

CLINICAL STUDENT GUIDE

2016-2017

Clinical Psychology Program*
Department of Psychology
University of Houston

*The UH Clinical doctoral program is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). The accreditation process is intended to promote consistent quality and excellence in education and training in “health service psychology”. Questions related to the program’s accredited status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street, NE, Washington, DC 20002 , Phone: (202) 336-5979 / E-mail: apaaccred@apa.org, Web: www.apa.org/ed/accreditation

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INTRODUCTION

A word of welcome from your faculty

Welcome to graduate school! And congratulations! We are delighted that you have chosen to join us in Clinical Psychology Program at the University of Houston, where we have a proud tradition of excellence and a host of enthusiastic, dedicated, and accomplished mentors who are eager to guide you through the next phases of your evolving career as a clinical psychologist. Over the next several years, you will undoubtedly be challenged as you strive to keep pace with the considerable demands of your research lab, clinical placements, and coursework, while still managing to have some semblance of a personal life! Along the way, we encourage you to embrace the spirit of scientific curiosity and inquiry as you discover and master new ways of thinking, investigating, and talking about mental and behavioral health. You are the next generation of scientists and practitioners in clinical psychology. We are all invested in your success and look forward to your unique insights and contributions to this challenging and rewarding field!

Clinical Program Leadership and Administration

The Clinical Program is administered by the Clinical Training Committee (CTC) under the leadership of the Director of Clinical Training (DCT) and the Associate Director of Clinical Training (ADCT). The program consists of three APA defined Major Areas of Study: Clinical Psychology (CP), Clinical Child Psychology (CCP), Clinical Neuropsychology (CN).

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Program communication practices – how to use this handbook

The APA Standards of Accreditation (SoA) requires the program to demonstrate commitment to public disclosure by clearly presenting written materials and other communications to relevant parties. This document, the Clinical Student Guide, is the most important mode of communicating important information about program aims, goals, values, policies and procedures. Below, the full list of mechanisms for communicating program information is outlined. Students are encouraged to make use of all of these in the order that they are suggested.

1) Clinical Student Guide: The Clinical Student Guide is the document that summarizes and collates all important program information and should be consulted first and foremost before any other mechanism of communication. It represents a collaborative effort between faculty and students to assemble information that will be helpful to you as a clinical psychology student at UH. This guide is best thought of as a *working document*, since elements of it will require modification and updating as new developments occur. Therefore, the first hour of Fall Town Hall is dedicated to a face-to-face review with students and faculty of any updates in the Clinical Student Guide. In addition, the first Clinical Training Committee (CTC) meeting of Fall will also be dedicated in part to a review of major changes and updates in the Guide. The intent is to assemble in one place program policies and helpful suggestions designed to make the life of the clinical students a little easier. It covers information on coursework, clinical practica, internship, and so on. This information should be used (with the help of your advisor) to design your personalized training plan (Individualized Development Plan – IDP; see Appendix A) that is consistent with your career goals. The policies and procedures contained in this Guide are consistent with our profession’s current ethics code and adhere to the University of Houston’s regulations and local, state and federal statutes regarding due process and fair treatment. Students are held to the requirements of the Clinical Student Guide under which they entered the program. However, if requirements are ambivalent, the current year’s Clinical Student Guide will be followed at the discretion of the DCT and the CTC. All students receive a hard copy of the updated Clinical Student Guide at the beginning of the academic year. In addition, it is publically available on the Clinical Program [“About Us”](#) page. *All students should be thoroughly familiar with the Clinical Student Guide.*

2) Graduate Academic Handbook: The Graduate Academic Handbook, which is provided to each student during Orientation complements the Clinical Student Guide and

contains procedural information at the departmental level. Many of the issues that pertain to all psychology graduate students are well-summarized in the departmental handbook. *However, should you notice a discrepancy, follow the Clinical Student Guide and inform the DCT immediately.* Students are held to the requirements of the Graduate Academic Handbook under which they enter the program. However, if requirements are ambivalent, the current year's Graduate Academic Handbook will be followed at the discretion of the DCT and the CTC.

3) Sharepoint: Sharepoint is a platform for sharing and collaborating, disseminating information, and tracking progress (click [here](#) to view an 8-minute video introduction to Sharepoint). Program policies, procedures, and records are contained and managed through Sharepoint. Therefore, the forms contained in the Clinical Student Guide (see Appendices) are completed electronically through Sharepoint. This enables the program an efficient and reliable way of completing and retaining student and program records which is required by the APA and the State. The site structure is:

Clinical Psychology Top-Level Site (<https://share.uh.edu/clinicalpsychology>):

Official, centralized location for all Program information, news, resources, contacts, events/schedules/calendars, documents, forms, etc. for current clinical students and faculty. Three separate subsites:

- Clinical Student Records: activities, accomplishments, evaluations, etc.
- Clinical Student Site: student-only site for sharing, discussion, etc.
- Clinical Faculty Site: faculty-only site for collaboration, discussion, etc.

4) Psychology Research and Services Center Handbook: This handbook contains information about your internal practicum and other work in our in-house training clinic. The Clinic's Director, Dr. Robin Weill manages the procedures of the Clinic under the overall direction of the DCT. *All students should be thoroughly familiar with the Psychology Research and Services Center Handbook.* It contains procedures that directly relate to patient contact and therefore directly relates to the evaluation of students' professional conduct.

5) Major student advisor: If a student has consulted the Clinical Student Guide, the Graduate Academic Handbook, and Sharepoint and cannot address his/her question or concern, the question or concern should be discussed with the student's major academic advisor. Faculty are very familiar with the content of the Clinical Student Guide and have additional information through their attendance of monthly Clinical Training Committee (CTC) meetings.

6) Departmental academic affairs office: For questions relating to departmental regulations and requirements, students should consult Patti Tolar or Dr. Suzanne Kieffer.

7) DCT: Questions pertaining directly to the Clinical Program that the Clinical Student Guide, Graduate Academic Handbook, student advisor, Patti Tolar and Dr. Kieffer were not able to address, must be put to the DCT and Amy Petesch. Always cc your advisor in order to ensure effective communication in the program. The DCT is available 24/7, but will refer you to the Clinical Student Guide, Graduate Academic Handbook, Sharepoint, advisor or academic affairs office if these sources have not yet been consulted. In your communication, also please cc our Program Manager, Amy Petesch.

8) Associate DCT (Dr. Woods): The Associate DCT manages questions related to the Clinical Neuropsychology (CN) major area of study and also serves as a sounding board for the DCT. All questions related to the CN major area of study must be directed at Dr. Woods in the first instance, but resolution of the problem should be reviewed by the DCT

before implementation. When the DCT is unavailable (e.g. out of town) the ADCT will manage the program in her absence.

9) Program manager (Amy Petesch): Amy is playing an increasingly important role in managing our program. In addition to general Program administration, she manages Sharepoint, student records, and all communication in the program, unless directly from the DCT. Amy attends CTC meetings and should be cc'd on any procedural communication about the program that is not considered confidential between advisor, student and DCT. Amy plays a central role in the graduate admissions process, the APA annual report, annual student evaluations, and comprehensive exams. She is also liaison between the program and internal/external practicum supervisors and alumni.

10) Student representatives: Student representatives can be contacted at any point when a student has a query. Student representatives are peer-appointed during an election during Summer. A representative is elected for each of the major areas of study (CP, CCP, CN). Retiring student reps remain "in office" in a consultation capacity for one year to guide current student reps so that continuity is maintained. Student reps may contact any of the relevant parties mentioned above to help answer a student's question but should always consult the Clinical Student Guide first. Student reps attend the CTC meeting to share with CTC any concerns students may have. Please make sure to therefore inform student reps of any concerns or questions so that these can be brought to the attention of the CTC during CTC meetings. Student reps help the DCT review the Clinical Student Guide during Summer for updates and notifies the DCT if ambivalent information exists in the Clinical Student Guide that needs to be clarified.

11) CTC meetings: Clinical Training Committee (CTC) meetings take place monthly on Wednesdays. CTC meetings form an important mechanism of communication in the program. Therefore, all faculty are expected to attend, as well as at least one student rep and the program manager. Minutes are taken by the student rep and circulated to students and faculty within a week of the meeting. Often, new policy or procedural changes are communicated or discussed during these meetings.

12) Email Listservs: a) CLINICAL-AREA@Listserv.uh.edu: Program-wide list; b) CLINICAL-STUDENT@Listserv.uh.edu: Clinical Program Students only; c) PSYCHEDUCATIONCOMM@Listserv.uh.edu: all department graduate students

13) Beware of word-of-mouth information! While students should provide support to each other by helping each other with information, it is often the case that procedures or policies have changed at the University, Departmental or Program level since the time a senior student started the program. Therefore, while we strongly encourage mentorship from senior students to junior students, it is best to clarify procedures and policies through the mechanisms described above. If students are consulted, it is best to consult the student reps who are intimately familiar with program policies and procedures.

14) Communication should be courteous and respectful. To maximize the effectiveness of students' learning, all interactions among students, faculty and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession. These principles are reflected in the APA Ethical Principles of Psychologists and Code of Conduct and the APA's Standards of Accreditation.

PROGRAM ACCREDITATION, PHILOSOPHY, AND GOALS

Accreditation

The UH Clinical doctoral program has been continuously accredited by the Commission on Accreditation of the American Psychological Association (APA) since 1959. The APA is the “traditional” accrediting body for doctoral programs in health service psychology. According to the APA’s Standards of Accreditation (SoA) “health service psychology” is defined as the integration of psychological science and practice in order to facilitate human development and functioning. It includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders. To remain APA accredited, (a) a program must demonstrate that it achieved its educational aims and the standards described by the SoA, and (b) its students/trainees and graduates must demonstrate adequate mastery of the discipline-specific knowledge and profession-wide competencies.

Training model and guiding principles

Consistent with the University of Houston’s change in status to a Carnegie Foundation-designated Tier 1 Research University in 2011, the CTC voted in 2015 to bolster the scientific component of our program. Accordingly, the philosophy and goals of our program as articulated in this Guide are consistent with those of APA accredited programs that are also oriented to a clinical science model of training. Therefore, in addition to ensuring broad and general preparation for clinical practice at the entry level, our program aims to produce health service psychology graduates for careers as clinical scientists—i.e., for careers devoted to making significant contributions to both advancing and applying scientific knowledge regarding the nature, origins, prediction, assessment, prevention, and amelioration of psychopathology and health-compromising behaviors. Clinical science is defined by the Academy of Psychological Clinical Science (APCS) and PCSAS as “a psychological science directed at the promotion of adaptive functioning; at the assessment, understanding, amelioration, and prevention of human problems in behavior, affect, cognition, or health; and at the application of knowledge in ways consistent with scientific evidence.”

1. The term "science" underscores
 - a. a commitment to empirical approaches to advancing the knowledge and practice of clinical psychology
 - b. depth of knowledge regarding the core components of clinical psychology
 - c. breadth of knowledge across domains of clinical psychology and disciplines outside psychology that are relevant to science and practice
 - d. integration of theory, research and application around problem relevant to clinical psychology
 - e. dissemination of clinical science to other researchers, policy makers, practitioners and consumers
2. The term “clinical” underscores
 - a. exposure to real-life clinical problems at the individual, group or societal level
 - b. a translational focus that moves knowledge from the laboratory into real-world settings

3. Both scientific and clinical principles are operationalized within a training context of diversity (in theoretical perspectives, access to clinical populations/sociocultural diversity, clinical and social problems, and faculty/student background). A preliminary committee was assembled in Spring of 2016 to evaluate and initiate efforts to strengthen our program (and department's) commitment to cultural and individual differences and diversity. The committee recognizes the need to advance clinical research and care that meet the needs of students and our broader society.

Program goals and objectives

The above principles translate into program goals and objectives that reflect the APA SoA's goals for trainees to gain discipline-specific knowledge and profession-wide competencies.

Specifically, to:

1. Gain breadth of knowledge of psychology and related sciences and depth of knowledge in clinical psychology: Students' curriculum and lab work are designed to gain
 - a. breadth of knowledge in psychological science (biological, cognitive, affective, developmental and social aspects of behavior as well as the history of psychology as a scientific discipline and research methodology in psychological sciences)
 - b. breadth of knowledge in fields related to psychology (e.g. neuroscience, statistics)
 - c. depth of knowledge in psychology (assessment, diagnosis, clinical research methods and psychometrics, interventions, professional issues, etiology, and phenomenology)
 - d. knowledge of the contextual relevance of scholarship
2. Competence in research: Through research activity, individual faculty labs and the academic curriculum students will gain competence in
 - a. study design
 - b. study management and execution
 - c. timely dissemination of scientifically sound research
 - d. critical evaluation of research
 - e. ethical conduct of research
 - f. integration of diversity and context into research
3. Competence in clinical practice: Through coursework and clinical practica, students will gain competence in using empirical literature to guide
 - a. psychological assessment
 - b. treatment planning, implementation, and evaluation of treatments
 - c. clinical supervision
 - d. clinical consultation
 - e. ethical and professional clinical practice
 - f. awareness and integration of diversity and context into the clinical practice
4. Development of a professional identity as a clinical scientist: Through coursework and relationships with their peers and mentors, students will gain competence in
 - a. the ability to identify career goals
 - b. pursuing a coherent and focused plan of study
 - c. establishing professional networks
 - d. the ability to actively participate in the scholarly community at the departmental, university and professional levels in an interpersonally effective way

The above goals and objectives provide general guidance to students. However, the curriculum has been designed to offer flexibility that encourages students to develop an individual and personalized training plan with their advisors specific to each student's unique long-term career goals (see Individualized Development Plan; IDP, Appendix A). Therefore, the curriculum is designed to be sequential, cumulative and graded in complexity with more structure and foundational experiences largely incorporated in Years 1 and 2 of the curriculum. The curriculum is designed to facilitate increasing independent activity as students advance through the program.

CURRICULA

The typical advancement in the program is outlined in the table below. More specific recommendations are made following the table, which provides a broad framework for curricula planning.

	Fall			Spring			Summer		
Yr 1	Statistics I	6300	3	Experimental design	6302	3	Ethics	EPSY 8364	3
	Interventions I	6303	3	Adult Interventions (CP; CN) Child Interventions (CCP; CN)	6316 7394	2 2	Multicultural	PHLS 8337	3
	Assessment I	6356	3	Assessment II	6357	2			
	Psychopathology I	6317	3	Research course (CP) Developmental Psychopathology (CCP; CN3/4) Lifespan Clinical Neuropsychology I (CN)	- 7397 8395	3 3 3			
Yr 2	Internal practicum (intervention)	6392	3	Internal practicum (intervention)	6392	3	Int practicum	6392	3
	ACLA (assessment practicum)	7397	3	ACLA (assessment practicum)	7397	3	History and Systems	PHLS 8351	3
	Research/breadth course	-	3	Thesis	7399	3			
	Thesis	6399	3	Research/breadth course (CP; CCP) Neuroanatomy (CN)	- 6397				
Yr 3	External practicum	7393	3	External practicum	7393	3	Ext practicum Ext CN prac	7393 7390	3
	Research/Breadth course or Internal practicum (intervention)	- 8392	3	Research/Breadth course	-	3	Dissertation	8399	3
	Research/Breadth course	-	3	Research/Breadth course	-	3			
	Research/Breadth course (CP, CCP) Lifespan Clinical Neuropsychology II (CN) External CN Practicum (CN)	- 7338 7390	3 3 3	Dissertation Lifespan Clinical Neuropsychology III (CN) External CN Practicum (CN)	8399 8395 7390	3 3 3			
Yr 4	External practicum	7393	3	External practicum	7393	3	Ext practicum	7393	3

							Ext CN prac	7390	
	Research/Breadth /Depth course	-	3	Research/Breadth /Depth course	-	3	Dissertation	8399	3
	Research/Breadth /Depth course External practicum (CN)	- 7390	3 3	Research/Breadth /Depth course (CP/CCP) External practicum (CN)	- 7390	3 3			
	Dissertation	8399	3	Dissertation	8399	3			

Curriculum Overview

To achieve the goals and objectives outlined in Section 2 above, the clinical curriculum is designed to be completed in a minimum of five years of full-time study, including the internship year. Some students will stay longer than five years to allow time for completion of additional training experiences, but these experiences must be clearly articulated in the student's annual Individualized Development Plan (Appendix A) and should not simply be the result of failure to meet program milestones. Broadly speaking, the clinical curriculum consists of

- 1) coursework consistent with APA, departmental, program and major areas of study requirements, to include (a) basic and advanced (depth) clinical courses, (b) foundation (breadth) courses to cover biological, cognitive/affective, social bases of behavior, history and systems and development across the lifespan, and (c) research/quantitative courses
- 2) research (master's thesis, doctoral dissertation, grant application, publications, project participation)
- 3) the comprehensive examination (EPPP and specialty comps)
- 4) internal clinical practica (assessment and intervention) – foundational clinical training
- 5) external clinical practica -- specialized clinical training
- 6) clinical internship

Residency

Consistent with departmental requirements, clinical students are required to enroll for a minimum of three full-time years of graduate study and complete an internship prior to the awarding of the doctoral degree. At least two of the three academic training years must be taken at the University of Houston, at least one year of which must be in full-time residence. These time and residency requirements represent the minimum necessary for completion of the program. In practice, program requirements supersede these parameters and as mentioned earlier, students will be enrolled for five or six years as a doctoral student.

Students are considered 'in residence' except for 4 weeks of vacation per year, and these times must be approved by your advisor in advance. As such, student attendance is considered mandatory at program events (e.g. Clinical Program Research Showcase Day), clinical faculty candidate colloquia and other department-wide speaker events as indicated by the DCT. Attendance at these events is part of your professional citizenship as well as your training/education. For those on external practica, arrangements should be made with your site supervisor to attend all such events. Monitoring of these activities is ongoing, and will be considered as part of your annual evaluation.

Timeline

Students are required to electronically complete the annual Individualized Development Plan (Appendix A), available through Sharepoint, at the beginning of their graduate career during August/September to set individual goals for meeting department, program and concentration requirements. This document also contains a student's more general career goals (e.g. academic career as university professor; academic career in med-center setting; focus on developmental psychopathology and personality disorder; etc). Every year the student and advisor update and adjust the planner (Individualized Development Plan; Appendix A). This should occur during the **first two weeks of the Fall semester**.

The Master's degree should be completed within 2 years after admission to the graduate program. University policy states that any student who does not complete the master's degree within 5 years will be automatically dropped from the program. In all, students should complete the Ph.D. within **five years**. The **maximum** expected time allowed for the completion of the Ph.D. is **seven years**, including the time to complete the master's degree. Students who do not meet the time limitations must request an extension by contacting the Program Director and the Director of Graduate Education and/or Department Chair for initial approval. The request must come before the Graduate Education Committee for final approval. Extensions will only be awarded under exceptional circumstances. Further, any deviation from a standard master's thesis or doctoral dissertation must be approved by the department's Graduate Education Committee.

Year 1

- 1) Clinical courses: Assessment sequence, Intervention sequence, Stats sequence, Psychopathology sequence, Ethics/professional problems, Research/breadth course (CP), Developmental Psychopathology (CCP), Lifespan Clinical Neuropsychology I (CN).
- 2) Assessment pre-practicum as part of Assessment sequence.
- 3) Intervention pre-practicum as part of Interventions sequence.
- 4) Research activity in advisor's or other laboratory.
- 5) First year publication (not necessarily as first author).
- 6) Propose MA thesis at the end of the first year.

Year 2

- 1) Continue clinical courses: multicultural (CP, CCP), Foundations of CN & Neuroanatomy (CN).
- 2) Internal clinical practica (PRSC/ intervention): benchmark 90-100 hours.
- 3) Clinical practica (CP/CCP): benchmark 6-10 integrated reports.
- 4) External CN practica (CN): 10 hour/week rotations.

- 5) Begin taking research and breadth (foundation) courses.
- 6) Research activity in advisor's or other laboratory.
- 7) Second year publication (not necessarily first author).
- 8) Defend MA thesis at the end of year 2.

Year 3

- 1) Breadth and research courses continue.
- 2) Lifespan Clinical Neuropsychology II and III (CN).
- 3) If benchmark for PRSC hours not met, continue with one semester internal practica.
- 4) External clinical practica.
- 5) Additional external practica (CN).
- 6) Begin preparations for EPPP in Fall of Year 3.
- 7) Complete comprehensive exams by end of Spring Year 3.
- 8) Research activity in advisor's or other laboratory.
- 9) Third year publication (first author encouraged; master's thesis).
- 10) Begin work on dissertation.
- 11) Submit F31 (Fall; optional)

Year 4

- 1) Complete remaining breadth courses.
- 2) Research and other clinical elective courses.
- 3) External clinical practica.
- 4) Propose dissertation in Fall.
- 5) Defend dissertation in Spring (if possible).
- 6) Research activity in advisor's or other laboratory.
- 7) Fourth year publication (first author expected).
- 8) Apply for internship in Fall.

Year 5/6

- 1) Defend dissertation if not yet defended.
- 2) Complete internship.
- 3) Research activity in advisor's or other laboratory.
- 4) Fifth/sixth year publication.

Required Clinical Courses

APA requirements in addition to Clinical Program requirements guide the course requirements for all major areas of study collectively, and specifically. The department requires 72 credit hours to complete the Ph.D. degree, but the clinical program well exceeds this minimum. Below, we list all courses that are required by the department* or by the clinical program for all students, regardless of major area of study.

All major areas of study	Credits	Instructor	Offered	Recommended
Psychopathology I (6317)	3	Sharp	Fall	Yr1
Interventions I (6303)	3	Babcock	Fall	Yr1

Interventions II (adult) (6316) or Interventions II (child) (7394)	3	Walker or Alfano	Spring	Yr1
Assessment I (6356)	3	Cirino	Fall	Yr1
Assessment II (6357)	3	Cirino	Spring	Yr1
Statistics I (6300)*	3	Barr	Fall	Yr1
Experimental Design (6302)*	3	Barr	Spring	Yr1
Ethics and professional issues (EPSY 8364)	3	Various	Summer	Yr 1
Thesis (6399, 7399, consecutive)*	6	Advisor	Summer	Yr 2
Dissertation (4 semesters consecutive) (8399)*	12	Advisor	All	Yr3/Yr4
Internal practicum (intervention/PRSC) (6392)	6 or 9	Various	All	Yr2/ opt Yr3Fall
Advanced Clinical Assessment, ACLA (7397)	6	Fletcher or Vujanovic	All	Yr2 Fall/Spr
External practica (7393)*	12	DCT	All	Yr3/Yr4
Multicultural (PHLS 8337)	3	Various	Fall	Yr 2 (CP) Yr 2 (CCP) Yr 4 (CN)
Internship	9	DCT	All	Yr 5/6
Total credit hours	75			

Breadth courses (Foundations)

Several requirements from two sources guide Clinical Program requirements for breadth (foundation) courses:

- 1) The APA accreditation requires that students in clinical programs receive broad and general training across multiple areas of psychology to include biological, cognitive/affective, social bases of behavior, history and systems, and development across the lifespan – that is, discipline specific knowledge. We offer 5 courses to cover these areas (15 credit hours).
- 2) The UH Department of Psychology requires 9 credit hours of foundation courses. Because APA (and therefore program) requirements supersede departmental requirements, students will meet the departmental requirements of 9 credit hours automatically if they meet the APA requirement of sufficient breadth in knowledge. To meet these requirements, students must take a sequence of courses that the Clinical Training Committee has approved as having sufficient breadth that cover the five breadth areas (biological, cognitive/affective, social, history and systems, and developmental) but which also integrate knowledge between different areas. Given different requirements for each major study area, the timing of foundation courses may differ for students. Important: EPSY courses are taken in a different College; therefore, students have to complete a petition form (see Appendix B) that has to be signed by the DCT. Any other course substitutions has to be approved and signed by the instructor of the course as well as the DCT. Petition forms are best completed electronically and emailed to the DCT for signature.

Clinical Psychology/adult	Credits	Instructor	Offered	Recommended	APA domain
Foundations of Social (6338) or Theories and Research in Social and Personality Psychology (8397)	3	Derrick Damian	Fall Spring	Yr4	Social Affective
Foundations of Cognitive Neuroscience (8330) or Foundations of Cognitive (6306) or Cognitive and Affective Bases of Behavior (PHLS 8397)	3	Hernandez Yoshida Various	Fall Spring Summer	Yr3	Cognitive Cognitive Affective
History and Systems (EPSY 8351)	3	Various	Summer	Yr2	History & Systems
Foundations of Developmental (6304)	3	Yoshida	Spring	Yr3	Developmental
Biological Bases of Behavior (7342)	3	Leasure	Spring	Yr4	Bio bases
Clinical Child Psychology		Instructor	Offered	Recommended	APA domain
Foundations of Social (6338) or Theories and Research in Social and Personality Psychology (8397)	3 3	Derrick Damian	Fall Spring	Yr4	Social Affective
Foundations of Cognitive neuroscience (8330) or Foundations of Cognitive (6306) or Cognitive and Affective Bases of Behavior (PHLS 8397)	3	Hernandez Yoshida Various	Fall Spring Summer	Yr3	Cognitive Cognitive Affective
History and Systems (EPSY 8351)	3	Various	Summer	Yr2	History & Systems
Foundations of Developmental (6304)	3	Yoshida	Spring	Yr2	Developmental
Biological Bases of Behavior (7342)	3	Leasure	Spring	Yr4	Bio bases
Clinical Neuropsychology		Instructor	Offered	Recommended	APA domain
Foundations of Social (6338) or Theories and Research in Social and Personality Psychology (8397)	3 3	Derrick Damian	Fall Spring	Yr3	Social Affective

Foundations of Cognitive neuroscience (8330) or Foundations of Cognitive (6306) or Cognitive and Affective Bases of Behavior (PHLS 8397)	3	Hernandez Yoshida Various	Fall Spring Summer	Yr3	Cognitive Cognitive Affective
History and Systems (EPSY 8351)	3	Various	Summer	Yr3	History & Systems
Foundations of Developmental (6304)	3	Yoshida	Spring	Yr3	Developmental
Biological Bases of Behavior (7342)	3	Leasure	Spring	Y2	Bio bases
Total credits	15				

* CN students may petition for Neuroanatomy (6397) (a CN elective) to count as Bio bases given that Neuroanatomy is a basic science course. CN students may also petition for Lifespan Clinical Neuropsychology II (7338) to count as Cognitive bases given that 50% of Lifespan Clinical Neuropsychology II (7338) covers basic cognitive sciences.

Major area of study requirements

To qualify as a major area of study (Clinical Psychology/adult, Clinical Child Psychology, Clinical Neuropsychology), the APA requires that each major area of study should cover 12-18 credit hours of specialty training. To this end, the clinical program requires at least 12 credit hours of elective depth courses in the major area of study. However, we offer much flexibility here – that is, unless otherwise specified, students can select any elective (see “Research/quant courses (Depth electives)” and “Other depth courses (electives)”) to meet this requirement, as long as the elective represents major area of study content.

Clinical Psychology/adult	Credits	Instructor	Offered	Recommended
Adult focused research/clinical elective	3	Various	Variable	-
Adult focused research/clinical elective	3	Various	Variable	-
Adult focused research/clinical elective	3	Various	Variable	-
Total credits	9			

*Students may take Clinical Research Practicum with their advisor in adult-focused research to meet requirements.

Clinical Child Psychology	Credits	Instructor	Offered	Recommended
Developmental Psychopathology	3	Bick/Sharp	Spring	Yr1
Child focused research/clinical elective	3	Various	Variable	-
Child focused research/clinical elective	3	Various	Variable	-
Total credits	9			

*Note that Developmental Psychology, which is an APA required breadth course, counts towards the credits necessary for Clinical Child Psychology major area of study. Students may take Clinical Research Practicum with their advisor in child-focused research to meet requirements.

Clinical Neuropsychology	Credits	Instructor	Offered	Recommended
Lifespan Clinical Neuropsychology I (8395)	3	Woods	Spring	Yr1
Lifespan Clinical Neuropsychology II (7338)	3	Cirino	Fall	Yr3
Lifespan Clinical Neuropsychology III (8395)	3	Massman	Spring	Yr3
Neuroanatomy (6397)	3	Leasure	Spring	Yr2
External CN practica (7390)	6	DCT	All	Yr3
Total credits	18			

Research/quant courses (Depth electives)

The Clinical Program requires that students take at minimum 2 research/quant elective courses (6 credit hours), which may be used to count towards Clinical Research Practicum (6393) through petitioning. Clinical Research Practicum is a generic research-focused course that can be taken in the form of independent study with the advisor but can also be petitioned to be used for research courses as outlined below. For instance, a student may elect to take Scientific Writing Seminar or Grant Writing in lieu of Clinical Research Practicum. Given the multitude of choices that students have, no recommendations are made as to when to take electives. Research/quant courses may also be used to count towards the 9-hour elective Departmental requirement (see next section).

All major areas of study	Instructor	Offered
Scientific writing (7399)	Sharp/Woods	Fall/Spr
Grant writing (6337)	Neighbors	Spring
Applied Psychological Measurement (6397)	Steinberg	Spring
Multivariate stats (6313)	Francis	Fall
Structural Equations (7305)	TBD	TBD
Multilevel modeling (7306)	TBD	TBD
Clinical research methods (7345)	Gallagher	Fall
Topics in Quantitative Psychology (7396/30771)	Francis	Fall

Other depth courses (electives)

The Department requires that students take at least 9 credit hours of electives. These can be research or quant-focused electives as described above; or they can be other electives as described here. Elective courses are offered by our program faculty, faculty at other departments at UH, and by programs in the Texas Medical Center. Students are free to visit the webpages of UT Graduate School of Biomedical Sciences and various graduate programs at Baylor College of Medicine to explore additional electives not listed below. The DCT must be informed if a student is planning on taking an elective outside the department.

When putting together their individualized curricula with the help of the Individualized Development Plan at the beginning of each academic year, students are encouraged to (1) consult the Graduate Academic Handbook for course descriptions of courses listed below and/or (2) contact relevant faculty to gain more information about course content. Note that not all courses

are offered all of the time. When “variable” is denoted in the “offered” column it means that courses are not offered every year and students need to contact faculty to confirm.

Given the multitude of choices that students have, no recommendations are made as to when to take electives. Note, that while a course might be a requirement for a major area of study, it may be taken as an elective for another major area of study.

	Instructor	Offered	CP	CCP	CN
Topics in cancer prevention (GS21-1631-100)	Chang MDAnderson	Fall	x	x	
Bio-behavioral research in cancer prevention and addiction (GS21-0112-100)	Chang MDAnderson	Spring	x	x	
Acceptance and Mindfulness (7394-25597)	Zvolensky	Spring	x	x	
Developmental Psychopathology	Sharp	Spring	x	R	x
Foundations of Health (6334)	Lu	Fall	x	x	
Research in Health Psychology (6394)	Lu	AltSpring	x	x	
Program evaluation (7332)	Lu	AltSpring	x	x	
Domestic violence seminar (6329)	Babcock	Variable	x	x	
Translational Research (7394)	Zvolensky	Variable	x	x	
Psychopharmacology (6343)	Kosten	Fall	x	x	
Seminar in depression and suicide (7397)	Walker	AltFall	x	x	
Psychology and Law (6397)	Vincent	Variable	x	x	
Foundations of neuropsych (6308)	Massman	Fall	x	x	x
Lifespan Clinical Neuropsychology I (8395)	Woods	Spring	x	x	R
Lifespan Clinical Neuropsychology II (7338)	Cirino	Fall	x	x	R
Lifespan Clinical Neuropsychology III (8395)	Massman	Spring	x	x	R
Neuroanatomy (6397)	Leasure		x	x	R
Clinical Research Practicum (6393)*	Advisor	Variable	x	x	x
Dementia (7335)	Massman	Variable	x	x	x
Foundations of Neuropsychology (6309)	Massman	Fall	x	x	x
Neuropsychological rehabilitation (6340)	Clark	Spring	x	x	x
Genetic sciences (7397)	Grigorenko	TBD	x	x	x
Principles and Theories of Learning and Motivation (7397)	Kosten	Fall	x	x	x

*R = required; Students must take Clinical Research Practicum (6393) at least twice, but no more than 3 times. Clinical Research Practicum may count towards the requirement of two research-focused courses, and may also count towards major area of study requirements for CP and CCP. The required two Research courses may count as electives for the departmental 9 hour requirement.

Minor Concentration in Clinical Neuropsychology (CN)

Doctoral students may wish to develop a minor concentration in Clinical Neuropsychology as part of their overall program. There are three levels as shown below. If any student wishes to

engage in one of these levels of training for CN, they should contact Dr. Woods directly so that he can evaluate their readiness and guide them through the process (along with their primary mentor).

Emphasis: 4 courses and 2 practica, which for CN means Lifespan I-III (PSYC 6332, 7338 & 7339) and Functional Neuroanatomy (PSYC 6397), plus 2 10hr CN practica.

Experience: 1-2 courses and 1 practica, which for CN means Foundations of Neuropsychology (PSYC 6308) and Lifespan I (PSYC 6332), plus 1 10hr CN practica. Functional Neuroanatomy (PSYC 6397) is recommended, but not required, as the biological bases foundation course for CN minors at this level.

Exposure: 1-2 courses or 1 practica, which for CN means that students would take Foundations of Neuropsychology (PSYC 6308) and Functional Neuroanatomy (PSYC 6397). CN opted not to have this Exposure include practica because such a clinical experience would be very difficult (for supervisor and supervisee alike) if a student does not have a knowledge of CN.

Minor Concentration in Psychological Statistics and Data Analysis

Doctoral students may wish to develop a minor concentration in statistics and data analysis as a part of their overall program. To do so, the student must get approval from the advisor and the DCT and must contact Dr. David Francis who administers the Minor in Psychological Statistics and Data Analysis. In the past, having higher than required levels of expertise in these fields has allowed our graduates to enter a wide range of research and teaching positions. In addition to developing the ability to lead and direct research, there will be an emphasis on developing the skills needed to become the quantitative member of a research team. In order to declare a minor concentration in psychological statistics and data analysis, students must attain an average grade of **A minus** or better in courses declared as contributing to the concentration. No more than one course in the concentration can have a grade of **B** or below.

Prerequisite courses

6300 Statistics for Psychologists (required of all doctoral candidates)

6302 Experimental Design (required of all doctoral candidates)

Required course

7305: Structural Equations in Psychological Analysis

Elective Courses (At least 2 courses from the following list.)

Categorical Data in Psychology (7379)

Multivariate Statistics (6313)

Multi-level Modeling (7306)

Selected Topics in Quantitative Methods (7396)

Program Evaluation (7332)

Psychological Methodology (7345)

Psychometrics (8322)

Applied Psychological Measurement (6397)

Topics in Quantitative Psychology (7396/30771)

Students may petition for other courses offered in quant methods to satisfy elective requirements of the minor. These courses can be offered either within Psychology, from other departments (e.g. Educational Psychology, Business, Mathematics, etc), or universities (e.g. Rice).

Research Practica (One of the three tracks listed below)

- a. A minimum of two special problems courses under the direction of a quantitative faculty member*
- b. Two-semesters of research experience at 50% effort under the supervision of a quantitative faculty member.
- c. Serving as a teaching assistant for the first two semesters of the required statistics sequence.

* A quantitative faculty member is defined as one who teaches courses listed in sections 1, 2, or 3 above as her or his primary teaching responsibility, or who is an affiliate or research faculty of TIMES.

RESEARCH

Overview

Consistent with our broad program goals outlined “Program accreditation, philosophy and goals” section of this Guide, students in our program will be engaged in research throughout the duration of their training. This will include:

- 1) Master’s thesis
- 2) Dissertation
- 3) Yearly publications
- 4) Participation in lab activities
- 5) Completion of minimum two research/quant focused courses as part of Program elective requirements
- 6) Encouragement to submit a grant (e.g., F31) and take the course in grant writing
- 7) Conference poster/paper presentation and attendance
- 8) Annual Clinical Program Research Showcase Day
- 9) Yearly monitoring of student and faculty success in research productivity
- 10) Students may also consider taking the Minor Concentration in Psychological Statistics and Data Analysis which was described in the section on Curricula.

Master’s Thesis

The Department of Psychology requires the MA, including a formal Master’s thesis based upon research for all students. A Master’s degree equivalency is not acceptable for fulfilling this degree requirement. Students entering with an MA or MS degree and a research thesis from another university may petition their area committee to review that thesis and recommend that it be accepted as meeting this requirement.

Students will typically complete an empirical study for their master’s thesis. The format of the thesis should follow the College of Liberal Arts and Sciences (CLASS) format which can be found at <http://www.uh.edu/class/students/graduate/thesis-dissertation-info/index.php>. The traditional format of the thesis allows students to develop the literature review/synthesis skills and manuscript writing skills necessary for a research career. However, when writing the thesis, students are encouraged to create a document that can be easily adapted for publication.

Sequence for the Thesis

- 1) Timeline: Completion of the 36 core hours to graduate. Students should have identified a topic for their thesis by the middle of Yr 1, and should propose their thesis by the end of Yr 1. This will coincide with the Clinical Program Research Showcase Day which is typically held in **April**.
- 2) Enrollment in Thesis Courses: PSYC 6399 and PSYC 7399 (6 semester hours) are required. Make sure to register for one semester each of 6399 and 7399. (Note that you may take as many thesis hours as you would like, but you may only receive a pass grade for 6399 and 7399 each once; for other semesters where 6399 and 7399 are taken you will receive IP – In Progress). Completing both 6399 and 7399 is a requirement, and you may not graduate without having completed both. Once you have begun taking thesis hours, you must remain continuously enrolled in one of these courses until the thesis is completed and approved. You must be enrolled in 7399 during the semester you apply

for MA graduation (which is the same semester you will graduate). You do not have to be enrolled in thesis hours in the semester that you defend your thesis. Given the requirement for continuous enrollment, students are advised not to enroll until they are close to defending. Students can enroll in both 6399 and 7399 in the same semester (to count as two courses).

3) Choosing a Committee: A committee comprising three (3) members is required. Two faculty members, including the committee chair (which is your major advisor), must be from the Clinical Program. The third faculty member may be selected from outside the student's area within the Department of Psychology, a university department other than Psychology, a psychology department from another U.S. university, or the psychological professional community. Of the three required members, no more than one may be an adjunct or part-time faculty member. If the part-time or adjunct faculty member serves as chair of the committee, a full-time, tenure-stream faculty member must serve as co-chair.

4) Proposing Your Thesis

- Scheduling a Date: After you have completed your proposal manuscript and have chosen your committee in collaboration with your advisor, schedule a mutually agreeable time for the proposal. Make sure to check that an appropriate room for your proposal is available in Titanium (for the clinic), Amy Aragon (for Heyne), or the TIMES outlook calendar (for HBSB). If you plan to propose in Summer, make sure that the relevant faculty are not on leave (e.g. due to 9 month salary) or out of town.
- Preparing for your Proposal: *At least* two weeks prior to your proposal, send your thesis proposal to your committee to be reviewed. Your advisor should have also reviewed and helped you prepare the manuscript for your proposal. Note: When working with your advisor to prepare for your proposal, be sure to account for the fact that your advisor may not be able to respond to feedback immediately. A two week period is usually realistic. Build this reality into your planning to make sure you stay on your timeline.
- Forms to bring and have signed at the proposal: Once your committee decides to approve your proposal, they must sign 2 forms: the Thesis Committee Appointment Record and the Approval of Proposal Form. These forms can be picked up in the Academic Affairs Office or on the "Resources" page in Sharepoint. They are also attached in the Appendix (Appendices C, D).
- What to do with the forms: You must turn in a copy of your thesis proposal, the signed forms (Thesis Committee Appointment Record and Approval of Proposal), and a copy of your approved IRB letter to Patti Tolar. This may be done in person or via email.

5) Defending Your Thesis

- Scheduling a Date: After you have completed your thesis and are ready to defend, schedule a mutually agreeable time for the defense. Make sure to check that an appropriate room for your defense is available in Titanium (for the clinic), Amy Aragon (for Heyne), or the TIMES outlook calendar (for HBSB). If you plan to propose in Summer, make sure that the relevant faculty are not on leave (e.g. due to 9 month salary) or out of town.
- Preparing for your Defense: *At least* two weeks prior to your defense, send your thesis to your committee to be reviewed. Your advisor should have also reviewed

and helped you prepare your thesis for your defense. Note: When working with your advisor to prepare for your defense, be sure to account for the fact that your advisor may not be able to respond to feedback immediately. A two week period is usually realistic.

- Who else to notify about your defense date: Email Patti Tolar the date of your defense. You must also post the abstract of your defense in the building in which it will be held, inviting others to attend if they so choose.
 - Forms to bring and have signed at the defense: Once your committee decides to approve your defense, each member must sign an original signature page, which is included in this document (Appendix M). The signature page **MUST** be printed on 100% cotton paper, which you must purchase or obtain from Amy Petesch. If you have a committee member who is off-site, you must mail them the original signature page. Please factor in time for sending and receiving this document.
 - What to do after you have defended:
 - i. You or your committee chair must email Patti that you have successfully defended your thesis.
 - ii. Contact Anna Marchese at amarchese@uh.edu to schedule a manuscript review and submission appointment. For your appointment with Anna, bring a copy of the manuscript (on regular paper) along with the original signature page (on 100% cotton paper). **Important!!!** There is a deadline to submit your thesis to the dean's office (i.e. Anna Marchese) which is typically two weeks prior to the conclusion of the semester. Check <http://www.uh.edu/class/students/graduate/thesis-dissertation-info/index.php> for the specific deadline each semester.
 - iii. After you have met with Anna, take your approved manuscript to be bound at the UH Copy Center located at the Welcome Center (713-741-5200). If you let the Copy Center do the printing for you, they will charge a high fee. It is usually more economical to buy the required paper (at least 25% cotton for all pages except the signature page), and print out your manuscript ahead of time for them to bind. A scanned copy of the work order form from the UH Copy Center must be submitted to the Dean's office, via email to Anna Marchese (amarchese@uh.edu). Note: do not email the receipt, only the work order form.
- 6) Graduating with Your Masters: An application for graduation must be filed at the beginning of the desired graduating semester. You can do this by logging on to your my UH account (<https://accessuh.uh.edu/login.php>). When you log on, go to UH Self Service → Apply for Graduation. Be sure to check the UH academic calendar for graduation application deadlines (<http://catalog.uh.edu>). There is a fee to register for graduation. If you register early, the fee is reduced significantly.

Dissertation

Students complete an empirical doctoral dissertation. While it is not unusual for archival data to be used for the Master's thesis, there is an expectation that original data collected by the student will be used for the dissertation, thus, be mindful of timelines and the length of time to collect original data. Students are encouraged to take Grant Writing (PSYC 6337) while preparing to propose for their Dissertation, and to consider a formal grant (e.g., NIH F31, foundation

dissertation grant) to support their dissertation training and research. The Dissertation follows the same traditional format as the Master's thesis.

Sequence for the Dissertation:

- 1) You must have a Master's Degree.
- 2) You must have completed your Comprehensive Exams.
- 3) You Must Complete 72 Hours: For graduation the department requires 72 hours completed but the clinical program and APA requirements well exceeds this requirement.
- 4) Enrollment in Dissertation Hours: PSYC 8399, 8699, or 8999 are required. Once you have begun taking dissertation hours, you must remain continuously enrolled in one of these courses until the dissertation is completed and approved. A maximum of 12 dissertation hours may be used toward the degree. Students may enroll in fewer than 12 dissertation hours if dissertation is completed before that time and student has enough hours to complete the Ph.D.
- 5) Choosing Your Committee: A committee comprising at least four (4) members is required. Two members should be selected from your area in the Department of Psychology (i.e. Clinical). The third member is typically a faculty member selected from a Department of Psychology program other than the candidate's own major area. The fourth member must be from a department other than the Department of Psychology. This person may be selected from a university department other than Psychology, a psychology department from another U.S. university, or the psychological professional community. Of the four required members, it is recommended that no more than one may be an adjunct or part-time faculty member. If the part-time or adjunct faculty member serves as chair of the committee, a full-time, tenure-stream faculty member must serve as co-chair.
- 7) Proposing Your Dissertation
 - Scheduling a date: After you have completed your proposal manuscript and have chosen your committee, schedule a mutually agreeable time for the proposal. Make sure to check that an appropriate room for your proposal is available in Titanium (for the clinic), Amy Aragon (for Heyne), or the TIMES outlook calendar (for HBSB). If you plan to propose in Summer, make sure that the relevant faculty are not on leave (e.g. due to 9 month salary) or out of town.
 - Preparing for your Proposal: *At least* two weeks prior to your proposal, send your dissertation proposal to your committee to be reviewed. Your advisor should have also reviewed and helped you prepare the manuscript for your proposal. Note: When working with your advisor to prepare for your proposal, be sure to account for the fact that your advisor may not be able to respond to feedback immediately. A two week period is usually realistic.
 - Forms to bring and have signed at the proposal: Once your committee decides to approve your proposal, they must sign 2 forms: the Dissertation Committee Appointment Record and the Approval of Proposal Form (the same form is used for both Thesis and Dissertation). These forms can be picked up in the Academic Affairs Office or on the "Resources" page in Sharepoint. They are also attached in the Appendix (Appendices C, E).
 - What to do with the forms: You must turn in a copy of your dissertation proposal, the signed forms (Dissertation Committee Appointment Record and Approval of

Proposal), and a copy of the approved IRB letter to Patti Tolar. This may be done in person or via email.

8) Defending Your Dissertation

- Scheduling a Date: After you have completed your dissertation and are ready to defend, schedule a mutually agreeable time for the defense. Make sure to check that an appropriate room for your defense is available in Titanium (for the clinic), Amy Aragon (for Heyne), or the TIMES outlook calendar (for HBSB). If you plan to propose in Summer, make sure that the relevant faculty are not on leave (e.g. due to 9 month salary) or out of town.
- Preparing for your Defense: *At least* two weeks prior to your defense, send your dissertation to your committee to be reviewed. Your advisor should have also reviewed and helped you prepare your dissertation for your defense. Note: When working with your advisor to prepare for your defense, be sure to account for the fact that your advisor may not be able to respond to feedback immediately. A two week period is usually realistic.
- Who else to notify about your defense date: Email Patti Tolar the date of your defense. You must also post the abstract of your defense in the building in which it will be held, inviting others to attend if they so choose.
- Forms to bring and have signed at the defense: Once your committee decides to approve your defense, they must sign your signature page, which is included in this document (Appendix M). The signature page **MUST** be printed on 100% cotton paper, which you must purchase. If you have a committee member who is off site, you must mail them the original signature page. Please factor in time for sending and receiving this document.
- What to do after you have defended:
 - i. You or your committee chair must email Patti that you have successfully defended your dissertation.
 - ii. Contact Anna Marchese at amarchese@uh.edu to schedule a manuscript review and submission appointment. For your appointment with Anna, bring a copy of the manuscript along with the original signature page (on 100% cotton paper). **Important!!!** There is a deadline to submit your dissertation to the dean's office (i.e. Anna Marchese), which is typically two weeks prior to the conclusion of the semester. Check <http://www.uh.edu/class/students/graduate/thesis-dissertation-info/index.php> for the specific deadline each semester.
 - iii. After you have met with Anna, take your approved manuscript to be bound at the UH Copy Center located at the welcome center (713-741-5200). A scanned copy of the work order form from the UH Copy Center must be submitted to the Dean's office, via email to Anna Marchese (amarchese@uh.edu). Note: do not email the receipt, only the work order form.

- 9) Graduating with your doctorate: An application for graduation must be filed at the beginning of the desired graduating semester. You can do this by logging on to your my UH account (<https://accessuh.uh.edu/login.php>). When you log on, go to UH Self Service → Apply for Graduation. Be sure to check the UH academic calendar for graduation application deadlines (<http://catalog.uh.edu/>). There is a fee to register for graduation. If

you register early, the fee is reduced significant

UH Committee for the Protection of Human Subjects

The UH Committee for the Protection of Human Subjects (CPHS) supports students in their training in the ethical conduct of research on human subjects. CPHS has office hours for students on Tuesdays and Thursdays from 9 a.m. – 12 p.m. in E. Cullen Room 403.

During these hours, students can:

- Ask any questions they might have about the CPHS submission and review process
- Drop by to discuss human subjects issues related to their specific projects
- Request a pre-review of their protocol prior to submitting it to the CPHS office to make the process smoother and the turnaround time faster
- Bring their laptop and work in RAMP with real-time guidance from CPHS staff

Change in Policy

IMPORTANT: In many cases, if aims and instruments align, a student may be added to the Investigator (their advisor's) approved protocol and does not have to have a protocol of their own. However, if aims and instruments do not align, students have to have a separate IRB protocol for their Dissertation and Thesis research. The approval process can take up to months, so please consider this in planning your timeline. All protocols with student PIs will be routed to a newly established CPHS 3 starting in Fall 2016. More information will be provided when this committee is established. At submission of your thesis proposal, you have to also submit evidence of IRB approval of your study to Patti Tolar.

Questions? Need an appointment? Please contact:

Danielle Griffin

Research Compliance Specialist and Coordinator, CPHS 3

713-743-4057

dgriffi5@Central.UH.EDU

Yearly publication and conference presentation

Students are expected (not required) to publish one manuscript a year. This may be a chapter, although a peer-reviewed publication is preferred. Years 1 and 2 are not expected to be first author publications but as the student proceeds to Years 3 and 4, first author publications are expected. Students are encouraged to participate in at least one conference per year to present a poster/paper. Limited funding is available through the department (contact Amy Aragon).

Clinical Program Research Showcase Day

The Clinical Program hosts a full-day Research Showcase Day in **April** to which other programs in the Department are invited. The Research Day is also promoted university-wide. Students and faculty present their research in 20-minute sessions, and the day starts and culminates with a keynote address from an “alumni-makes-good”. The aim of this day is not only to showcase the research conducted in the Clinical Program, but also to give students an opportunity to develop their presentation skills and to get feedback from peers and other faculty regarding their research. An additional aim is the fostering of an intellectual environment and cross-lab collaborations. During the Research Showcase Day, two research awards will be given to students who was

determined by the faculty to have achieved excellence in research and scholarship during the preceding year. Students may not receive this award more than once during their graduate careers. Faculty appointed to the committee that chooses the student awards are typically faculty who does not have a student nominated for the award. Students will be invited to submit material for this award by **March**.

Monitoring of student and faculty success

Student and faculty success is monitored on an annual basis through faculty development reporting and student evaluations. Faculty and students receive feedback on their productivity by the DCT communicating productivity for the program as a whole, and by major area of study.

CLINICAL TRAINING

Overview

Clinical training in the program consists of

- 1) Internal practicum in intervention (PRSC) – Yr 2 (Yr 3 Fall optional)
- 2) Internal practicum in assessment (ACLA) – Yr 2
- 3) External practica – Years 3 and 4
- 4) CN-specific external practica – Years 2, 3 and 4
- 5) Clinical Internship – Year 5 (or later)

Internal practicum (intervention/PRSC) (6392; 6-9 credit hours) – Year 2 (Yr 3 opt)

Aims and format. This course provides intensive pre-internship supervised clinical training by PRSC Director, Dr. Weill and various clinical faculty (child/adolescent and adult focused). Note that typically, adult-focused students will endeavor to take on more adult clients, while child-focused student will endeavor to take on more child/adolescent patients. *CCP student should carry at least one child/adolescent client in Fall, and at least two child/adolescent clients in Spring.* The aim of the first year practicum is to provide students in all major areas with basic professional skills in case management, assessment, and therapy, with emphasis on evidence-based procedures. Case management and assessment includes topics such as confidentiality procedures, record keeping, the nature and use of supervision, procedures for intake, history taking, assessment planning, assessment, and integration of results and report writing. Students acquire limited skills with particular therapy techniques, which may be relevant to specific populations. This would include treatment planning, therapy procedures, evaluation of progress, trouble-shooting the treatment plan, and termination. Sensitivity to individual and cultural diversity and adherence to the highest standards of ethical and professional conduct are specifically addressed. Some of the course material may be presented in didactic sessions developed cooperatively among practicum supervisors in any given year. On average, one hour supervision is provided for every one or two hours of client contact. A group format is used for supervision, with additional individual supervision as indicated by student needs and the clinical demands of cases.

For 2015-2016 the following supervision groups are available:

Dr. Robin Weill (PRSC): beginners only; child and adult focused

Dr. John Vincent (PRSC): beginners and advanced students – vertical supervision opportunities for advanced students; adult focused.

Dr. Rheeda Walker (PRSC): beginners and advanced students – vertical supervision opportunities for advanced students; adult focused.

Dr. Candice Alfano (SACH): beginners and advanced students – vertical supervision opportunities for advanced students; child/adolescent focused.

Dr. Gerry Harris (PRSC): advanced students.

Dr. Carla Sharp: (ADAPT): beginners and advanced students; adolescent clients; opportunity for integrated psychological reports and assessments hours.

Internal clinical practica experiences can also be sought in lab-based clinics that do not offer a course-based practicum experience. For example, Dr. Babcock's domestic violence clinic.

Assignment to course-based supervision teams. During **Summer**, rising second year students are contacted by Dr. Weill and asked about their supervisor preferences. Many times, students do not have strong preferences, but when they do, every effort is made to accommodate these requests. Often the time/day of the supervision meetings will depend on the students and supervisors working it out together after supervision assignments were made. Sometimes schedules end up being the primary factor in which group students are placed. Sometimes students prefer to get their general clinical supervision with a supervisor who is not also their mentor.

Timing and prerequisites. This clinical practicum is usually taken in Year 2. Prerequisites for taking this clinical practicum include being in good standing in the Clinical Psychology Program (see section of Evaluation of student progress) and Interventions I (6303), Interventions II (adult) (6316) or Interventions II (child) (7394), Assessment I (6356), Assessment II (6357), Ethics and professional issues (7326). Students are required to accrue **90 (100 recommended) face-to-face intervention hours** (individual or group therapy) through their second year (3 semesters – Fall, Spring and Summer) of internal practicum. If students were not able to reach this benchmark, they may enroll in a fourth semester (Fall of their third year). Therefore, a **minimum of three semesters is required of all clinical students (Fall through the end of Summer), with a maximum of four semesters.** In some cases, students may ask specific permission from the DCT and CTC to sign up for PSYC 6392 for a fifth or more semesters. *Such cases must be motivated in a letter to the DCT and will be discussed at CTC meeting.* If students sign up for additional internal practicum hours they should use **PSYC 8392**. Overall the practicum experience should provide exposure to assessment and intervention from multiple orientations by different supervisors in various modalities with both adults and children. While the emphasis and concentration may vary from student to student, attention is given to breadth of experience. Class discussions, group supervision, and program meetings provide a forum for discussion of the professional experience. Practicum involves approximately 6-12 hours a week of the student's time, including at least 3 face-to-face hours with clients, approximately 3 hours of supervision and up to 6 hours of administrations and preparation. In order to fulfill clinical and ethical obligations associated with the provision of clinical services, the PRSC (and specialty clinics) operate 12 months a year. Except for major holidays, supervision groups continue to meet year round and clinical supervisors must be available for clinical emergencies during nonbusiness hours and weekends. During summer, supervision groups are consolidated into two supervision groups to be run by paid summer faculty. **Cases are *not* to be cherrypicked, but should be taken from the waitlist as they become available.**

Practice of effective treatments. Consistent with a science-based approach to intervention, students should be using Empirically Supported Treatments (ESTs) with all clients during their training. The knowledge gained in Interventions I and II provide the foundation for students to understand the criteria for ESTs. Even when established ESTs are not available, students should use an evidence-based approach to all their clinical work (e.g. using available literature to guide treatment, incorporating ongoing assessment of client functioning and other relevant variables to evaluate treatment progress. With specific reference to evaluation of treatment outcomes:

- a) Students will follow the PRSCs and lab-based clinics' established systematic procedure for obtaining outcome data on all clients; in addition to client-specific selection of outcome measures

- b) Students will incorporate quantifiable data concerning the outcomes of treatment with clients in their closing summaries
- c) To pass PSYC 6392, all students are required to document use of two ESTs with actual clients. These will be graded by supervisors.

Transferring cases. Students who have met their 90 hour benchmark, and who have completed 3 semesters of internal practicum (Fall, Spring, Summer), and who have achieved expected beginning clinical competencies during their practicum must begin transferring their cases. This will happen at the end of Year 2, or during Winter of Year 3 as students are not allowed more than 3 semesters in Internal Practicum. If clients are deemed too complex to transfer to rising or mid-year second years, then clients should be transferred to Clinic Assistants (CA) if CA caseload permits. Referral to other treatment providers may also be considered for these clients.

Ongoing case documentation. An important ethical obligation of psychologists is to create, maintain and protect records of provision of services. Student clinicians in the PRSC must document all client contacts, billing, and case formations, treatment summaries, etc. related to the ethical provision of professional services. The completion of chart documentation in a timely fashion is of utmost importance in the development of professional competence. Session notes must be completed within 24 hours of the contact, and immediately in the case of crisis intervention notes. As a way to monitor this important task and support the development of this competence, PRSC file audits will be conducted several times each semester (at unannounced times). File Audits will evaluate the completeness of charting and provide corrective feedback in the form of a File Check form (see Psychology Research and Services Center Handbook), to the student clinician. Students are expected to remediate any deficiencies promptly and are given timeframe for completion and response. Incomplete chart documentation and deficiencies in student response are reported to the Clinic Director, faculty advisor and to the student's supervisor. Prompt remediation of the problem is expected. To assist students in learning this important skill, students will go through the File Audit process, which will be assessed by Clinical Supervisors at each timepoint. Demonstration of responsible documentation is a requirement for progressing through to pass PSYC 6392. Any problems in this area at any timepoint will be noted during the student's Annual Evaluation (see section on Student Evaluation) by receiving a rating of 4=Generally satisfactory, but attention called to certain factors; 5=One or more significant problems recognized; 6=Generally unsatisfactory or serious problem areas recognized:

Interventions II pre-practicum: learn PRSC policies and procedures

Year 2, Fall: Begin to implement policies and procedures with few problems

Year 2, Spring: Routinely implement policies and procedures with very few problems

Tracking clinical assessment, intervention, and supervision hours. See "Tracking your hours" under the upcoming section "Clinical Internship – Year 5 (or later)"

Preparation for Internal Practicum: Interventions II (adult and child) will include a pre-practicum that will prepare students for internal practicum (intervention) in the PRSC (2nd year). This pre-practicum will include sitting in on advanced student supervision groups, observation of real-life sessions, training in dealing with suicidal patients, and introduction to the Psychology Research and Services Center Handbook that will help students become familiar with the clinic operations.

In addition, during participation in advanced student supervision groups, advanced students will do a formal case presentation. A formal case presentation is a requirement for passing Internal practicum (6392).

Clinical Supervision and Consultation in Psychology

Professional psychologists occupy a number of roles and provide a wide range of services to clients across a range of settings. The settings may or may not be involved with the delivery of mental health services. Increasingly, clinical psychologists, traditionally trained primarily in the delivery of psychological assessment and psychotherapy, are assuming administrative, consultative, and supervisory responsibilities. The American Psychological Association has recognized this trend and now requires accredited programs to provide training in clinical supervision and consultation. The objective of these training activities is to meet these accreditation standards and to provide an introduction into the basic models, approaches, research findings, and ethics of clinical supervision and consultation. In Appendix F, the Syllabus for training in Supervision and Consultation is attached, including the evaluation forms that will assess students' competencies in these areas.

Training in Supervision of Clinical Work. In addition to direct experience in clinical work and consultation, students will receive introductory training in clinical supervision. Regular practicum supervisors will describe their supervisory approach as part of practicum instruction; also, students will be required to read at least two articles/books from the reading list on supervision (see Appendix F) and discuss these with their supervisor. **It is recommended that students complete the readings in the first semester of their practicum.** Finally, depending on student and supervisor interest, students may have the opportunity to practice supervision under the direct guidance of the faculty supervisor. Following this experience, supervisors will complete the supervision evaluation form (see Appendix F) that specifies the level of students' mastery of core competencies in clinical supervision.

Experience in Consultation. Students will be required to complete readings as selected by their supervisor on consultation and to obtain and document a minimum of three consulting experiences during the course of the regular internal practicum. The student should be the consultant (rather than the consultee) in at least one of the experiences; there should also be at least one experience in which the student is the consultee. For the third experience the student can take either role. Prior to obtaining consulting experiences, students will be expected to read at least two selections from the reading list of relevant literature (see Appendix F). **It is recommended that students complete the readings during their first semester of practicum and plan on at least one consultation experience each semester.** Following this experience, consultation supervisors will complete the consultation evaluation form (see Appendix F) that specifies the level of students' mastery of core competencies in consultation.

Evaluation of students. Attached in the Appendix (G) is a Practicum Evaluation Form which the clinical supervisor uses to assess students' practicum work in April each year. This form is completed through Sharepoint. The development of the form was guided by agreed competencies in the field. Students are evaluated across the following domains and rated on a 4-point scale:

Professional Conduct, Assessment, Intervention, Research. While these ratings are informative, students should pay particular attention to the written feedback that they receive from their clinical supervisors as these provide rich feedback for students to improve. These forms are reviewed by each student's advisor during the Annual Evaluation process in May of each year and informs the advisor and CTC ratings in the Mid-Year and Annual Clinical Program Evaluation Form (see Appendix H) under the heading of "Development of Clinical Skills". Note that an informal evaluation of students take place at the mid-point during the year (December). Practicum supervisors are contacted by the DCT and asked to respond only if a student is struggling to make progress in the practicum. This informal evaluation is designed to identify problems early so that students are notified of problems before they become unmanageable.

Evaluation of supervisors. Students complete a Supervisor Evaluation Form annually through Sharepoint (see Appendix I), which is sent only to the DCT. If problem areas exist, the DCT will address these anonymously with the relevant supervisor.

Internal assessment practicum: ACLA (PSYC 7397; 6 credit hours): Year 2

Aim. The Clinical Program also provides intensive in-house assessment training in the second year to meet APA requirements and to prepare students for a clinical assessment in external practica and beyond.

Format – child/adolescent focused students

- a) Rising second year students will sign up for 7397 both Fall and Spring. You will sign up with Dr. Fletcher as the instructor of record even though he will not be the only instructor for this course.
- b) Students are expected to see 6-10 assessment cases which implies 6-10 integrated reports. We encourage you to do closer to 10 cases than 6.
- c) You can get assessment experience in Dr. Fletcher's School Problems Clinic, Dr. Alfano's SACH, or with Dr. Sharp's adolescent clinic (ADAPT). You may also seek assessment experience outside the program.
- d) The faculty you are working with regarding your assessment case will supervise your assessment and your integrated report if within the program. Faculty will get credit for this on a report/case by report/case basis. You and the faculty member will keep track of these hours in Sharepoint (see sample spreadsheet in Sharepoint).
- e) If your assessment experience is mostly outside of the program, it will be the responsibility of **your major advisor** to supervise/give feedback on the quality of your integrated reports. Your advisor will be receiving supervision credit for this.
- f) Please get in touch with your advisor to put together your own training package. You can, for instance, do all your cases with Dr. Fletcher who has traditionally provided an outstanding experience for our students. But you can also combine your experience to for instance do 4 cases with Dr. Fletcher, 2 with Dr. Alfano and 2 with Dr. Sharp. Or all with either Dr. Sharp or Dr. Alfano. It depends on your interests and gaps in your training. Do get in touch with the relevant faculty member as you plan all this, as they will have to plan when they can accommodate you in their clinics.
- g) Once you have completed between 6-10 cases, you have met the requirements. Your advisor must sign off on whether you meet your ACLA requirements for the year.

Depending on availability of cases in respective clinics, you may therefore be able to complete the requirements already in Fall, or early Spring.

Format: Adult-focused students

- a) Dr. Vujanovic will be the instructor of record for adult ACLA. Therefore, rising second-year students will sign up for 7397 both Fall and Spring under Dr. Vujanovic's name, although she will most likely not be teaching you in this course.
- b) Students are expected to see 6-10 assessment cases which implies 6-10 integrated reports. We encourage you to do closer to 10 cases than 6.
- c) You can get assessment experience in Dr. Zvolensky's lab, Dr. Babcock's couples assessment, and potentially Dr. Woods' lab at Thomas Street Clinic, or outside of the program. Note, that given the nature of Drs. Fletcher and Sharp's assessment practicum, students with an adult focus may also gain important and relevant experience in their assessment clinics.
- d) The faculty you are working with you on an assessment case will supervise your assessment and your integrated report if within the program. Faculty will get credit for this on a report/case by report/case basis. You and the faculty member will keep track of these hours in Sharepoint (see sample spreadsheet in Sharepoint). If your assessment experience is mostly outside of the program, it will be the responsibility of your advisor to supervise/give feedback on the quality of your integrated reports. Your advisor will be receiving supervision credit for this.
- e) Please get in touch with your advisor to put together your own training package.
- f) Once you have completed between 6-10 cases, you have met requirements. Your advisor must sign off on whether you met your ACLA requirements for the year. Depending on availability of cases in respective clinics, you may therefore be able to complete the requirements already in Fall, or early Spring.

Format: CN students:

Neuro students will follow the above steps depending on whether they are more child or adult focused. However, the ACLA experience for CN students will be a 10-hour external practicum. Please note that most CN students will get their assessment experience outside of the program. However, CN students (especially child focused) are encouraged to consider signing up to work in Dr. Fletcher's clinic for their 10-hour practicum as this will afford them relevant experience.

Preparation for ACLA: Assessment II (Dr. Cirino; Spring of Year 1) includes a pre-practicum that prepares students for ACLA (2nd year). Pre-practicum components occur throughout the course and include: training specifically on measures utilized across ACLA-related clinics as well as additional measures in wide use, training in assessment with diagnostic interviewing schedules, and training in integrative report writing. Opportunities to shadow in ACLA-related clinics is also be available.

Evaluation of students and supervisors. The procedures described on p. 32 for evaluation of students in internal practica (PRSC), and evaluation of internal practica supervisors by students, are similarly followed for internal assessment practica. **IMPORTANT:** SoA requires that each practicum evaluation must be based in part on direct observation of the practicum student and

her/his developing skills (either live or electronically) at least *once* per semester. Internal practicum supervisors have been informed of this Implementing Regulation and have provided the program with their unique plan to directly observe student performance. Another safeguard in this regard is the fact that the practicum evaluation form includes a section where the supervisor indicates how direct observation occurred. If however, for some reason, direct observation is not occurring the student must inform the DCT immediately.

External practica (intervention) (7393; 12 credit hours) – Years 3 and 4

Aim and format. External practica which exposes students to clinical applications in the advanced specialty areas as well as to a wider variety of populations, supervisors, orientations, and techniques. To this end, a variety of high quality external practica sites in the Texas Medical Center has been approved by the CTC for students to apply to listed below. In deciding whether an external practicum is approved, the CTC is guided by the SoA's recommended training elements, such that students are placed in settings that are committed to training, which provide experiences consistent with health service psychology and the program's aims and enable students to demonstrate the appropriate competencies.

Consistent with the notion that external practicas are taken after the basic foundations for clinical skills have been developed through internal practica, the external practicas aim to develop advanced skills in the implementation of evidence-based therapies and assessment. Continued attention is directed toward ensuring student sensitivity to individual and cultural diversity and strict adherence to the standards of ethical and professional conduct. At this level, students learn to evaluate the clinical needs of a case, develop a treatment plan, carry out intervention procedures, and adjust and change procedures with only moderate supervision. Students should be able to conceptualize cases and be conversant with alternative conceptualizations. They should acquire a broader range of technical skills in evaluation and treatment and be able to make decisions with regard to their use. At this level of practicum, one hour of supervision should correspond to between one to three hours of client contact. Both group and individual supervision formats are used in these practica. Certain practicum experiences are recommended for students in each of the specialty areas. The program's expectation is that these external clinical training positions are between **13 and 16 hours a week**; inclusive of didactics, clinical supervision, clinical documentation, and direct client care. The training commitment typically is fall term through summer. **IMPORTANT:** Students may also elect to do their Yr 3 and Yr 4 practica in one of the specialty clinics in our department. These include: Dr. Sharp's ADAPT and Dr. Alfano's SACH. Also note that the DCT is the instructor of record for **all** external practica. Please make sure that your grade has been posted; there are sometimes delays due to slow communication between practicum sites and the program. It is the student's responsibility to follow up with the DCT and the practicum supervisor if a grade is delayed in being posted.

Clinical Psychology (CP)/Adult sites

PRACTICUM SITE	SUPERVISOR/CONTACT PERSON	PHONE	EMAIL	DESCRIPTION
Suzanne Mouton-Odum, PhD, Private Practice	Dr. Mouton-Odum	713-914-9944	suzimoo@aol.com	Specialty clinic focused on treating trichotillomania in children, adolescents, and adults
VAMC Behavioral Medicine	Gina Evans-Hudnall, Ph.D.	713-794-8662	ginae@bcm.edu	VA center focused on assessment of veterans with physical/mental health concerns
UH Counseling and Psychological Services	Dr. Cecilia Sun	713-743-5409	Cecilia.Sun@mail.uh.edu	College-based clinic providing individual/group therapy for college students
Federal Detention Center	Dr. Daniel Fox	713-229-4122 713-221-5400 x5002	d1fox@bop.gov	Clinic providing individual/group therapy services to the incarcerated
Assessment Practicum/Dr. Fox Private Practice	Dr. Daniel Fox	832-482-8531	apstthewoodlands@gmail.com	Practice specializing in intellectual/neuropsych evaluations for adults/children
Veterans Administration Medical Center (VAMC)	Ellen Teng, PhD	713-578-5513	Ellen.Teng@va.gov	Individual/group interventions and some assessment for mentall ill veterans
Department of Psychiatry and Behavioral Sciences, Center for Neurobehavioral Research on Addictions (CNRA) UT Houston Medical School	Joy M. Schmitz, Ph.D.	713-486-2867	Joy.M.Schmitz@uth.tmc.edu	Program providing treatment and some assessment for persons suffering with addiction
Montrose Counseling Center	Chris Kerr, MEd LPC (contact) Ray Pledger, PhD (supervisor)	713-800-0862 713-529-0037	life@montrosecounselingcenter.org ATTN: Chris Kerr	Clinic serving the LGBT community providing therapy, wellness program, and advocacy

Baylor Family Counseling	Dr. James Bray	713-798-7751	jbray@bcm.tmc.edu	Clinic providing intake and individual therapy training with a diverse population of under- or un-insured clients
Houston OCD Program	Jennifer Sy, PhD	713-526-5055	jsy@houstonocd.org	Specialty clinic treating inpatient/outpatient individuals/groups of children, adolescents, and adults
MHMRA at Harris County Jail	Deborah Hale, Ph. D.	713-755-9520	Deborah.Hale@mhmraharris.org	Individual/group therapy with incarcerated individuals
Mentis Neurorehabilitation	Tracy Veramonti, Ph.D.	713-792-6161	tveramonti@mentisneuro.com	Inpatient facility serving adults with brain injury or other neurological conditions
Harris County Psychiatric Center – Adult Track	Anka Vujanovic, PhD	713-741-3858	Anka.A.Vujanovic@uth.tmc.edu	Hospital-based assessment and intervention services for inpatient individuals/groups
Harris County Psychiatric Center – Early Onset Pilot Project	Anka Vujanovic, PhD	713-741-3858	Anka.A.Vujanovic@uth.tmc.edu	Hospital-based short-term inpatient program providing to assessment/intervention support to young adults with severe mental illness to assist with re-integration back into society
Dialectical Behavioral Therapy Center	Karyn Hall, PhD.	713-973-2800	karynhallphd@gmail.com	Outpatient facility providing group/individual DBT interventions to patients with BPD and other severe dysregulation conditions

Clinical Child Psychology (CCP) Sites

PRACTICUM SITE	SUPERVISOR/CONTACT PERSON	PHONE	EMAIL	DESCRIPTION
TCH Psychology Section Family STARS	Dr. David Curtis	832-822-3700 Fax:832-825-4164	dfcurtis@texaschildrenshospital.org	Hospital-based clinic focused on behavioral intervention for children with DBD/ODD/ADHD
TCH Psychology Section: Center for Children and Women	Stephanie Chapman, PhD	832-828-1005	sgchapma@texaschildrens.org	Clinic facility providing integrated physical/mental health services to state health insurance members
Menninger Adolescent Program	Dr. Carla Sharp	713-743-8612	csharp2@uh.edu	Program specializing in group treatment for severe adolescent psychopathology
Suzanne Mouton-Odum, PhD, Private Practice	Dr. Mouton-Odum	713-914-9944	suzimoo@aol.com	Specialty clinic focused on treating trichotillomania in children, adolescents, and adults
Houston Independent School District	Gerardo Mireles		GMireles@houstonisd.org	Program within HISD providing field services to wide variety of children with variety of disorders
Michelle Forrester, PhD, Private Practice	Michelle M. Forrester, Ph.D.	713- 598-3559	michelle@michellemforrester.net	Private practice offering assessment and individual/group intervention services to young children and their families
Dialectical Behavioral Therapy Center	Karyn Hall, PhD.	713-973-2800	karynhallphd@gmail.com	Outpatient facility providing group/individual DBT interventions to patients with BPD and other severe dysregulation conditions
Harris County Psychiatric Center – Child Track	Anka Vujanovic, PhD	713-741-3858	Anka.A.Vujanovic@uth.tmc.edu	Hospital-based assessment and intervention services for inpatient children/child groups

Clinical Neuropsychology (CN) Sites

PRACTICUM SITE	SUPERVISOR/CONTACT PERSON	PHONE	EMAIL	DESCRIPTION
DeBakey VA Medical Center, Traumatic Brain Injury Center	Nicholas Pastorek, Ph.D., ABPP	713-791-1414	npastore@bcm.edu	Hospital-based clinic focused on adult assessments and research related to traumatic brain injury.
DeBakey VA Medical Center, Neurology Care Line	Robert Collins, Ph.D., ABPP		Robert.collins3@va.gov	Hospital-based clinic focused on adult assessments and group interventions
Houston Neuropsychology Group	Robert Davis, Ph.D.; ABPP; John Largen, Ph.D.	713-799-2818	JohnWLarge@aol.com	Private practice with assessments of children, adolescents, and adults..
Mentis Neuro Rehabilitation	Tracy Veramonti, Ph.D.	713-792-6161	tveramonti@mentisneuro.com	Inpatient post-acute brain injury community re-intergration program with adults.
Texas Children's Hospital-Blue Bird Circle Clinic	Lynn Chapieski, Ph.D.; Karen Evankovich, Ph.D.	832-822-0978	mlchapie@texaschildrenshospital.org	Outpatient neurology services and evaluations for children and adolescents (1 – 18 years old)
The Institute for Rehabilitation and Research (TIRR) Memorial Hermann	Corwin Boake, Ph.D., ABPP; Jerome Caroselli, Ph.D.; ABPP; Mark Sherer, Ph.D.; ABPP; Margaret Struchen, Ph.D.	713-666-9550	Margaret.struchen@memorialhermann.org	Inpatient hospital specializing in rehabilitation of adolescents and adults.
TIRR Memorial Hermann Challenge Program	M. Cullen Gibbs, Ph.D.	713.383.5620	cullen.gibbs@memorialhermann.org	Outpatient rehabilitation setting includes evaluations of children, adolescents, and adults.
The Methodist Hospital-Neurological Institute	Mario Dulay, Ph.D.; Kenneth Podell, Ph.D., FACPN	713-441-8277	mdulay@houstonmethodist.org	Outpatient hospital clinic focused on adult assessment.
UT Health Science Center at Houston-Dept. of Pediatrics	Joshua Breier, Ph.D.		Joshua.I.Breier@uth.tmc.edu	Outpatient assessment of children, adolescents and adults

BCM-TCH Psychology Service, Pediatric Neuropsychology Clinic	Lisa Kahalley, Ph.D.		lskahall@texaschildrens.org	Outpatient clinic focused on assessment of adults with neurodegenerative disorders
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Process and timeline: Except for students whose mentors provide this experience through clinical research arrangements, students will be placed into a training position that is determined through our program's placement process. The placement process for practicum training positions is not that of a "match," as are typical of placements for internship positions. Students apply to three sites for their posted practicum position, including participating in a job interview for the training position. This provides invaluable experience to students in preparation for the internship match that takes place in Year 4/5. Below the steps for the practicum "match" are described. The timeline has been agreed on with external practicum sites and is necessarily very tight in order to allow sites to interview students at a feasible time. Students have to comply with this tight timeline to ensure a successful placement.

Step 1 – Starting the process: Typically in **December** each year, Amy Petesch, the Clinic Assistants and Student Reps will begin organization of Practicum Fair. The Practicum Fair is held the **last week of January** at the PRSC Clinic during which all practicum sites present their sites to students. **One day after the Practicum Fair**, a Student Feedback Practicum session is held with Dr. Weill. Rough estimates of the numbers of students that each site may take are typically provided at this time, recognizing that the final estimate often occurs later in the process. Following this meeting The DCT or Practicum Coordinator will then request students submit the three sites to which they would like to apply. Students must submit the list they wish to apply to no later than **30 January**. Based on consultation with students' advisors, internal practicum supervisors, and the DCT, students are then informed which sites are approved to apply for. Students are notified by **2 January** where they can apply to.

Step 2 - Applications: The students then submit applications and schedule interviews with a 2 to 3 week period, specified at the time. Interviews must be completed by the **third week of February**. At the end of this phase, students and site representatives provide feedback and preferences. Rankings are submitted to Dr. Weill and are due **20 February**.

Step 3 – Placement decisions: Following the interviews, placements are made by the UH clinical program faculty considering submitted student preferences and training site preferences, along with training needs [student needs and program commitments]. These variables contribute to it being a somewhat dynamic process. These decisions are made during the **last CTC meeting of February or the first CTC meeting of March**. Students are notified of their placements immediately thereafter.

The program receives positive feedback from sites about the quality of our trainees applying for their positions. Most students secure either their first or second choice of training sites. We understand that uncertainty can be anxiety provoking, but everyone obtains a practicum position. When necessary, additional interview sites are arranged and positions are negotiated to meet all the students' external training needs.

The process is as transparent as possible. Students should speak with the DCT or their mentors for further insight into their placement when there are concerns or questions. Whenever the site and the student both rank each other as number one, when there are no other circumstances to consider, those placements are made. Exceptions in the past might have occurred in a circumstance in which two students, both strongly

ranked by the site, with one of those students having a more pressing professional interest in that site or with one student being of junior status such that the student would have a chance to train at that site for their 2nd external placement [when a 2nd external placements is expected], while the other student would have only one external placement training opportunity. In such cases, faculty mentors and the training director confer with the practicum coordinator regarding placement considerations. Although not every unusual circumstance can be anticipated, sometimes a student is not offered a position by any of the sites at which they interviewed. In this situation, efforts are made to secure other training positions for that student that meet that student's training needs and wishes. In other instances, sites may rank order all of the students they interview, which in other cases they elect not to interview all the students who apply. We have also encountered situations where sites interview all applicants, but rank only a few. Sometimes they specify they are willing to train Student A and B and are offering two positions, but if not placed with them will not take a student this year. Sometimes we do not know until the rankings are submitted whether the site will offer one or two or three positions as their ability to offer a training position is influenced by the specific students applying from our program or students from other programs. Some will hold open one position for UH Clinical students and one for Counseling students with a 3rd open to the 3rd most desirable candidate.

We should also note, that some institutions of higher education that are central to our training program and have historically offered important training experiences to our students have agreed to hold positions to offer to one of our students. And there is consequently an expectation that they will receive trainees from our program placed with them since they are declining applicants from other programs for that position.

Step 4 - Timing of notifications: Students appreciate when there can be a single day to notify all students of their placements, and we do aim for this. However, changing variables often make for an organic placement process, with site timeline demands imposing earlier notifications for some students. For example, a site representative might forget the guidelines and offer positions to the students directly, rather than submit their preferences for consideration with the other data, without letting us know first; a site may not be able to wait for the other sites to complete their interviews and request to know early so their trainee can start paperwork; a site may not be able to complete interviews within the timeframe or may have unexpected changes that affect time constraints.

Students beyond their fourth year in the program. Students who are beyond their 4th year, must seek mentor approval to seek an externship, and this student would not be given preference for a practicum over a junior student who is seeking a required training experience.

Going outside the program "match" to find an external practicum. An advisor/student who wants to obtain a particular external practicum experience for a student outside of the regular practicum "match", is required to submit the practicum experience to the CTC for consideration and approval. General requirements for approval include the availability of a Ph.D. level psychologist for supervision, a structured plan for supervision on a weekly basis, and the usual 13-16 hour requirement.

Evaluation of students and supervisors. The procedures described on p. 32 for evaluation of students in internal practica (PRSC), and evaluation of internal practica supervisors by students, are similarly followed for external practica. **IMPORTANT:** SoA requires that each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically) at least *once* per semester. External practicum supervisors have been informed of this Implementing Regulation and have provided the program with their unique plan to directly observe student performance. Another safeguard in this regard is the fact that the practicum evaluation form includes a section where the supervisor indicates how direct observation occurred. If however, for some reason, direct observation is not occurring the student must inform the DCT immediately.

Clinical Neuropsychology Practicum : PSYC 7390

Applied training experiences in the evidence-based practice of clinical neuropsychology is a strength of the UH CN major. In the 2nd and 3rd years of the program, UH CN students typically engage in 10-20hr/week external practica in clinical neuropsychology, which may be supported by funded contracts (in lieu of teaching or research assistantships). Clinical opportunities abound in Houston, which has a large and active population of clinical neuropsychologists practicing in diverse settings, ranging from inpatient rehabilitation to outpatient private practice, and with a wide variety of neurological, medical, and neuropsychiatric populations across the lifespan. The UH CN major benefits greatly from established relationships with faculty at the Texas Medical Center, which is the world's largest medical complex and houses the Baylor College of Medicine, UT Health Sciences, MD Anderson Cancer Center, Memorial Hermann, and Michael E. DeBakey VA Medical Center (to name a few!). In year 2, CN students enroll in ACLA using the same basic process as students enrolled in other major areas of study. In years 3-4 students complete external CN practica, for which prerequisites include Lifespan CN I, ACLA, Foundations of CN, and Neuroanatomy.

Clinical Internship – Year 5 (or later)

The clinical internship is a year long intensive training experience that is required of all students in APA-accredited clinical psychology training programs. The internship usually takes place in the student's fifth year (or later), once all course work, the Master's thesis, and comprehensive examination have been successfully completed.

Readiness to apply. It is highly recommended that students have also completed their dissertation proposal **prior to applying** for internship and having the entire dissertation completed including your final oral defense **prior to leaving** for internship. In the letter of certification of readiness for internship (see APPIC web site at www.appic.org), the Director of Clinical Training must indicate your status in the completion of the requirement, which is factored into their decision about your application.

As a member of the Council of University Directors of Clinical Psychology (CUDCP), our program subscribes to the following “Expectations for Internship Eligibility” (as adopted by CUDCP, January 22, 2011)

1. Trainee meets or exceeds foundational and functional competencies as outlined by the Assessment of Competency Benchmarks Work Group.
2. Trainee successfully completed a master's thesis (or equivalent).

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

Internship preparation. It is a good idea to start thinking about the internship application process early in your graduate training. Drs. Sharp and Woods offers an internship workshop for first and second years in Spring. Third year students are offered two internship workshops: the first in August of their fourth year; the second in October of their fourth year. During these meetings students are prepared for the application, interview and matching process. These internship preparation meetings are mandatory.

Tracking your hours. In order to make the application process less daunting, we also suggest that you start tracking your clinical hours at the very beginning of your second year. If you are involved in research-related clinical activities, you may begin tracking your hours already in your first year. For CP and CCP students, Time 2 Track can be a useful resource for tracking hours (<https://app.time2track.com>). See Appendix K for descriptions of Time 2 Track activity categories. For CN students, Time 2 Track can be helpful in tracking intervention hours, but a spreadsheet is usually more helpful for tracking neuropsychological assessment hours. A sample spreadsheet is available on SharePoint.

Research is important. Students often think that their clinical experience is most relevant to their success as an internship applicant. However, internship directors from scientist-practitioner and clinical-scientist internships say that they are particularly interested in students with a strong

research background because it tells them something about the applicant's goals, productivity, time management, organizational skills, motivation, and perseverance.

Selecting an internship: It is highly recommended that students apply to APA-accredited internships. There are a number of excellent internship sites across the country, including some in Houston. In addition to the geographical region of the country, internships vary according to type of setting (e.g. medical school, hospital, outpatient mental health center, prison, consortia), theoretical models that are emphasized, nature of supervision, balance of assessment and therapy activities, weekly workload, opportunities for participation in research, populations served, nature of other training experiences (consultation, supervision, administration), training in empirically supported therapies and APA accreditation status. Information about internship accreditation status can be obtained from the internship director or the APA Office of Program Consultation and Accreditation. It can also be found on the individual site listings in the APPIC Directory Online at www.appic.org. In selecting an internship, it is wise to begin with exploring possibilities with your advisor in light of your interests and career goals. Several other resources are also helpful. The online APPIC directory includes information about all internships, and information can also be obtained from organizations related to your major area of study (e.g., the Association for Behavioral and Cognitive Therapies (ABCT) or Association for Internship Training in Clinical Neuropsychology). A number of other commercially available guides are also available. Finally, talking with students who have either interviewed with or who actually completed their internship at particular settings can be an invaluable source of first-hand information. Potential internship sites might be grouped in three categories: 1) your very top choices that you would attend if given the chance, 2) good internships that may be not as attractive as group one, but fully acceptable if you don't get an offer from your first group, 3) acceptable, but less desirable internships that represent your fall back position if no offers are forthcoming from groups 1 and 2. Given how competitive the internship process has become (more applicants, fewer slots), it is very risky to restrict your applications to any single geographical region, like Houston. The Houston internship agencies will accept only a small number of "locals." We also have a track record with some internship sites at which we are reliably able to match our students. Advisors in the different major areas of study should be consulted in this regard.

It is recommended that students visit the APPIC website at www.appic.org well in advance of beginning the internship application process (this includes 1st and 2nd year students). This website provides a wealth of information that will help you prepare for internship. It is never too soon to begin preparing, as information from this site may help you plan your training. The APPIC website contains all the information you need to know regarding the application process. From the homepage, there are several helpful links including the link to the APPIC Directory Online. All APPIC internship sites are listed in this directory, and they provide a detailed description of the training and the applicant requirements. This includes most of the information discussed in the preceding section. Additional links from the homepage include 1) complete instructions regarding application procedures; 2) APPIC Match Policies, which are the rules of permitted and prohibited behavior (e.g., sites are prohibited from asking how you rank them); 3) a link to the National Matching Services website where you will find a complete description of how the computerized match selection process is conducted; 4) MATCH-NEWS email list, which is a

discussion listserv students can use to ask questions and share ideas; and 5) the internship application that can be downloaded from this site.

The application process: There is one application that will be sent to all sites, although individual sites may have additional requirements. The latest application is available at www.appic.org. In order to participate in the match process, you must register with National Matching Services. You will be assigned a match number, which will be used to identify you during the process. If you do not register by the registration deadline, you will not be permitted to participate in the match. Registration instructions can be found on their website, <http://www.natmatch.com/psychint/>.

Letters of recommendation. Letters of recommendation are required for internship applications. In general, it is advisable to have your advisor write a letter as well as practicum supervisors who know you best. Choices about who to ask to write letters on your behalf should be discussed with your advisor. The Director of Clinical Training is also required to write a letter (or fill out a form) that certifies your eligibility for internship and, in many cases, documents program requirements that you have completed. Detailed information about the status of your comprehensive examinations and dissertation is requested in the APPIC application. It is recommended that you download a copy of the APPIC internship application from the APPIC site and review the requirements. When you approach people to write letters for you, it is helpful if you have a one-page sheet that highlights special things that could be included in your letter (special training experiences or skills, status of dissertation, research interests, clinical interests, program citizenship [e.g. student representative, CA experience, work on admissions], honors, publications, presentations, teaching experiences, volunteer work, career plans) or any other issues that will personalize your letter and underscore your qualifications for internship. Make sure that you give your letter writers ample time to write your letter - 2 weeks at a minimum. **IMPORTANT:** APPIC requires a standardized format for letters so that letter writers must cover ***all*** domains of student competencies. CUDCP has developed a guidance sheet to guide letter writers. This sheet will be distributed to students during the internship preparation sessions with the DCT and ADCT.

Creating an effective Curriculum Vitae. A curriculum vitae (CV) is one of the most important documents that you will create for your professional life. An effective CV is a living document that cogently tells the story of your current and prior professional training, accomplishments, and roles across the domains of research, clinic, teaching, and service. In other words, your CV is a window through which your peers, supervisors, prospective employers, and professional community will view your professional identity, skills, and achievements. Crafting an effective CV is no easy task, as there is tremendous diversity in format, content, and approaches both within and across disciplines. Moreover, the content, tone, and length of one's CV naturally evolves in-step with their professional development: For example, the detailed description of an undergraduate research assistantship that would appropriately appear the CV of a first year graduate student would naturally disappear (or at least be reduced to a line item) from that same CV by the time one applied for internship, being replaced by other more advanced demonstration of research prowess such as abstracts, publications, grants, and research awards. Our best advice is to work closely with your advisor and more senior students to transform your pre-graduate school resume' into a CV suitable for a junior Ph.D. student in clinical psychology. To help you get started, here is a link to a very helpful student CV guide provided by the American

Psychological Association (<http://www.apa.org/gradpsych/2015/01/curriculum-vitae.aspx>) that includes a link to an excellent example (http://psychology.unl.edu/psichi/Psi_Chi_Sample_CV.pdf).

Deadlines. The deadlines for internship applications vary by site and generally fall between November 1st and January 15th. Most are in early November. Make sure that you allow sufficient time for this time consuming and labor intensive task. It is wise to follow up to make sure that internship materials have been received by the internship by the deadline. You might have to do some last minute scurrying to see that everything has been submitted on time.

Interviews. Many internships include a personal interview as a required part of the admission process, while others allow for the opportunity for prospective interns to interview as a courtesy. If the interview is required, the internship staff usually makes an initial pass at reviewing the paper credentials and then invites the prospective candidate for a visit. Some internship agencies are quite adamant about how they do this - “don’t call us, we’ll call you if we want to visit with you.” If the agency is not so hard-nosed about their interview policy, it is advisable for you to visit your top choices sometime during December of the year before you plan on attending. Personal contact with the internship staff lets them get a look at the person behind the paper, which usually works to your advantage. The visit also lets you get a firsthand look at them. Many a prospective intern has changed their ranking of preferences after interviewing with the staff at prospective internship agencies. When possible, your on-site interview should also include a meeting with current interns. Again, you often get the inside story from interns who are actually at the setting that you are checking out. If courtesy interviews are not available, factor that into your decision process, depending on how invested you are in that setting.

Notification. A computer matching system will notify you of your matching on a Friday (Match Day). This typically occurs during mid to late February. The details of this process are described on the National Matching Services website, <http://www.natmatch.com/psychint/>, which can also be linked to from the APPIC site.

What if you do not get an offer on Match day? First of all, this is not the end of the world. Given the competitiveness of internship admissions and the sometimes baffling decision process employed by many internship agencies, some very qualified graduate students each year do not get an offer on selection day. The most common reason for this is the failure to apply to a sufficient number, range, or geographical diversity of potential sites. Most of this problem can be avoided by adopting the rule of threes described above. Despite this, if you are not selected in a given year, there are at least three options available: 1) APPIC conducts a Match Phase II in a similar fashion as Phase I, replacing the previous clearinghouse system, which served to help place students that did not get picked on Match day in one of these unfilled slots. 2) Internships slots become available after the selection day due to someone dropping out after they have been selected for a particular slot, new funding of internship positions, or administrative reasons that affect the viability of an internship program. In these cases, internship directors often contact programs directly to see if there are potential applicants for these new slots. 3) You can re-apply next year. In the interim it is advisable to figure out what happened the first time around and correct any problem, and to make good use of the “extra” year, by completing your dissertation, getting additional publications, obtaining new research or clinical skills, or doing other things

that will enhance your long term career opportunities. You should remember that graduate students from the University of Houston are typically viewed as attractive applicants to many agencies. The challenge is to match up your special attributes with the needs of the internship program during any given year.

Registration during internship year. Students on internship are required to register for internship credit hours for **three consecutive semesters** (regardless of how many student credit hours are accumulated) beginning the summer when the internship starts or the summer preceding internships that start in late August or early September. Internship credit hours are generally paid out-of-pocket by the student. Per university policies, students must be registered during the semester in which the student receives his/her degree.

- If the student is still working on their dissertation, they enroll in PSYC 8399 and 1 hour of internship, which for CP/CCP is PSYC 8121 and for CN 8190.
- If a student has completed their dissertation, they enroll for CP/CCP in PSYC 8321 and for CN in PSYC 8390.

The DCT is the instructor of record. Please make sure that the DCT as updated your grade at the end of the internship and inform the DCT if a grade has not been posted.

Preparations for Leaving on Internship

- Terminating Practicum. Once you are informed of your internship start date, let your practicum supervisor know as soon as possible. If you are on contract with your site, email your supervisor with your intent to resign early and last day of work, copying your UH advisor and Joel Hammett, who will complete termination paperwork. Sometimes there are arrangements made with the practicum supervisor to work extra hours before the official last date of work (make sure Joel Hammett is informed about this).
- Funding between Spring semester and start of internship. If a student is an RA on a funded project, they may request to continue working as an RA until they leave for internship. If they do not have this source of funding, a student may request a TA from the department for part of the summer, though this will depend on departmental needs and budget for that particular year.
- Gap in insurance coverage between UH employment and internship. If a student has been a TF or TA during the 9-mo academic year, health coverage is already paid for in the Spring to include health coverage through the end of August of that year. If the student is an RA during the academic year, health coverage will end at the end of the month in which employment stops. And if an RA switches to a TF or TA for summer, there will not be health coverage as TF and TA health insurance costs are paid during the 9-mo academic year. Students needing health coverage between the end of UH coverage and the start of internship are eligible for COBRA or could check into gap insurance coverage as noted at: <http://www.uh.edu/human-resources/benefits/medical-insurance/gap-insurance.pdf>

Communication between doctoral program and internship program

Students should be advised that communication between the Clinical Program and the internship program that a student matches with will be maintained throughout the internship year.

Typically, internship DCTs write to the DCT to confirm the placement. The communication is mostly informal, unless an internship DCT desires to communicate a concern at some point

during the internship. Students are made aware of any communication between DCTs and are cc'd in communication. All formal or written internship evaluations are retained in student files ("PDF Records" in the Clinical Student Records SharePoint site) and used for Annual Evaluation (see next section).

STUDENT EVALUATION: CRITERIA AND PROCEDURES

Overview

In this section we provide important information about how students are evaluated for their progress in the program. Faculty use the information provided in this section to evaluate you and provide you with ongoing feedback. The ultimate goal of student evaluations is to support students in timely completion of the program and to maximize student success. It is important that you carefully review these criteria and procedures in the first few weeks of graduate school so that you have advance notice of how you will be evaluated through graduate school. This section also provides the faculty with a common set of criteria to carry out evaluations. Annual evaluations are intended to highlight not only areas for improvement, but also strengths. Please note that student records related to training (and complaints and grievances) are maintained in accordance with federal, state, and institution policies regarding record keeping and privacy. Records are kept for decades due to enquiries from licensing boards and other entities throughout students' careers.

The role of your Faculty Advisor

As outlined in the Graduate Academic Handbook, each student, upon acceptance to the Program, is assigned a faculty advisor. This is usually the faculty member that you applied to. Consistent with APA SoA, we strive to create a supportive learning environment. Program faculty are accessible to students and provide students with guidance and supervision. They serve as appropriate role models and engage in actions that promote students' acquisition of knowledge, skills, and competencies in accordance with our program goals and values. The program recognizes the rights of students and faculty to be treated with courtesy and respect. To maximize the effectiveness of students' learning, all interactions among students, faculty and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see description of professional behavior below). These principles are also reflected in the APA Ethical Principles of Psychologists and Code of Conduct that should be reviewed by all students (<http://www.apa.org/ethics/code/>). Occasionally, it may be determined that a particular advisor-advisee pairing may not be an ideal fit. In those cases, the faculty advisor may be changed at the request of either the student or the faculty member. Please see Appendix D in the Graduate Academic Handbook of the Department of Psychology for additional Guidelines for Student-Faculty Relationships.

The faculty advisor has primary responsibility for monitoring the student's progress. A *minimum* of three meetings per year is essential: 1) before Fall for registration, 2) before Spring for registration, 3) a final meeting in May to evaluate the graduate student's progress, but most students will work with their advisors on a daily basis. The student and the faculty advisor are responsible for seeing that the student's progress and accomplishments are properly recorded in program records (in SharePoint) and the file maintained by the academic affairs office.

Areas of evaluation

Consistent with the defined Program goals, there are four broad areas of evaluation:

- 1) Academic performance: Evaluate whether the student has enrolled in and passed required courses given cohort expectations. Please also indicate whether, since the last evaluation, the student has completed key benchmarks (i.e., thesis/dissertation proposal, comps) in a timely manner.

- 2) Development of research skills: Evaluate student's level of increase/improvement in research skills including initiation and development of novel research projects, engagement in new research methodology, etc. *Please note number of publications (including papers in press or submitted for review as well as grant-related activities) to date.*
- 3) Ethical and professional behavior: Evaluate student's compliance with ethical standards across all domains (research activities, clinical performance, etc.) Evaluate student's involvement in the program and engagement in activities that will prepare her/him for a successful career. Consider also sensitivity to cultural diversity and individual differences. Evaluate student's professional behavior (self-presentation, management of personal issues and stress, deportment, effective use of supervision, accountability, self-awareness, motivation, perspective-taking, empathy, distress-tolerance and problemsolving).
- 4) Development of clinical skills: Evaluate student's clinical performance including proficiency and level of increase/improvement in clinical skills. Consider reports from *both* internal and external practica. Consider also student's sensitivity to cultural diversity and level of cultural competency.

Students are assessed in each of these domains by the faculty on a 6 point scale using the Mid-year and Annual Clinical Program Evaluation Form (see Appendix H).

1=Outstanding for level of experience

2=Very good for level of experience

3=Clearly satisfactory for level of experience

4=Generally satisfactory, but attention called to certain factors*

5=One or more significant problems recognized*

6=Generally unsatisfactory or serious problem areas recognized*

Note that a "3" is generally indicative of "expected" performance in all domains. For instance, a student who is getting mostly As, progressing as expected with thesis and dissertation, is publishing one paper a year, and who is getting good feedback regarding clinical work and professional/ethical behavior would receive a "3" in all domains. When students begin to excel in any particular domain, a 1 or 2 may be indicated (e.g. multiple publications, submission of an F31, exceptional or additional diversity training, choosing diversity as a field of study, outstanding reviews by clinical supervisors, leadership positions etc). Ratings are 4, 5, and 6, as explained above, represent quantity and quality of problem areas.

Statement on Professional Behavior Online

Increasingly, as information becomes more widely available through the internet, lines between public and private information are blurring. Many students have websites, blogs, email signature lines, and voicemail/answering machine messages that are entertaining and reflect their personal preferences and personalities. However, students should consider the potential impact of this information on their professional image. For example, if the student uses his/her telephone or email account for professional purposes, clients, research participants, and potential employers may view the student as less professional than desired. Also, according to information collected by the Council of University Directors of Clinical Psychology, clients, graduate and internship programs, and potential employers may all conduct internet searches and use the resulting

information in decisions about therapy, or job interviews or offers. Legal authorities also view websites for evidence of illegal activities.

Students should also note that if they identify themselves as a graduate student in the program or reveal information relevant to the graduate program in their email signatures, voicemail files, or website/blog information, then this information becomes part of their program-related behavior and may be used in student evaluations. For example, if a student reports doing something unethical or illegal on a web blog, or uses the website to engage in unethical or unprofessional behavior (e.g., disclosing confidential client or research information), then the program may use this information in student evaluation, including decisions regarding probation or termination.

Thus, students are encouraged to consider the use of personal web pages and blogs, email, and other electronic media carefully. They should attend to what content to reveal about themselves in these forums, and whether there is any personal information that they would not want program faculty, employers, or clients to read or view. Anything on the World Wide Web is potentially available to all who seek. Students who use these media should also consider how to protect the security of private information.

In contacting clients or research participants, students should use their uh.edu email addresses that are assigned to them during orientation. Students who have offices in HBSB are also assigned times.edu accounts. These email accounts should be checked regularly as often official university business is communicated through these channels.

Procedures

Annual evaluations cover the academic year including the previous summer. For first year students, evaluations are completed at the mid-year timepoint (January) and again at the end of the academic year (May). For upper year students, evaluations are completed at the end of the academic year only (May). Below are the step-by-step procedures to be followed by students and faculty:

- 1) The Program elicits practica evaluation forms from practica supervisors. On **1 April** of each year, Amy Petesch elicits practica evaluations from all internal and external practica supervisors (see Appendix G for a copy of the form that supervisors complete). Practica supervisors are sent a link to complete evaluations through Sharepoint. Practica supervisors are asked to submit forms by **15 April**.
- 2) Students finalize annual updates in SharePoint. Throughout the year, students will record their professional activities and accomplishments in the SharePoint site "[Clinical Student Records](#)". By **1 April** each year, the DCT will announce upcoming evaluations and students should ensure that all sections in Clinical Student Records are up-to-date (see Appendix L for an example of required information). All students, even those on internship, must maintain up-to-date student records pertaining to your academic performance (grades, thesis and dissertation progress, etc), research performance (publications, posters, conference attendance, lab work etc), and clinical work (e.g. practica) for each academic year. Annual updates must be completed by **15 April**. Students who have not completed updates by this date will be considered in non-compliance with program requirements.
- 3) Faculty advisors and students meet and review Clinical Student Records together. During the **last two weeks of April**, faculty advisors and their students meet to review the student's progress of the past year. Both strengths and weaknesses are identified and

discussed. Information for this meeting is based on Clinical Student Records as well as evaluations from practica supervisors. Students on internship cannot physically meet with their advisors, but their material will be reviewed nonetheless to ensure that they are meeting program milestones.

- 4) Faculty advisors complete the Mid-year and Annual Clinical Program Evaluation Form. Faculty advisors complete the Mid-year and Annual Clinical Program Evaluation Form (see Appendix H) through Sharepoint with *temporary ratings*, subject to change pending CTC discussion. All students are reviewed – including those on internship as students may not have completed their dissertations and/or are expected to remain productive in other ways. The Evaluation Form must be completed by advisors by **1 May**. Faculty are strongly encouraged to not simply give a rating in a particular domain, but to provide justification for ratings in the space provided. These justifications will be very important when discussion of students take place at the special CTC student evaluations meeting.
- 5) CTC special 3-hour student evaluations meeting. In **mid-May** the faculty meet for a special 3-hour meeting to discuss student progress. Faculty bring the Mid-year and Annual Clinical Program Evaluation Form to the meeting and any other supporting documents. CTC will be able to access Sharepoint during the meeting as well. Ratings are adjusted if any new information or discussion warrants it. Students are discussed by cohort starting with first year students.
- 6) DCT signs off on the final version of the evaluation and faculty advisors provide feedback to students. The DCT signs the Mid-year and Annual Clinical Program Evaluation Form which makes it official, and allows faculty advisors to meet with their students to provide feedback. The feedback meeting must occur by **the end of May**. At the end of this meeting, students have to sign the form electronically in Sharepoint.
- 7) The DCT sends out the annual “standing letter”. The DCT sends out a “standing letter” to students during **June** of each year. These letters are sent in hard copy to students’ mail boxes. Students’ overall standing in the program with associated consequences are as follows:
 - a. Students in Good Standing. Most students in our program are typically in good standing due to the strong performance of our students. Students receiving ratings of 3 and above are generally considered in good standing. If an isolated rating of 4 was given, the student remains in good standing and the problem area can be addressed by the faculty advisor.
 - b. Students in good standing with some areas of concern. If several domains received a rating of a 4, or if ratings of 5 or 6 were given, the student is still in good standing but the DCT letter will contain “warnings” regarding problem areas. These typically include moderate delays in thesis or dissertation progression, academic performance or professional behavior, or areas of concern in clinical work. The DCT letter is meant to provide feedback to the student who may be at risk for a future negative evaluation.
 - c. Negative evaluations. If the CTC identifies serious concerns, they may vote to take formal action such as “**remedial plan**” or “**termination**”. If either of these are initiated the DCT standing letter will contain the relevant information.

Remedial plan

A remedial plan is typically reserved for serious concerns with lack of progress, inadequate performance or unprofessional behavior. The remedial plan is developed by the Faculty Advisor and the student, or by the Faculty Advisor alone or by the CTC or a combination of the above and submitted to the DCT for input. The DCT then incorporates the remedial plan into the standing letter. The standing letter will contain reasons for the remedial plan and will outline a concrete set of benchmarks that the student needs to meet in order to rectify his/her standing in the program. Benchmarks will be tied to a timeline. Periodic assessment of student responsiveness to the remedial plan during the probation period will be undertaken. At the end of the probationary period the CTC will evaluate the student's performance and determine whether the student has successfully remediated the probation. The student will receive the results of the evaluation in writing. If successful, the student will return to good standing in the program. If not, the CTC may consider termination.

Termination

Consistent with Departmental Procedures (see Graduate Academic Handbook), the Department may terminate a student at any time if the rate of progress, academic performance or performance across other competencies is not satisfactory. A satisfactory rate of progress toward completion of degree requirements is required throughout the student's enrollment (see Timeline on p. 10). Students earning **three grades of "C+" or lower during the course of graduate training will be dismissed automatically from the program.**

Termination procedures may also be initiated by programs if a student's competence is substandard in any one of the following areas: teaching, research, ethical conduct, sensitivity to cultural and individual diversity, professional practicum performance, or interpersonal effectiveness.

Programs may initiate termination proceedings based on the egregiousness of the deficiency or student misconduct or the student's failure to complete appropriate remedial measures in a timely manner. The procedures below are Departmental procedures for termination which are also included in the Graduate Academic Handbook:

- 1) Before formal termination procedures begin, the student will receive written notification from the appropriate Program Director indicating his/her competency or academic performance is being evaluated for possible termination from the Department. This letter describes the reasons for the possible termination and, if appropriate, conditions for continued enrollment in the Department. If the program faculty deems it appropriate that termination be initiated, the procedure for termination is as follows:
- 2) The appropriate Program Director submits a written memo to the Director of Graduate Education and Department Chairperson indicating that program faculty members have reached a decision requesting the student's termination from the program and the Department.
- 3) The Director of Graduate Education and the Department Chairperson independently review the student's records and reach a joint decision regarding termination.

4) If the request is approved, the student is notified in writing of his/her termination from the Department. This letter is signed by the Department Chair, Director of Graduate Education, and the Program Director.

5) If the student wishes to appeal, he/she will notify the Chairperson of the Psychology Department in writing within 10 working days. At such time, the Department's Graduate Education Committee will review the student's records and reach a decision as to whether or not they concur with the request of the Program to terminate the student.

6) Should the student wish to continue the appeal process, he/she would submit a written appeal to the Associate Dean of Graduate Studies in the College of Liberal Arts and Social Sciences within 10 working days. The role of the associate dean is only to determine if the department followed correct termination procedures.

7) If so desired, students also may continue the appeal process by submitting a written appeal to the Graduate and Professional Studies Grievance Committee within 30 calendar days of the College decision.

Student Grievances and Complaints

The following are Department Procedures for Student Grievances and Complaints.

Any student who wishes to file a grievance or complaint should contact their Program Director and/or the Department Chair. The student must file official notice of an intention to grieve within 30 days of the point in time when the grievant has knowledge or should have had knowledge of the problem being grieved. At this time, informal efforts will be made to resolve the grievance. In the event that an informal resolution is not possible, the grievant must submit a formal grievance within 60 days of filing the intent to grieve notice. In filing the formal grievance, the grievant must state 1) when he/she discovered the issue being grieved, 2) what issue is being grieved and provide evidence to support the grievance, 3) what is the desired solution. Depending on the nature of the grievance or complaint, the Program Director and/or Department Chair will initiate appropriate review procedures. The American Psychological Association Ethical Principles of Psychologists Code of Ethical Conduct shall govern the manner in which any ethical complaints are addressed (see Appendix C [Graduate Academic Handbook]). In the event that a resolution is not possible at the Departmental level, the grievant may submit a written Notice of Appeal to the Associate Dean of Graduate Studies of the College within 10 days of the Departmental decision. Links to the College and University procedures for addressing student grievances regarding grades, course requirements, and classroom procedures or other academic problems are presented below.

For the grievance policy of the College of Liberal Arts and Social Sciences, please see http://www.uh.edu/grad_catalog/las/las_policies.html, and <http://www.uh.edu/class/students/graduate/academics-planning/policies-procedures/index.php>

For the grievance policy of the University of Houston, please see http://www.uh.edu/grad_catalog/garr/grievance_pol.html

Evaluation of program effectiveness and quality improvement efforts

In accordance with APA SoAs, our program is committed to ongoing self-evaluation to monitor our performance. To this end we engage in the following practices:

- 1) Each semester we have a Town Hall meeting to which students and faculty are invited. Students may submit problems/issues/questions anonymously to the student reps in advance of the meeting to give the DCT time to prepare answers.
- 2) Core faculty meet monthly for 2 hours to discuss program issues (CTC meetings). Student reps and program administrative support attend these meetings.
- 3) Annual student evaluations in May of each year provides an opportunity to evaluate program success through proximal student outcomes.
- 4) The DCT evaluates policies and procedures each Summer through updating the Clinical Student Guide with input from student reps, the departmental administrative support structure and the program support staff. The DCT ensures that the program's aims, curriculum and policies and procedures reflect the University of Houston's mission and goals, as well as local, state, regional and national needs for psychological services and national standards for health service psychology.
- 5) A questionnaire is sent to students each academic year to review the quality of the program and to identify areas of improvement.
- 6) Program effectiveness is evaluated through distal outcome evaluations (including licensure rates, attrition, time to degree) annually through the APA Annual Report Online. This annual review enables the reaffirmation of our program's accredited status based on the Commission on Accreditation review. To this end, Amy Petesch asks current and past students as well as current faculty to complete a questionnaire annually to collect the information that ensures accreditation. Students and faculty are asked to respond to the request for this information without delay.
- 7) The DCT meets monthly with the Chair of the Department of Psychology to evaluate the quality and effectiveness of the Clinical Program.
- 8) The DCT serves on the Graduate Education Committee (GEC) which meets monthly to assess the quality of graduate education in the department across different programs (Clinical, Social, Developmental, I/O).
- 9) Our program also undergoes extensive evaluation during the Commission on Accreditation's site visit. In preparation for a site visit, the program is expected to prepare a self-study that demonstrates continued consistency with the SoA.
- 10) Core faculty organize and attend a clinical faculty retreat every two years that is a day-long meeting to discuss more long-term program developments. Student reps attend part of the day, as well clinical program administrative support.

COMPREHENSIVE EXAMINATION: POLICIES AND PROCEDURES

Overview

The comprehensive examination (“comps”) is a sit-down written examination that must be passed as a requirement for admission to candidacy for the doctoral degree. Temporally, the exam is taken after completion of basic coursework and the master’s thesis and before dissertation and internship. Though each program within the UH Psychology Department has some form of comprehensive examination, the format, content, and examination process are specific to each program. The clinical comps procedure includes two components:

- 1) a written, open-book exam covering material in the student’s specialty area (CP/adult, CCP, or CN) and
- 2) obtaining licensure as a Psychological Associate, and as part of that process, passing the EPPP and the jurisprudence exam at the doctoral-level cut-offs (a standard score of 500 on the EPPP, which is comparable in difficulty to the old 70% criterion, and 90% for the taken-at-home, open-book jurisprudence exam).

The comprehensive examination has long been a standard element of Ph.D. training programs in all fields, and successfully passing comps permits advancement to doctoral candidacy. Programs and faculty invest substantial time, energy, and resource into graduate students. Thus, while ensuring competence is a primary goal, all parties genuinely want students to succeed. Most students pass specialty comps on their first try and of those who don’t, nearly all pass on their second try (a total of three tries are possible—see below for more detail). While individuals occasionally falter with comps, they almost universally succeed in the end. In short, comps are unlikely to be a ‘make-or-break’ factor in graduate school success.

Purpose and Goals

Like the other program requirements (i.e., clinical, coursework, research), the comprehensive examination has distinct goals. These goals relate both to providing quality training and to evaluating student competencies. A committee of clinical faculty and students reviewed the comps process in 2006 and identified the following key goals:

- To promote consolidation of materials previously studied from the perspective of a more advanced student and to fill in critical gaps in knowledge [For students]
- To demonstrate the ability to apply accumulated knowledge to a novel problem or situation in an integrative and organized manner [For students]
- To evaluate student competencies in general clinical and in specialty tracks [For students & faculty]
- To provide feedback to students on “integrative” writing and thinking [For faculty]
- To promote student to doctoral candidacy (“ABD”) and readiness for dissertation work [For faculty]

Optimally, comprehensive exams would accomplish these stated goals while also resulting in a useful or concrete product and minimizing elements that make the process intimidating or daunting.

Value, Benefit, and Individual Goals

.Adjustments have been made to the comps process to attempt to reduce student stress levels and make the process more clear-cut and fair without sacrificing the goals: allowing choice among questions (e.g., answering 2 of 3), making the exam open-book format, ensuring questions are rooted in a core reading list, and most recently, replacing the general clinical comps written exam with obtaining licensure as a Psychological Associate (and passing the EPPP at the doctoral level, as well as the jurisprudence exam). Sitting for and passing comps, although challenging, brings you one step closer to the doctoral degree. However, it is possible, and perhaps even valuable, to move past this purely pragmatic viewpoint. Potential individual goals and benefits of comps are described briefly below.

- Students often find that the process of studying and preparation strengthens their knowledge base and prompts them to integrate information and ideas in an original manner. These abilities can be useful in future work and support a sense of professional competence.
- A sense of personal accomplishment, based on the knowledge of competent performance on a standard test with blinded grading by faculty.
- The current open-book format encourages development of a well-organized but concise and easily accessible system for accessing information on a particular topic. Such a reference “library” could be a very useful and concrete product for later use.
- Students often develop study groups while preparing, which offer an opportunity to get reacquainted with your classmates, to develop some solidarity, and actually to have some intellectually stimulating conversations on occasion!
- Passing the EPPP at the doctoral level will obviously make the process of obtaining licensure as a psychologist in the future much easier.

Format of the exam

The CP and CCP specialty exams will be given in an open-book format. In the 4-hour morning block (8:00a-12:00p), students will be given three questions and will answer two, and in the 2-hour afternoon block (1:00-3:00p), students will be given two questions and will answer one. There will be a lunch break between the two blocks (12:00-1:00p).

The Clinical Neuro specialty exam will also be given in an open-book format. In the 4-hour morning session (8:00a-12:00p), students will answer an assessment question (adult or child) and a behavioral neurology/cognitive neuropsych question (one of two questions). In the 2-hour afternoon block (1:00-3:00p), students will answer a rehabilitation/intervention question (adult or child). There will be a lunch break between the two blocks (12:00-1:00p).

In general, answers typically range from 4-8 pages double-spaced. However, length will likely vary significantly across questions and individuals. Scores are not assigned based on length, and a lengthy answer does not at all guarantee a passing score.

Specialty Exam Content

Coursework covered. Since (a) the student will have some choice in which questions he or she answers, (b) some students may have knowledge of these subject areas outside of the specific courses, and (c) not all of these courses are offered every year, some students choose to take comps having only completed some of these courses. *The specialty questions will be answerable based on the syllabi provided by professors for their respective classes. The syllabi are not meant to be*

an exhaustive reading list, but thorough preparation of these materials would yield adequate responses.

Clinical Psychology (CP)/Adult	Clinical Child Psychology (CCP)	Clinical Neuropsychology (CN)**
Psychopathology I Interventions I & II Assessment I, II, & ACLA Multicultural	Psychopathology I Developmental Psychopath Interventions I & II Assessment I, II, & ACLA Child Interventions Multicultural Foundations of Developmental	Foundations of Neuropsych Functional Neuroanatomy Cognitive Disorders and Lifespan Neuropsych I, II, & III

(1) **Note on CN exam. Coursework covered on the Clinical Neuropsychology specialty examination involves material from all required courses specific to the clinical neuropsychology track. The exam consists of questions pertaining to (a) clinical neuropsychological assessment—adult or child; (a) behavioral neurology/cognitive neuropsychology; and (c) intervention/rehab—adult or child. The assessment section gives a choice of an adult or child question. The intervention section specifically involves rehabilitation for adults and also provides an alternative for children, who are less frequently involved in formal rehabilitation.

All students should have a thorough understanding of the texts used in the Foundations of Neuropsychology course (currently Kolb and Wishaw), the Cognitive and Clinical Neuropsychology course (currently Heilman and Valenstein), and the Neuropsychological Assessment of Adults course (currently Lezak et al.), as well as the other assigned readings from these courses. In addition, students in the adult neuropsychology track should know the material from the Rehabilitation course; and students in the child neuropsychology track should know the material from the Developmental Neuropsychology and Neuropsychological Assessment of Children courses. A given question could involve material from more than one course, e.g., material from the Cognitive and Clinical Neuropsychology or Rehabilitation courses could be relevant to the assessment area adult question, material from the Neuropsychological Assessment of Adults course could be relevant to the behavioral neurology/cognitive neuropsych questions. Thus, students should not think of each area as being tied to a particular course. Also, CN questions in any area can require you to refer to patient material from your neuropsychology practica and can have some overlap with general clinical material in a CN context (e.g., assessment of depression in a TBI or Alzheimer’s patient, cultural issues in assessment of a non-Anglo child with cognitive/behavioral difficulties).

Studying for Comps

Is There a Reading List? Yes. The reading lists provided in course syllabi are used to construct exam questions. In this manner, faculty is accountable to the students for the source of the questions in relation to specific readings. The list may differ from one comps exam sitting to the next.

However, these materials do not provide the only acceptable answer or sources, with students encouraged to include a variety of materials and sources in their answers. The nature of integrative comps answers is such that there are many excellent potential responses, each of which may rely on somewhat different readings. The reading list is an important place to start, particularly because it will likely highlight seminal or well-known articles. As noted above, faculty guarantees that the questions can be linked to the reading list as being the source for a ‘passable’ answer. However, identifying and studying additional readings is strongly encouraged by the faculty. It may be valuable to identify and to study readings in areas in which you are somewhat less familiar or in areas in which the reading list seems inadequate. The Association for Behavioral and Cognitive Therapies website (<http://www.abct.org>) has syllabi available for download that may offer guidance on supplemental readings. Browsing journals, such as *Psychological Science*, or identifying ‘Special Issues’ of well-known journals may be useful. Readings should offer adequate breadth and depth of coverage. In addition, readings that help promote integration and thoughtful analysis and discussion may be good choices. For example, articles that provide theoretical or conceptual frameworks for understanding a broad issue could help in this manner.

Previous Outlines, CDs, and other Collected Materials. There is an informal passing down of materials from class to class. These materials consist of a binder/set of outlines as well as a computer CD-ROM with outlines (some duplicate of hard copies, some different). Individuals also make new outlines each year. Thus, the material tends to evolve. A caveat of using previous outlines is reliance on old information and on someone else’s work. In addition, these outlines may contain reference information from course material covered in previous versions of a course, when taught by different faculty.

Study Groups. Study groups can serve a valuable process in comps preparation. Three key functions are: 1) sharing labor, 2) diffusing stress, 3) accountability, and 4) sharing ideas. In the past, students have sometimes assigned articles or topic areas and then shared outlines. Given the large content domain, this can be very valuable. Second, spending time on a regular basis with others who are also going through the same stressful process can be a helpful release. Third, studying together helps keep individuals accountable and focused and minimizes excessive avoidance and procrastination due to anxiety. Finally, group studying provides a good venue to get out of your own head and answer questions out loud. Find a study group that works for you. Some people work better with a lot of pressure; some with less.

Open-Book Issues and Preparation for That Format. Although comps are offered in an open-book format, students are not advised to drastically alter their study approach in a way that would yield unsatisfactory results. Students are strongly encouraged not to devote excessive time to merely organizing and cataloguing texts, articles, and other materials. While organization will be useful in being able to look up information during the exam, the length of time allotted will not be sufficient for extensive reading about topics related to the question. Instead, students are encouraged to study as if the exam was still in closed-book format, committing the foundations to memory, and plan to use materials as a back-up to double check references or occasional details. Thus, students **SHOULD NOT** answer questions using a “cut-and-paste” approach utilizing material from stored computer files (or any available hard-copy resources). When formulating an answer to a question, students should be drawing mainly on recalled information, applying and

integrating that information in the relevant context of the exam question. Computer-stored materials should be viewed as an “emergency” resource to be referred to if some critical detail or reference cannot be recalled. If faculty judge that a response contains significant “cut-and-paste”, “boilerplate” information (which often includes material irrelevant to the question), the score given to that answer will reflect this. Faculty also accept their responsibility in constructing exam questions that do not readily lend themselves to a “cut-and-paste” approach, e.g., application/integration of knowledge in specific circumstances, case vignettes, critiques of research journal articles.

Course Materials vs. Independent Learning. The reading list will serve as a source for acceptable responses to questions. However, comps preparation offers a rare chance to review and integrate knowledge. Much of graduate school can be a harried and constant flurry of ‘jumping through hoops’ without any consideration or concern for the ‘why?’ After graduation, that process may continue for some time. The consolidation and integration of knowledge that can occur during preparation for comps can be an extremely valuable graduate school experience. Spend some time learning and thinking. Not only is it likely to enrich your personal knowledge, it is likely to be useful in responding to questions on the exam.

Self-Care during preparation. As anxiety levels rise during the process of comps preparation, self-care can be sacrificed. People may neglect sleep or nutrition or may reduce enjoyable activities. Plan out a schedule ahead of time (think about your schedule at least 2-3 months in advance, even if you don’t start studying then.) Anxiety and worry are likely to be your biggest enemies. So remember to use coping strategies that work for you—exercise, talking with friends, movies, reading, study breaks, etc. Also remember that comps are really not AT ALL as scary as people think. The uncertainty and waiting are aggravating, but the exam itself is manageable.

Passing Comps

Scoring. Each question will be graded by three faculty members (blind to student identity) on the following point scale:

1 Point - Failure (F)

2 Points - Borderline Failure (BF)

3 Points - Clear Pass (CP)

4 Points - Honor (H)

Points may be assigned in between these values as well (e.g., 3.5).

Three faculty members will score each response. One of the three raters will typically be the faculty member who wrote the question. If any two of the faculty members differ in their ratings by 1.5 points or more, the faculty will discuss the rationale for assigning those scores, and a fourth rater may be asked to score the response. Faculty members will retain students’ scored responses until after comps scores have been disseminated so they can be (possibly) discussed with students.

The total possible points earned for the Specialty section of the exam is 36 points (**3** questions x **4** possible points x **3** raters). Students will be required to obtain a *minimum of 7 points on each question and a total point minimum of 24 points.* Beyond the minimum number of points

necessary to pass, designations of “High Pass” (28.5-29.5) and “Distinction” (30 or higher) are given to recognize excellent performances.

When Will I Know If I Passed? Students will receive feedback within four weeks of the completion of the examination, including time required for resolution of grading discrepancies.

What If I Fail? In cases where a student does not pass the examination, two retakes are allowed at the next January and August (within a one year period) offerings of the comprehensive examination. Failure to pass comps will likely add another year to the total time to complete the program. If a student has not passed the specialty exam within one year of the first sitting (three consecutive sittings in total), dismissal will occur.

Switching Major Area of Study. If the student fails the specialty exam, one option he or she may consider is switching specialty major area of study. This option would require approval from the DCT. Pertaining to comps, the student would then be permitted to complete the specialty questions from the newly declared major area of study within one year (or two sittings) of the first sitting. Switching major area of study does not eliminate the previous failure on the specialty exam, so the student would have only two attempts remaining on the exam for the new specialty track.

Procedures for appeal. If students are dissatisfied with the outcome of their exams, they are able to make a formal appeal to the clinical training committee. Appeals should be filed with the DCT within 14 days of receiving their scores. Because the retake of the exam will involve “new” questions, the grading criteria applied to retake questions will *not* be more stringent.

Procedures

Time Frame. Comps are offered twice yearly, in **January and August**, usually the week before the semester begins. The actual dates of the exams are chosen collectively by the students taking the exams. Most students choose to take comprehensive exams at **the end of their third year**. Some students elect to take comps earlier if they have successfully defended their Master’s theses and completed the prerequisite coursework.

The master’s thesis must be defended and accepted in the dean’s office by the required date in order to sit for the comprehensive exams. The required date is on the university wide academic calendar, but a 2-week extension has been routinely given to students who request it. So, if you think you will need the extension as the deadline draws nearer, don’t forget to make a written request to CLASS (contact Anna Marchese with any questions: amarchese@uh.edu, 713-743-4012).

The faculty member coordinating comps will send out an email in **September and in April-May**, inquiring about students who will be taking the exam at the next administration. Students are required to finalize their decisions to take comps 60 days prior to the chosen test date. If a student commits to taking comps at that deadline and then experiences some type of emergency, the student may file an appeal with the DCT to be released from that administration of comps.

At the time names are requested for the upcoming administration, many students begin preparing, but this varies greatly among students. Students can choose to begin preparing earlier than that

while taking each course, especially with good organization of course materials, typed class notes, and other strategies that will aid in future review of those materials. Many students study primarily when classes are not in session (such as over the summer or late December and January), explaining why the summer sitting is generally more popular than the winter sitting. Many students continue to have substantial other time-commitments (practicum, teaching, research lab, etc.) during the period prior to sitting for comps. As such, they may not be able to set aside 3-6 weeks to study intensively. Individuals also may vary in their study styles.

In order to help you decide how much studying is necessary, it may be useful to speak with advanced students about their studying experiences. Additionally, how well-organized your course materials are and how comfortable you were with that material when first learning it in class may influence the amount of time you wish to spend studying. Given the open-reference format, devising a system early on (i.e. when taking the classes during first year) for organizing notes and reference materials likely will save you significant preparation time later.

Pre-Exam Day Preparations

- a. Choose a testing location at the clinic, Heyne or HBSB. Things to consider: noise level, traffic in and out of the space, availability of computers/internet connections/wireless capability, comfort level and suitability for productivity.
 - a. Communicate early with others who may use the space to resolve any scheduling conflicts or choose an alternate location.
 - b. If choosing a “common area” in any of these buildings, be sure to reserve the room through the appropriate channels.
 - c. Ensure this space has the appropriate internet connections/wireless capability as the responses will be sent to Amy by email. Computers do not have to be purged of any information.
- b. Once you have settled on a testing location, email Amy Petesch and Dr. Massman with the desired location (including room number).
- c. Choose a random confidential ID code. You will use this ID code in the header of your comps responses for blind grading. These codes will not be shared with faculty until after scores have been determined. You can email the code to Amy ahead of time.
- d. Within about 2 weeks before exam day, emails will be sent to the listserv informing everyone of the testing date, general locations and reminding them to be considerate of testers’ need for concentration and focus. If you do not receive this email, please send Amy a reminder email. (The clinic is not typically closed during comps, but every intention is made to reduce traffic, and ensure a quiet environment: signs are posted on exam day, and clinic staff monitors the building to enforce the need for silence.)
- e. Prepare the testing space a day or two before the exam. The testing space can be prepared ahead of time if desired by bringing and arranging all supporting reference materials, snacks/drinks, sweaters/blankets/fans, or any personal items that may assist with comfort and relaxation. Test equipment and internet connections.

Exam Day. Arrive early and remember to turn off phone ringers, alerts, or any other unnecessary distractions.

7:55a	Students should gather to receive the printed morning test questions. <ul style="list-style-type: none"> • At the clinic, meet in the clinic reception area
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	<ul style="list-style-type: none"> • At Heyne, meet outside Dr. Massman’s office (Heyne 229D) • At HBSB, meet outside office of faculty member to be determined
8:00a-12:00p	At 12p, email Amy your comps responses from the morning session
12:00-12:55p	Lunch Break
12:55p	Students should gather (same locations) to receive printed afternoon test questions
1:00-3:00p	At 3p, email Amy your comps responses from the afternoon session

Please let Amy know if you would like to review/edit your comps responses (either at 12p or 3p). She will print a copy for you to proofread for spelling/grammatical errors only. Changes in substance are not allowed. Make any revisions clearly visible on the printed copy and return to Amy, who will indicate these changes in the electronic document using “track changes” before providing them to the faculty. Proofing/editing your comps responses is purely voluntary.

Contact Amy (713-743-1747) or Dr. Massman (832-264-2759) should any questions or problems arise.

Special circumstances

Do I Have the Option of Withdrawing from the Administration after I Commit? Students intending to take comps must formally commit to the exam 60 days prior to the planned test date. Prior to that deadline, there is no penalty for withdrawing. Beyond that deadline, students must file an appeal with the DCT demonstrating extenuating circumstances for which they must be excused from the test administration.

Cheating and Ethics with the Open-Book Format. Students are expected to submit their own original work. Plagiarism will not be tolerated and will be addressed with severe disciplinary action if discovered. If students have any questions or concerns regarding the acceptability of certain practices, they are encouraged to discuss them with faculty or ask a student representative to raise the question. The intent of allowing access to reference materials is to reduce concerns related to performance anxiety. However, as noted above, students SHOULD NOT utilize a “cut-and-paste” approach to answering questions. Stored computer material or hard-copy resources should only be utilized as emergency “back-up” resources if a critical piece of information or reference cannot be recalled. Use of abundant stored material to construct an answer is unacceptable. It may be a useful study exercise for students to write responses to questions from previous exams, but this should be done primarily to gain experience writing comps-style answers in the exam time-limit (2 hours per question), not to compile a “library” of answers from which to construct responses to the actual current comps questions. With the exception of possibly including a few short quotes (no more than a sentence or two) from a published source (which should be appropriately cited), responses SHOULD NOT contain material that the student has not written themselves, whether this material is published or not (e.g., answers to previous comps questions written by other students, sections of grant proposals written by faculty, unpublished treatment manuals). Generally, students should approach writing comps answers in the same manner as writing their thesis—stating ideas in their own words and properly attributing any directly quoted material to the published source. Students are not expected to provide as many

citations for non-quoted material in comps answers as in their thesis, but should supply some of the key citations relevant to the question in the course of their response.

The EPPP

***Note:** much of the information compiled below was obtained from the most recent version of the EPPP Candidate Handbook (June, 2015). Please be sure to check the website for updates (<http://www.asppb.net/?page=CandHandbook>). If there are any discrepancies between this document and the most recent version of the handbook, please refer to the information in the handbook and let the DCT know immediately of any discrepancies.*

What is the EPPP? “The Examination for Professional Practice in Psychology (EPPP) is developed and owned by the Association of State and Provincial Psychology Boards (ASPPB). The EPPP is provided to state and provincial boards of psychology to assist them in their evaluation of the qualifications of their applicants for licensure and certification. This standardized knowledge-based examination is constructed by ASPPB with the assistance of its test vendor, Pearson VUE. The EPPP is continuously administered in a computerized delivery format through the Pearson VUE network of computer testing centers.” ... “The EPPP is only one part of the evaluation procedures used by state and provincial boards to determine candidates’ readiness to practice the profession of psychology. Most boards supplement the EPPP with other requirements and/or assessment procedures. The EPPP is intended to evaluate the knowledge that the most recent practice analysis has determined as foundational to the competent practice of psychology. Most candidates taking the EPPP have obtained a doctoral degree in psychology, a year of predoctoral supervised experience and appropriate postdoctoral experience. Candidates are expected to have acquired a broad basic knowledge of psychology, regardless of individual areas of concentration. This knowledge and the candidate’s ability to apply it are assessed through the candidate’s responses to objective, multiple-choice questions, representative of the field at large. The average pass-rate for doctoral level candidates who are taking the test for the first time exceeds 80% in the most recent sample years.” – EPPP Candidate Handbook (June, 2015)

Content of the EPPP. The EPPP covers the following eight content areas:

1. Biological bases of behavior
2. Cognitive-affective bases of behavior
3. Social and cultural bases of behavior
4. Growth and lifespan development
5. Assessment and diagnosis
6. Treatment, intervention, prevention and supervision
7. Research methods and statistics
8. Ethical, legal, and professional issues

The percentage of the exam dedicated to each area covered is further outlined in the EPPP Candidate Handbook. Given that the EPPP is administered nationwide, the content in the exam does not align perfectly with any particular course. However, most of the content areas are covered in the Breadth and Depth courses you are required to complete. For example, the following classes will be particularly relevant for the EPPP: Interventions I and II; Assessment I and II; Statistics I and II; Developmental; Social; Bio Bases; Cognitive; Neuropsychology; Multicultural. Additionally, there is no specific reading list that will be provided to help you prepare for the exam.

EPPP Study Materials. In 2015, the department purchased a set of EPPP study materials for you to use, in addition to the two sets of study materials that were purchased in 2009. The updated materials were purchased to account for the change from DSM-IV to DSM 5. Hard copies are located in Amy Petesch's office. They have also been scanned, and are on the Sharepoint website and the public Vaquero network drive, along with sample applications completed by some of our students. Additionally, students have had success with materials purchased on their own, including phone and tablet apps called "EPPP Flash Cards" by StudyPsych and "ASPPB EPPP Exam Prep" by Pocket Prep.

What Format Is the Exam? "Each form of the EPPP contains 225 items, of which 175 are scored and 50 are pretest items. The pretest items do not count in a candidate's final score. Each item has four possible responses, only one of which is the correct answer." – EPPP Candidate Handbook (June, 2015). The EPPP is administered on a computer at an approved Pearson VUE testing center. Students will have 4 hours and 15 minutes to complete the exam, with an extra 15 minutes allotted for the completion of the Non-Disclosure Agreement, a tutorial and a survey at the completion of the exam.

How Many Points Do I Need to Pass? Students will receive a scaled score that ranges from 200 to 800. To pass the EPPP at the doctoral level in Texas, **students must obtain a scaled score of 500 or greater.** Please see the EPPP Candidate Handbook for more information on how the difficulty of the exam is taken into consideration when scoring the exam. To pass the Jurisprudence Exam at the doctoral level in Texas, **students must receive a score of 90% or greater.**

IMPORTANT: **the faculty require the students to pass the EPPP and Jurisprudence at the doctoral level in order to complete the requirements for comps.** This means that while a scaled score of 450 on the EPPP and a score of 80% on the Jurisprudence allows a student to pass at the level of the Psychological Associate, the department requires students to pass at the doctoral level to complete the comps requirement. This distinction is important to keep in mind when signing up to take the Jurisprudence Exam. *If a student obtains a score between 450 and 500 on the EPPP and completes the Jurisprudence prior to re-taking the EPPP, their scores will be set at the Psychological Associate level and the student will not be allowed to retake the exam until their doctorate is complete.*

When Will I Know If I Passed? Upon completing the EPPP, students will receive an "unofficial" score from the Pearson VUE test center. This score is sent to the licensing board to determine whether this is a passing score. The Texas Board asks that candidates wait 6 weeks between completing the exam and contacting the board to determine their status. Students will receive a letter in the mail that states the "official" score and their status.

Of note, on the website of the Association of State and Provincial Psychology Boards (ASPPB; <http://www.asppb.net/>), there is a section in which recent performances of students from different programs are reported (from 2007-2012), you can see that 90% of the 50 UH clinical psychology alumni/students who took the exam passed at the doctoral level cut-off, and scored an average of well over 70% correct in all the various content areas (assessment and diagnosis, research methods, etc.).

What If I Fail? What is the Possible Number of Retries? Any candidate who scores below 500 (the ASPPB recommended passing score for independent practice) will automatically receive performance feedback at the test center as part of their score report. The feedback will be reported by domain in the form of a bar graph. There is no fee for this report.” – EPPP Candidate Handbook (June, 2015).

Your application is active for 2 years following the initial approval to sit for the exam. The exam can be taken up to 4 times per year. **Per Program requirements, if a student has not passed the EPPP within one year of the first sitting, dismissal will occur.**

The Jurisprudence Exam

***Note:** much of this information was taken from the TSBEP application form (updated June, 2015). Please be sure to check the website for updates (<https://www.tsbep.texas.gov/how-to-become-licensed>). If there are any discrepancies between this document and the most recent version of the handbook, please refer to the information in the application.*

What is the Jurisprudence Exam? The primary purpose of the examination is to ensure that all candidates for licensure have the necessary familiarization and knowledge of applicable laws, and rules and regulations to practice effectively in the state of Texas.” (TSBEP, June 2015)

Content of the Jurisprudence Exam. The content areas for the Jurisprudence Examination were identified and developed by the Board’s Written Examination Committee and include the following:

- Practice Administration
- Board Composition and Procedures
- Complaint, Disciplinary, and Rehabilitation Procedures
- Licensing Requirements and Specialty Certification
- Professional Practice Rules and Guidelines
- Research Practices
- Supervision Guidelines
- Teaching”

(TSBEP, June 2015)

Jurisprudence Study Materials. There are no specified study materials for the Jurisprudence. However, according to the TSBEP (June, 2015) people have found the following resources to be helpful while completing the exam:

- Psychologist’s Licensing Act
Board Rules and Regulations
- Texas Health and Safety Code: Chapter 611 – Mental Health Records; Chapter 32 - Consent to Medical, Dental, Psychological and Surgical Treatment; Chapter 153 - Rights of Parents and Other Conservators to Consent to Treatment of Children and Access to Children’s Records; Chapter 261 - Duty to Report Child Abuse and Neglect
- Texas Human Resource Code Chapter 48 - Duty to Report Abuse of Elderly or Disabled Persons • Texas Civil Practice and Remedy Code Chapter 81 - Duty to Report Sexual Exploitation of a Patient by a Mental Health Provider

What Format Is the Exam? The Jurisprudence Examination is in open-book format. "The Jurisprudence Examination is administered online. The Board will authorize a candidate to register for and take the examination within 10 business days following receipt of the fee. Once a candidate has been authorized by the Board, the candidate may register for and take the examination through the Board's website. Upon registration with the vendor, the candidate has 14 days to complete the examination. Failure to complete the examination will result in a failing score" (TSBEP, January, 2016). The examination consists of approximately 100 multiple-choice items. Experimental items are included on the exam in order to ensure an adequate item pool for future exams. Accordingly, the total item count for the examination will vary from exam to exam" (TSBEP, June, 2015).

How Many Points Do I Need to Pass? To pass the Jurisprudence Exam at the doctoral level in Texas, **students must receive a score of 90% or greater.**

When Will I Know If I Passed? Jurisprudence exam results will be emailed to the candidate after completion the exam.

What If I Fail? What is the Possible Number of Retries? Your application is active for 2 years following the initial approval to sit for the exam. There is no specified number of attempts identified for this exam. However, it is helpful to know that "the average passing rate for first time examinees of the Jurisprudence Exam in 2007 was 90%" (TSBEP, June 2015).

The Application Process for the EPPP and Jurisprudence Exam

For the most up-to-date information, be sure to visit the website of the Association of State and Provincial Psychology Boards (ASPPB; <http://www.asppb.net/>) and the Texas State Board of Examiners of Psychologists (TSBEP; <http://www.tsbep.texas.gov/>).

Requirements for Application – Master’s Degree and Supervised Experience. The master’s degree must be conferred prior to submitting the application for the EPPP. This requires that the master’s thesis must be defended and accepted in the dean’s office by the required date. Information on master’s degree requirements can be found at: <http://www.uh.edu/class/students/graduate/thesis-dissertation-info/>. The required date is on the university wide academic calendar, but a 2-week extension has been routinely given to students who request it. So, if you think you will need the extension as the deadline draws nearer, don’t forget to make a written request to CLASS (contact Anna Marchese with any questions: amarchese@uh.edu, 713-743-4012). Additionally, the master’s degree is conferred at the end of the academic semester, no matter when the thesis was defended.

In addition to the master’s degree, the TSBEP requires the completion of at least 450 hours of practicum/work experience under a licensed supervisor. The requirements for what constitutes as “experience” is vague and has been a source of confusion for students. It is the interpretation of the faculty that this means that you do NOT need 450 hours of face-to-face only experience. Acceptable experiences that would fall into the category of practicum/experience under a licensed supervisor include any duties performed in the role of a practicum student: face-to-face interactions with clients (intervention and/or assessment), report writing, chart-review, session preparation, and supervision. Additionally, the TSBEP rules state that the hours can be accumulated across 2 sites; however, the application itself only gives space to list a single site. So, it would be best to play it

safe and make sure the hours are accumulated at a single site and can be vouched by your supervisor there.

A Step-by-Step Process for a Successful Application

About 4-5 months prior to your intended exam date:

Step 1: Map out a timeline that allows you to complete the requirements (master's degree and 450 hours) prior to submitting your application.

Step 2: Download the Application Packet (<http://www.tsbep.texas.gov/>). Make yourself familiar with the specific requirements and how long they will take to complete.

Step 3: Recommendations: You will need to ask 3 people to fill out the recommendation letter for you. It can often take a while to get these completed, so be sure to leave plenty of time to track down all 3 references. According to the TSBEP, "two of these references must be licensed as psychologists by the psychology licensing board in the appropriate jurisdiction. The third reference must either be licensed as a psychologist or be a professor of psychology at a college/university. Current Board members may not be used as references" (July 2015). Additionally, *one of the references must be able to verify that you completed the 450 required hours*. The original letters must be submitted to the board, so you should either give your letter writers a pre-addressed and stamped envelope or send them in yourself.

*Note: This is often the part of the application that causes problems for students. Please make sure that the supervisor who is vouching for the 450 hours *records the hours worked per week identically* to the hours worked per week that you note in the application. Otherwise your application will be sent back and you will need to complete an amendment.*

About 3 months prior to your intended exam date:

Step 4: Complete the application form, gather all materials and submit. The approval process can take 3-6 weeks, so it's best to get everything in as soon as possible. Sample applications can be found on Sharepoint and Vaquero.

Step 5: Request for your transcripts to be sent to the TSBEP from the University of Houston. Only official transcripts are accepted. Transcripts must show that the master's degree was conferred.

Step 6: Register for the DPS/FBI fingerprint criminal history record checks. There are detailed instructions on the application for completing this requirement.

About 2 months prior to your intended exam date:

Step 7: When your application is accepted, you will receive a *Letter of Approval to Sit for Exams* from the TSBEP. From here you will need to print out an Exam Request Form (found at: <http://www.tsbep.texas.gov/form-bank>), complete it for the EPPP ONLY (don't request the Jurisprudence yet) and mail it in.

Step 8: After submitting the Exam Request Form, you will receive an email asking you to set up an account in the registration portal. You will have 90 days to register on the portal.

Step 9: When you are ready to set a date, you will return to the portal website to pay for the exam and set a date. Please note: The ASBPP allows a 90-day window from payment to take the exam; however, the Texas application states the "the applicant must sit for the

examination within 60 days of the date on the authorization-to-test”, so be sure to set a date for within 60 days.

After Completing the EPPP:

Step 10: Now that you have completed and passed the EPPP, you will need to register for the Jurisprudence Exam. Print out an Exam Request Form (found at: <http://www.tsbep.texas.gov/form-bank>), complete it for the Jurisprudence only, submit your payment, and mail it in.

Step 11: About 10 days after the Exam Request Form is received by the Board, you will be able to register for the Jurisprudence online. However, you do NOT receive an email informing you when you are authorized to register. Therefore, you should begin checking the registration website about 2 weeks after mailing the Exam Request Form.

Registration for the Jurisprudence exam is on the Board's website (<https://www.tsbep.texas.gov/jurisprudence-examination>). After registering for the exam online, you have 14 days to complete the online exam. Your results will be emailed to you upon completion.

Application Costs

Transcripts: \$10

DPS/FBI fingerprint criminal history checks: \$41.45

Application Fee: \$190

EPPP Fee: \$600

Testing Center Fee: \$87.50

Jurisprudence Fee: \$234

Preparation for the EPPP and Jurisprudence Exam

When is the EPPP Offered? When is the Jurisprudence Exam Offered? The EPPP is offered year round at testing centers in the Houston-metro area. The actual date of the exam is chosen individually by the students taking the exam. The Jurisprudence Exam can be requested at any time throughout the year.

When Should I Take the EPPP? The Jurisprudence Exam? Most students choose to complete the EPPP at the end of their third year (between May and July). Some students elect to take the exam earlier if they have successfully defended their Master's theses and completed the prerequisite-hours requirement. Most students take the Jurisprudence after they have completed and passed the EPPP.

When Should I Start Studying? Most study programs recommend that people spend between 180-300 hours or 3-4 months studying for the exam. It can be helpful to read through the materials and get familiar with the content. Most students who have had success with the EPPP recommend taking as many practice exams as possible, as this will help you track your progress and identify areas of weakness. Also, many students report doing worse on the practice exams than on the EPPP itself, so do not panic if you find the practice exams to be challenging.

Study Groups. Study groups can serve a valuable process in comp's preparation. Four key functions are: 1) sharing labor, 2) diffusing stress, 3) accountability, and 4) sharing ideas. In the past,

students have sometimes assigned articles or topic areas and then shared outlines. Given the large content domain, this can be very valuable. Second, spending time on a regular basis with others who are also going through the same stressful process can be a helpful release. Third, studying together helps keep individuals accountable and focused and minimizes excessive avoidance and procrastination due to anxiety. Finally, group studying provides a good venue to get out of your own head and answer questions out loud. Find a study group that works for you. Some people work better with a lot of pressure; some with less.

More Noteworthy Information

Nuts and Bolts. IMPORTANT: WHEN YOU RECEIVE YOUR EPPP AND JURISPRUDENCE RESULTS, SCAN AND E-MAIL THEM TO PMASSMAN@UH.EDU AND ALPETESCH@UH.EDU.

Self-Care during Comps. As anxiety levels rise during the process of comps preparation, self-care can be sacrificed. People may neglect sleep or nutrition or may reduce enjoyable activities. Plan out a schedule ahead of time (think about your schedule at least 2-3 months in advance, even if you don't start studying then.) Anxiety and worry are likely to be your biggest enemies. So remember to use coping strategies that work for you—exercise, talking with friends, movies, reading, study breaks, etc. Also remember that comps are really not AT ALL as scary as people think. The uncertainty and waiting are aggravating, but the exam itself is manageable.

Problems. Contact Amy or Dr. Massman (832-264-2759) should any questions or problems arise.

STUDENT SUPPORT/FUNDING

Funding support is provided to all students in the program pending their good standing in the program. Support is provided through five mutually exclusive mechanisms:

- 1) Teaching Assistantships (TA)
- 2) Teaching Fellowship (TF)
- 3) Research Assistantship (RA; internal or external)
- 4) Grant support (e.g., F31)
- 5) Paid practica

Teaching Assistantships (TA). For 2015-16 the monthly stipend for a 50% appointment (20 hrs/wk) will be \$1555.56, or \$14,000 for the nine-month academic year. Students in TA appointments are assigned to 1 to 3 course sections per semester, depending on the workload of the course(s). Summer support as a TA (\$4667 total for 3 months) is also available upon early request by the student and fund availability. Students typically receive a summer assignment if requested.

Teaching Fellowship (TF). After the second year, students may qualify for a Teaching Fellowship (TF). Teaching Fellows are instructors of record for a course. Each TF is expected to instruct 2 course sections per semester. The current monthly stipend for a 50% TF appointment is \$1688.89 or \$15,200 for the nine-month academic year. Summer support as a TF (\$5067 total for 3 months) is also available upon early request by the student, and fund availability.

Research Assistantship (RA). Through an advisor's grant funding or through collaborative opportunities, a student may be employed as a paid RA. Payment generally follows TA or TF rates (see above), though stipends vary, typically ranging from \$1500 to \$2000/month.

NIH F31 support. Students may also work with their advisor to submit proposals to the National Institutes of Health (NIH) for funding for F31 fellowships. These two-to-three year fellowships are designed to support a specific research project. Successful applicants receive three components of support through an F31 fellowship: (1) an annual stipend of \$22,920, (2) an institutional allowance of \$4200, and (3) 60% of tuition and fees covered. The annual stipend amount is typically raised each year. F31 fellowships are received as a fellowship through the scholarships office, and recipients are thus not employees of UH during the fellowship time. As such, employee health insurance coverage is not an option and the student must either use the UH student health insurance coverage or purchase other coverage. Funds from the \$4200 institutional allowance noted above may be used for this purpose. The three components of an F31 fellowship are administered through the Department business office, who works with students on expense tracking and reporting to the NIH.

Paid practica. Students may be paid through paid clinical practica. Each year contracts are signed with a variety of departments and facilities in the Texas Medical Center and surrounding area that provide paid practica. Practically all of the CN graduate students and some of the Child/Family students in their 2nd year and above are placed on these contracts. Most of the contracts involve the provision of clinical services; some are clinical /research placements and still others are research placements. CN students are usually placed on 2-3 contracts during their

3 year-long practicum rotations. CN graduate students who are placed on these contracts are required to read through a copy of the contract, sign a form to indicate that this has been done and that they understand the content (see Mr. Joel Hammett for a copy of the contract and form) and to abide by its content. Any questions can generally be answered by Dr. Woods and Mr. Hammett. Contracts usually specify such things as: General information, responsibilities of UH (e.g., administrative, faculty and student responsibilities, patient record maintenance, student participation in program), responsibilities of practicum site (e.g., administrative, faculty and student responsibilities, work hours, vacation hours and designated holidays), term and termination of contract, fiscal provisions, appointments, and miscellaneous provisions. It should be noted that the University of Houston has no sick leave policy for part time employees; some sites might and that information should be obtained from the site. Also, students do not get the academic holidays of the University of Houston while on these contracts. They are given twenty hours (20) hours per week of paid vacation for 2 weeks. This time can be used in a variety of ways such as vacation, studying for comprehensive examinations, sick time, and interviewing for internships. However, dates for taking this vacation time must be approved by practicum supervisors. If students take off time in addition to designated holidays and vacation, this time must be made up with the approval of the site supervisor or pay deducted from the student's salary. CN students have the responsibility to notify Dr. Woods, Mr. Hammett and the site supervisor of the date of termination of their working at a site if an internship starts at an earlier date than the regular termination date of the contract or for other reasons. Other major area students must notify Dr. Sharp. Such notification should be made as soon as possible after the student is aware of an early termination date. This is necessary in order for plans to be made for the possible fulfillment of the remaining part of the contract by another student or for alternate plans to be made by the site and also to see that pay is ended on the correct date.

Other benefits. Other benefits include an excellent comprehensive state employee health benefit package (after a 60- day waiting period) at low cost to the student (student pays \$138/month; State and University pay \$427/month or \$5124 total/year), a waiver of non-resident tuition rates for out-of-state students (worth \$14,700/year) and a graduate tuition fellowship that covers the cost of twelve credit hours for the Fall and Spring semesters and up to six credit hours for the Summer semester (worth approximately \$8320/year). Recently, the tuition fellowship has also covered fees, but that is not guaranteed each semester. Please note that full-time graduate study for first-year in the Department of Psychology requires twelve credit hours each for the Fall and Spring semesters, and three or six credit hours for the summer semester (depending on program requirements).

Tuition and fees. All clinical graduate students are charged in-state tuition. For students coming from out-of-state, residency status is not required before matriculating; if necessary, fee bill will be adjusted after residency determination has been made. Further, 30 credit hours per year are covered by the doctoral tuition fellowship. Should tuition-related fees not be covered by UH for the 2015-2016 year, students should expect to pay approximately \$990 for each of the Fall and Spring semesters next year and up to \$733 in the Summer. In order to qualify for the health benefits and a waiver of out-of-state tuition, students must maintain at least a 50% time employment appointment, be registered as a full-time student, and in good standing. To qualify for the tuition fellowship, students must be registered as a full-time student and in good standing. The following is a breakdown of student tuition costs during internship, as the graduate tuition

fellowship does not apply during that year. If the dissertation is defended prior to internship, the cost of the “Dissertation” line below may be subtracted.

Tuition for Internship		
	Resident	Non-Resident
Cost per Credit hour	\$320	\$810
Internship Hours (9)	\$2,880	\$7,290
Dissertation (3)	\$960	\$2,430
Internship w/o defending	\$3,840	\$9,720

Guarantee of funding support. The Department does not guarantee support beyond the first year. However, students in good standing have been successful in securing up to 6 years of funding support through a combination of teaching, research appointments, external internships, or traineeships.

Maximum workload restrictions. Any employment up to 10 hours in addition to the student’s standard commitment must be approved by the student’s advisor, DCT and CTC.

Payment schedule. You will begin getting paid on October 1st by direct deposit (and you’ll get paid for both December and January!). Log in to PeopleSoft (<https://accessuh.uh.edu/login.php>) to enter your account information for direct deposit.

Summer funding. Students are funded through summer on their TA, TF or RA.

MISCELLANEOUS TIPS FROM THE STUDENTS IN THE PROGRAM

1. The role of the student representatives. Students annually elect three student representatives (one from each track) to serve as liaisons between students and faculty. The student representatives attend faculty meetings to raise questions/concerns from the students as a whole, and to also disseminate information discussed during faculty meetings to the students. The student representatives are a great resource for answering program-related questions. Ultimately, their goal is to ensure that open communication exists between faculty and students and the program reflects the needs of both parties. Current student representatives' names and contact information are provided in the Introduction section of this document. Student representatives are elected mid-summer and serve a one-year term beginning in August. Students may nominate themselves or may be nominated by their peers.
2. First and second year students are required to do "desk duty" which basically involves sitting at the clinic desk and answering the phone approximately one night a month, including over Christmas break, Spring break, and the summer months (the clinic is, however, closed on any official University holiday including Independence day, Labor day, Thanksgiving, Christmas, MLK day and Memorial day). The schedule for desk duty is created by the clinic assistants and posted on SharePoint. You are allowed to trade days with your classmates and the second years, just be sure to note the trade on the posted schedule.
3. You can register for classes via the internet. Instructions are in the class schedule. You can pay your fee bill through PeopleSoft, or if you register early enough, your fee bill is mailed to you and you can pay it through the mail. (This is much easier than having to pay in person!!) Also, if you have a loan, you can get your tuition deducted directly from your loan amount, and then you are sent a check for the remaining loan amount.
4. When you get your TA assignments, don't worry if the times of the class you TA for conflict with times that you are in class. Most professors/grad students that you might be TAing for are pretty flexible so it shouldn't be a big problem. If it is a problem, talk to Patti Tolar about possible options. If you are supposed to proctor an exam and have a conflict, you can get another grad student to proctor the exam for you – maybe swap a desk duty for this. It is wise to consult the instructor before such arrangements are made.
5. If the person you are TAing for requires you to grade Scantrons, you may bring them to the Measurement and Evaluation Center located in Room 206 of the Student Services Center. The instructor or an older student can show you where the office is.
6. You were assigned an office at orientation and provided keys. Caroline Watkins is your contact for office problems.
7. Use of the copy machines: Any copies that need to be made for the classes you are TAing for can be made in the main office in Heyne (Rm 126). Please fill out an Instructional Copy Request (located in 124 Heyne) to request the number of copies you need –allow 5 days for the copies to be made. In clinic, do not make personal copies or copies for your classes. Generally, you can copy things in the clinic that are related to the research project that you

are working on. You can find copy machines for student use in the library and in some buildings.

8. There's a refrigerator and a microwave in the PRSC or on the third floor of HBSB that you can use for lunch. On campus, you can get food at the Satellite. You can also get snacks and drinks from the clinic computer lab or the Psi Chi office (1st floor, Heyne). Other places near campus include McDonalds, Burger King, Wendy's, Subway, Mandola's (Italian food – highly recommended!). Ask older students for directions.
9. You are given many forms to fill out at the initial orientation. If you are having difficulty, get help from older students. If you forget who to turn them in to, ask Caroline Watkins.
10. Parking – If you are a TA or TF, you can get an ungated faculty/staff parking card (should be given information about how to do this during orientation). This allows you to park in any ungated faculty/staff parking lots. Of importance is the policy that you are not allowed to park in the PRSC lot without a slip from Amy Petesch and that parking is limited to times when you are seeing clients. Students in other graduate appointments (such as RA) may only receive student parking.
11. Remember the clinic is a **clinic**. There are often clients sitting in the waiting room. It is easy to forget this because you will probably have classes there also. Watch what you say when walking through the clinic – professional behavior is expected.
12. Past students have found it very helpful to have a study group with classmates. Also use older students as resources for class outlines, etc, to help save work for yourself.
13. Keep track of everything you do – classes, seminars, research and clinical activities, TA positions, clients seen etc. This is important information for your VITA. See sample VITA and APPIC guidelines for reporting information.
14. You can get a computer account (e.g., e-mail, internet, word-processing & statistical packages). See Caroline Watkins for this. Computer labs are in room 122 Heyne, room 203 Heyne, and room 1015 of the clinic.
15. Get to know your incoming class well – you will be spending a lot of time with them and relying on them a lot.
16. Set boundaries and don't feel bad for saying "no." There are a lot of wonderful opportunities here but if you try to do everything, you'll be here for ten years. Remember, finishing your thesis is the first step to getting out of here and getting a real life.
17. Be assertive and be a self-starter. GRAD SCHOOL IS WHAT YOU MAKE OF IT!

*Complete online in SharePoint

Appendix A

Individualized Development Plan (IDP) Form

Name of Student

Name of Advisor or Major Professor

Year in Program

Date IDP Completed

Program Goal 1: Gain breadth of knowledge of psychology and related sciences and depth of knowledge in clinical psychology:

Students' curriculum and lab work are designed to gain

- a. breadth of knowledge in psychological science (biological, cognitive, affective, developmental and social aspects of behavior as well as the history of psychology as a scientific discipline and research methodology in psychological sciences)
- b. breadth of knowledge in fields related to psychology (e.g. neuroscience, statistics)
- c. depth of knowledge in clinical psychology (assessment, diagnosis, clinical research methods and psychometrics, interventions, professional issues, etiology, and phenomenology)
- d. knowledge of the contextual relevance of scholarship (diversity)

Self-Rating:

Below Level of Training

Commensurate with Level of Training

Ready for Board Certification

Long-term (10-year) Goals:

Short-term (1-year) Goals:

Fall	Spring	Summer

Program Goal 2: Competence in Research

Through research activity individual faculty labs and curriculum students will gain competence in

- a. study design
- b. study management and execution
- c. timely dissemination of scientifically sound research

- d. critical evaluation of research
- e. ethical conduct of research
- f. integration of diversity and context into research

Self-Rating:

Below Level of Training
 Commensurate with Level of Training
 Ready for Board Certification

Long-term (10-year) Goals:

Short-term (1-year) Goals:

Goal	Action Step	Frequency (i.e. weekly)	Target Completion Date

Program Goal 3: Competence in clinical practice:

Through coursework and clinical practica, students will gain competence in using empirical literature to guide

- a. psychological assessment
- b. treatment planning, implementation, and evaluation of treatments
- c. clinical supervision
- d. clinical consultation
- e. ethical and professional clinical practice
- f. awareness and integration of diversity and context into the clinical practice

Self-Rating:

Below Level of Training
 Commensurate with Level of Training
 Ready for Board Certification

Long-term (10-year) Goals:

Short-term (1-year) Goals:

Goal	Action Step	Frequency (i.e. weekly)	Target Completion Date

Program Goal 4: Development of a professional identity as a clinical scientist:

Through coursework and relationships with their peers and mentors, students will gain competence in

- a. the ability to identify career goals
- b. pursuing a coherent and focused plan of study
- c. establishing professional networks
- d. the ability to actively participate in the scholarly community at the departmental, university and professional level

Self-Rating:

Below Level of Training

Commensurate with Level of Training

Ready for Board Certification

Long-term (10-year) Goals:

Short-term (1-year) Goals:

Goal	Action Step	Frequency (i.e. weekly)	Target Completion Date

GRADUATE and PROFESSIONAL STUDENT PETITION
gradschool@uh.edu

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the university collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect.

Name: Last First Middle myUH ID: Contact Phone Number: UH EMAIL ALIAS: @UH.EDU Students are required to maintain a valid destination email address in their myUH account	Current Student Information Career Program Plan Code	Petition Effective Term Year
NOTE: Unless otherwise stated and approved, all petitions are effective at the start of the next academic term. All administrative actions become effective the day they are processed, unless otherwise stipulated and approved via petition. All petitions should be submitted to the advising office in the department of their degree objective to begin the approval process.		

PURPOSE OF PETITION

1. Update program status/action (term activate, discontinue, etc)	2. Admissions status change (ex: conditional to unconditional)	3. Add new concurrent degree or certificate objective (career/program/plan)	4. Change current degree objective (program/plan)
5. Degree requirement exception or approved course substitution	6. Leave of Absence (include specific term) (Attach supporting documentation)	7. Reinstatement to discontinued career (provide explanation)	8. Request to apply to graduate after the late filing period deadline
9. Transfer Credit <small>[One Institution per petition]</small>	Institution Name City/State/Zip	Hours Previously Transferred: <input type="text"/> Transfer Credits on this request: <input type="text"/>	10. Change Admit Term
Courses Approved for Transfer:	Catalog #: Sem/Qtr Taken: Transfer Credit Awarded:	General Elective Credit UH Graduate Course Equivalencies:	11. Early Submission of Thesis/ Dissertation
	Catalog #: Sem/Qtr Taken:	Catalog #: Catalog #:	12. Other (explain below)

EXPLANATION OF REQUEST

(attach additional documentation as needed)

STUDENT SIGNATURE

DATE

REQUIRED APPROVALS

ACADEMIC OFFICE USE ONLY

Graduate Advisor/Committee Chair

APPROVED DISAPPROVED Signature Print Name Date ____/____/____

Graduate Studies/Program Director

APPROVED DISAPPROVED Signature Print Name Date ____/____/____

Department Chair if required

APPROVED DISAPPROVED Signature Print Name Date ____/____/____

Assoc/Asst Dean for Graduate Studies

APPROVED DISAPPROVED Signature Print Name Date ____/____/____

Vice Provost/Dean of the Graduate School

APPROVED DISAPPROVED Signature Print Name Date ____/____/____

COMMENTS

Department of Psychology
Approval of Proposal

Name of Student _____ PS# _____

Program _____

MA/Thesis _____

PhD/Dissertation _____

Title of Project _____

We approve the attached research proposal. We agree that the student and the committee chair may make minor and reasonable changes in the protocol without consulting the whole committee. We agree to participate in an assembled final oral defense at the completion of the project.

Signed: _____

Chair of Committee

_____ **Date**

I understand this project must have approval for the use of human or animal subjects and I must submit the related approval letter to the Director of Graduate Education before he/she will sign and submit this form to the Academic Affairs Office.

Signed: _____

Student

_____ **Date**

Signed: _____

Director of Graduate Education

_____ **Date**

After this form has been signed, it is to be stapled to a copy of the proposal and placed in the student's file in the Academic Affairs Office, 124 Heyne.

College of Liberal Arts and Social Sciences

Thesis Committee Appointment Record

Name _____

Department _____ Student ID Number _____

Email _____

Research Topic _____

It is requested that the following faculty members agree to serve on the Thesis Committee for the student named above.

Committee Members (please print name on left line)

Committee Chair
UHID number _____

Signature

Committee Member
UHID number _____

Signature

Committee Member
UHID number _____

Signature

Approved:

Department Director of Graduate Studies

Date

Department Chairperson

Date

Dean, College of Liberal Arts and Social Sciences

Date

College of Liberal Arts and Social Sciences
Dissertation Committee Appointment Record

Name _____
Department _____ Student ID Number _____
Email _____
Research Topic _____

It is requested that the following faculty members agree to serve on the Doctoral Dissertation Committee for the student named above.

Committee Members (please print name on left line)

_____ Committee Chair UHID number _____	_____ Signature
_____ Committee Member UHID number _____	_____ Signature
_____ Committee Member UHID number _____	_____ Signature
_____ Outside Committee Member, Name/ Department / University (if not UH)	_____ Signature

Approved:

_____ Department Director of Graduate Studies	_____ Date
_____ Department Chairperson	_____ Date
_____ Dean, College of Liberal Arts and Social Sciences	_____ Date

Syllabus

Clinical Supervision and Consultation in Psychology

Training Description and Objectives

Professional psychologists occupy a number of roles and provide a wide range of services to clients across a range of settings. The settings may or may not be involved with the delivery of mental health services. Increasingly, clinical psychologists, traditionally trained primarily in the delivery of psychological assessment and psychotherapy, are assuming administrative, consultative, and supervisory responsibilities. The American Psychological Association has recognized this trend and now requires accredited programs to provide training in clinical supervision and consultation. The objective of these training activities is to meet these accreditation standards and to provide an introduction into the basic models, approaches, research findings, and ethics of clinical supervision and consultation.

Training in Supervision of Clinical Work

In addition to direct experience in clinical work and consultation, students will receive introductory training in clinical supervision. Regular practicum supervisors will describe their supervisory approach as part of practicum instruction; also, students will be required to read at least two articles/books from the reading list on supervision (see below) and discuss these with their supervisor. **It is recommended that students complete the readings in the first semester of their practicum.** Finally, depending on student and supervisor interest, students may have the opportunity to practice supervision under the direct guidance of the faculty supervisor. Following this experience, supervisors will complete the supervision evaluation form (see Attachment 1) that specifies the level of students' mastery of core competencies in clinical supervision.

Experience in Consultation

Students will be required to complete readings as selected by their supervisor on consultation and to obtain and document a minimum of three consulting experiences during the course of the regular internal practicum. The student should be the consultant (rather than the consultee) in at least one of the experiences; there should also be at least one experience in which the student is the consultee. For the third experience the student can take either role. Prior to obtaining consulting experiences, students will be expected to read at least two selections from the reading list of relevant literature (see below). **It is recommended that students complete the readings during their first semester of practicum and plan on at least one consultation experience each semester.** Following this experience, consultation supervisors will complete the consultation evaluation form (see Attachment 2) that specifies the level of students' mastery of core competencies in consultation.

Reading list

Supervision:

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[Attachment 1 – Supervision Assessment Form]

Supervision Assessment Form

Student Supervisor: _____

Date of Rating: _____

Supervisee: _____

Coding Key: = included NA = Not Applicable

Part I. GENERAL SUPERVISION PROCEDURES

1. Collaboration and Mutual Understanding

- _____ a. Supervisor worked with supervisee(s) even when using primarily educative role.
- _____ b. Supervisor asked for and did not ignore/negate feedback.
Supervisor asked to provide information that would help the supervisee adequately understand
- _____ c. topics or issues of discussion.
Supervisee(s) provided information that helped the supervisor to adequately understand topics or
- _____ d. issues of discussion.

2. Agenda and Goal Setting

- _____ a. Supervisor worked with supervisee(s) to establish agenda for meetings.
- _____ b. Agenda items were specific and issue-oriented, rather than vague or overly general topic areas.
Supervisor helped supervisee (s) to identify and establish short-term and long-term goals, as
- _____ c. appropriate to the supervision issue.

3. Supervisee Facilitation

- _____ a. Supervisor helped supervisee(s) to use meeting time effectively (e.g., kept supervisee(s) focused on agenda items).
Supervisor helped supervisee(s) to decide upon specific solutions for addressing client needs and
- _____ b. concerns.
- _____ c. Supervisor helped supervisee(s) to develop action strategies for implementing solutions.
Supervisor helped supervisee(s) to develop plans for gathering information necessary to conduct
- _____ d. process and/or outcome evaluations.

4. Information and Resources

- _____ a. Supervisor made supervisee(s) aware of resources that could be utilized to help develop and implement action strategies:
 - _____ Material resources of consultee(s)' agency/organization (e.g., space)
 - _____ Relevant theoretical or empirical literature
 - _____ Treatment or program manuals
 - _____ Educational or training materials (e.g., videos)
 - _____ Other agencies/organizations (e.g., university)
 - _____ Expert outside consultants
- _____ b. Supervisor helped supervisee(s) to identify personal resources that supervisee(s) possess that may be used to develop and implement action strategies.
- _____ c. Supervisor shared professional knowledge/expertise with supervisee(s) (e.g., knowledge of

_____ empirical evidence regarding effectiveness of relevant intervention strategies for addressing client problems). Explain briefly:

_____ **Part II. SPECIFIC STRATEGIES AND GOALS**

Specify the goals of the supervision (e.g., develop a treatment plan for different aspects of a clinical problem) and what strategies were developed to solve each goal (e.g., what interventions were devised to address each aspect of the clinical problem).

Goal/Strategies:

Goal/Strategies:

Goal/Strategies:

Part III. PERSONAL AND PROFESSIONAL CHARACTERISTICS OF SUPERVISOR

Professionalism and Rapport

- _____ a. Supervisor conveyed respect for the backgrounds and skills of supervisee(s).
- _____ b. Supervisor worked with supervisee(s) in a collaborative, respectful manner rather than in a competitive or hierarchical manner.
- _____ c. Supervisor and supervisee (s) seemed comfortable with each other (i.e., were not overly defensive, cautious, or restrained).

ADDITIONAL COMMENTS AND OBSERVATIONS:

Name of person completing this form

Signature

Date

Consultation Assessment Form

Consultant (name & affiliation): _____ Date of Consultation: _____

Meeting Location: _____ Date of Rating: _____

Consultee(s) (names and affiliations): _____

Coding Key: = included NA = Not Applicable

Part I. GENERAL CONSULTATION PROCEDURES

1. Collaboration and Mutual Understanding

- _____ a. Consultant worked with consultee(s) even when using primarily educative role.
- _____ b. Consultant asked for and did not ignore/negate feedback.
Consultee(s) asked to provide information that would help the consultant adequately
- _____ c. understand
- _____ d. Consultee(s) provided information that helped the consultant to adequately understand topics or issues of discussion.

2. Agenda and Goal Setting

- _____ a. Consultant worked with consultee(s) to establish agenda for present meeting.
- _____ b. Agenda items were specific and issue-oriented, rather than vague or overly general topic areas.
Consultant helped consultee(s) to identify and establish short-term and long-term goals, as
- _____ c. appropriate to the consultation issue.

3. Consultee Facilitation

- _____ a. Consultant helped consultee(s) to use meeting time effectively (e.g., kept consultee(s) focused on agenda items).
- _____ b. Consultant helped consultee(s) to decide upon specific solutions for addressing client and/or agency/organizational concerns.
- _____ c. Consultant helped consultee(s) to develop action strategies for implementing solutions.
Consultant helped consultee(s) to develop plans for gathering information necessary to conduct
- _____ d. process and/or outcome evaluations.

4. Information and Resources

- _____ a. Consultant made consultee(s) aware of resources both inside and outside of their agency/organization that could be utilized to help develop and implement action strategies:
 - _____ Human resources of consultee(s)' agency/organization (e.g., colleagues, clients)
 - _____ Material resources of consultee(s)' agency/organization (e.g., space)
 - _____ Relevant theoretical or empirical literature
 - _____ Treatment or program manuals
 - _____ Educational or training materials (e.g., videos)
 - _____ Other agencies/organizations (e.g., university)
 - _____ Expert outside consultants
 - _____ External funding sources
- _____ b. Consultant helped consultee(s) to identify personal resources that consultee(s) possess that may be used to develop and implement action strategies.

Explain briefly:

- _____
- _____ c. Consultant shared professional knowledge/expertise with consultee(s) (e.g., knowledge of empirical evidence regarding effectiveness of relevant intervention strategies for addressing client problems).

Part II. SPECIFIC STRATEGIES AND GOALS

Specify the goals of the consultation (e.g., develop a treatment plan for different aspects of a clinical problem) and what strategies were developed to solve each goal (e.g., what interventions were devised to address each aspect of the clinical problem).

Goal/Strategies:

Goal/Strategies:

Goal/Strategies:

Part III. PERSONAL AND PROFESSIONAL CHARACTERISTICS OF CONSULTANT

Professionalism and Rapport

- _____ a. Consultant conveyed respect for the backgrounds and skills of other professionals present, both co- consultants and consultees.
- _____ b. Consultant worked with other professionals present (co-consultants and consultees) in a collaborative, respectful manner rather than in a competitive or hierarchical manner.
- _____ c. Consultant and consultee(s) seemed comfortable with each other (i.e., were not overly defensive, cautious, or restrained).

ADDITIONAL COMMENTS AND OBSERVATIONS:

Name of person completing this form

Signature

Date

*Complete online in SharePoint

Appendix G

**PSYCHOLOGY PRACTICUM STUDENT EVALUATION
Clinical Psychology Doctoral Program
University of Houston**

Student: _____ Time Period in Review: _____

Site: _____ Supervisor: _____

Practicum Type: _____% Assessment _____% Intervention _____% Research

Recommended Grade (S or U) _____

Professional Conduct	NA	1 Deficient	2 Weak	3 Average	4 Outstanding
Dependability (attends appointments/meetings, punctual, keeps commitments)					
Communication (appropriately interfaces with other agencies and professionals, writing is clear, concise, and thorough, etc.)					
Preparedness (prepares sufficiently for meetings, appointments, seminars, discussions, etc.)					
Initiative (assumes reasonable amount of responsibility for stating and meeting objectives of her/his training needs and goals)					
Professionalism (maintains appropriate professional appearance and demeanor, handles role conflicts, minimizes personal intrusions, adheres to APA ethical principles and conduct)					
Sensitivity (shows respect and understanding for persons of diverse individual and cultural backgrounds)					
Agency citizenship (learns and respects agency rules, shows concern for effective operation of the organization)					
Responds effectively to supervision					
Assessment	NA	1	2	3	4
Working knowledge of the purpose, scope, and approaches to assessment procedures					
Administration and scoring					
Interpretation					
Report writing (integrates data into diagnostic impression and meaningful recommendations for care)					

Feedback/Communication (provides appropriate feedback to client and/or referring professionals)					
Intervention/Treatment	NA	1	2	3	4
Case conceptualization/Problem identification					
Treatment planning (sets realistic treatment goals, selects appropriate, empirically-supported, therapeutic methods)					
Intervention skills (integrates theoretical knowledge, effectively works with a variety of therapeutic issues, flexibility in the use of a variety of techniques, provides appropriate crisis management)					
Therapeutic alliance (demonstrates warmth and sensitivity to client, establishes good rapport, manages strong personal feelings)					
Consolidation and termination (handles the end of therapy appropriately with clients)					
Research	NA	1	2	3	4
Conceptualization of research problem					
Understanding of research design					
Data management and analysis					
Scientific presentation					
Publication and grant writing					

Please briefly describe particulars regarding direct observation of this student's practicum training (i.e. approximately when, how, what method):

Areas of particular strength:

Areas in need of improvement:

Supervisor: _____ Student: _____

Form completed by: _____ Date of Review: _____

*Complete online in SharePoint

Appendix H

Mid-Year and Annual Clinical Program Student Evaluation Form

Name of Student

Name of practicum supervisor

Time Period covered

Name of advisor or major professor

Year in Program

Name of advisor or major professor

RATING SCALE (score to be indicated in the space preceding the evaluation area)

1= Outstanding for level of experience

2= Very good for level of experience

3= Clearly satisfactory for level of experience

4= Generally satisfactory, but attention called to certain factors*

5= One or more significant problems recognized*

6= Generally unsatisfactory or serious problem areas recognized*

**Comments required/not optional.*

AREAS OF EVALUATION

Academic performance

Evaluate whether the student has enrolled in and passed required courses given cohort expectations. Please also indicate whether, since the last evaluation, the student has completed key benchmarks (i.e., thesis/dissertation proposal, comps) in a timely manner.

Development of research skills

Evaluate student's level of increase/improvement in research skills including initiation and development of novel research projects, engagement in new research methodology, etc. *Please note number of publications (including papers in press or submitted for review as well as F31/grant-related activities) to date.*

Ethical and professional behavior/

Evaluate student's compliance with ethical standards across all domains (research activities, clinical performance, etc.) Evaluate student's involvement in the program and engagement in activities that will prepare her/him for a successful career. Consider also sensitivity to cultural diversity.

Development of clinical skills

Evaluate student's clinical performance including proficiency and level of increase/improvement in clinical skills. Consider reports from *both* internal and external practica. Consider also student's sensitivity to cultural diversity and level of cultural competency.

Completed by: _____ Date: _____
Faculty advisor

Completed by: _____ Date: _____
Director of Clinical Training

I have discussed this evaluation with my advisor or major professor.

Student: _____ Date: _____

Appendix I

*Complete online in SharePoint

University of Houston Internal and external supervisor evaluation form

PRSC Practicum Supervisor _____ Period reviewed (Semester/Year): _____
 Date of Evaluation _____ Your year in program _____

DEFINITIONS

1. Never: Supervisor did not display the behavior or at most once.
2. Rarely: Supervisor displayed the behavior a few times.
3. Intermittently: Supervisor engaged in the behavior, but inconsistently.
4. Generally: The supervisor engaged in the behavior on a regular basis. Behavior of the supervisor was predictable and reliable in that regard.
5. Extremely: Supervisor displayed a high level of commitment to the behavior or principle.

Ordinate	Concept	Behavior	Rating					
General	Commitment	1. Demonstrated commitment to being a supervisor.	n/a	1	2	3	4	5
		2. Demonstrated commitment to making supervision a learning experience.	n/a	1	2	3	4	5
	Role Model	3. Maintained collegial relationships with other staff.	n/a	1	2	3	4	5
		4. Was respectful toward clients.	n/a	1	2	3	4	5
		5. Modeled the various roles of a psychologist	n/a	1	2	3	4	5
		6. Established predictable supervision time(s).			Y		N	
Structure	Supervision schedule	7. Maintained predictable supervision time(s): time based and/or event based.	n/a	1	2	3	4	5
		8. Individual supervision			Y		N	
	Format of Supervision	9. Group supervision			Y		N	
		10. Average time in weekly group that focused on each of my clients.						
		Preparation	11. Was prepared for supervision.	n/a	1	2	3	4
	Promptness	12. Was prompt for supervision meetings.	n/a	1	2	3	4	5
	Availability	13. Was available outside of regular meeting times.	n/a	1	2	3	4	5
	Backup supervision	14. Provided for backup supervision.	n/a	1	2	3	4	5
	Learning environment	15. Maintained an environment that encouraged and supported learning.	n/a	1	2	3	4	5
		16. Encourages my presentation of questions and case material	n/a	1	2	3	4	5
		17. Encourages the development of my conceptual skills	n/a	1	2	3	4	5
		18. Allows for differences in my style and orientation	n/a	1	2	3	4	5
	Time management	19. Supports my voicing of doubts and differences	n/a	1	2	3	4	5
		20. Time adjusted relative to student to ensure adequate time to complete all assigned tasks: more time as learning, less as became proficient.	n/a	1	2	3	4	5
	Supervision model	21. Explained an explicit model of supervision.			Y		N	
		22. Followed an explicit model of supervision.	n/a	1	2	3	4	5
		23. Informed as to the nature of the supervisor-supervisee relationship.			Y		N	
	State clear expectations	24. Provided an explicit list of what is expected in the practicum (bases for my evaluation).			Y		N	
Define role	25. Explained explicitly the role of the student clinician within context of the practicum.			Y		N		
Process	Reciprocal nature of interactions.	26. Was flexible with the nature of the supervisor-supervisee relationship within context.	n/a	1	2	3	4	5
		27. Was open to input from supervisee.	n/a	1	2	3	4	5
	Respect	28. Supervisee experienced a sense of respect from supervisor.	n/a	1	2	3	4	5
	Provision of evaluative feedback	29. Supervisor gave time and energy in direct observation of recordings of my sessions	n/a	1	2	3	4	5
		30. Provided negative feedback in an acceptable manner within context.	n/a	1	2	3	4	5
Process (cont)		31. Provided positive feedback in an acceptable manner within context.	n/a	1	2	3	4	5
		32. Provided feedback on an ongoing basis.	n/a	1	2	3	4	5

		33. Helps me develop increased skill in critiquing and gaining insight from my audio/video tapes	n/a	1	2	3	4	5
	Learning	34. Used the supervisor-supervisee relationship as an effective method for learning.	n/a	1	2	3	4	5
		35. Helps me understand the implications and dynamics of the approaches I use.	n/a	1	2	3	4	5
		36. Helps me define and achieve specific concrete goals for myself during the practicum experience.	n/a	1	2	3	4	5
		37. Attends appropriately to both my clients and to me.	n/a	1	2	3	4	5
		38. Facilitates development of my supervisory skills (if applicable).	n/a	1	2	3	4	5
		39. Reviewed written work in a timely manner	n/a	1	2	3	4	5
	Review	40. Cosigned written work in a timely manner.	n/a	1	2	3	4	5
		41. Used conceptualization/ theory supported by empirically derived literature/research.	n/a	1	2	3	4	5
Content	Conceptualization / Theory	42. Reveals weaknesses/criticisms of theoretical position or therapy system used	n/a	1	2	3	4	5
		43. Integrates theoretical perspective in clinical material	n/a	1	2	3	4	5
		44. Integrates assessment material in theoretical perspective.	n/a	1	2	3	4	5
		45. Understands/conceptualizes the client's issues as displayed in both process and content.	n/a	1	2	3	4	5
		46. Helps me understand rationale for using particular intervention/assessment techniques.	n/a	1	2	3	4	5
		47. Nature of interaction moved from directive to collegial sharing of information.	n/a	1	2	3	4	5
	Evolution	48. From details to emphasis on conceptualization/theory	n/a	1	2	3	4	5
		49. Simple discussion of cases to exploration of larger issues.	n/a	1	2	3	4	5
		50. Gives useful pointers about technique - helps me with what to say/do in sessions	n/a	1	2	3	4	5
	Teaching	51. Models effective supervision.	n/a	1	2	3	4	5
		52. Provides training in report writing.	n/a	1	2	3	4	5
		53. Suggests resources, readings to help learning and case handling	n/a	1	2	3	4	5
		54. When so indicated, used cases/events to communicate/educate plurality, age, gender, and gay/lesbian issues.	n/a	1	2	3	4	5
	Diversity / Multicultural issues	55. When so indicated, used cases/events to communicate/educate ethical issues.	n/a	1	2	3	4	5
	Code of Ethics	56. When so indicated, used cases/events to communicate/educate on such issues.	n/a	1	2	3	4	5
	Professional liability and risk management issues	57. When so indicated, used cases/events to communicate/educate on the purpose and need for monitoring one's own professional behavior within context.	n/a	1	2	3	4	5
	Monitoring of one's professional behavior	58. When so indicated, used cases/events to communicate/educate on the importance of dealing responsibly with personal issues.	n/a	1	2	3	4	5
	Unimpaired provision of services	59. When so indicated, used cases/events to communicate/educate the need for flexibility in professional behavior relative to various contexts.	n/a	1	2	3	4	5
	Adaptation of professional behavior within context	60. When so indicated, used cases/events to communicate/educate the need to be fully aware of one's professional strengths and limitations.	n/a	1	2	3	4	5
	Knowledge of one's professional strengths and limitations	61. When so indicated, used cases/events to communicate/educate the need to be fully aware of the influence inherent in the role of a psychologist.	n/a	1	2	3	4	5
Appreciation for the influence inherent in one's position	62. When so indicated, used cases/events to communicate/educate on the importance of time management.	n/a	1	2	3	4	5	
Management of time								

Comments (Please indicate item # where relevant. You may continue on reverse.):

*Complete online in SharePoint

Appendix J

FORM FOR STUDENT EVALUATION OF PRACTICUM EXPERIENCES

All of this information is confidential. Please fill out the form carefully as it is important to get detailed information about each practicum site. Please add whatever information you feel is important if it is not included in the form. Please indicate N/A if the question is not applicable to your practicum site. Suggestions for improving the questionnaire are also welcome.

Practicum site: _____ Student: _____

Program Mentor: _____ Year in Program: _____

Practicum time period: _____

Practicum supervisors: _____

Practicum Type: ___ Clinical ___ Research ___ Clinical/Research

Check activities in which you were engaged or indicate a “+” if you engaged in the activity and also received supervision:

- | | |
|---|---------------------------------------|
| ___ Personality Assessment | ___ Imaging Procedures |
| ___ Neuropsychological Assessment | ___ Cognitive/Experimental Procedures |
| ___ Intellectual Assessment | ___ Data coding & entry |
| ___ Family Evaluations | ___ Data analysis |
| ___ Interviewing/Intake | ___ Poster preparation |
| ___ Consultation with Other Professionals
(including staffing) | ___ Publication preparation |
| ___ Consultation with Family Members | ___ NSF Dissertation Support grant |
| ___ Individual Therapy | ___ Other grant writing |
| ___ Group Therapy | ___ Rehabilitation |
| ___ Family Therapy | ___ Seminar/Classroom |

Indicate the following based on # hours/week:

Face-to-face client contact: _____

Individual supervision: _____

Group supervision weekly: _____

Support activities (e.g, chart review, writing notes, consulting with others, planning interventions, etc.): _____

1. What is the population(s) that you worked with?

2. Did you use a fixed battery of tests (if so, which?) or were you allowed to make independent decisions about tests used in each case?

3. Did you write the reports for the patients that you tested? _____
If so, did your supervisor provide you with feedback? _____ If not, did you go over your reports with your supervisor after he/she had written them? _____

4. On the average, how many patients/clients did you see each month? _____

5. What was your supervisor's primary theoretical orientation?

6. Was the cultural/ethnic diversity of your clients consistent with your expectation? _____ Did you receive supervision that was helpful in addressing matters of cultural ethnic diversity with your patients/clients?

7. Did your practicum training include interacting with other professionals? For example, were you allowed to report neuropsychological findings to physicians, physical therapists, or speech therapists, or was this entirely your supervisor's responsibility?

8. Did your practicum training include providing feedback to patients and/or family members?
Yes _____ No _____

9. Overall, do you believe you received adequate supervision? Yes _____ No _____
If you felt that you did not receive enough supervision, how do you think that it could have been improved?

10. Were supervision hours regular (fixed time) or scheduled according to need?

11. Was supervision included in your 20 hours or added on?

12. When you started working at your present practicum placement, did you feel you were adequately trained in administering the tests or were you already proficient in giving them?

13. If you needed training, who provided it?

14. Did you have your own office or at least an office (although shared) where you could leave your materials overnight and thus have a base?

15. Did you have full access to a computer when you needed one? _____

16. Were you allotted time to go to Rounds and other meetings at your training site if you so desired, or was all your time taken up with testing and/or research? _____

17. Please describe the strengths and benefits of this practicum, addressing particularly the areas of assessment, psychotherapy, quality and amount of supervision, and theoretical and didactic information provided.

18. Please describe any weaknesses of the practicum and the areas which did not meet your expectations or training needs. What, if anything, would you want to change at your placement?

19. Overall, do you feel your practicum placement is a good training site? How has the placement been beneficial to your training? Do you think your placement is most appropriate for a 1st year, 2nd year, 3rd year, or a post-comps/ABD student? _____

20. Indicate suggestions for improving this evaluation form here:

Thank you!

Time2Track Categories Information

This document may be useful in clarifying what information should be entered in each specific category on the T2T form. Keep in mind that there is considerable overlap in categories and some hours may be entered in more than one category; however, you may only count hours in one category. That is, once hours have been entered into a specific category, they may not be concurrently entered into any other category. In a different vein, it is rare that students will have entries in every subcategory in the T2T system (so don't stress-out if some subcategories are blank).

Category

1. **Testing/Reports Child/Adolescent Adult**: The “tab” for Testing/Reports Child Adult should bring you to a screen that allows you to pick from a menu of assessments or add an assessment that is not in the menu (the menu is extremely comprehensive so any assessment you use will probably be in the menu—just click on the letter that comes first in the assessment’s name; e.g., click on “w” for any Wechsler you are counting in this assessment field. Please indicate the number (and type) of tests administered to Children and those devoted to Adults. The T2T form does not define when an individual moves from Child to Adult so there is some latitude here. As a rule-of-thumb, those 18 or older are probably best categorized as adults. Integrated Report Writing is a part of this data field developed to record the number of supervised integrated psychological reports you have written. An integrated report, according to APPIC consists of a “...history, an interview, and at least two tests from one or more of the following categories: personality assessment (objective, self-report, and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient/client. (pp. 22).” Do not include hours spent scoring, interpreting, integrating, or writing up results—they will be included in separate subcategories and in a different data field.
2. **Assessment and Intervention**: This includes actual physical face-to-face hours spent working with clients or patients and the following subcategories are represented under this category:
 - a. **Individual Therapy**: *Face-to-face time with clients or patients engaged in psychosocial treatment.* This may include relationship issues (where significant players are not present), treatment of disorders (e.g., mood disorders such as depression, substance use disorders such as alcohol abuse, anxiety disorders such as agoraphobia, V-codes, etc.). The key to this category is that it reflects time spent with an individual in the delivery of some form of psychosocial treatment. A 45 to 50 minute individual therapy session counts as one hour of face-to-face individual therapy.
 - b. **Career Counseling**: May involve discussing the results of assessment (e.g., Strong-Campbell Interest Inventory) as they relate to various career issues/decisions. Also acceptable is discussion of career plans and means

to achieve career-related goals (e.g., schooling, financial concerns related to developing a career or switching careers).

- c. Group Therapy: Simply the *time spent delivering group therapy*—acting as a group therapist or co-therapist. Most groups run about 90 minutes; therefore, count a 90’ group session as 1.5 hours of face to face group therapy.
- d. Family Therapy: This is distinguished by the presence of at least two individuals who are married or a parent (or legal guardian) and child dealing with family relationship issues. This subcategory may also include unmarried couples who have offspring or adopted/foster children. *Legally defined marriage or legally defined guardianship and/or blood-relations characterize this category.*
- e. Couples Therapy: This subcategory is *most appropriately* used to represent time spent in therapy with couples (typically unmarried dyads) dealing with *issues relevant to the couple’s relationship*.
- f. School Consultation: This involves work with schools on a variety of issues that may represent the results of formal child assessment (including behavioral observations, IQ testing, achievement testing, ADHD assessment, etc.) and subsequent treatment recommendations or indicated changes in teaching strategy. Often parents or guardian(s) are present when recommendations and diagnoses are presented along with the special education teacher, school Principal, and classroom teacher (e.g., an IEP meeting). *Hours spent while in a consulting role on school issues with school personnel or parents belong here.*
- g. School (direct intervention): This category is reserved for trainees who have *delivered psychosocial/behavioral interventions within a school context or even in the student’s home if they are directly related to the management of school-related problems.*
- h. Sport Psychology/Performance Enhancement: Reserved for interventions related to psychological functioning within a specific sport or performance domain. The goal of interventions is to increase performance.
- i. Medical/Health Related: A subcategory devoted to health-psychology. May include biofeedback, treatment compliance issues, lifestyle issues, genetic counseling, stress-management/relaxation exercises, etc.
- j. Intake/Structured Interview: Includes *time spent in clinical interviews* (open, semi-structured, or structured) where diagnostic impressions and the presenting problem or chief complaint are identified. Family, work, substance use, health, social and developmental history are part of this interview. Also, demographic information (e.g., marital status, number of children, ethnicity, etc.), past/current treatment history and outcomes, medication use, level of functioning, social support, life stressors, etc. are all important areas to include in most interviews. The preparation/writing of the intake report should be included the Clinical Writing/Progress Notes subcategory.
- k. Substance Abuse Intervention: Simply the *hours spent delivering psychosocial interventions relating to substance abuse treatment*. This

can include a number of intervention areas such as: health concerns/detox concerns, problem solving, situation projection and role-play, identification of triggers, reduction of craving, developing a healthy social support network, referral to legal experts, adjustment to a substance-free lifestyle/relationship, etc.

- l. Milieu Therapy: *Typically refers to inpatient settings where patients are receiving a form of therapy through the active participation of unit staff and active participation of patients in unit activities.*
- m. Treatment Planning with Client: May include time spent in developing a formal contract for therapy, discussion of treatment options, progress assessment, etc. This activity *typically occurs in the initial stage of treatment* (sometimes the first session but usually in session two or three) and it *may be revisited as progress is assessed and course of treatment is evaluated.*
- n. Psychodiagnostic Test Administration: Any time spent *administering* a psychodiagnostic instrument (e.g., MMPI, MCMI, CPI, PAI, SCL-90-R, HRSD, BDI-II, STAI, Rorschach, etc.). Technically, the SCL-90-R, BDI-II, STAI, and HRSD are symptom inventories, not diagnostic instruments; however, they are traditionally included as part of a diagnostic interview and it can be argued that the time spent delivering these instruments may be included here.
- o. Neuropsychological Assessment: *Any time spent administering neuropsychological assessments*—may include IQ, TPT, Trails, WCST, NCSE, Finger-Tapping, various tests of aphasia or apraxia, personality testing, MicroCog, NEPSY, Bailey, Grip Strength, Fingertip Writing, Visual Field confrontation, observational assessment, assessment of pre-morbid functioning, etc.
- p. Supervision of Other Student: A subcategory reserved for students who *are enrolled in or have completed instruction in supervision* and are being supervised by a doctoral-level supervisor. These individuals may provide supervision to M.A. or Psy.D. practicum students and count their time spent in this activity here.
- q. Program Development/Outreach Programming: In general, this includes *any time spent in the development and/or delivery* of community- or agency-based treatment programs (e.g., developing a caregiver supportive treatment, sexual abstinence programs, parenting programs, programs directed toward the reduction of domestic violence, and community outreach including any type of community psychoeducation)
- r. Outcome Assessment of Programs or Projects: Typically a research-oriented activity involving some type of pre-post assessment (or time-series design) and an analysis of change or effectiveness within the context of an existing psychosocial program.
- s. System Intervention/Organizational Consultation/Performance Improvement: This subcategory is a little vague; however, it involves time spent in clinical activities relevant to professional organizations (*where the organization is the client*). For example, if an organization

contracts to have a trainee assess potential job applicants or employees being considered for advancement or reorganization.

- t. Other: A subcategory created to allow for clinical experience related to Assessment and Intervention that does not have a subcategory already identified in this domain.

3. **Support**

- a. Chart Review: Any time spent reviewing the materials in a patient's or client's chart.
- b. Clinical Writing/Progress Notes: Any *time spent on preparation of progress notes or patient charting*. This typically involves materials that are placed in the patient's or client's chart or file.
- c. Consultation: *Time spent in consultation activities with colleagues or other qualified individuals* (supervisors, DCTs, professors, or other mental health/medical personnel qualified to provide informed feedback).
- d. Video-Audio-Digital Recording Review: This subcategory *is for the time that students spend reviewing any recorded psychosocial treatment sessions*. This subcategory may also include time spent in the review of intakes or assessments if they were appropriately recorded.
- e. Case Conferences: A subcategory for *the time that students spend on presenting or participating in case conferences*. These usually occur in a supervisory setting but students may also include time spent in formal (didactic) case presentations (but if formal didactic training time is included here, it may *not* also be included in "h" below). *Time spent preparing for (e.g., reading articles, researching) a case presentation should also be included here*.
- f. Psychological Assessment Scoring/Interpretation: This category is probably self-explanatory to most. It involves *time spent reading assessment manuals, scoring of responses, and interpretation and integration of the clinical interview data and formal test results*.
- g. Assessment Report Writing: Includes *all the time a trainee spends on writing up assessment results*. This includes writing for all the categories in an assessment report (e.g., patient history, diagnostic impressions, treatment recommendations, prognosis, etc.). Subcategory "g" is very similar to subcategory "f"; however, "g" involves the physical activity of writing a psychological assessment report.
- h. Seminars/Didactic Training: This subcategory is for *any time that a student spends in seminar-type training that occurs outside the formal Psy.D. training program*.
- i. Grand Rounds: A subcategory related to "h"; however, this is distinguished by the context in which the training/presentation occurs. That is, Grand Rounds are typically medical school or hospital activities—some organizations have borrowed this terminology and students may include time spent in non-medical Grand Rounds here (if included here, these hours may not also be included elsewhere).

- j. Case Management: This involves *time spent in appointment scheduling or rescheduling, room sign-up and preparation, record keeping/filing, and other preparatory or organizational activities related to specific cases*. Some individuals include case note writing here—if so, you may not include that activity in another subcategory.

4. **Supervision**

- a. One-to-One Supervision: Record hours spent in individual supervision. When a student is getting individual supervision, the session should be at least one hour per week. Students may get more supervision than an hour per week.
- b. Group supervision: Consists of at least 1.5 hours per week. Some students get both individual and group supervision on a weekly basis.
- c. Peer Supervision/Consultation: This subcategory is for logging hours spent in peer supervision and peer consultation (i.e., *getting supervision or consultation from those in your cohort or other students in the program—students do not need to be specifically trained in supervision or be in a supervisory relationship with anyone to provide or receive peer supervision*).

*Complete online in SharePoint

Appendix L. ANNUAL UPDATES



Name: _____ Degree entered program with: _____

Entrance Year: _____ Concentration: _____ Advisor: _____

Please enter data, if any, for each category for this past academic year only (Sept 1-Aug 31. Indicate if expected during Summer.

COURSES

Please list courses you were enrolled in during the academic year, including registered practicum courses and courses expected for Summer

Semester	Course No.	Course Name	Section	Instructor	Grade

ALL PRACTICA (make sure you have turned in practicum evaluations and summaries)

Please list all practica you have been involved with for the past year, including paid/unpaid practica, both registered practicum courses and practicum experiences not involving a corresponding enrolled course, formal placements through the General or Neuro Practicum Match and informal practicum experiences agreed upon by student, site, and advisor

Semester	Practicum Site	Supervisor	Rating (Satisfactory/Unsatisfactory)

FINANCIAL SUPPORT

Please list sources of financial support this academic year

Semester	Source of Support (ex. TA, TF, Instructor, RA)

SERVICE (i.e. to the program, department, university or professional organization)

List any service-related commitments to the program (CA, student rep, etc.), department, university (committee member, etc.), or professional organization (positions held, etc.) during the past academic year

Semester/Date	Please provide details about any service commitments provided

RESEARCH

Please indicate any research-related experience you have gained over the last year by choosing an option from the “Type of Activity” and “Status” columns, then describe that activity, or paste the APA-style citation in the last column. If the option you need doesn’t exist, please enter it. Two examples have been entered; you may delete them.

Type of activity: Peer-reviewed publication Chapter Oral presentation Poster presentation Grants Research participation Other, etc.	Status: Submitted, Revised and resubmitted, Accepted/In press, Published, Awarded, Etc.	Description of Activity or APA-Style Citation (copied/pasted from CV)
EX: Peer-reviewed pub	Accepted/In press	Smith, J. Effects of... Journal of..., etc.
EX: Sharp research project		Assisted with data collection for Dr. Sharp’s...

BENCHMARKS

THESIS

Thesis Advisor/Chair:

Thesis Advisor 2, Department/Agency:

Thesis Advisor 3, Department/Agency:

Additional Thesis Advisors, Department/Agency:

Planned Thesis Proposal Date (Year/Semester):

Actual Thesis Proposal Date:

Planned Thesis Defense Date (Year/Semester):

Actual Thesis Defense Date:

Thesis Publication Date:

Number of Thesis Hours Completed:

Thesis Title:

COMPREHENSIVE EXAM

Comps Date:

Specialty Comps Score:

EPPP & JURISPRUDENCE EXAM (make sure you've provided copy of results to the program)

EPPP Date:

EPPP Score:

Met LPA Criteria on EPPP?

JPE Date:

JPE Score %:

Met LPA Criteria on JPE?

DISSERTATION

Dissertation Advisor/Chair:

Dissertation Advisor 2, Department/Agency:

Dissertation Advisor 3, Department/Agency:

Additional Dissertation Advisors, Department/Agency:

Planned Dissertation Proposal Date (Year/Semester):

Actual Dissertation Proposal Date:

Planned Dissertation Defense Date (Year/Semester):

Actual Dissertation Defense Date:

Dissertation Publication Date:

Number of Dissertation Hours Completed:

Dissertation title:

INTERNSHIP

Enter information from Fall 2014's APPIC application and internship match placement

Internship Start Date:

Internship Completion Date (estimated):

Internship Program:

Internship Sub-Specialty:

Is this internship APA-/CPA-accredited?

As of last November 1st, please enter approximate number of hours for:

Intervention Hours:

Assessment Hours:

Supervision Hours:

(Appendix M)

TYPE THE TITLE OF YOUR THESIS OR DISSERTATION IN ALL CAPS

John Q. Student
(Your name above)

APPROVED:

James Huffman, Ph.D.
Committee Chair

Lauren H. Smith, Ph.D.

Anthony Porter, Ph.D.

Paul Moore, Ph.D.
University of Houston
(Change above if outside of College/UH)

Steven G. Craig, Ph.D.
Interim Dean, College of Liberal Arts and Social Sciences
Department of Economics