfectly free to explore and seek out possible clinical opportunities anywhere in the community or elsewhere, but before making a commitment, they have to run it by the Community Liaison/ Clinic Coordinator, Julie Feldman. In most cases the program approves the site after talking with or visiting the supervisor(s), and the Coordinator drafts a written agreement intended to secure students' working conditions and ensure the frequency and quality of supervision. As in all externships, the agreement will also specify an evaluation procedure.

This policy applies only to work that might reasonably be considered part of your clinical training or for which we (the program) could conceivably be held co-liable. It does not apply to other outside work such as research consultation, data analysis, or work outside the profession.

7. Evaluation and feedback: Progress report and evaluation forms

Expectations and evaluation

Consistent with our scientist-practitioner model, we expect students to develop specific competencies in both research and clinical work. Scientific competencies include (a) the ability to plan and implement clinically-relevant research; (b) the ability to collect, analyze, interpret, and report research data; (c) the ability to consume and critically evaluate research reports about clinical phenomena; and (d) familiarity with the literature and ongoing discourse regarding empirically-validated assessment and treatment procedures.

Clinical competencies include both general types of assessment and intervention skills and the ability to implement specific treatments and procedures. In the intervention practica, for example, categories of general competency include (a) interviewing skills; (b) establishing and maintaining productive therapeutic relationships; (c) conceptualizing cases, formulating problems, and setting goals; (d) coping with challenges and resistance from difficult clients; and (e) appreciating the impact of one's own behavior and values on the therapeutic relationship. Expectations for professional behavior include: Responsiveness to supervision; professional demeanor (e.g., dress, courtesy to clients and colleagues); organized work habits (e.g., effective use of time, report writing and progress notes, reliability, follow through); relationships with co-workers and contribution to clinical team; cultural sensitivity (e.g., ability to work with different ethnic groups, sex-role sensitivity); and ethical awareness and conduct. The basic assessment and neuropsychology sequences emphasize many competencies associated with implementing specific clinical methods (e.g., standardized tests and interviews); and in the intervention sequence we expect students to acquire entry-level competence in implementing at least one empirically-validated treatment for a particular problem (e.g., cognitive-behavior therapy for depression, structural-strategic family therapy for adolescent conduct disorders).

Beyond these specific expectations we also encourage students to use their experience to examine and challenge common clinical and theoretical assertions, and particularly to view their clinical experience as an important source of hypotheses for empirical work. This is congruent with our educational philosophy of preparing students to contribute to the advancement of knowledge in clinical psychology.

To evaluate the quality of training and students' competencies we use several methods:

1. All graduate seminars require term papers and exams that reflect students' conceptual competencies.
2. Clinical training and competencies are evaluated by both students and supervisors. All supervisors provide written evaluations of students' progress and the students provide written evaluation of their supervisors, supervision, and their own progress (see Appendix A for Progress and Evaluation Forms). This evaluation process is done once a semester for assessment and psychotherapy practica, as well as for externship students. Drs. Feldman, Shoham, and Rohrbaugh stay in close touch with externship supervisors and visit all sites to evaluate both the site and the specific students' progress. Any rating short of high receives faculty attention. When a question regarding certain clinical competency of a student arises, the Clinical Training Committee discusses means to remedy the situation and make recommendations such as to repeat an entire or a part of a practicum experience.
3. Externship students are expected to critically evaluate the effectiveness of their own clinical interventions and to raise hypotheses regarding change processes of their specific cases. These evaluation procedures draw from updated literature in psychotherapy research. Although sample sizes are too small to allow clear conclusions, the process of engaging in self-evaluation of competencies while using psychometrically sound measures is by itself a competency-enhancing task.

Feedback to and from students, retention policy

Students are evaluated and receive feedback in seminars, practica, externships, and in the course of doing their research. In addition, at the end of each spring, clinical training is evaluated by both students and supervisors. The supervisors provide written evaluations of the students' progress and the students provide written evaluation of their supervisors, supervision, and their own progress. Prior to handing their written evaluation to the students, supervisors meet with students to discuss their evaluation. This evaluation process is done for assessment and psychotherapy practica, as well as for externship students.

Students also evaluate their instructors and practica/externship supervisors at the end of each course and practicum/externship experience. The program uses the practicum/externship evaluation to make decisions regarding the inclusion of supervisors and sites and to inform future externs of former students feedback.

Each September, the program, along with the department, conducts an oral and written student evaluation process whereby each student prepares a progress report (see Annual Progress Report Form in the Appendix). Students reports are then examined by their major advisors (or advisor and co-advisor when applicable), who prepare written feedback addressing (a) the student's progression through program's benchmarks, and (b) the student's productivity, noting achievements and providing encouragement for students to present and publish their work in professional outlets and to reinforce them for such achievements. Advisors' feedback are then collected and the DCT writes the final version of the individual letters, making sure that evaluation criteria are standardized across advisors.

All Students discuss the content of the letter with their advisor, sign the letter, and return a copy to the DCT for the sake of record keeping. If the student disagrees with the content of the letter, further discussion with the advisor and the DCT takes place and a revisions serves to establish new agreements made between the student and the program.

When students are falling behind schedule or in case of sub-standard achievement, the letter serves to provide students with advice regarding steps to remediate problems (e.g., setting deadlines, decreasing activities that are incompatible with timely completion), reminding the student of resources available to them, and notifies them of potential consequences if deadlines are not met.

In the letter, we use the terms (a) ahead of schedule, (b) right on track, (c) slightly behind schedule, and (d) clearly behind schedule.

A student is clearly behind schedule when he or she:

- Had not proposed Masters by end of second year
- Had not defended Masters by end of third year
- Had not formed Comprehensive Examination committee by end of third year
- Had not completed written and oral Comprehensive Examination by end of fourth year
- Had not proposed dissertation by end of fourth year

For the rare case in which a student continues to delay progress, the CTC developed three levels of warning that appear in the annual evaluation letter (notification, probation, and transition to an inactive status). Although this process is only done in rare occasions, we have used this mechanism to help several students remediate problems in their progression through the program.

These levels of warning are described in Appendix B of this document.

8. Graduate College procedures

The Graduate Catalog presents university policies that apply to all graduate programs at the University of Arizona (<http://grad.arizona.edu/catalog/toc.html>).

These include:

- admission requirements
- students' financial obligation
- degree requirements
- scholarship requirements (including criteria for retention and termination and due process, and appeal procedures).

Students are advised to carefully read the relevant sections of the Graduate Catalog as they constitutes the contract between the university and its graduate students.

9. Graduate Student Grievance Procedure

We encourage all students to talk with the program director (Sbarra), program Ombudsperson (Bootzin), and the department head (Kaszniak), as well as with their student representative, about any concern they may have. For complaints that are not remediable by the department, a grievance procedure is available at the Graduate College to graduate students who believe that they have been treated unfairly by a faculty member or the department. Note, however, that complaints that cannot be addressed through this procedure are allegations of gender (including sexual harassment), racial, ethnic, religious and sexual orientation discrimination, which must be dealt with by the Affirmative Action Office; grade appeals and graduate examination appeals, procedures for which are set out in the Graduate Catalog; and complaints against University employees and students that are covered by provisions of the University Handbook for Appointed Personnel ("UHAP"), the Staff Personnel Policy Manual ("SPPM"), and the Student Code of Conduct. The Associate Dean of the Graduate College or other delegate of the Dean of the Graduate College (hereinafter "Associate Dean") shall determine whether a complaint is within the decision-making jurisdiction of the Graduate College.

Most problems can be readily resolved within the college, where faculty members and administrators are more knowledgeable about department and college policies, procedures, and practices. If a student believes that his/her complaint is not otherwise remediable and is within the jurisdiction of the Graduate College, a written request for a meeting may be submitted to the Associate Dean of the Graduate College who shall arrange a meeting within 10 working days.

After this meeting, the Associate Dean may consult the academic college dean, the department head, and any faculty member involved and attempt to resolve the issue informally. If the matter cannot be resolved, the Associate Dean shall determine whether the matter is not otherwise remediable and is within the decision-making jurisdiction of the Graduate College. If so, the Associate Dean shall then ask the Dean of the Graduate College to appoint a review committee as follows, and so advise all parties:

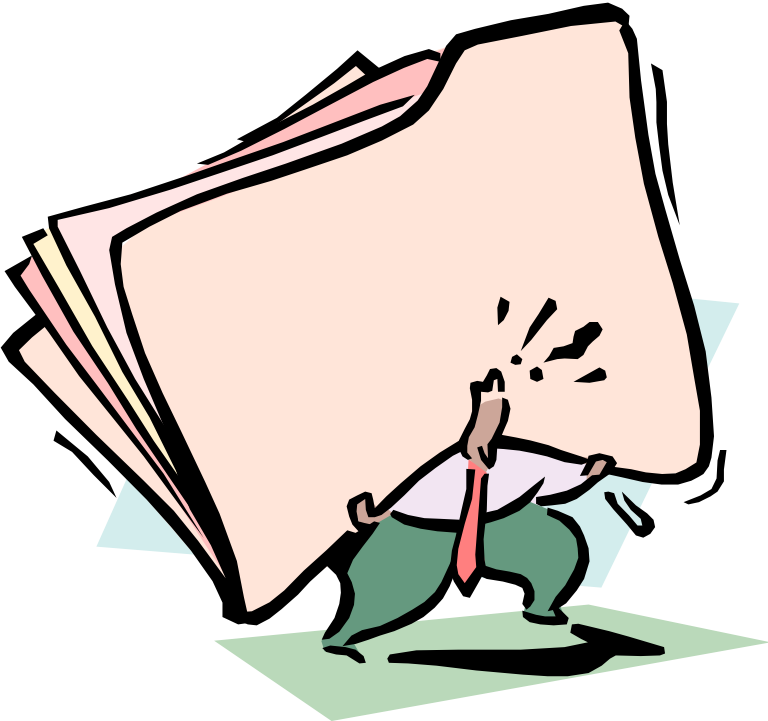
- One faculty member from the student's department, as recommended by the department head;
- Two faculty members who serve on the Graduate Council, one of whom will serve as chair;
- One faculty member at large or graduate program coordinator; and
- One full-time graduate student from the student's college, who may be the college representative from the Graduate and Professional Student Council.

The committee shall design its own procedures. At a minimum, such procedures must include adequate written notice of meetings at which parties shall be afforded an opportunity to present their position. The committee shall also establish time periods within which the individuals involved

must respond to requests for information and other requests by the committee; failure to comply within the time allowed may result in a final decision adverse to the noncompliant individual. Failure to appear for a scheduled meeting may also result in a final decision adverse to the individual who fails to appear. The committee may choose to meet separately with the student, faculty member, department head, or any other individual having relevant information, or it may request short written statements from any or all parties.

The committee shall provide a written report with recommendations to the Dean of the Graduate College who shall make the final decision and recommendation. The decision shall be provided to the student, the faculty member, the department head, and the dean(s) of the college(s) involved.

Appendices



Appendix A

University of Arizona, Department of Psychology
Clinical Program Dissertation Proposal Guidelines

January, 2005

**University of Arizona, Department of Psychology
Clinical Area Dissertation Proposal Guidelines
January, 2005**

In November, 2004, the clinical area faculty agreed that a useful model for dissertation proposals (within our area) is the current Public Health Service (PHS) structure used for National Institutes of Health (NIH) small grants (R03) and F-series fellowships. This document includes these guidelines and is intended to assist the shaping of your proposal. We recommend that you follow the basic structure presented here when drafting your proposal.

A word on page length: Many students wonder about the page length of the dissertation proposal. How long should my proposal be? While the best answer for this question is, "As long as it takes to do a great job describing the rationale, background, and relevant literature, detailing the method, and outlining how you plan to analyze the data and test your hypotheses," we realize this statement is somewhat vague. You should be able to achieve all of PHS-stated goals within 20 double-spaced pages (not including references, but including figures), Arial 11-point or Times 12-point. If you're way over that, you need to be more concise.

The PHS Guidelines follow *in italics*, with relevant commentary from our faculty concerning the preparation of your dissertation proposal **in BOLD**)

The Research Plan (Dissertation Proposal) should include sufficient information needed for evaluation of the project, independent of any other document. Be specific and informative, and avoid redundancies. Organize Items a-d of the Research Plan to answer these questions:

1. *What do you intend to do?*
2. *Why is the work important?*
3. *What has already been done?*
4. *How are you going to do the work?*

You're welcome and encouraged to label each section according to the headings below. This will help organize your proposal.

a. Specific Aims.

*List the broad, long-term objectives and what the specific research proposed in this application is intended to accomplish, e.g., to test a stated hypothesis, create a novel design, solve a specific problem, or develop new technology. This should be a succinct opening statement of the problem, aims, and hypotheses. **One page is recommended.***

As an alternative structure, you could include your hypotheses/research questions at the end of the Background and Significance section. This would be fine as well.

b. Background and Significance.

Briefly sketch the background leading to the present application, critically evaluate existing knowledge, and specifically identify the gaps that the project is intended to fill. State concisely the importance and relevance of the research described in this application by relating the specific aims to the broad, longterm objectives.

Essentially, this is your literature review.

c. Preliminary Studies/Progress Report.

Preliminary Studies. For new applications, use this section to provide an account of the principal investigator/program director's preliminary studies pertinent to the application information that will also help to establish the experience and competence of the investigator to pursue the proposed project. Peer review committees generally view preliminary data as an essential part of a research grant application. Preliminary data often aid the reviewers in assessing the likelihood of the success of the proposed project.

Have you pretested any measures or piloted any aspects of the procedure? This would be included here. Furthermore, this is the section in which you can and should describe relevant work done in the lab(s) within which your study is to be conducted, especially work in progress that would not be included under B. Students whose study is a part of a larger project can use this section to describe the parent study, especially if their dissertation uses an existing data set while carving new questions and conducting data management and analyses within it.

It is possible you have no preliminary studies. This is fine. If you have nothing to include in this section, simply put "Not Applicable" and move on. If you've already started any aspect of the study, describe what you've done here. *Unlike an NIH review, this information is NOT required for you to propose your dissertation.* (However, if your dissertation committee wants to see more work on refining your design, that's another story entirely.)

d. Research Design and Methods.

Describe the research design and the procedures to be used to accomplish the specific aims of the project. Include how the data will be collected, analyzed, and interpreted as well as the data sharing plan as appropriate. Describe any new methodology and its advantage over existing methodologies. Discuss the potential difficulties and limitations of the proposed procedures and alternative approaches to achieve the aims. As part of this section, provide a tentative sequence or timetable for the project. Point out any procedures, situations, or materials that may be hazardous to personnel and the precautions to be exercised.

This is the most crucial section of the proposal and should therefore be given the greatest space allocation. What are you going to do and how are you going to test your hypotheses? If your study involves using new data analytic methods, you should have enough familiarity with these tools to write about them in the proposal. Specify the specific statistical tests you will use to assess each hypothesis (e.g. a 2x3x2 mixed model ANOVA, growth curve analysis, multiple regression, etc). In short, the proposal needs to be clear that you are clear in understanding what you intend to do. In the data analysis, there will be many opportunities to move from this basic roadmap, but, to begin, outline your first-line strategy for testing the main hypotheses and research questions.

Appendix B

Clinical Psychology Program Retention and Notification Policy

Clinical Psychology Program

Retention and Notification Policy

Based on the Psychology Department's Five-Year Plan of Graduate Studies, Adopted September, 2009

The Department of Psychology program directors and advisors oversee the performance of all graduate students in order to ensure that they maintain academic standards that have been agreed upon by faculty members in the Department, and that they are making good progress. Graduate students must meet the Psychology Department degree requirements in a timely manner. When a student fails to meet program guidelines for satisfactory progress, the student will receive written notification with a clear statement of what the student must do and a date by which such actions must be completed. Students will be given an opportunity to appeal by following the appeals guidelines stated below. Students who fail to take remedial actions by the deadlines specified may be dismissed from the program, and a recommendation will be sent to the Graduate College to move the student to non-degree seeking status. Students have the right to appeal such decisions to the Graduate College.

Yearly Evaluations

Each September, students prepare progress reports that are examined by their major advisors and program directors, who prepare written feedback addressing (a) the student's productivity and achievements, (b) the student's progression through the program's milestones, and (c) expectations for the coming academic year. These letters with feedback are then collected and reviewed by the Psychology Department Director of Graduate Studies in order to ensure that evaluation criteria are applied consistently across programs and advisors. The letter serves to establish an agreement between the student and the program regarding performance expectations.

Students are required to discuss the content of the letter with their advisor, sign the letter, and return a signed copy to the Graduate Program Coordinator for record keeping. If the student disagrees with the content of the letter, further discussion with the advisor, the program director, and the Director of Graduate Studies takes place. Recommendations may be made to the Department Head regarding revisions, if any, to be made to the letter. When a student falls behind schedule or in case of sub-standard achievement, the letter serves to provide students with advice regarding steps to remediate problems (e.g., setting deadlines, decreasing activities that are incompatible with timely completion), reminds the student of resources available to them, and notifies them of potential consequences if deadlines are not met.

Note that a student who does not provide a yearly progress report or does not maintain adequate contact with their advisor and the department will be considered inactive and may be dismissed from the program.

Satisfactory progress

Students must maintain a GPA of 3.0 or higher in order to be considered in good standing in the Graduate College. Students whose GPA drops below 3.0 are automatically placed

on probation by the College. Information regarding probationary status due to grades is available on the Graduate College website. In addition to the grade requirements set out by the Graduate College, students in Psychology are expected to complete their graduate studies following a five-year program:

- Year 1: Approval of the Master's proposal
- Year 2: Completion of all requirements for the Master's degree
- Year 3: Completion of written and oral comprehensive examinations
- Year 4: Approval of the Dissertation proposal
- Year 5: Completion of all requirements for the Ph.D.

Note that the five year plan is extended to six years for graduate students in the Clinical Program, due to the internship year that normally occurs after completion of the Dissertation proposal and prior to the Dissertation defense.

A student is behind schedule when they:

- Have not proposed a Masters by the end of the first year.
- Have not defended a Masters by end of the second year.
- Have not completed written and oral Comprehensive Examinations by the end of the third year.
- Have not completed a Dissertation proposal by the end of the fourth year.
- Have not successfully defended a Dissertation by the end of the fifth year, or the end of the sixth year for students in the Clinical Program.

When the student is behind schedule in their progress, four levels of warning may appear in the evaluation letter:

Level 1 Caution: When a student is behind schedule, the letter will include a plan for getting back on track during the coming year with expected dates of completion for required milestones. The letter should encourage students to get focused and work with their advisor closely to stay on track. Students will be warned that failure to progress through the graduate program in a timely manner may result in academic sanctions in the future, including being placed on provisional status within the Department of Psychology or being dismissed from the graduate program.

Level 2 Warning: A student who has been cautioned and who does not meet the expectations outlined in the previous letter will be given a Level 2 Warning. This letter will state that the student is seriously behind schedule, and will outline specific steps that the student must take by the end of the Spring (year) semester in order to be viewed as making adequate academic progress. The evaluation letter will state that: *"If you do not meet these requirements by the end of the Spring (year) semester, you will be placed on provisional status within the Department."*

Level 3 Provisional Status: Students who have been given a Level 2 warning in a previous evaluation and who fail to meet all the expectations outlined in the previous letter will be sent a letter stating that:

"Given that you did not meet all of the requirements outline in last year's letter, you have been placed on provisional status within the Department of Psychology effective immediately. You will be need to meet all the program requirements listed below before the end of the Spring (year) semester. During the period of probation, you remain eligible

to take courses and are considered for funding with the same priority as other students in your year, but you must focus on meeting the departmental milestones outlined below. Failure to do so will result in you being dismissed from the Psychology Department Graduate Program for lack of adequate academic progress and converted to non-degree seeking status, as per Graduate College Guidelines.”

The letter must outline the specific requirements with expected completion dates required in order for the student to be removed from academic probation.

Level 4 Non-degree Seeking Status: Students who have been placed on provisional status in the Department and who have completed all the requirements outlined in the previous evaluation letter will be sent notification by registered mail that they are being officially dropped from the Psychology Department Graduate Program. The evaluation letter will state the following:

“The previous evaluation letter placed you on provisional status within the Department of Psychology and stated what you had to do in order to revert to good standing in the graduate program. Because you did not meet the requirements outlined in last year's letter, we are requesting that the Dean of the Graduate College dismiss you from the Psychology Graduate Program and convert your status to non-degree seeking graduate student, effective immediately. In order to re-enter the Psychology Graduate Program you would have to re-apply and be considered along with new applicants during the regular graduate recruitment cycle. The decision to accept you back into the graduate program would be at the discretion of the faculty.

A student who believes with good academic reason, that they deserve redress or exception to this decision can formally petition for an exception. A petition form must be submitted to the Graduate College Degree Certification Office explaining all relevant facts. Such petitions must be accompanied by supporting documents and a letter of support from the student's Major Advisor, Director of Graduate Studies, or Department Head and required signatures. Petition forms are available from the Graduate College website.”