
DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY PROGRAM HANDBOOK

DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF ARIZONA
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1. Clinical Program Faculty

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2. Training philosophy and objectives

The University of Arizona's Doctoral Program in Clinical Psychology aims to produce excellent clinical scientists who are capable of generating, evaluating, and applying the science of human behavior through research, teaching, program evaluation, supervision, program administration, and/or the dissemination and implementation of science-based interventions and assessments. We aim to ensure that all our graduates are skilled in the application of science-based clinical interventions and assessments at the level of the individual client or patient. To accomplish these goals, we implement a clinical science training model with a belief that the relationship between clinical research and application is reciprocal (i.e., the best clinical skills are grounded in empirical and theoretical knowledge, and clinical application continuously informs the evolution of clinical theory and research). Within this clinical science model, we have developed a student-centered, science-based curriculum that emphasizes flexibility (for students and advisors to tailor the learning experiences to the needs of a specific student) and the close mentoring of research experiences (with each student working collaboratively with one or more faculty members).

The program offers a considerable range of clinical training and research opportunities. Although we follow a generalist training model, we offer two specialty concentrations or tracks in clinical neuropsychology and health psychology. 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 active clinical scientists. They should have the wherewithal to identify, promote, and provide scientifically-sound psychological services. Furthermore, we expect our graduates to (a) contribute to the body of knowledge in psychological science; (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 clinical 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.

The Clinical Program curriculum is nested within the larger Department of Psychology curriculum and requirements. As students progress in the Clinical Program, they must progress in the Department and meet all requirements and policies as outlined in the Departmental Five Year Plan of Study: <http://psychology.arizona.edu/content/phd-program-requirements-and-policies>

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 monthly during the academic year. A Clinical Training Committee (CTC), 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 three core clinical faculty (Allen, Ruiz, and Lawrence 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 addition to decisions regarding internal policy issues, the program faculty exercises authority over the program curriculum and admissions, as well as making 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. Students are actively encourage to discuss any concerns about their program or their own professional development with the DCT directly.

4. Curriculum and benchmarks for progression through the program

The University of Arizona Clinical Program offers opportunities for professional development and the integration of science with practice through coursework, 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 statistics and 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 is sequential, cumulative, graded in complexity, and designed to prepare students for a future conducting clinical science, disseminating knowledge in a generalizable way, and the application of clinical science through interventions and assessments with individual clients or patients. Accordingly, our curriculum 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, statistics (see below), child clinical 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 or Statistics), the outside department (or interdepartmental program) 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.

In compliance with the APA's Commission on Accreditation's (CoA) Standards on Accreditation, our program requires students enroll in coursework that provides Discipline-Specific Knowledge (DSK). CoA conceptualizes DSK as foundational knowledge students must acquire in addition to the competencies required to work effectively as a health service psychologist. The DSK requirements are for courses in history and systems, basic content areas in psychology (referred to below as breadth requirements), advanced integrative knowledge, research methods, quantitative methods, and psychometrics. Our program offers discreet courses covering all of these requirements.

In addition to APA's requirements for Discipline-specific Knowledge, we are required by the CoA to outline Minimal Levels of Achievement (MLAs), below which would be unsatisfactory. In the spring of 2017, the program faculty elected to use a course grade of B or S (in ungraded courses) as our MLA. Any student who receives a grades below a B or S will need to either (a) identify a suitable remediation plan in conjunction with course instructor and DCT, or (b) take another course that covers that DSK and receive a grade above the MLA.

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 or comps) has to be completed and the dissertation proposal approved before a student is eligible for internship application.

Departmental Requirements

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 that includes programming applications; (2) One or more of the following advanced courses in Research Design and Statistical Analysis: PSYC 507a Research Design and Statistical Analysis (with lab), PSYC 507b, Research Methods and Statistics (with lab), FSHD 537, Introduction to Applied Statistical Analysis, FSHD 617C, Multilevel Modeling, or FSHD 617A: Structural Equation Modeling; or, (3) A course offered in another department if approved by the CTC, or, (4) An independent study supervised by an instructor with statistical expertise, with a course outline approved by the student's graduate committee.

Statistics Minor: Students have two options to obtain a minor in statistics. The Graduate Interdisciplinary Program in Statistics offers a 12 unit minor that requires the foundational course

STAT 566 with other coursework agreed to by the graduate committee. A faculty from the statistics GIDP must be included on the graduate committee. Information on the statistics minor can be obtained at <https://gidp.arizona.edu/stat> . The other alternative is for students to do a minor in Psychology with an emphasis in statistics. This requires an additional three (3) 3-unit courses agreed upon by the graduate committee; these three courses are in addition to those used to fulfill the major requirement.

NOTE: Students sometimes enter the program with a fair amount of statistics training. PSYC 510 is an introduction to graduate statistics. Accordingly, if a student has a moderately strong background in undergraduate statistics, or math, or has taken any graduate statistics, he or she is welcome to take a test to “place out” of the 510 course. Contact Dave Sbarra to learn more about taking this placement test with AJ Figueredo. If a student places out of 510, they are still required to take nine units of statistics courses, unless they formally demonstrate that they have taken equivalent classes elsewhere. Formal transfer credit can be arranged in this situation (see below).

2. Master’s project.

A proposal should be approved by the beginning of the second year, with the thesis completed by end of second year or the beginning of the third year. All aspects of this project must conform with the Department of Psychology requirements: <http://psychology.arizona.edu/academics/phd-program-requirements-and-policies#Master%E2%80%99s%20Degree%20Requirements> . The Master’s proposal should be written in either an empirical paper format or in an R01 grant proposal format (similar to the dissertation proposal), and approved by the student’s committee as a result of a committee meeting. The committee is composed of two faculty members, at least one of which is a core Clinical faculty. Note: Students are required to complete a study involving original data collection for either their master’s or dissertation. Appendix C includes detailed information about the departmental requirements for the master’s project. Finally, all 2nd-year students are required to present their master’s at the Spring poster session in April of each year.

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 journals *Psychological Bulletin*, *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 a 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 (Clinical Research Methods): 3 units, Fall & Spring [Lawrence, Hamann]
697 & Intervention Seminar (3 credits) 3 units, Fall & Spring [Sbarra & Bowen]
694b Intervention Practicum (2 credits) 2 units, Fall & Spring [Sbarra & Bowen]

Externship (Years 3 and 4)

Clinical work outside the department in university and community agencies, usually about 20 hr/wk in the third year and 10 hr/wk in the fourth year. **All students on externship are required to register for 694c during their third year in the program. Students must attend the seminar for two academic semesters, but be enrolled during their third year.**

- 694c Consultation & Supervision: 1 unit, Fall & Spring [Shisslak]

Students typically enroll in 696c in their 3rd year in the program.

Optional Practicum:

- 694d Clinical Neuropsychology Practicum [Grilli]

694d is a prerequisite for completing one of the program's neuropsychology-oriented externships

- 694f Couple & Family Therapies [Lawrence]

Psychopathology course (before the second semester of year 3)

- 582 Advanced Psychopathology: 3 units, one semester [O'Connor]

2. Breadth of scientific psychology; see details in narrative, below)

I. Biological aspects of behavior [area instructor: Allen]

One of the following courses: Psyc 504a (Brain and Behavior), or Psyc 585 (Psychoneuroimmunology).

Students may also complete our "portfolio system" for completing this DSK/breadth requirement (see the narrative description of the portfolio system, below). The portfolio course is as follows:

Psyc 696b, Biological Bases of Behavior

As described, our portfolio sequence can be taken when students have already taken a course that covers at least $\frac{1}{3}$ of the breadth area requirements, and these classes are as follows: Psyc 502 (Principles of Neuroanatomy), Psyc 501 (Psychophysiology)

II. Cognitive aspects of behavior [area instructor: Grilli]

Psyc 506b (Foundations of Cognitive Psychology), or Psyc 696c (Cognitive/Affective Bases of Behavior—with O'Connor)

Students may also complete our “portfolio system” for completing this DSK requirement (see the supporting document describing the portfolio requirements). The portfolio course is as follows: Psyc 696c (Cognitive/Affective Bases of Behavior)*

(Psyc 696c is taught as a seminar every other year with Dr. O'Connor, but can be taken with Dr. Grilli as part of the portfolio sequence as well.)*

As described, our portfolio sequence can be taken when students have already taken a course that covers at least $\frac{1}{3}$ of the breadth area requirements, and these classes are as follows: Psyc 517 (Introduction to Cognitive Science), Psyc 526 (Advanced Human Memory), Psyc 528 (Cognitive Neuroscience)

III. Affective aspects of behavior [area instructor: O'Connor]

Psyc 696c (Cognitive and Affective Bases of Behavior—with O'Connor)

Affective science content is also infused into the following courses: Psyc 697 (Clinical Interventions); Psyc 625 a and b (Clinical Research Methods), Psyc 504a (Brain and Behavior); Psyc 585 (Psychoneuroimmunology); Psyc 501 (Psychophysiology)

IV. Social aspects of behavior [area instructor: Sbarra]

Psyc 560 (Advanced Social Psychology)

Students may also complete our “portfolio system” for completing this DSK requirement (see the supporting document describing the portfolio requirements). The portfolio course is as follows: Psyc 696s, Social Psychological Bases of Behavior [Sbarra]

As described, our portfolio sequence can be taken when students have already taken a course that covers at least $\frac{1}{3}$ of the breadth area requirements, and these classes are as follows: Psyc 596a (*Culture and Psychology*), Psyc 696s (*The Science of Gender Identity*), Psyc 596a (Attitudes and Social Cognition),

V. Developmental aspects of behavior [area instructor: Sbarra]

One of the following courses: Psyc 583a (Lifespan Developmental Psychopathology; SERP 601 (Cognition and Development; in Educational Psychology Dept)

Students may also complete our “portfolio system” for completing this DSK requirement (see the supporting document describing the portfolio requirements). The portfolio course is as follows: Psyc 6964, Human Development Across Life-Span [Sbarra]

As described, our portfolio sequence can be taken when students have already taken a course that covers at least $\frac{1}{3}$ of the breadth area requirements, and these classes are as follows: FSHD 603/ ANTH 695D, (Topics in Social and Psychobiological Development in Childhood: “Stress, Development, and Health: A Biological Embedding Approach”); Psyc 504b (Clinical Neuropsychology: Dementias)

Advanced Integrative Knowledge

In addition to the five DSK breadth area requirements, students are also required to take at least one class that provides “advanced integrative knowledge,” defined as a course that integrates at least two of the breadth area DSK topics. Presently, in our curriculum, the following courses provide advanced integrative knowledge:

- Psyc 696c: Cognitive/Affective Bases of Behavior (Cognitive Affective)
- Psyc 585: Psychoneuroimmunology (Biological-Cognitive)
- SERP 601: Cognition and Development in Education (Cognitive-Developmental)
- Psyc 504a Human Brain-Behavior Relationships (Biological-Cognitive)
- Psyc 587 Foundations of Health Psychology (Biological-Affective)

NOTE: Each semester new courses are added/deleted from the University course catalog. Students who are interested in taking a class not listed above for potential full or partial fulfillment of a breadth area requirement should consult the 696 instructor of record (Allen: Biological; Grilli: Cognitive, O’Connor: Affective; Sbarra: Human Development; and Sbarra: Social) and ask them to evaluate the specific class syllabus in order to determine if the course provides full or partial fulfillment within a specific breadth area. It is the requirement of each student to provide the 696 faculty of record with the syllabi for approval; if a class is not listed above, it cannot be used to fulfill any breadth area requirements without the 696 faculty member’s approval *in advance* of a student taking the course.

3. Predoctoral internship

The predoctoral internship is a full-time, 12-month (or, part-time, 24-month) training experience in either a CoA and APPIC-accredited setting, or in a setting approved by the Clinical Training Committee (CTC). To successfully meet the Clinical Program’s internship requirements, all students must have documented completion (in the form of a letter or certificate) from their internship demonstrating that they have completed all required training. If the student completes a non-accredited training experience, we require they document their planned training experiences (in the form of a written training plan) to provide for license eligibility in Arizona prior to initiating the training experience. This written training plan constitutes the scope of the work the student will engage in during the internship experience. Students working in a non-accredited (APA or APPIC) internship settings will have satisfied this requirement when their internship Director of Clinical Training documents that the student has completed all requirements outlined in their written training plan.

4. Diversity science is *infused* into all aspects of the curriculum.

From the Department of Psychology’s Diversity Committee:

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“The Department of Psychology at the University of Arizona is strongly committed to supporting diversity in all areas including but not limited to age, socioeconomic background, race/ethnicity, culture, gender identity, sexual orientation, religion, language, disabilities, and the intersection of multiple underserved identities. We strive to foster a respectful and affirming climate in which all students, staff, and faculty are valued and feel inspired to achieve their full potential.

“Consistent with the broader University of Arizona commitment to Diversity and Inclusion Excellence, the Department of Psychology seeks to facilitate understanding and valuing of diversity through its education, training, and research endeavors. Examples of these efforts are detailed below. Moreover, the Department is committed to attracting, admitting, and educating students from the broad spectrum of underrepresented backgrounds without limitations.

“The Department’s newly-formed Diversity Committee will ensure that issues of diversity are addressed in all aspects of Department functioning. These efforts include identifying information

and resources to facilitate our students 'and colleagues' success, supporting and promoting department efforts to be a leader in diversity scholarship, and advocating for the valuing of diversity in curricula, graduate student recruitment, and faculty recruitment.

Indeed, 'valuing diversity is a core tenant of what it means to be a Wildcat.' "

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The Clinical Program implements an infusion model in order to train and educate our students in multicultural competencies broadly, as well as in diversity science and intervention more specifically. We integrate diversity training throughout our curriculum, thus infusing multicultural perspectives into all aspects of training through readings, class activities, and lectures. Training and education in multicultural competencies are addressed in the students' clinical training, coursework, research, training to be a teacher, and training in supervision and consultation. Additionally, we strive to make our program a safe space for each person's individual multicultural development. Our broad goal is to build on their integrated awareness, knowledge and skills related to multiculturalism. Consistent with research and best practice recommendations in multicultural training, we incorporate a range of pedagogical approaches incorporating research, and experiential components: Diversity training is included through both specific readings assigned, through in-class activities and discussion, and through lectures; through their research training, students work with faculty to answer questions related to diversity and study a diverse range of populations; and, multicultural competency is prioritized in students' clinical training as well.

5. Elective courses, areas of emphasis, minor tracks, 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 (504a) followed by Clinical Neuropsychology: Dementias (504b). Both courses are prerequisite for the Clinical Neuropsychology Practicum (694d), which is a prerequisite for completing one of the program's neuropsychology-oriented externships (see the Clinical Neuropsychology Sequence for more detail). Although not required for the clinical neuropsychology sequence, students in this area of emphasis are also encouraged to take the Neuroanatomy (502) and graduate courses from the Neuroscience (NRSC) program. Sequence Director: Grilli.

In addition, students can take courses in the Health Psychology Minor Track (described in detail below), which includes Foundations in Health Psychology (offered in the fall semesters with Ruiz, Psyc 587), Behavioral Medicine Interventions (offered in the spring semesters with Hamann, Psyc 588), as well as one other elective course. Sequence Director: Ruiz

The breadth of scientific psychology and a portfolio of independent study

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. 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 many instances, students have acquired substantial expertise in a particular breadth area so that taking a general course in that area is repetitive and hinders students from advancing their expertise in new technologies or more specialized knowledge. To further tailor our program to the

needs of the students, but to ensure 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 five breadth areas: biological, cognitive, 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; Grilli: Cognitive, O'Connor: Affective; Sbarra: Human Development; and Sbarra: Social). Each of these instructors conduct a core course of the Psyc 696 series (696b,c,d, and s for biological, cognitive, developmental, and social, respectively) 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 general rule, 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 Psyc 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), Grilli (cognitive) O'Connor (affective), Sbarra (human development), and Sbarra (social). The evaluation of students' competencies in each breadth area is determined by the responsible faculty and summative evaluations typically include (but are not limited to) a synthetic review paper or grant proposal. All students are expected to maintain a detailed reading list as evidence of complete coverage of the breadth area material in question.

An additional 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 DCT (Sbarra) 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 DCT (Sbarra), as well as the Director of Graduate Studies. 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; all other inquiries 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. Students can receive "credit" toward the master's thesis requirement in the UA Psychology Department by demonstrating that they have completed an equivalent thesis elsewhere. To demonstrate this, a student consults with their advisor and convenes a committee that includes their core clinical advisor, another core faculty member, and a third faculty member (who does not need to be a core clinical member). The student provides each of these readers with a copy of their thesis and asks that they inform their advisor whether or not the thesis meets the Psychology Department requirements. If all readers agree that the thesis passes our requirements, their advisor will contact the Program Director to indicate that they have fulfilled the Departmental requirement. The Program Director should then contact the Graduate Secretary to note that the student has formally passed this program requirement; formal recognition of this program requirement will be placed in their file. The student 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; these courses also begin to 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, Clinical Research Methods) that runs parallel to the Intervention Seminar and Workshop/Practicum (697 and 694b) and is followed by the Consultation and Supervision seminar (694c), which runs in conjunction with students' clinical externships in community. Sequence directors: Sbarra and Bowen.
- Optional: Clinical neuropsychology sequence, including a basic course on Brain and Behavior Relationships (504a), followed by Clinical Neuropsychology: Dementias(504b) and Neuroanatomy (502). 504A and 504B are pre-requisites for the Clinical Neuropsychology Practicum (694d). Sequence director: Grilli. The Health Psychology Minor Track includes

Foundations in Health Psychology (587) and Behavioral Medicine Interventions (588), as well as an additional elective course.

- A course in advanced psychopathology (582)
- Breadth requirements in the areas of biological, cognitive, affective, social psychology, and life-span development. In addition, students are required to take at least one course that covers “advanced integrative knowledge” as outlined above.
- 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 professional standards and ethics (586)
- 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 500-700 direct 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 practice with didactic and research training. Students in the intervention practicum (697 & 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 (694b) 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 15 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-V 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 SCID-5s, MMPI-2RFs, WAIS-IVs, and WMS-IVs 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 integrative 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 Lawrence and Hamann. The parallel two-semester practicum (697 & 694b) is led by Sbarra in the fall and Bowen in the spring with help from adjunct-faculty clinical supervisors (currently, Autumn Wiley-Hill). Externship placements in subsequent years are coordinated by community-liaison, Julie Feldman. In their first year of externship (usually program year 3), students participate in a bi-weekly supervision/consultation seminar (694C), led by Shisslak, which aims to reconcile experiences in community agencies with the scientist-practitioner model.

An elective component of the intervention sequence is Lawrence's practicum on couple therapy (694f).

The Psychosocial Intervention (Clinical Research Methods) course (8 credits, 625a,b) covers a range of topics in intervention science, including exposure to the big-picture debates in the field (e.g., common factors vs. specific ingredients in therapy effectiveness) and substantive findings related to the evidence-based treatment of specific psychopathologies. The addition, the 625 series doubles as a clinical research methods course, with the specific content taught in a manner that emphasizes methodological and statistical approaches to doing intervention science. 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 third-wave behavior therapy (emphasis on Acceptance and Commitment Therapy) in the second. While the seminar examines the theoretical and empirical bases of cognitive-behavioral and third-wave 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.

Concurrent with their clinical work, practicum students in 697 & 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, 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 Connie Beck, who teaches the required ethics course students take in their first year.

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 many active externship sites – more than our students can fill in a given year – and a large portion 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.

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 Shisslak, 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.

C. Clinical neuropsychology sequence

The formal course requirements for the clinical neuropsychology sequence include 504a (Human Brain-Behavior Relationships), 504b (Clinical Neuropsychology: Dementias), 694d (Clinical Neuropsychology Practicum), and 502 (Principles of Neuroanatomy). 504a and 504b are prerequisites for 694D, which is a prerequisite for completing one of the program's neuropsychology-oriented externships. Therefore, students are encouraged to complete 504a and 504b in Year 1, and 694D in Year 2. Students are also encouraged to consider other courses in cognitive psychology, biopsychology, and neuroscience (e.g., Graduate Neuroscience [NRSC] courses). Core faculty member Ryan teaches 502, core faculty member Grilli teaches 504a, core faculty member Alexander teaches 504b, and core faculty member Grilli co-teaches and supervises the practicum, 694D.

Human Brain-Behavior Relationships (504a) 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) examines clinical applications of this knowledge base and the assessment of cognitive and affective sequelae of human central nervous system disease/damage, with emphases on disorders associated with aging, including Alzheimer's, Parkinson's, fronto-temporal, and other dementias. 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 504a 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 courses.

The Clinical Neuropsychology Practicum (694d) provides advanced instruction and experience in clinical neuropsychological assessment and consultation. Here students 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; to EEG; and to psychopharmacologic considerations in managing patients with neurobehavioral syndromes. 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 Clinic, and the Comprehensive Epilepsy Evaluation and Treatment Clinic of the University Medical Center.

Principles of Neuroanatomy (502) is offered every other spring semester. Because it is not offered annually, it is not required prior to enrolling in the neuropsychology practicum, but we recommend that students take the course early in their graduate studies. This course offers an indepth survey of functional anatomy of the human brain. The course is designed primarily for students in fields other than medicine where knowledge of functional neuroanatomy is important – clinical neuropsychology, speech and hearing sciences, neurosciences, and cognitive neuroscience. The course format is primarily lecture, drawing on extensive visual materials including slides of whole brain sections, fiber-stained whole brain serial sections in three anatomical planes, and ex vivo brain dissections. Because neuropsychologists will likely utilize magnetic resonance images for clinical practice and research, special emphasis is placed on identifying brain structures on MRI images.

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.

D. Health psychology minor track

In 2016, the University of Arizona Department of Psychology initiated a formal Health Psychology Minor Track. The formal sequence of courses and training experiences are open to all doctoral

students in the Psychology Department and, with permission, graduate students from other departments.

Health Psychology is dedicated to the scientific study of the promotion and maintenance of health, the prevention and treatment of illness, and the identification of etiologic and diagnostic variables associated with health and illness. Health Psychology applies biopsychosocial principles and research findings to the enhancement of health and the treatment and prevention of illness. Accordingly, the classes and training offered in this track would be of interest not only to graduate students in psychology, but also in range of health-related fields, including nursing, public health, medicine, sociology, human development and family studies, and anthropology. The Health Psychology Minor Track consists of five core components, only the first of which is required to fulfill a minor in Health Psychology:

1. Didactics. Classroom instruction provides the foundation for the Health Psychology Track and includes two specific seminars, as well as two electives. The Foundations in Health Psychology course (Psyc 587) is the introduction to the track and provides an overview of the field including conceptual models, discussion of key biobehavioral pathways, and coping with chronic diseases. This course is typically offered during the Fall academic term and is taught by Dr. John Ruiz. Behavioral Medicine Interventions (Psyc 588) focuses on (a) understanding and evaluating the evidence base for behavioral medicine interventions, and (b) discussing unique aspects of work in medical settings. Although the focus is on specific interventions, it is not a practicum class and is open (and relevant) to non-clinical students. This course is typically offered during the Spring academic term and is taught by Dr. Heidi Hamann.

The “Foundations” and “Interventions” seminars are required for all students enrolled in the Minor Track. Beyond these seminars, students may fulfill the Psychology Department minor requirement with one additional elective courses of their choosing in Psychology. For students wishing to create a more complete health psychology training experience, we encourage one additional course (for a total of four classes, including the required Foundations and Interventions seminars) from the following classes (an inclusive, but not exhaustive list):

- Psychoneuroimmunology (Psyc 585)
- Psychophysiology (Psyc 501a)
- Critical Issues in Health Care Organization, Management and Policy (CPH 523)
- Social Epidemiology (EPID/CPH 671)
- Sociocultural & Behavioral Aspects of Public Health (CPH 577)
- Dissemination and Implementation Science (NURS 782)
- [Biobehavioral Approaches to Cardiovascular Health & Illness](#) (EPI 546)
- [Psychosocial Epidemiology](#) (EPI 640)
- Human Anatomy (MEDXXX)
- Medical Anthropology (ANTH 536A)

2. Health Psychology Brown Bag (HPBB). Students in the Health Psychology Minor Track are encouraged to be regular participants the HPBB, an informal bi-monthly meeting that serves as a vehicle for professional development. The HPBB meeting will provide a forum to discuss research findings, for students to practice research presentation, for informal grant proposal reviews, and for the consideration of other professional development issues, including research-informed clinical case conferences.

3. For clinical students, we encourage at least one-year of 20-hour/week health-focused clinical practicum. The Clinical Psychology Program offers a variety of Behavioral Medicine placements in the Tucson community, including but not limited to externships in Collaborative Primary Care, the UA/Banner Cancer Center, Banner organ transplant services-- i.e., liver, kidney,

heart, and in a variety of other departments within the UA/Banner Medical Center. In some instances, on-site supervision is provided; in other instances, Dr. Catherine Shisslak, Director of the Psychology Department's Behavioral Health Clinic, provides local, in-house supervision. Although a single, 20-hour/week placement is encouraged for the Health Psych Minor Track, many clinical students are involved in additional behavioral medicine placements during the course of their training.

4. Master's and dissertation theses centered on health-focused topics. A key component of the Health Psychology Track is research. To the extent possible, students in the Minor Track are encouraged to develop master's theses and dissertations that center on a "health-focused" topic. Health-focused research topics include those related to the promotion and maintenance of health, the prevention and treatment of illness, and the identification of etiologic and diagnostic variables associated with health and illness; other acceptable topics include research aimed at the enhancement of health and the treatment or prevention of illness. The Health Psychology Minor Track Faculty Steering Committee (Hamann, Ruiz, Sbarra, Stone, and Shisslak) is available to consult in determining appropriate research topics.

5. Demonstrated effort toward submitting at least one health psychology-focused empirical paper to a peer-reviewed journal and presenting at least one empirical poster on a health-related topic. Because research is the key focus of the Health Psychology Track, students are encouraged to actively conduct research and to disseminate this work in scientific outlets. Writing papers and presenting posters are critical professional development tasks, and faculty who work with students in the Health Psychology Track will assist in this research work and help students prepare their work for presentation and publication. The preparation and presentation of student-led research will be a primary focus of the HPBB seminars.

6. Externship placement procedures

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 assumes 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, 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 clinical science 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 or 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 and Sbarra 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. Beginning in August, 2017, the Department of Psychology is initiating a quantitative system for evaluating student competencies in a variety of domains. These domains will be assessed annually during the student review process, for at least two oral presentations during students' time in residence, and during all major program milestones (e.g., following the oral comprehensive examination, at the dissertation proposal and thesis defense meetings). A rubric and guidelines for this competency assessment practice will be available in the Department of Psychology webpage.

8. 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 revision 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.

9. Graduate College procedures

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

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.

10. Graduate Student Grievance Procedure

We encourage all students to talk with the program director (Sbarra), program Ombudsperson (Beck), and the department head (Ryan), 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 and Masters Proposal Guidelines

July, 2011

In November, 2004, the clinical area faculty agreed that a useful model for dissertation and masters proposals (within our area) is the current Public Health Service (PHS) structure used for National Institutes of Health (NIH) R01 research grants. This document includes these guidelines and is intended to assist the shaping of your proposal, and has been updated in July 2011 to reflect the most recent NIH format and emphases. 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 24 double-spaced pages (not including references, but including figures), in Arial, Georgia, or Times 11-point or 12-point font. If you’re way over that, you need to be more concise.

The PHS Guidelines follow below in italics, with relevant commentary concerning how to prepare your proposal in regular font below each section. Please include Items A, B1, B2, and B3 in your research proposal, with each designed to address specific aspects of your proposal:

- A. Specific Aims: What do you intend to do and what specific hypotheses do you have? (NIH Limit: One page single spaced maximum)
- B. Research Strategy: (NIH Limit: Twelve pages single spaced maximum)
 - 1. Significance: Why is the work important?
 - 2. Innovation: How does this work differ from what has been done and how will it advance the field to have an impact?
 - 3. Approach: How are you going to do the work and test your hypotheses?

Specific Section Details and Formats

A. Specific Aims.

<NIH Says...>

State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will exert on the research field(s) involved. List succinctly the specific objectives of the research proposed, e.g., to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology.

One to two pages (double spaced) is recommended. This is just a quick overview of the topic. At the end of the section, the reader should be able to appreciate what specific hypotheses you will test, and why they may be important. As a general guideline, you will want to test approximately one to three specific hypotheses, which you will list at the end of this section. So, in short, you say the equivalent of “*here’s an interesting topic, and here’s why it is interesting and might require the approach I am proposing, and here’s what I’ll do, specifically testing the following hypotheses.*” Do not write this section in haste – it orients the reader (in this your committee) to what will come next, helping the reader appreciate the proposal’s merit.

B. Research Strategy.

<NIH Says...>

Organize the Research Strategy in the specified order and using the instructions provided below. Start each section with the appropriate section heading – Significance, Innovation, Approach. Cite published experimental details in the Research Strategy section and provide the full reference in the Bibliography and References Cited section.

1. Significance

<NIH Says...>

- *Explain the importance of the problem or critical barrier to progress in the field that the proposed project addresses.*
- *Explain how the proposed project will improve scientific knowledge, technical capability, and/or clinical practice in one or more broad fields.*
- *Describe how the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field will be changed if the proposed aims are achieved.*

This section will include your literature review. You need to help the reader understand the context into which your proposed study will fit. If you are studying a psychological disorder, for example, a brief description of that disorder, a short synopsis of its costs to individuals and to society, and a review of relevant work (that related to your aims or perspective) on that that disorder would all be desirable in this section. Five to Twelve pages (double spaced) is recommended. Research proposals are not a place to cite anything possible, but rather a place to provide an overview of the key issues in this area of research, citing the relevant research that will set up your study, and allow the reader to appreciate the significance of your proposed study.

2. Innovation

<NIH Says...>

- *Explain how the application challenges and seeks to shift current research or clinical practice paradigms.*
- *Describe any novel theoretical concepts, approaches or methodologies, instrumentation or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, or interventions.*
- *Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation, or interventions.*

This section is newly emphasized in NIH reviews, and will require that you establish how your proposed work will differ from all that other stuff that's already been done! For example, are you using a new method, or are you integrating previously disparate perspectives? Although replication of scientific findings is valuable, it is not innovative, so you need to think about how to convince the reader that some aspects of your work are innovative. One to two pages (double spaced) is recommended.

3. Approach

<NIH Says ...>

- *Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. ... [I]nclude how the data will be collected, analyzed, and interpreted as well as any resource sharing plans as appropriate.*
- *Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims.*
- *If the project is in the early stages of development, describe any strategy to establish feasibility, and address the management of any high risk aspects of the proposed work.*

This is the most crucial section of the proposal and should therefore be given the greatest space allocation. Five to twelve pages is recommended. In this section, describe in detail what are you going to do and how are you going to test your hypotheses. In short, the proposal needs to be clear that you are clear in understanding what you intend to do. If you have any preliminary or pilot data, you should also place that in this section. And in presenting your research design, you should be very specific about the following:

- The basic paradigm/ task(s)/procedures/ measures /questionnaires/interventions you will use to address the research question
- Methodological specifics: subject characteristics and selection methods, inclusion and exclusion criteria
- An overview of any data reduction or coding that is required (e.g., statistical reduction of items to factors, implementation of a coding system and procedures for ensuring inter-rater reliability)
- A detailed description of your analysis plan: For example, will you use a repeated measures ANOVA, or a MANOVA, or a discriminant function analysis, or Fisbee's foolproof test? Here you should detail how you would make sure your data can address your research question. As you detail how you intend to analyze the data, be sure to make it clear how your analyses will test your specific hypotheses that you listed in Section A. What kind of finding would support your hypothesis? What would refute it? 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
- A discussion of you will handle any potential problems. What potential problems do you foresee, and how will you handle them? For example, if recruitment from the clinic you planned is insufficient, are there other recruitment sources? Or, if the protocol is too burdensome, what might be cut? The goal here it to show that your study is feasible and you've thought through contingency plans to ensure success.
- This section can include some previous results or pilot data if you have any, or a synopsis of relevant work in the lab(s) within which your study is conducted. Although this is not required, such preliminary data will convince the reviewer that you are likely to be able to carry out the work.

Appendix B

Clinical Psychology Program
Department of Psychology
Retention and Notification Policy

<http://psychology.arizona.edu/academics/phd-program-requirements-and-policies>

<http://psychology.arizona.edu/academics/phd-program-requirements-and-policies#Graduate%20Evaluations%20and%20the%20Annual%20Progress%20Report>

Appendix C

Department of Psychology Master's Requirements

<http://psychology.arizona.edu/academics/phd-program-requirements-and-policies#Master%E2%80%99s%20Degree%20Requirements>